ITEM 6

North Yorkshire County Council

Use of Resources Peer Challenge Feedback report.

Yorkshire and Humber Regional Peer Challenge Programme
June 2018

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Introduction

North Yorkshire County Council (NYCC) asked for a regional Use of Resources (UoR) peer challenge as part of sector led improvement within the Yorkshire and Humber ADASS Region. The peer challenge was based on the Local Government Association (LGA) Use of Resources Toolkit, but the specific priorities identified by the council for the team to focus upon within this framework were:

- Whether investment is made in the right places, at the right stages of the social care pathway
- Interventions which would reduce costs (including in-year pressures) and improve, or at least maintain, impact and outcomes
- Supporting and informing the adult social care response to the Council's BEST (Better Efficiency through Sustainable Transformation) challenge

The Yorkshire and Humber ADASS regional peer challenge programme is not a regime of inspection and seeks to offer a supportive approach undertaken by '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 in identifying its current strengths along with what it should consider in order to continuously improve. All information was collected on the basis that no comment or view from any individual or group is attributed to any finding. This approach encourages participants to be open and honest with the team. The peer challenge team would like to thank all stakeholders who made themselves available to meet the team for their open and constructive responses during the challenge process and for making the team feel very welcome.

The Yorkshire and Humber ADASS Regional group has contracted an LGA Associate to deliver this peer challenge based on the LGA's knowledge and experience of delivering this type of work for over twelve years. The LGA Associate delivered this work on behalf of Yorkshire and Humber ADASS Regional group and the outcomes are owned by them.

The members of this regional adult social care peer challenge team were:

- **Richard Parry** (Strategic Director for Health and Care (DASS) Kirklees Council – Lead Peer)
- **Tracy Meyerhoff (**Assistant Director, Hull City Council)
- **Annie Topping** (Director of Nursing , Quality and Patient Safety, Northumberland CCG)
- **Michelle Wright** (Transformation Service Manager, Cambridgeshire Council)
- **Helen Severns** (Service Director Integrated Commissioning Kirklees Council and Kirklees CCGs)
- **Venita Kanwar** (LGA Associate – Peer Challenge Manager)

The team were on-site from 6th June 2018 until 8th June 2018. The programme for the on-site phase included activities designed to enable members of the team to meet and talk to a range of internal and external stakeholders. These activities included:

- Interviews and discussions with councillors, senior officers, frontline staff, people using services, carers, providers and partners.
- Focus groups with partners
- Reading documents provided by the council including a self-assessment of progress, strengths and areas for improvement against key areas of business
- In addition, a detailed analysis and benchmarking of North Yorkshire's expenditure patterns compared to regional and comparator councils was commissioned and used to support the review. This analysis has been provided to the Council.
- The team did not undertake any direct observation of practice nor review any case files.

The key messages in this summary report reflect the presentation delivered to the council on 8th June 2018 and are based on the triangulation of what the team read, heard and saw. This report seeks to cover the areas NYCC were particularly keen for the team to explore. Detailed responses to the headline areas the Council asked the team to focus on are outlined in this report.

General observations

- An accurate self-assessment
- Strong, stable, supportive political leadership
- Elected members speak highly of the officers across adult social care and the wider council
- Difficult budget decisions have been managed well by members and officers
- Council takes a long-term approach to budget planning
- Elected members and officers are willing to change approach.
- Staff and partners speak highly of the leadership team, there is visible leadership
- The council is willing to actively step into leading a complex NHS system in order to get the right outcomes for local people

1. There were a number of observations made, that did not sit precisely in the Use of Resources (UoR) methodology that was used for this peer challenge. This section sets out those findings and form in part, the context in which this peer review was delivered.

2. The Health and Adult Services directorate (HAS), which comprises public health and adult social care, in NYCC wrote a comprehensive self-assessment to inform the peer team of progress against the UoR methodology. It was felt that the self-assessment clearly reflected the current strengths and challenges facing the Council and HAS. It was evident that the HAS service is self-aware.

3. There is strong, stable political leadership willing to take a long view and see matters through, but also to change course if needed. The political leadership in NYCC is committed to delivering excellent services to the residents of North Yorkshire. There is continuity in terms of a political majority, enabling councillors to be strategic in their vision and implementation of priorities and plans. Members are supportive of prioritising expenditure and resources for social care, spending 43% of the total budget on social care. Members spoke highly of officers, and likewise officers spoke highly of members and felt well supported and constructively challenged by them.

4. There have been difficult decisions made around budget setting and these have been managed well by members and officers. Members spoke with confidence about decisions they have made around new schemes requiring on-going revenue budgets and have signed up to a level of financial risk with which they feel comfortable.

