

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

## Local Authority Feedback Merthyr Tydfil County Borough Council





## **Introduction**

This report provides an overview of the effectiveness of commissioning for adult social care in this 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**

The Home for Life Strategy 2006 – 2020 sets out a vision for the delivery and commissioning of services for adult social care services in Merthyr Tydfil CBC including older people with dementia. It covers future accommodation solutions for people with dementia and their carers, including extra care housing (ECH) and residential care; home support, re-ablement and the use of telecare and assistive technology. This strategy is widely owned corporately and has driven a culture change amongst members and staff. It has come to fruition in schemes such as Ty Cwm ECH and Gurnos House residential home.

The Single Integrated Plan covers the needs of the whole population of Merthyr Tydfil CBC and focuses on groups who are disadvantaged, vulnerable or at risk of becoming vulnerable. A further document called the “Community Services Vision” describes three levels of support: - universal, early intervention and specialist and substitute services. The structure of adult services has been reconfigured around this model with the aim of reducing dependency on services such as residential care and achieving budget efficiencies.

These strategies were based on a detailed service demand analysis and a costed options appraisal undertaken by an independent organisation commissioned by the local authority. It included projections of future population needs, changes in people’s preferences for care arrangements and different service delivery options and configurations. This analysis also highlighted the under-occupation of the council’s own residential provision which no longer met the requirements of the Care Standards Act 2000 and made recommendations to decommission two of its residential homes.

The approach taken by the local authority to the fulfilment of these strategies has necessarily been opportunistic rather than setting out a market position statement and commissioning plan. It does have in place a commissioning and contracting framework based on Welsh Government guidance and develops a service specific commissioning plan when required, eg domiciliary care. Its future commissioning intentions therefore are not always explicit to either the current stakeholders or the independent sector.

The local authority participates in a regional commissioning collaboration called South East Wales Integrated Commissioning (SEWIC) which has until now focused on high cost low volume services such as learning disability services for adults and the broader range of commissioned children’s services. As part of the inspection, we were invited to observe the Locality Partnership Board which includes Rhondda Cynon Taf CBC and the Cwm Taf

University Health Board, and their commitment to integrated working was obvious through projects such as the development of an integrated IT system, locality working and integrated assessments tools and processes. Merthyr Tydfil CBC itself has a mature strategic partnership with Cwm Taf University Health Board. In 2013 they opened Kier Hardie Health Park which epitomises locality working.

Performance monitoring of provider services is done via a standard framework but the information captured is superficial and there is no benchmarking across services or links to budget information to provide a complete picture of service performance. There is some effort made to reflect the views of people who use services and their carers but this needs to be improved.

### **Prevention and Early Intervention**

The Home for Life strategy is premised on keeping people at home for as long as possible and minimising intervention to maximise independence. The offer includes improving people's living environment through the use of adaptations, equipment, telecare and improving heating, insulation and safety. It also aims to address people's wellbeing and economic situation by supporting access to leisure opportunities and welfare benefits advice, and providing information via the local authority's One Stop Shop.

There is a joint "Compact" and code of practice for commissioning from the third sector across Merthyr Tydfil and Rhondda Cynon Taf CBCs and they have in place a very good range of services. The third sector providers we met felt confident about the future with one notable exception, whose service model no longer matched what the commissioners required. This had led to a reduction in the uptake of their service. The range of services provided across the directorate including social regeneration also impact positively on the directorate and corporate vision as highlighted in the recent inspection of adult community services.

The Initial Support (ISS) service based at Kier Hardie Health Park includes reablement and access to occupational therapists and physiotherapists. This front loading of services provides a responsive and proportionate intervention which means that people's individual situations do not deteriorate to the point where they need longer term support. The local authority's eligibility threshold of "critical" and "substantial" is only applied, where necessary, or after people have completed a period of up eight weeks with the ISS. The people we spoke to said that the period before and following a diagnosis was a critical time for them, and their experience of primary care was not positive. There are plans to have dementia support workers located in primary care.

The Kier Hardie Health Park also has a demonstration and assessment unit which has drop in sessions open to the public and also provides assessment facilities for daily living equipment, sensory loss, telecare suite, Just Checking service and befriending services.

### **Supporting People in the Community**

The community teams are co-located with the health board at Keir Hardie Health Park and include a specialist occupational therapist for people with dementia and a dementia care co-ordinator who is a community psychiatric nurse, and a specialist dementia domiciliary care team. Assessments are integrated and NHS staff record on the same client database as social care staff which improves communication, planning and reduces duplication. This arrangement has produced most of the advantages of integration from the service users' perspective, without a costly and protracted structural integration.

