

Cllr Simon Allen, Cabinet Member for WellBeing Key Issues Briefing Note

Wellbeing Policy Development & Scrutiny Panel –March 2014

1. PUBLIC ISSUES

Supporting People and Communities ‘Market Place’ Day

More than 30 providers commissioned by the SP & C team came together for a ‘Market Place’ event on 5th February 2014 in the elegant surroundings of the Banqueting room at the Guildhall, Bath. SP & C commissions a wide range of services aimed at maximising independence, preventing needs from escalating and promoting community resilience. The aim of the day was to inform colleagues working across the health and social care sector in B&NES about all the services and groups available to support the local community. Many visitors commented that they had found out about useful services that they had not known about previously.

Workers and service users set up stalls with lots of leaflets and photos about the wide range of activities they provide throughout Bath and North-East Somerset. Those attending included elected members and colleagues from a wide range of local services/partners, including the Connecting Families Service, RUH, AWP, St John’s Hospital and Sirona Care and Support.

There were lots of sampling opportunities, including the chance to try out the latest technology for people with hearing loss and gadgets designed to keep people safe at home. Visitors could listen to music CDs and admire wooden cabinets and other furniture produced by service users and some of the social enterprises that Supporting People and Communities fund.

Many Providers are keen to hold a similar event aimed at service users and their families and carers and SP & C are working to help facilitate this in the summer.

Learning Disabilities Partnership Conference 2014

Approximately 220 people recently attended the Bath and North East Somerset annual Learning Disabilities Partnership conference, of whom more than 100 were people with learning disabilities and more than 30 family members also attended. The theme for this year’s conference was one of Partnership and how people with learning disabilities have worked with other agencies, particularly around keeping safe and being healthy. Amongst the highlights were presentations from Avon and Somerset Police about a new Safe Places scheme; Aquaterra and the Active Sports and Lifestyles team who presented information about an innovative ‘Sports Buddy’ scheme to support people to take exercise and use the local leisure facilities. Plus Bath University who have supported students to volunteer at the Bath Bistro, and a monthly restaurant night run by and staffed by people with learning disabilities.

Changes to adult social care recording from 1st April for 2014/15

Key points

- a) A national review by the Health & Social Care Information Centre (HSCIC) of the adult social care data collected nationally from local authorities was completed in 2012. This was known as the “Zero Based Review” (ZBR).
- b) The purpose was to completely update the data collections to meet more up to date requirements which fit with the DH direction of travel regarding the transformation of social care service. (The ZBR and the new requirements pre-date the 2013 Care Bill.)
- c) Much of the data published nationally will change. The data available locally and which we will want to monitor locally will also change.
- d) There were some small changes for 2013/14 recording but the majority take effect in 2014/15 for reporting in 2015.
- e) The main changes over the two periods include:
 - i. Two statutory returns covering referrals, assessments and community and residential support (RAP and ASC-CAR) have been replaced with a return looking at the data in terms of Short And Long-Term support (known as the SALT return).
 - ii. A new-format financial return will be based on the SALT return.
 - iii. Small changes to the:
 - Abuse of Vulnerable Adults return – now known as the Safeguarding Adults Return (SAR) this has been in place for 2013/14 collection
 - Guardianship Return
 - Deprivation of Liberty Safeguards Return
 - iv. A new equalities and classification framework has been introduced. This expands the recording about clients, carers and the care pathway.
- f) To implement these changes we have been working with Council colleagues and service providers (principally Sirona Care & Health and Avon & Wiltshire Mental Health NHS Trust) to ensure that data they report to the Council meets the new formats and requirements.
- g) Sirona Care and Health have informed all staff of the changes and the rationale for this through a number of roadshows; AWP have informed staff through team meetings.
- h) The Council and service providers are confident that all data requirements will be fulfilled and deliverable to the HSCIC.

Social Care Pathway

Redesign is on target to be implemented on the 1st July.

Direct Payment Service

The existing Direct Payment Support Service is being re-tendered following notice given by the incumbent provider to end the current contract on the 30th September 2014. A draft specification is currently being consulting upon; there is a consultation event planned for the 18th March 2014 along with various other ways in which the public can give their views for example the new online consultation portal . The new specification includes the requirement to be mindful of social value, the requirement to demonstrate a user led organisation and the move towards the use of pre-payment cards.