5. There is a long-term approach to budget planning towards the Council's aspirations for 2020 which has provided stability and focus. NYCC is already looking beyond 2020 and planning for what comes next.

6. There is a strong political will to get things right for people, within the complexity of partnerships and geography that exists within the North Yorkshire boundaries. There is a willingness to make mistakes and for it to

be safe to do so. It was evident that Members were not afraid to try new ways of working if what was currently being delivered was not right.

7. Partners and colleagues spoke highly of the leadership team and recognised the Council worked across complexities that involved being a two-tier shire County; England's largest County covering 3,103 square miles and comprising some of the most remote, rural and coastal communities in the country.

8. The Council also operates within a complex public services landscape, which mirrors the scale and rurality of the County. Key partners include 5 CCGs (plus one practice aligned to Cumbria), 4 main Acute and Community NHS Trusts; 2 Mental Health NHS Trusts and 7 District Councils. Only 1 of the 6 main NHS Trusts has its headquarters in the County. Many secondary and all tertiary NHS services are provided from hospitals in Bradford, Darlington, Hull, Keighley, Lancaster, Leeds, Middlesbrough, Stockton on Tees, Wakefield and York. The County is divided equally between 3 Sustainability and Transformation Plan (STP) footprints, which have their focus in West Yorkshire, Teesside and Hull. Your Partners understand that the Council commits considerable resource to manage services and, Partners across the County have expressed a desire to work alongside, and be supportive.

9. Given the complex landscape, the Council is willing and ready to take a strong leadership role in the health and social care agenda, taking a strategic approach to ensure system resources are deployed to where they are needed and where they will be most effective. The political and officer leadership of the Council has been working closely with local and regional NHS organisations to make sense of the current arrangements and to develop credible propositions for the future that take account of the developing STP and Integrated Care System models.

10. The degree of complexity that the Council works with is vast. As the Council moves forwards on its transformational agenda with community led, place-based provision, it has recognised the importance of building capacity by and within the communities in which services are provided. Building community capacity, based on the assets of local people is contributing to this approach. In some ways, as models of local health and social care integration, based around populations of 30-50,000 (as per the Primary Care Home model), develop, this may simplify the current health architecture and planning arrangements as very local community level planning and North Yorkshire wide strategic planning and co-ordination become the two key levels of planning. The West Yorkshire and Harrogate STP arrangements are increasingly articulating the importance of planning for and at a place-based level and for local neighbourhoods within this, with the STP level being reserved for those things that can only be done at a scale greater than place.

11. Staff are working with the complexities on a daily basis and are key in contributing their knowledge, skills and experience to delivering service to meet the needs of local people. The Council is already on the journey; it

should remain focused and not be overwhelmed or paralysed by the complexities in the system.

Test whether investment is made in the right places, at the right stages of the social care pathway

General Observations

- Political prioritisation of vulnerable people
- Stronger Communities and Living Well – good approach
- Recent changes and investment in the front door
- Reablement is making a positive impact
- Strength based practice is developing, front line staff want to embrace person centred practice
- Investment in supporting and developing the workforce
- Extra care housing – scale and ambition
- Historic investment in Assistive Technology and strategic recognition of the need to embrace emerging technology
- PMO and corporate capacity across the Council
- Real commitment and buy-in to prevention across the organisation
- Strong input from public health to produce an evidence-based approach
- Strong commissioning discipline to prevention
- North Yorkshire is an area that has strong community assets
- Good strategic use of data
- Long term forward planning around budget
- NHS partners we spoke to talked about improved relationships
- Evidence of positive working at operational level
- Council seen as a good partner
- Variable but productive relationships with district and borough colleagues
- Good examples of co-production

12. There is strong political prioritisation for adult social care (ASC). Portfolio Holders have prioritised services for vulnerable people, despite it not being the issue that they hear about most in communities. They are committed to the ASC agenda and continuing to resource service provision, with a strong recognition that one size doesn't fit all. There is trust between members, officers and staff: we heard the phrase "*allow the birds to fly*" to describe the culture of trust in North Yorkshire.

13. Scrutiny members are passionate about services, and have residents needs at the forefront of their agenda. Members are prepared to challenge ministers as well as officers to maintain and deliver the best provision possible. They understand the complexities of the social care and health landscape and feel well briefed by officers on both. Scrutiny members are committed to challenging and making changes to the system.

14. There is an understanding that the Executive, the Health and Wellbeing Board and the Scrutiny panels all have distinct roles. As the Council's leadership role in the Health and Care agenda increases, it was recognised that each committee and the system as a whole needs to be clear about their respective roles and the linkages between them. Some councils have developed written protocols to help with this and North Yorkshire may wish to consider exploring this approach.