“Professional” capacity, “substitution” and specialist resources have been focused on those with more complex needs who meet the eligibility threshold. The local authority set a target of reducing the number of unified assessments carried out by adopting a proportionate approach to assessment. It is not clear if this reduction has yet been achieved but there are currently no waiting times for assessment.

There was evidence from the cases we tracked, that services to support people in the community are responsive and risk is well managed. Day services for people with dementia have been co-located with health at Keir Hardie Health Park while the future service model is being considered. Transfers of care from hospital have previously been a considerable challenge but the local authority is working with health on improving flow management from the point of admission to discharge.

The new ECH facilities offer a very high quality option for people with dementia allowing couples, where appropriate, to remain together. It can also support people who live locally by acting as a hub for day activities as there is also a cafe which is open to the community. However, there is inevitably a higher demand than there are flats available and a waiting list is now in place. This represents a success and there is reportedly a plan to open a further facility in the south of the county borough but the funding of these services may prove challenging in the future.

The considerable challenge of supporting people with early onset dementia was recognised and some innovative micro-commissioned services had been utilised including direct payments. Through these people were supported to continue with their activities, such as a male voice choir and fishing, with the one-to-one support of a personal assistant. They had also used a shared lives approach with one younger adult with dementia and the same family also supported his daughter who has a learning disability. His carer was delighted with this service which was adaptable to her needs as she also has some health problems.

Merthyr Tydfil CBC has a carers strategy which describes a range of support from advice and information to attending day opportunities together. We met with a number of carers of people with dementia and they were extremely positive about the support they get from the authority and the services its commissions in the voluntary and independent sectors.

The contract documentation for independent sector domiciliary care indicates that the local authority intends to move towards an outcome focused approach during the lifetime of the contract which is 2011 until 2014. However, this shift in approach was not yet apparent in the assessment and care plan documentation. Staff we interviewed did not report problems of availability or capability, but there is no bespoke commissioned provision for people with dementia as this is currently in-house, but they are expected to work with an enabling focus.

Access to training opportunities is available through the Merthyr Tydfil Workforce Development Partnership which is open to the voluntary, independent and statutory sectors. Service users and carers report that staff are well trained and have an understanding of how best to support people with dementia.

### **Supporting People with Complex Needs**

There are a range of options available for people with dementia who have complex needs which is facilitated by the co-location of staff who are involved in their care including psychiatrists, social workers and community psychiatric nurses. The in-house domiciliary dementia care team is able to support people who have challenging behavior or who are resistant to accepting help, but the local authority indicated that this may not remain the model of service delivery in the future. People with a learning disability who develop dementia are able to access the same range of services available to others including re-ablement.

Access to care homes with nursing for people with dementia is recognised as a service shortfall within the county borough and a way of bringing another provider into the market is being considered. However, there is currently no commissioning strategy or procurement plan to secure this provision.

### **Engaging Service Users and Carers**

The Home for Life Strategy was widely consulted on with residents and carers, staff, stakeholders and the voluntary sector through letters, the local media and focus groups. The service users and carers we spoke to felt that the staff from the local authority, providers and the voluntary organisations were approachable and very supportive but expressed some concerns about access to primary care and information at and following a diagnosis of dementia.

However, improvements in how users of services and carers can be involved in service monitoring and commissioning should be considered. The local authority does not currently have an outcomes focused commissioning or



contract monitoring approach. Complaints and concerns are well managed and are seen as a mechanism for service improvement. The local authority uses an independent investigator they can call on and undertakes joint investigations with health when appropriate and are developing a monthly report for members

There was some evidence that Merthyr Tydfil CBC provides services that are sensitive to people's individual needs and the contract documentation for domiciliary care also reflects this including the Welsh Language Act. However, this was not included on the joint training calendar or as part of the contract monitoring documentation.

### **GOOD PRACTICE**

The Keir Hardie Health Park brings together key elements of local Primary, Community and Health and Social Services with related voluntary and independent sector services under one roof. These include services for people with dementia, mental health and learning disability services. There is a telecare and community equipment demonstration suite which is accessible to the public.

### **Recommendations**

- The local authority should build an outcomes based commissioning strategy which evaluates affordable options and future population demand and needs.
- The local authority should undertake further demand and capacity analysis to consider whether the new service configuration and models of delivery, eg the ISS – can grow to meet future demand and remain effective and financially sustainable.
- The local authority should improve their service monitoring and commissioning processes to strengthen the voice of people who use these services and their carers.