

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

## Local Authority Feedback The Vale of Glamorgan Council





## **Introduction:**

This report provides an overview of the effectiveness of commissioning for adult social care in the Vale of Glamorgan Council. The focus of the review was on the commissioning of care and support for people with dementia and their carers.

## **Commissioning Infrastructure for Dementia Services**

There is a needs analysis underpinning the older people's commissioning strategy, containing figures which reflect the projections of older people in the next few years. However, the data does not contain an analysis of people's needs or the types of services for which demand is likely to grow and there is no clear analysis of unmet need to inform the commissioning strategy. The authority showed inspectors a draft market position statement, which involved a more sophisticated needs and data analysis, including trends in current provision. As this is developed it should improve the strategy in the future.

Regional working with Cardiff City Council is at an early stage and is focusing upon agreeing the best way forward for joint working. However, there are some initiatives funded by the Regional Collaboration fund. For example; Team around Wyn is a regional initiative developed by the Vale of Glamorgan Council in collaboration with Cardiff City Council and Cardiff and the Vale Health Board. Another example is the regional commissioning hub which concentrates on high cost, low volume services and provides a good foundation for joined up commissioning in the future.

The Head of Adult Services is a joint post with the health board and provides some clear advantages for commissioning, however, there is scope to further develop these opportunities. The local authority and the health board informed us that there are still some issues about the procurement and funding of nursing provision, including the availability of residential nursing places. The relationship between senior managers in the local authority and the health board is very good. However, this is not consistently replicated throughout operational services and the local authority plans to restructure its adult services teams in order to support an improvement in the delivery of integrated services.

Governance arrangements for the commissioning of dementia care are largely within the local authority. There is insufficient oversight of commissioning from within the service areas, thus the strategic commissioning of services is not joined up well with assessment and care management. The commissioning strategy and dementia plan are separate documents, with the health board taking the lead on the dementia plan. However, the local authority assert that they were involved in the development of the dementia plan, which they hope will take further many of the intentions stated in their commissioning strategy.

Local authority elected members informed inspectors that the local authority has been impacted strongly by the Welsh Government's cap on the price that service users pay for domiciliary care services. Elected members also expressed the view that the biggest threat to sustainable services in the future in the Vale of Glamorgan, is rising demand and diminishing resources. The inspectors concluded that the current largely operational and tactical procurement focused commissioning model is not likely to assist the local authority develop and deliver sustainable services. Commissioning activities need to improve at a strategic level and go beyond written plans and statements of intent. There needs to be a much more sophisticated level of planning, analysis and risk management in order to ensure sustainability in the long-term.

### **Prevention and early intervention.**

The local authority informed inspectors that there are various service level agreements in place with the voluntary sector organisations. The local authority informed inspectors that they are clear about the approach to developing services to provide early intervention for people with dementia. They informed inspectors that all service level agreements with the third sector have been reviewed regularly since 2011 to ensure that they do meet the requirements of the commissioning strategy.

However, service users and carers spoken to did not feel that they were aware of the range and availability of prevention and early intervention services. Furthermore, inspectors could not find evidence of clearly articulated aims, objectives and the planned outcomes for preventative services. Inspectors were not able to speak with the local authority voluntary sector partners during the inspection. Thus, inspectors drew the conclusion that the service provision cannot be improved unless there is a more coherent strategic approach to planning and commissioning services for early intervention.

### **Supporting people in the community**

The local authority's overall aim is to assist people to remain living in their own home for as long as possible and, to this end, has closed some residential care homes. The range and availability of residential care services is satisfactory and they have created a number of specialist provision for people with dementia. They have a brokerage system for the procurement of domiciliary and home help services that ensures there is a good range and availability of domiciliary care services. The relationships with providers of services in the independent sector are very strong and all were very positive about the fair way that services are contracted. The local authority is developing an extra care scheme in the main urban area of Barry and has plans to develop further extra care and other supported living schemes with independent sector providers.

The monitoring of contracted services by the local authority is shaped by a policy and procedure, and is aligned with the national minimum standards for care homes. However, this procedure for brokerage and contracting relies on contracting for hours of service or tasks to be performed, with insufficient emphasis on the quality of the care provided. Furthermore, inspectors saw little evidence that contract compliance monitoring has been devised or implemented in conjunction with the health board.

### **Supporting people with complex needs**

There is evidence of good partnership working between the local authority and the health board to reduce delays in transfer of care from hospital, with partners working effectively to ensure appropriate access to services. Whilst there is a shortfall in nursing care residential places, the local authority and its partners are focused on commissioning services that support people to remain living at home.

Practice example:

Team around Wyn is a regional initiative developed by the Vale of Glamorgan Council in collaboration with Cardiff City Council and Cardiff and the Vale Health Board. The main thrust of the initiative is to develop and commission support services around the needs of the service users. The integrated discharge service is a key element of the Team Around Wyn providing discharge planning and timely initiation of the assessment, care management and transfer of care processes, which are critical to the aim of improving the experience of patients with complex health and social care needs in hospital.

### **Engaging service users and carers**

The local authority accepts that they have not yet developed a set of outcomes for people with dementia and have not yet begun to move towards outcomes based commissioning. Therefore, the local authority does not currently have a means to ensure that commissioned services are achieving the right outcomes for people with dementia. There are improvements needed in the quality and timeliness of service reviews, and in the joining up of the feedback from reviews, service users and carers within the contract reviewing process. A much clearer focus on the quality of care experienced by the service user must be developed. The current system is over reliant on the raising of concerns or complaints by service users and the information received from CSSIW. This is not adequate to protect people from experiencing harm as it is purely reactive and does not encourage improvement in the quality of services provided. There was limited evidence of service users being involved in commissioning beyond the broad consultation exercises.

A carers support officer, dedicated to the Community Mental Health Team for Older People, has been in post since 2008. The primary purpose of this post is to create additional and specialist capacity to undertake carers assessments within the team. The post has also assisted with meeting requests for carers assessments from the Adult Community Care Team where there is a diagnosis of dementia. This includes people caring for younger people who have onset dementia. Inspectors saw evidence of carers assessments, and evidence of respite services and direct payments made to carers.

The majority of carers spoken to by the inspectors were negative about their experience of receiving services for themselves and their relatives. They perceived that the assessment process is driven by cost implications and stated that in their experience finance comes before care. They also expressed concerns about the quality of the engagement by the local authority: They spoke about being unclear where to go for certain services, waiting for a long time for a response following a carers assessment and waiting an unacceptable time before services are delivered. Inspectors saw evidence on files and spoke to care managers who confirmed the carers views. The local authority informed inspectors that there have been two recent wide scale carer consultations. Both surveys were widely publicised and sent to all carers registered with the local authority, they were available on the internet and promoted in newsletters. However, the majority of carers spoken to said that they had not been invited to any local authority consultation or engagement event. Furthermore, inspectors did not see any evidence of the way in which the views of service users or carers had influenced the commissioning strategy or the plans for dementia services. The local authority needs to review the effectiveness of the methods used to engage service users and carers.

### **Recommendations**

- The local authority should implement a clear and effective process for contract monitoring and evaluating the quality of care that people receive that goes beyond waiting for complaints or concerns.
- The local authority should review and develop an engagement strategy for service users, their carers and families.
- The local authority and health board should develop comprehensive services to support carers.