15. Stronger Communities and Living Well were underpinned by a rigorous commissioning and outcome monitoring approach and were demonstrating good person centred, preventative provision. The Stronger Communities programme promotes universal prevention and supports community infrastructure. The Living Well service (in the process of being extended into GP practices across the County) focuses on individual casework to promote confidence and to prevent, reduce and delay the need for formal care. The proportion of new referrals channelled through Living Well having more than doubled to 6.5% in the last two years. 92.7% of people receiving a Living Well agreement during 2017/18 agree that their support was successful and 88% of people did not require further social care interventions following their episode with the service. The impressive results of Living Well demonstrate that the vision statement for NYCC, "*People living longer, healthier, independent lives",* is borne out in practice.

16. There was good evidence that the approach to Stronger Communities and Living Well was implemented using commissioning cycle methodology, good use of data and evidence, strong focus on outcomes resulting in provision that was appropriate to need. Close working relationships and data sharing between Stronger Communities, Living Well and Public Health Colleagues was evidenced. There is commitment to prevention by both officers and members, and a willingness to let the community take the lead as much as possible.

17. NYCC have a really good Reablement Team, staff are committed to making a difference to peoples' lives using a strengths-based approach. There is a focus on independence, empowerment and working with the individual. We saw a team able to work well within new structures and with health colleagues. A real commitment to the service from employees was in evidence, and their appreciation for the support and development provided means they are willing to go the extra mile when needed (for example when Winter conditions were particularly challenging, and support was provided to them seven days a week and out of hours from management colleagues).

18. The Reablement Team are focussed on proactive planning to meet the needs of their service users and prevent the need for longer term interventions. They have active pilots in local areas with health colleagues including MDTs (multi-disciplinary team meetings) that have mental health input especially for dementia. The role of independence co-ordinator in the Team is seen as a positive role in the proactive care of people using services.

19. The Team, with the support of HR, are constantly looking at innovative ways to recruit staff to the service. A recent appointee identified the positive experiences of the process, the training and support received and the opportunities for development and career progression. There is a career structure for the team. The team have made contact with sixth form colleges to proactively work with students about care services and what opportunities there will be for students. Development of apprenticeships was also highlighted. The team are also looking to develop champions for service

areas for example stroke, mental health, dementia, learning disability to share learning across the team.

20. The Team have recognised that there are too many 'hand offs' between services and that there is duplication in the assessment process. It was noted that a service user has to sign eight times as part of the process, they did not specify what the eight signatures related to and it is possible they could include assessment, care planning and financial assessments. If addressed, this could release capacity. The Team identified capacity issues in relation to occupational therapy and the amount of assessment work where input was still required from the OT. The Team identified that capacity needed to be reviewed for the Re-ablement service as the resource is utilised to support the system in relation to flow that may not be making best use of the Re-ablement Teams skills and resources. The Council could consider opportunities to devolve decision making through trusted assessor roles to see how they could be developed with regard to the local system, to ensure best use of capacity and expertise to improve the user experience. By enabling the reablement team to put in place simple long-term care packages based on their detailed knowledge of an individual and the progress towards independence that they have made through the reablement process, this would help reduce handoffs and improve flow.

21. There is an enormous sense of positivity in taking a strengths-based approach that was evidenced in good outcomes for people. We heard a number of examples of people with learning disabilities who had received transformational support (for example a young man needing five days of day care, but instead had bypassed the need for a day service by volunteering in a Birds of Prey Centre, or a young woman who had managed to exercise her independence more and was able to transform the way she dressed and thus how she felt about herself)

22. The Learning Disability Service had recently become part of generic services. While there was some initial anxiety, staff interviewed said they welcomed the approach as one of treating the person as an individual and providing services according to assessed needs. For some of them this was a new area of work and staff have reported they have broadened their skills and now embraced the new way of working. Staff were passionate about delivering a personalised approach, were embracing this, and being creative in how to deliver services for people that were referred.

23. There is evidence of investment in the workforce with examples of Continuing Professional Development and Quality Clinics which staff see this as positive. Staff mentioned new career pathways available to them. There is a real focus on strengths-based practice and action learning sets to capture qualitative conversations, monthly case studies and highlight positive outcomes through practice by sharing either in team meetings, practice forums or wider on posters. These are all opportunities to improve practice. Despite the geographical challenges, team leaders and service managers come together regularly to discuss practice change and development. The Practice Team has a good understanding of what needs to be done to achieve the required

practice and cultural change. The professional leads in social work, occupational therapy and safeguarding demonstrate a strong approach to changing hearts and minds and a real commitment to organisational learning and development. Case file audits are a regular feature that identify areas for improvement that are addressed quickly as well as areas of strength that are shared and celebrated. It was clear that staff were willing to invest time in development for their teams.