2. CARE HOMES PERFORMANCE QUARTERLY UPDATE (OCTOBER DECEMBER 2013)

Baseline Data

At the time of writing there were 57 residential and nursing homes under contract in B&NES including those providing services to people with learning disabilities and people with mental illness.

As at 13th March 2014 1151 individuals were recorded as being 'permanently placed' in residential/nursing care, supported living or extra care settings although this figure also includes a number of individuals who are placed out of area i.e. not with a contracted provider in the B&NES local authority area. This is an increase since the last report of 11 people.

Care Quality Commission Data

The Care Quality Commission came into being in April 2009 and required all adult social care and independent health care providers to register by October 2010. Part of the role of CQC is to carry out inspections of care homes and to assess compliance against twenty eight quality standards, known as the 'essential standards'.

In Bath and North East Somerset all homes under contract have been inspected by CQC, the performance for the October to December period is summarised in the table overleaf. The performance for the Quarter 4 period will be available in the next report.

All standards met	32 homes
One standard requiring improvement	8 homes (decrease of 2 since last period)
Two standards requiring improvement	1 homes (decrease of 1 since last period)
Three standards requiring improvement	3 homes (same since last period)

When one or more essential standards are not met and there are serious concerns regarding the quality of care provision in a home, CQC may issue compliance notices which require providers to respond within specific timescales, after which follow up inspections take place. At the time of writing 13 homes in B&NES were under compliance action. The action was evidenced to have a minor impact to service users for 10 homes, a moderate impact to 1 homes and a mix of minor and moderate to 2 homes.

All homes with outstanding compliance issues are required to produce action plans setting out how, and in what timescales full compliance will be achieved. This information is utilised to inform the review B&NES schedule and to inform contract monitoring activity.

A report published by Age UK on 28th June 2012 suggests that around 73% of adult social care provision is fully compliant with CQC standards and this figure is corroborated by the analysis above which indicates that 72% of homes inspected in B&NES are fully compliant.

Service User & Stakeholder Feedback

Information regarding the quality of care homes is collected at each individual service user review and collated on a 'feedback database' by commissioners. The database is also used to store 'adverse incident' reports received from health colleagues. During the period October to December 2013 feedback relating to 8 care homes was received via the feedback database, these are summarised in the table below.

Nursing home	Staffing levels, record keeping and communication
Nursing home	Staff not wearing ID badge
Residential home	Staff turnover
Nursing home	Attitude of staff member
Nursing home	Staff support relating to eating/drinking
Residential home	Behaviour of staff member
Nursing home	Record keeping
Nursing home	Use of equipment

Commissioning & Contracts Review

Of the above homes 3 have been reviewed by Commissioning & Contracts Officers and the remainder are scheduled for review in the first quarter of 2014. A further 7 homes where no concerns were raised have been reviewed during the reporting period as part of the planned schedule of contract review activity. In addition 7 homes have been reviewed during January and February 2014 and 9 homes have received short reviews to follow up action plans from the full review process.

Six of the above homes have been recently inspected by CQC and three of these were found to be fully compliant whilst two have one outstanding compliance action and one has two outstanding compliance actions.

Officers liaise closely with CQC and with health and social care colleagues to triangulate intelligence and to agree collaborative responses to all concerns identified. This information sharing process is relied on to prioritise inspection and review activity, thus making most effective use of limited capacity in the commissioning team.

Financial Monitoring

Cross authority, work has been completed to establish a regional cost model for care homes based on locally collated data covering six main cost drivers including:

- Nursing/care staff costs
- Other staff costs
- Capital costs/rent
- Fixtures/fittings
- Food/laundry
- Utilities/rates

The weekly rates for residential and nursing home placements currently operational in B&NES have been set using the regional cost model and prices within each individual cost driver can be reviewed separately under these arrangements.

The Council's November 2013 revenue forecast for adult social care summarises performance against financial plan targets for 2013-14. The net end of year forecast shows a balanced budget.

3. DOMICILIARY CARE PERFORMANCE QUARTERLY UPDATE (January 2014 – End of February 2014)

Baseline data

At the time of writing there were four domiciliary care strategic partners under contract in B&NES and four spot providers, plus a small number of 'one off agreements'. The contract with strategic partners is a framework agreement under which providers are paid quarterly in advance for a projected number of care hours they will deliver, then this amount is adjusted to reconcile with the actual number of care hours delivered.

