

# Overall summary

## Local authority rating and score

Derbyshire County Council

Good



## Quality statement scores

Assessing needs

Score: 2

Supporting people to lead healthier lives

Score: 3

Equity in experience and outcomes

Score: 2

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## Care provision, integration and continuity

Score: 3

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## Partnerships and communities

Score: 3

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## Safe pathways, systems and transitions

Score: 3

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## Safeguarding

Score: 2

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## Governance, management and sustainability

Score: 3

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## Learning, improvement and innovation

Score: 3

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# Summary of people's experiences

People's experiences of their assessment, care and support in Derbyshire was mixed. We heard many examples of joined-up care, where people's needs were put first and staff described a commitment to supporting people. People in more rural and difficult to access places were less likely to get the full range of community services and homecare could be a challenge to organise. However, feedback from people showed staff demonstrated a strong level of creativity and purpose in keeping people well and at home for longer.

People felt supported and helped around hospital discharge, which was demonstrated in the data and in feedback we heard. The carers organisation, commissioned by the local authority, was valued and gained positive feedback, although the data told us fewer carers were able to live the lives they wished, than the national average. We also heard positive feedback about the transitions service from some people, however some carers described a lack of continuity between Childrens and Adults services. Some people also told us their care plans and reviews were not up to date, whilst others said their assessment and care needs were met.

We heard some accounts of care not being fully joined up and where services had been difficult to find. Greater clarity of advice about the cost of care, featured in feedback as did co-production and listening to people when designing services. People felt they had more control over their daily life and were satisfied with their care and support in Derbyshire than the national average.

## Summary of strengths, areas for development and next steps

The local authority was part-way through significant transformation and changes were in-development. There had been changes in the operation of Adult Social Care functions, over the preceding six-months. As a result, some strategies and plans that would have provided a strategic framework to the directorate were postponed. Occupational therapy and reablement interventions were central to the local authority's transformation and were a focus of improving the outcomes of their short-term work. Significant team-structure changes had begun to operate at the front-line, and this had been achieved at pace. However, the new structure needed time to embed, and the short-term and preventative work needed to be 'tethered' or linked to a strategy, in order to allow a full evaluation of its effects and the sustainability of the new model.

The strategic vision of this work was evident from leaders and the messages around transformation were fully reflected by staff. The local authority was in a period of formal consultation on proposals to reduce the size of its in-house care services and to focus on providing short-term reablement services and long-term dementia services. This was consistent with their strength-based policy and came across as a 'mission' across the local authority. Leaders described the inherent challenges and the measures they had put in place to evaluate outcomes. The re-modelling of teams to work in an early-intervention and prevention focused way was demonstrating good outcomes in preventing, reducing and delaying people's needs for longer term care, alongside health partners. Although feedback from people and partners was mixed as to its effectiveness, for example with social worker availability.

Leaders described the levels of need and deprivation in different parts of the county. The local authority had noted, in advance of our assessment it had plans to understand its population, more fully in the future. Staff and leaders did not describe to us consistently how they worked with people with a range of care and support needs, or how they worked to remove barriers to care for seldom-heard groups.

There was a sense of 'permission' in staff teams, to do what was needed to keep people well. There were many examples of staff reducing duplication by sharing work with partners which are detailed throughout this report. Social work assessment waits in hospitals had been low, demonstrating a well-resourced and organised system. However significantly more people over 65 years of age returned to hospital or entered longer-term care settings following discharge, than the national average. Direct Payments were used in an innovative and enabling way to support care in a mixed geography, and when there were unique personal preferences. Short-term direct payments addressed issues where the speed of arranging a care package was a factor for people getting home or for those who lived in isolated settings.

A digital strategy was in-development and the local authority had just appointed a new digital director. We heard about plans to bring significant improvements to the Derbyshire shared-care record and other enabling systems to improve safe systems and respond to Safeguarding Adults Reviews. The communication of outcomes of safeguarding concerns to those who raised them could be improved.

Market shaping and commissioning was also part-way through transformation with a clear direction of travel. There was mixed feedback following the closure of traditional learning disability day services around maintenance of friendship groups, although a report to scrutiny from February 2024 demonstrated positive outcomes. A clear strategic direction of enabling a market to flourish through a reduction of in-house services was described. Co-production and involving people, was an area for development to design a service offer that meets people's needs.

The findings of this assessment broadly mirrored the local authority's self-assessment of its work (provided to the CQC ahead of the site visit). It was, therefore, self-aware with plans in place to address development areas.