24. Extra Care Housing is a provision that NYCC is known to deliver well, and for which there are solid foundations. The Council is building upon the ambition for Extra Care, to deliver a total of 22 schemes, with over 1,000 apartments and a further 11 schemes in the pipeline (which will also replace 7 Council-run elderly persons' homes). This is impressive and is a strength. However, there may be some further work to be done around ensuring that Extra Care Provision has the basic infrastructure in place to support the delivery of the ambitions such as IT provision for staff and tenants. We were told by staff that cost of provision might be a prohibitive factor and this is having an impact on tenants in other areas ability to have access to simple services such as Wi-Fi. There is also evidence that better basic IT in other in-house services would allow more efficient working, provide more care hours and free up staff to explore innovations, such a remote technology.

25. Extra care is a very important part of a housing and care system but is only part of the answer. The Council should consider how it influences the broader housing agenda from the design of general needs housing (both social and open market) to enable easier adaptation in the future (for example straight staircases with power sockets at top and bottom rather than staircases with turns) and different forms of housing design such as bungalows which will also help people to be as independent as possible. It should also ensure that it is able to bring forward small scale developments for people with more intensive support needs as a result of a learning disability, mental health problems or who are of working age and develop a disability.

26. Assistive technology is a resource that the Council are using to work in an increasingly more preventative way, and there is ambition and passion for further evolving to the next level and moving towards a more digital and artificial intelligence provision in coming years. This is innovation at a level that is further ahead than most councils in the region and is to be commended. Ensure, however that the basics are fully embedded and that there is consistency of approach across the County as you roll out your technological solutions.

27. There is capacity in NYCC to plan and deliver services effectively. There is planned programme approach which is underpinned by strong corporate commitment, with well-supported project management officer (PMO) capacity. In 2015, the directorate's senior management structure was reviewed to replace the large number of long-term acting and interim arrangements with permanent appointments and to target capacity to operational and change priorities.

28. Alongside corporate capacity in the form of PMOs and a stable directorate senior management team, capacity has been released by the re-design of a new social care pathway effective from April 2017 and the establishing of a specialist Care and Support team as part of an expansion of the Council's Customer Resolution Centre, to resolve issues at first point of contact wherever possible and to triage onward referrals as appropriate. The introduction of online social care assessment is also part of a plan to make best use of resource. NYCC feels like an organisation where there is capacity to implement and deliver plans and services, and while people may feel stretched in their day to day roles, as a collective organisation there is an ability to get things done.

29. North Yorkshire is an area that has strong community assets. It has recognised that prevention can be supported by 'Stronger Communities' and there is a strong link to public health outcomes. By investing in prevention North Yorkshire has enabled growth in communities that has benefited the embedding of strengths-based practice especially giving social workers the knowledge of local area assets. The Council will need to ensure that all communities benefit from this approach given the variable community capacity and assets across the County.

30. There is good strategic use of data at executive team and senior manager level. Data was used to realign budgets based on demographics and activity. This has meant that identified funding is in the right place for locality-based services. Business sessions have been used to try to understand and interrogate data especially to identify and plan for what needs to be done differently.

31. Working within a strength based, outcomes focused model demands a different set of leadership skills from managers. More support, it was felt, will be needed to ensure that all managers have the skills and confidence to consistently work with the ambiguity and need for professional judgements that the new model brings alongside using data (financial and performance (both qualitative and quantitative)) to understand delivery and inform service improvement. There were some suggestions that the new pathway, as currently articulated, was not working for every locality but that there was not a structured approach by local managers to understanding and managing any need for local variation and adaptation.

32. Whilst the Council has clearly made the decision to invest in and protect services for vulnerable members of the community, services have still been challenged to ensure that investment made is in the right places. Through the use of Deep Dives, and strong PMO functions, the financial elements of commissioning and operational delivery decisions are challenged and monitored. A strong corporate governance ensures that planned changes and projects progress to achieve the identified outcomes for both people and organisation. North Yorkshire are planning ahead and managing reductions and savings in a practical way that still enables them to invest in priority areas. Identified savings are planned and scheduled so that transformation is able to steadily take place to avoid unnecessary disruption. The early

investment in prevention has meant that the Council is in a relatively secure financial position compared to other Councils, and therefore allows them to continue to take a longer-term view.

