

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

Local Authority Feedback Flintshire County 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

Flintshire County Council has in place a number of governance and partnership arrangements to oversee its strategic and commissioning plans for adult social services. The Modernising Social Services Programme Board leads on the work that is linked to the Social Services and Well-being Bill and there is commitment from members and the corporate centre to protect and develop social services.

There are a number of joint governance structures in place with health including the Local Service Board, one of whose priorities is that "people enjoy good health, well-being and independence". The local authority and Betsi Cadwalader University Health Board (BCUHB) also have a Well-being and Independence Board, Local Services Board. In addition, the Strategic Partnership Board is a forum based on the county footprint chaired by the Leader of the Council and has both CEOs represented.

The Local Service Board has started to deliver in a number of areas such as extra care housing, falls prevention, enhanced care at home and co-location of staff. There is the Flintshire Improvement Plan: Living Well, which is aimed at helping more people to live independently and well at home. The main actions are developing reablement services, commissioning plans and supporting social enterprises, the latter being an aspiration and not yet in place.

However, partnership arrangements with BCUHB for people with dementia are not as developed or effective as they should be. The BCUHB has withdrawn financial assistance to third sector services and they are not in a position to commit to long-term commissioning and partnership arrangements. They are currently focused on their own internal agenda of service improvement and have their own draft dementia strategy 2013 – 2015. This sets out a plan for improving the experiences of people with dementia in hospitals, addressing a shortfall, community psychiatric nursing (CPN) capacity and improving access to diagnosis. The BCUHB is in transition because of changes at senior level which are well documented. It is anticipated by the senior team at the local authority that this situation will continue for some time although there is a commitment on both sides to further develop the partnership arrangements and build on initiatives already in place.

Flintshire County Council's commissioning strategy for long-term placements for older people with dementia is a comprehensive document which considers current and future demand, and links this to budget information and the state of the market-place. The analysis and conclusions drawn are sophisticated and nuanced, and puts the local authority in the position of making sound long-term decisions and managing

the market rather than working in a reactive way. They also have a very detailed commissioning strategy for carers.

The local authority has developed a “Dementia Road” from early diagnosis to living in a care home which is intended to deliver an integrated approach in the future. However, joint commissioning between the BCUHB and local authority has not moved beyond statements of principles and intentions. In line with strategic documents they have commissioned one joint post with BCUHB to improve the patient experience on the dementia pathway.

Housing is in the same community directorate as social care which ensures that these are linked across policy areas and service developments. For example, they are planning to introduce “step down” beds in their sheltered housing schemes and there is no waiting list for housing adaptations.

The council has a budget shortfall which equates to £47m over four years and has had a 4% budget reduction. Adult services are currently managing within the available resources. There is an alignment between management and performance information and budgets, access to re-ablement services is targeted at people who have an identified need, and who would benefit, from the service.

The local authority has undertaken a needs analysis which has projected an increase of between 400 and 500 new referrals for adult services per year and that the numbers of people with dementia will also increase by 26% by 2020/2021. It is recognised that services will need to be reconfigured and, where possible, expanded to meet this demand. The authority has restructured its in-house domiciliary care services to provide re-ablement services and now commissions 80% of ongoing care and support from the independent sector. It has also used a corporate “empty houses” scheme to find a suitable building for a day centre for people with dementia, which provides a homely environment.

The North Wales commissioning hub started with high cost low volume activity and now has in place a set of contracts and frameworks which are used across the region. The head of procurement in Flintshire County Council is a shared appointment with Denbighshire County Council and this post manages a joint team across both organisations. They also provide advice to the North Wales regional commissioning hub and, whilst it has already contributed to efficiency savings, senior managers at Flintshire County Council told us that it has potential and that much more should have been achieved through this arrangement

Flintshire County Council has an extremely proactive approach to brokerage which is managed by a central team. The relationship with providers is very strong. When the service was piloted, the authority seconded someone from the independent sector to help inform how it could best work from their perspective. This team also provides brokerage for Continuing Health Care (CHC) packages at no cost to the local health board, but ensures that this take place in a timely way for service users and the payment process works smoothly for the providers.

Prevention and Early Intervention

There have historically been some challenges with the infrastructure for voluntary services in Flintshire County Council and a lot of work has been done to improve this position. The aim is to avoid the need for specialist services for longer periods of time. An example of this is the Well Check service (initially jointly with BCUHB) which supports people through lunch clubs, eating well initiatives, safety checks in the home, avoiding falls etc. Originally set up by the authority and the health board, this important service is now underpinned by Supporting People funding (following the withdrawal of health finance) and is run by North East Wales Age Concern.