During the reporting period the total number of care hours delivered by all contracted providers was between 4969 (29th of January 2014 to 550 service users) and 4821 care hours (25th of February 2014 to 537 service users). These hours are within projected demand limits.

The strategic partners are commissioned to accept the majority of all referrals for domiciliary care made by Sirona Care & Health as part of the statutory social care assessment and care management process. On the 11th March 2014 83% of all commissioned domiciliary care (4643) was being delivered by the strategic partners with the remaining 17% being delivered by either a contracted spot provider or commissioned under a 'one off agreement'.

The 17% of hours commissioned outside of the strategic partnership contract are delivered equally through spot and one off agreement contracts.

Hours of Service Provided by Four Strategic Providers per Zone:

Zone	Number of Service Users	Number of Visits	Care Hours
Bath North	117	1173	879
Bath South	139	1620	1223
NES (Keynsham)	74	940	692
NES (Norton Radstock)	116	1481	1064
	446	5214	3858

Care Quality Commission Data

Three of the four domiciliary care strategic partners have been inspected by CQC since December 2013. Two have been found to be fully compliant with all essential standards being met. The third was judged to not be meeting the standard around supporting staff. The Inspection report states the following:

Staff we spoke with confirmed they had completed core skills training and records we looked at showed evidence of this training being completed. One care worker described the training available as "very good" and another told us "it was very worthwhile". Staff received good informal support however there was a failure to provide 1:1 supervision and yearly appraisals. We asked care workers about the support they received. All of the 10 care staff we spoke with were very positive about the informal support they received. Particularly the availability of supervisors and the response they received if they spoke to office staff. One care worker said the support was "very good" and another described it as "brilliant". A third care worker said they were "really impressed with the agency". However staff told us there was little one to one supervision available. We were told there was "no regular 1:1 supervision", "can't remember when I last had 1:1 and "have only ever had one 1:1 supervision. We looked at records for nine care staff. Of these there was evidence of 1:1 supervision for three, of the remainder there was no evidence of their having had 1:1 supervision. Staff we spoke with told us they had not received a yearly appraisal. The records we examined showed none had received an appraisal in 2013.

This was, however, judged by the Compliance Inspector to have a minor impact on people who use the services of this provider. The provider has produced an action plan to address this issue, which has been submitted to CQC and shared with Commissioners.

At the time of writing the fourth strategic domiciliary care provider had just been inspected (8th March 2014) but the report has yet to be published. It is understood that the provider was verbally informed that they had been judged to be fully compliant.

Two of the spot contract providers have also been inspected by CQC since the end of December 2013 and both have been judged as being fully compliant.

Service User & Stakeholder Feedback

Feedback about the quality of services received from the domiciliary care strategic partners and spot providers is sought by Sirona Care and Health staff when conducting service user reviews. Since the beginning of January 2014 4 concerns have been shared with Commissioners and providers following reviews undertaken.

- One concern related to staff not recording food consumed by the service user in the person's day to day records. This was reported to the agency who have addressed this concern with staff.
- One related to a late visit. This was due to staff sickness.
- Two related to care plan not being followed. These issues were discussed with the provider and addressed following review meetings.

Two concerns have been received with regards to spot contract providers. These concerns relate to timing of visits and have been addressed with the provider concerned.

Commissioning & Contracts Review

All strategic providers were reviewed in November and December 2013 by Commissioning and Contracts and no concerns were identified as part of this review process.

A Strategic Partnership Meeting was held on the 13th of March 2014. Providers presented feedback on their latest internal quality monitoring results and provided information on their staff recruitment and retention. All providers demonstrated a commitment to providing quality services and a willingness to address concerns.

During the last twelve months providers have introduced computer monitoring systems which allow for planning travel time between scheduled visits and continue to encourage staff to ring into their offices when they are running late so that contact can be made with the service users.

Commissioning and Contract Officers liaise closely with CQC and with health and social care colleagues to triangulate intelligence and to agree collaborative responses to any concerns identified. This information sharing process is relied on to prioritise inspection and review activity, thus making most effective use of limited capacity in the commissioning team.

Financial Monitoring

The strategic partnership contract sets out the basis where providers are paid along with the reconciliation process. Bath & North East Somerset is one of only four Local Authorities who pay over the UKHCA's recommended minimum hourly rate for care. The four strategic providers have been willing to negotiate inflationary uplifts with the Local Authority on an annual basis.)