33. The development of the BEST approach will ensure that future planned savings will be proactively planned. ASC have reviewed demographics and have aligned this with the purchasing budgets for localities. This has resulted in a move of budgets across the localities. This will be reviewed as part of proactive budget management with service managers.

34. The NHS partners we spoke with told of an improving relationship which had been nurtured over the last two to three years, and of having confidence in the council's leadership team. Partners spoke of building a care system that worked for communities, despite the complex landscape. There was a shared understanding that for certain groups of people there was limited resource for example there are no assessment and treatment beds, in the County for people with a learning disability, and a need for a wider provision of housing. It was positive to hear that NHS partners are keen to develop closer working with the Council, for example to collaboratively commission intermediate care services, step up and step down, as a system.

35. With regard to relationships with partners at the front line, these were regarded as positive and collaborative. Staff are getting on with the day job, despite the complexity and number of organisations to deal with. We have seen evidence of joined up working to address the issues of delayed discharges. DToCs are well understood across the organisation and despite continued pressures from delays there has been investment in terms of posts and resources to have a better understanding of what causes delays and how to successfully manage them. There is strong evidence of good joint working to have an improved pathway for section 117 of the Mental Health Act.

36. In relation to housing provision, there have been further discussions to develop a Strategic Board across a wider footprint which for North Yorkshire then engages the Chief Housing Officers Group. This will help support the development of the Strategic Housing Plan for the area. The Chief Housing Officers Group are now more engaged with the County Council on the future planning to meet housing needs. Consideration is being given to the use of general needs housing and how this could support the specific needs of client groups. Local Councils are also considering how they can provide more affordable homes in their areas and are also influencing private developers as to how they can provide homes for an ageing population with a variety of needs. It was noted that there had been positive discussions with the County Council as to how the occupational health function could be used differently to speed up decisions for adaptations.

37. There were good examples of co-production (disability forum involved a highways project, Learning Disability (LD) Partnership Board and Dementia). There is active involvement with Learning Disability Forums, from the review of the Council's website to real involvement in commissioning decisions, including highways-based projects where people contributed to a street

mapping exercise, to support more accessible walk ways. The LD Partnership had also co-produced the self-advocate plan and this was now being implemented. Those with Dementia in the community have been involved in developing the joint Dementia strategy 'Bring me Sunshine' and attendance at Dementia Congresses which involve health and social care professionals, those with dementia and their carers, and other interested parties.

38. With regard to access to public transport the Peer Team heard that rural areas were largely being under-supplied with transport and urban areas potentially being over-supplied. One example shared was a couple who had to move from their rural home to Richmond as the lack of public transport meant it was impossible to attend regular health appointments when one of them was diagnosed with dementia. People who used services also acknowledged that services for dementia were variable e.g. dementia café was weekly in Ryedale but monthly in Richmond and people expressed a wish for more regular support especially for carers. The Peer Team have heard of good practice examples of innovative transport solutions. For example, in Durham, taxis have used bus passes in the past to transport carers and vulnerable people around rural areas.

Other interventions which would reduce costs (including in-year pressures) and improve, or at least maintain, impact and outcomes

General Observations

- Consider opportunities to make pathways leaner to address evidence of blockages and workarounds
- Further embed strength-based practice - it is early days.
- Consider opportunities to devolve decision making
- Build on current work on CHC/117/brokerage to improve flow, and better manage market capacity and cost
- Consider the scale and strategic rationale for the in-house delivery model
- Improve consistency of co-production
- Next step digital technology
- Other housing options – general needs housing, bungalows etc. and specialist housing with MH and complex LD
- Continue to develop strategic housing influence
- Jointly developing with the NHS step up and step down capacity and new models of intermediate care
- Consider the most effective approach to aids and adaptations
- Complete the infrastructure to enable agile working
- Continue with your ambition to test out digital technology
- Continue to develop strategic housing influence in order to increase general needs housing (bungalows etc. and specialist housing for MH and complex LD)
- Consider the most effective approach to joint working on DFGs and equipment services to make best use of resources already in the system
- Consider how you maintain the core purpose of reablement against competing demands in the system
- Continue to develop your evidence of the impact of the work that you are doing
- The new pathway as currently implemented in some areas, means staff feel unable to work in a person centred way due to capacity and processes
- Continue to develop managers' skills and leadership to enable them to work effectively in the new model
- Be clear about what the system wants from 7 day working
- Continue to explore your transitions process to maximise independence and ensure value for money
- Working on many fronts – is there sufficient capacity and capability?

