

National Review of Commissioning for **Adult** Social Care in Wales 2013-2014

Local Authority Feedback
Blaenau Gwent County
Borough Council



Introduction

This report provides an overview of the effectiveness of commissioning for social care in the local authority. The focus of the inspection was on the commissioning of care and support for people with dementia and their carers.

Commissioning Infrastructure for Dementia Services

Since 2006 the local authority has developed a plan for changing the way in which it secures care and support for older people. The progress made has rested on a determined effort, with political support, to change the traditional and inadequate social services provided to older people.

The council used a June 2005 needs analysis to underpin its “Living Independently in Blaenau Gwent in the 21st Century strategy, commissioning strategy for older people”. The strategy was reviewed in 2008 and updated in January 2012. The analysis uses national data to forecast rates of dementia in older people in Blaenau Gwent. It also uses data concerned with health and deprivation to contextualise the challenge facing Blaenau Gwent in planning future provision of care and support. While inspectors found some errors and limitations to the quality of the data in the needs assessment, the overall conclusions remain valid. It is, however, a plan focused on demography and outputs rather than need and outcomes. The partnership with health services has helped to secure both co-located teams of staff and some good service arrangements, eg the relationship between the dementia day service and the dementia day hospital. It has not, however, delivered a coherent joint commissioning approach, integrated teams of staff under single line management, or an approach focused on the longer term across health and social care.

It is positive that health and social services have begun to unpick the funding and contractual arrangements for third sector providers of support to people with dementia and their carers across Gwent. This has the potential to kick start an improved approach to market development and procurement. Partners in the third sector were unanimously positive about the quality of the relationship with social services, including a readiness to strive for an agreed approach to difficult decisions about savings and efficiencies. This, coupled with social services support for the recently introduced Gwent wide, health led dementia “intelligent targets”, suggests some optimism for the future. Less positively, it also serves to highlight the limitations to what has been achieved so far and just how much still needs to be done.

The authority has recently produced a procurement strategy for social services. This was in draft form at the time of the inspection and has not been implemented. The document makes specific reference to the Together for Mental Health in Gwent (2012-17) strategy of the health board and the five Gwent local authorities. This strategy includes a focus on the development of an appropriate response to the needs of people with dementia. The draft procurement strategy implicitly acknowledges the distance to travel when it notes that under Together for Mental Health the partners are “working to establish a set of rules and a structure that supports our working together” (p9).

The revised eight priority targets in the strategy for older people are not reflected in a specific action plan to shape their implementation. Rather, in the divisional action plans for social services (Quarter 2 – 2013/14), there is an all encompassing reference to “Progress the priorities established in the Living Independently in Blaenau Gwent in the 21st Strategy for Older People”. It is not possible to easily identify the way key actions link to the strategy. More positively, the action plan contains a report on progress with key performance indicators, some of which, eg take-up of assistive technology, give an insight into progress with the strategy. There are no dementia specific key performance indicators in the action plan and no reference to the dementia “intelligent targets” developed by the health board. Social Services need to find £1.4m in savings in 2014/15, of which £400,000 will be reinvested in adult social care. It is planned to secure savings by looking at the re-provision of services, most of the required savings will be made through the transfer of the remaining in-house home care service to the independent sector.

Prevention and early intervention

The Dementia Board, established in November 2012, was described by health partners as developing an “emerging” vision for the delivery of care and support in Gwent. This includes a focus on community well-being and provision. Efforts to improve referral and assessment processes underpinning memory services are under way. All GP practices have been visited, with a central referral point and an agreed referral pathway adopted. The Alzheimer’s Society and Age Cymru were described as being present at all memory clinics. While a comprehensive audit of training has been completed, this was focused on hospitals and the subsequent person centred training resources are being delivered across all general/community hospital settings, but not in social care settings or services. The presence of liaison nurses at the front door of hospitals to limit and divert inappropriate admissions is a positive step. Some of this work is at a very early stage and the authority recognises that more needs to be done to build a co-ordinated approach with health colleagues to deliver shared aspirations to make improvements. Nevertheless, it is positive that the authority was able to demonstrate support for the early intervention and support

services provided by the Alzheimer's Society and Age Cymru. This, coupled with the plans to do more with health partners in the future, suggests that early identification of need will improve and that more preventative services will be developed.

Managers and leaders in social services gave a consistent exposition of Blaenau Gwent's involvement in the Gwent Frailty Project. This is a partnership between the health board and the five Gwent local authorities to deliver an ambitious, integrated model of care and support to frail people. Blaenau Gwent has drawn down less of the available finance than the other councils. Managers argue that their focus has been on implementing the "Living independently" strategy. In this way they consider they are developing the options at the heart of the Gwent Frailty Project, without significant exposure to the risk to financial sustainability associated with it. This interpretation was not unanimously held across the health and social care partnership. A review by the Wales Audit Office found that a decision not to utilise spends to save monies by Blaenau Gwent had, "constrained its ability to expand coverage."¹ The authority believes that performance information to date demonstrates that it is not performing less well than neighbouring councils. It intends now to sharpen the pace of change, integrating existing services across health and social care in two hubs in the county borough.