39. Staff are committed to working in a strengths-based and personalised way. They understood the new social care pathway and were on the whole, working to it. However, in some teams, there were some issues at an operational level in the pathway that have become a barrier. These were described as blockages and where a clear pathway was not evident, people used workarounds, for example in Scarborough they had temporarily gone 'off pathway' to help reduce their DToC. While some of the issues in working effectively to the new pathway could have been due to the high vacancy levels in teams at the introduction of the new pathway it may be worth the

council reviewing the pathway to understand what is working well and not so well, one year into implementation.

40. A review of the new pathway, may highlight differences and variations across North Yorkshire for which a degree of variation may be acceptable based on a structured approach to understanding what drives the need for variation, for example because of the different interface exchanges across the patch.

41. We heard numerous examples of where hand off processes could be better orchestrated, and some areas where over-bureaucracy was impeding dynamic decision making. Some areas of the County feel empowered to work differently to resolve this, where others felt more constricted to working in defined pathways. The Council should reflect on why this is and the sort of culture in relation to empowerment that it wants to consistently see exhibited.

42. There are some tangible reasons for why the pathways have not fully embedded and North Yorkshire recognise these challenges and are working on solutions e.g. recruiting to vacant posts, supporting AYSE and offering regular and consistent peer support and action learning sets. Employees recognise and value the investment in training and support however continue to struggle with pressures of DToC, geography and recruitment or availability of providers in rural locations

43. As mentioned previously, there is evidence of good person centred, and strengths-based work, however this is not consistent, nor fully embedded and does require further consideration to ensure it is established across the County. The primary reasons cited for not being able to work in a Person-Centred way, was the pressures of the System, and needing to work to alleviate NHS pressures. The case load, and the complexity of the case load, meant that people felt pressured to push assessments through and put services in place, when, if they were allowed more space and time, could develop a much better solution for the individual and the Council. Strengths based practice requires time with people to deliver a person-centred approach however in some areas the pressure of volume and demand may not allow for a consistent person-centred approach.

44. As a generalisation, councils taking a strength-based approach experience a reduction in apparent productivity as working in this way can be more time consuming than a “care management” approach. The investment in staff capacity is, however, offset by the reduction in expenditure on service provision as staff develop confidence and an understanding of non-service solutions. The Council should, therefore, keep under review the relative balance of investment in staffing vs care provision.

45. There are some “technology” solutions which the Council may wish to further develop that would support Person Centred working. Examples include pre-paid cards for direct payments and the use of Electronic Call Monitoring to enable the use of Individual Service Fund approaches which empower domiciliary care providers to take a more flexible approach and negotiate the detail of care packages directly with the end user.

46. There were some instances where individuals cited examples of where they understood some of the solutions to a given issue or problem, but did not feel that they had permission to move the solution forward. As an organisation that will need to operate services in the future to primary care footprints of 30-50K people and through a personal budget approach, NYCC will need to establish the right balance of having an understanding of what is happening at those levels of population, and ensure that delivery is of a consistent standard and outcomes. The Council will need to be able to devolve decision making where people are working at a micro level. Developing and implementing a framework for devolved decision making will help to establish this for the Council. This includes being clear about the extent to which providers (in-house, independent sector and, increasingly GPs) rather than social work teams have the ability to make decisions about care package provision.

47. Build upon the work you have been doing on Continuing Health Care (CHC) and section 117 and the council stepping into the brokerage role, it is clearly starting to work, and the right direction of travel. The move into integrated commissioning arrangements will give strength to managing market capacity and cost. There are some good examples whereby the council has moved into leading on some integrated commissioning e.g. Section 117 and CHC.

48. Further consider the role of in-house services. There are many reasons why the Council has chosen to deliver services in-house, this may be due for example to market failure or an inability for the private sector to deliver services perhaps due to rurality. There may be instances where there is private sector operating, but at a significant cost. The Council should consider whether it has the right balance of in-house delivery, both geographically and across all the service types. It will also be important to consider the degree of value added and if variations in fee levels may help to stimulate the market and attract other providers, so to enable the Council to focus on the priority areas including those where there is a real absence of affordable capacity. The peer challenge team is not suggesting that it may be wrong to have the number of in-house services that NYCC delivers and is not suggesting that all services should be outsourced, but is suggesting that the council is clear about why it is choosing to operate in the way that it is, having given full consideration to the options and alternative models of operation available in order to obtain the best value for money.

49. There were good examples of co-production cited, but perhaps they could have been more consistently produced across the County. For example, we have seen collaborative working in Learning Disability and a joint action plan was co-produced by the County and the service users. Whilst we heard positive examples from the Disability Forums, this was not necessarily reflected across other groups.

50. Digital technology as mentioned in paragraph 27 is an area that staff are excited about. The council is forward thinking in its consideration of this area and is aware of the dilemmas that next step digital technology brings in terms of ethical considerations about using artificial intelligence (AI) in the social care domain. Perhaps there is some further consideration, by those who feel

more comfortable with the concept of AI, about how front-line staff, elected members and the public can be made to feel comfortable with this area of development which can feel alien in a world where people still value personal contact.

51. There has been some very good work in North Yorkshire on extra care housing, there is however, as previously indicated, more to consider on the provision of general needs housing, from bungalows to readily adaptable mainstream housing while ensuring there is enough development around specialist accommodation, particularly cited by external partners were mental health and learning disability needs where a more bespoke build might be required. The ability to consider all housing requirements in a two-tier arrangement is recognised to be complicated and challenging.

52. There is an opportunity to work more closely with both CCGs and NHS providers around market capacity issues to commission and deliver a different model around step-up and step-down bed capacity and the intermediate care provision, this emerged from discussions with health partners.

53. There is a question that the peer team would pose to the Council around the various approaches to Disability Facilities Grant (DFG), re-use of adapted properties and specialist equipment for aids and adaptations. There is recognition that this will be variable, given that the Council is working with so many different partners but it is considered that there is potential to further develop this whole agenda building on the best of practice from both within North Yorkshire and from other areas. The Council and partners could collectively consider what is working well in some places and not so well in others and the potential to achieve better outcomes/ financial efficiencies given that this is an area where demand will continue to grow.

54. There is more to do in terms of facilitating mobile and agile working and enabling staff to connect across all of the council services including extra-care schemes etc, so they can work more effectively while travelling across the County

55. There was a sense that people know what reablement offers as a service and that it is working well. However, there is also some evidence to suggest that, as in many councils, at times it is a service that is expected to deal with a range of issues beyond its core purpose and that this reduces the effectiveness of the service. (for example, acting as a service that gets people out of hospital on a Friday afternoon even though reablement might not be the appropriate service for someone at that point of discharge, and what they may in reality require is a homecare service for a week, to get individuals to a point where they could benefit from reablement. Or, the Reablement Team were supporting people where there were obvious gaps in long term service provision. The Council should consider further what the Reablement service is providing and the gaps that might need to be filled so that the service operates effectively.

In councils that are employing a strengths-based, outcome focused approach there are challenges in how impact can be evidenced when PI frameworks are largely process and input rather that outcome driven. It is difficult to demonstrate impact for individual service users as a result of staff using the pathway, and how that translates into value for money. The Council will need to consider how it is assured that the new ways of working are having the impact that it desires and guard against using performance measures that inadvertently reinforce an inputs rather than outcomes approach.

56. Some staff found they were unable to work in a person-centred way largely due to the volume of work that was coming into the system, it's complexity together with a requirement to complete work within specific timescales meant that working in a strengths-based way was becoming time consuming. This was exacerbated because staff also felt that they were still learning new ways of working. Staff understood the principles and approaches to person centred/ solution focussed ways of working but were still struggling with the 'how' as time pressures, and increased numbers were confusing them, and they felt frustrated at not being able to deliver on expectations. All in all, this has left staff feeling that they were not delivering their work in the strengths-based way expected of them. We heard from staff "*the constant complexity in planned care was a shock*". This coupled with the pressures to release patients from hospital wards does not enable staff to have strengths-based conversations. It was in these scenarios that there was a sense that people were using workarounds. This it was felt also occurred in community-based assessments too, which implied to the peer team that there would be some merit in considering how work is flowing in the system and whether there is the right capacity and capability in the right places. As previously noted, a strength-based approach needs careful evaluation of the balance of staff capacity and expenditure on service provision.

57. As the council moves forward using and embedding a strengths-based approach there is potential for work flow to continue to slow down because a strength-based approach can inherently require more upfront work by staff and because becoming adept at this approach takes time. This could potentially lead to a capacity issue. The Council may wish to consider whether there is the right amount of capacity in the right places, by executing a demand and capacity analysis around what is needed currently, what may be needed in six months, in twelve months and eighteen months as Strengths Based Approaches (SBA) become embedded. Staff will in due course, become confident in the approach, and as new staff come into the service, SBA will be ingrained as part of the Council's new ways of working. Consider now, what capacity will be needed in an eighteen month timescale to be able to deliver your SBA approach.