Supporting People in the Community

Since 2008 the authority has identified the demand and nurtured the market to increase the availability of residential and nursing home places for older people with mental health needs; opened two extra care housing schemes (with a planned third scheme currently on hold); and promoted innovative options for older people including direct payments and adult placement. Inspectors spoke to people using extra care housing, and to carers of people with dementia who have used extra care, and heard overwhelmingly positive comments about the quality of the care and support provided. The authority is not, however, complacent about progress. Extra care schemes need a balanced population of need to be successful and so need to limit the number of tenants with dementia. The costs (including capital costs) of developing a third scheme mean that the demand for tenancies in extra care is unlikely to be met in the near future. While well over 100 older people are in receipt of direct payments, only eight of these have been diagnosed with dementia. The progress made in expanding the availability of residential and nursing home places needs to be tempered by the evident variability in the quality of what is provided – inspectors saw examples of both excellent and indifferent quality of care in the homes visited. The authority, providers and in-house services, want to move to an outcome focus to domiciliary care (and have established a brokerage approach to

¹ *Review of the Gwent Frailty Programme*, Wales Audit Office, November 2012, p37

arrange support packages), but recognise that the current approach is primarily task and time orientated. While carers encountered by inspectors were very positive about the help provided by care managers, some of the language found on care plans – describing service users as being “compliant with care”, for example, highlights the challenge of delivering an approach focused on outcomes.

The monitoring of contracted services by the authority is shaped by a comprehensive policy and procedure. For care homes, a new joint contract compliance monitoring tool has been written in conjunction with the health board and is aligned with the national minimum standards for care homes. The evidence from the inspection strongly suggests that the local authority commissioning and contracting team need to establish a more systematic approach to collecting and using the information from CSSIW inspection reports and their own monitoring visits during contract monitoring. This information then needs to be absorbed and used by care managers undertaking reviews of care plans. While the policy and procedures outline just such an approach, it was not evident in one of the three case examples examined by inspectors.

Supporting people with Complex Needs

Some specialist services to support people with dementia who have complex needs have been commissioned and there is evidence of collaboration with health in the development of options for care and support. Health services across Gwent have reduced their in patient services for older people with mental health needs and reinvested the resources in home treatment teams. Inspectors visited a day centre for adults with age related mental illness that is located next to the day hospital run by the health board. The carers of people who had used the day service were, without exception, highly complimentary about the care and support provided. They also made little distinction between the professional background of the professionals helping them, speaking forcefully about the extent to which people had gone “the extra mile” to help them. The recent decision by the authority to increase the number of places for older people with mental health at its remaining in-house care home constitutes an understandable response to the challenge of supporting people with complex needs.

Good Practice Example

The LA Commissioning and Contracts Manager arranged for inspectors to visit an independent sector care home as an example of good practice in the area. Two members of the inspection team met with representatives from the provider including a Director, Operations Manager, Development Manager and the Registered Manager. This was followed by an opportunity to view the units at the home that support people with dementia and to observe practice. This included information on a quality assurance and accreditation programme known as the PEARL

programme – Positively Enriching and Enhancing Residents Lives. Inspectors were able to observe the extensive work undertaken to enhance the quality of the environment in two units in order to help residents with orientation, drawing on their personal as well as shared histories. A considerable amount of thought and work had gone into this and it had involved significant contributions from residents and their relatives. Inspectors spoke informally and privately to some relatives and residents during the visit; all were positive about the care and support commissioned by the authority and provided at the care home. An inspection of the home by CSSIW in May 2013 also identified examples of best practice and noted the reduction in the use of anti-psychotic and anti-depressant medication since the previous inspection.

Inspectors heard mixed views about the quality of domiciliary services. Where it was good, it was because the carers remained the same and had good knowledge of the needs of their relatives; this increased satisfaction and confidence. However, there were experiences that were not good. In one example, inspectors were told of an older person who had 18 carers in a three week period – the carer said that this was traumatic for them and their relative. All carers felt that when arrangements worked well it was because the correct times had been commissioned by the care co-ordinator and the provider of the service had got to know their relative. The authority has recently decided to outsource its remaining in-house home care service. This is seen as the least detrimental option – in terms of impact on people using services – if social services are to make the required budget savings in 2014/15. Senior leaders in the authority were frank that this was a difficult decision at odds with their longstanding ambition to encourage a mixed market for domiciliary care.

Engaging Service Users and Carers

The local authority acknowledged that there is no real outcomes focus to the way in which it currently commissions care and support for people with dementia. Managers and leaders across health and social care have ambitions to revise and improve their approach to commissioning so that the links between spend, service outputs, and outcomes for people and their carers are more explicit and measurable. The authority is not alone in Wales in needing to face up to this challenge and inspectors heard many positive comments from carers, in particular about the positive impact of the help that they and their relative had received. Focus groups for users and carers were engaged in developing the “Living independently” strategy and the authority continues to organise regular meetings with carers groups. It is positive that the Director of Social Services and the portfolio lead for social services had spoken directly to a group of carers at an extra care scheme about the carers’ concerns regarding the decision to outsource the in-house home care service. Inspectors saw a very good example of the involvement of carers in personalising the environment in

one of the nursing homes visited. The authority presented four digital case studies which were powerful examples of the personal impact of the care and support provided for people with dementia and their carers. Overall, staff in social services and elsewhere in the authority have built a positive approach to engagement with users and carers – being frank about the challenges ahead and earning a significant degree of trust from the carers of people with dementia.

Recommendations

- The local authority should develop a coherent, financially viable plan for the commissioning of services for people with dementia and their carers in partnership with the health board.
- The local authority should review and revise its arrangements for contact monitoring and quality assurance ensuring, in particular, that all concerned, including care managers, make use of all the information available about outcomes for people receiving services.
- The local authority should draw up clear targets, milestones and outcome measures for the eight priorities listed in its revised “Living Independently in Blaenau Gwent in the 21st Century” commissioning strategy for older people.