58. There may be a requirement to further develop the leadership skills for managers in the Council's new ways of working, to enable consistent and confident working on finance and performance data that is owned by managers and understood by them. Providing managers with the skills to manage change effectively, with training to allow them to better understand and implement a person-centred approach model through their behaviours,

will help front line staff understand the direction of travel. Senior officers are confident about the current change in practice, however there was a sense that further work was needed to ensure that this is consistently understood, owned and demonstrated through all levels of the organisation. All managers should be confident in their leadership role and their ability to support staff. This is clearly the case in some instances as we were told "*Were happy to go the extra mile because of the support we're given*" but there was also some evidence that there will be benefit in undertaking further development activity with managers.

59. There appears to be pressure to deliver a seven-day working service in the context of the interface with the NHS. However, the whole system needs to be geared up to delivering a seven-day approach. There may be some further thinking to be done about what it is that the Council wants to achieve from seven day working, and how this may look in practice. Is it actually seven day working that is required or is it extended hours working? Working later in the evening may provide staff in the service with the ability to work in a way that is flexible and meets the needs of a wider population, especially for those potential users of services and carers who work during the day and are only available in the evenings. Consider what are the best ways to deploy staff and negotiate this with them? Staff may find that an extended hours contract might provide them with the flexibility to start work and end work later, and provide them with a better work life balance.

60. The system knows when children with the most complex needs approach adulthood. There was however, limited confidence about the extent to which there was a detailed understanding of the needs of children aged, say, fourteen, and the ability to develop and have in place in a timely way the type of support that might be needed four or five years down the line. It is important particularly when the support needs to be bespoke that the future needs of complex children are identified and that the lead in time for developing services is sufficiently planned. In particular with the introduction of the new generic / locality working structure for learning disabilities, some concerns have been expressed that a lack of dedicated contact may potentially have a negative impact on the responsiveness in the care provision. There may be a need also to develop an understanding of the specific information and needs of the family. For example, is the family of the complex child committed to supporting the child into their twenties, or is the child from a family that has an aspiration for their child to leave home at the age of eighteen as other children in that family might have done? This level of information would provide the service with the ability to plan and develop appropriate services and support into adulthood. This level of sophistication needs to flow through the transition process, and does not appear to be currently doing so. This is not an issue that is specific to North Yorkshire, but is an opportunity to partially mitigate future financial pressures and improve outcomes for individuals.

61. There is a lot going on in North Yorkshire, we heard "*are we juggling too many balls?*"! There has been a great deal of work done to develop the new pathway and implement it. There is an ambitious programme that the Council

is considering in the future around implementing the next generation of digital technology. There is much to reflect upon to do with the shape of North Yorkshire's in-house provision in the future, for example its scale, strategic role and whether, as some councils have done, it could operate as a company that more actively worked with the large self-funding population in North Yorkshire. Many CCG's, council's and provider organisations are currently putting a great deal of consideration into planning and delivery models of around a population size of 30 -50K and how these will work in practice. This is something that will require a great deal of effort and time. The Council have some work to consider around the future of social care beyond 2020. This is all time consuming, and while the organisation is not without capacity, it is a challenge to make sure that NYCC "*do the boring stuff really well*" alongside the transformation activity. The Council does have the capacity to make sure that SBA is embedded and working effectively. Once SBA is embedded and is being delivered by a confident workforce led by your managers, it would be prudent to focus on three to four change projects which in themselves will be complex.

62. This is an organisation that feels ambitious with a loyal workforce that is up for the challenge! There is unity across senior leadership, including members, and a sense of belonging to Team North Yorkshire, an officer of the council summed it up, "*We play to our strengths as one team*"

Support and inform the adult social care response to the Council's BEST (Better Efficiency through Sustainable Transformation) challenge

63. The team were should read was asked to inform the BEST programme, but it was not possible to leave NYCC with a set of solutions, in the timescales allocated to this peer challenge. There was as part of the peer challenge, a data analysis benchmarking report for North Yorkshire produced in April 2018 which set out a series of "provisional conclusions" which it is hoped will provide the Council with the ability to ask itself some questions.

64. The data analysis report states "*A particular complication for North Yorkshire is that its CIPFA comparator group (of councils with similar demographic characteristics) comprises 15 shire counties which are all in other regions, including 7 that are in the South East and South West. It may be reasonable and useful to compare North Yorkshire with these other counties, from the point of view of "demand management". However, the average unit costs for this CIPFA group are influenced by the South East/South West price factors, and are therefore unusually high. As explained in the relevant parts of this analysis, North Yorkshire's comparatively "low" overall expenditure should be seen in this context."*

65. Though there are caveats in the analysis, the report does allow the Council to step back and reflect upon what the performance information means for the County, together with the considerations set out in this report.

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