The council is looking at how it uses its warden service in the sheltered housing schemes, linking this up with the Well Check service and identifying three tiers of service based on the tenants need for support and oversight. Some people will not require any checking and others a care package funded by the authority. The Alzheimer's Society is supported through core funding and has a very strong local profile through its provision of dementia support workers. The Red Cross provides a home from hospital service. The health funding for this service is under threat and the council is considering alternative means to sustain it. The Voluntary Service Council leads for the council across all the third sector organisations in the county.

The local authority has researched a number of models for dementia cafes at Llys Jasmine Extra Housing Scheme. A number are already operating in a range of community based venues across the county run by the Alzheimer's Society.

The local authority has a number of Flintshire Connect Centres in development in local towns which will operate as one stop shops and will, where possible, be co-located with other agencies such as the Police and Job Centre Plus. Flintshire Connect will provide the universal first contact point for Flintshire residents and people who need a social services response are then passed through to Duty who screen people based on a set of questions linked to the Fair Access to Care's eligibility criteria. Where a person has an identified need, and it is clear that they would benefit from re-ablement, the re-ablement team can be deployed at this point. A project to set up an integrated single point of access with BCUHB is scheduled to begin shortly, and will be in place by 2016. People who do not meet the eligibility threshold can be signposted to services in the third sector such as the Age Concern Well Check service which can provide up to six weeks of support delivered by staff and volunteers.

Users and carers report that it was very difficult to clear the first hurdle of their GP recognising that their problems were linked to dementia and be referred to a memory clinic. One person described this stage in their journey as "shambolic" and felt that NHS staff did not care. No-one that we talked to had experience of the dementia support worker at primary care level and it was felt that support at this early point would have been invaluable in providing the guidance or information that they desperately needed.

Supporting People in the Community

A range of services are in place to support people with dementia in the community who meet Flintshire County Council's eligibility threshold which is currently set at critical and substantial. The Living Well service is an in-house domiciliary care service which provides specialised support for people with dementia and their carers. The service is set up to work flexibly and staff are able to change the times and care plans without necessarily referring back to the social worker. It is targeted at people who are difficult to engage with, have complex needs, where carers are very stressed or those who have had a number of failed care packages which can be linked to challenging behaviour. Dementia support workers are based in the locality teams. There are a range of day opportunities such as Flintshire Sounds for people with dementia and their carers and a specialist social worker for people with early onset dementia.

The local authority is planning to shift towards a "frontloading" of services towards prevention and improving how people are supported in the community. Joint planning with BCUHB is under development. There are, for example, fledgling enhanced care teams in place – a first step toward the virtual ward approach. The authority is also committed to establishing locality teams and co-location of social services and health staff. There are currently no plans to share IT systems with the NHS.

The Older People's Mental Health team, however, operates county wide and, although there are good working relationships reported on an individual basis, they are working in parallel rather than in an integrated way. An example of which is the withdrawal of CPNs from Holywell health centre at the same point as which the local authority staff were moving in; the Head of Service was unaware of this development. The cases we tracked did not exhibit a wrap around approach to supporting people in the community across health and social care. In one very complex case, the considerable risks were managed solely by a social worker and there was no sense of joint ownership from the NHS.

Flintshire County Council commissions domiciliary care in collaboration with the North Wales commissioning hub. Those who take part in the hub work to a collective framework agreement and an approved provider process in place. The local authority does not commission 15 minute visits and there is focus on quality and responsiveness.

A joint project to modernise care services across North Wales is under way. The aim is to collect data, and to benchmark services and commissioning practice against models used across Wales and elsewhere. The project will also undertake a gap analysis between current and future models of commissioning services and develop a marker position statement.

Relationships with the independent sector are very positive and demands are monitored through a resource database which can flag up where there are stresses in the system and distribution of services. Three local authorities in North East Wales have worked together to produce the care fees methodology. This supports consistency and transparency in how care home fees are determined. The case

examples we tracked where people were receiving support in a care home were positive.

The council is looking at models of good commissioning practice such as the HTL@H model in Wiltshire, which commissions services by outcomes rather than time and tasks. It is also using leisure services to provide day opportunities for people with learning disabilities and older people, and developing dementia friendly communities. They are also keen to explore co-production with a range of stakeholders.

Llys Jasmine is an extra care housing scheme in Mold which includes 15 apartments for people with dementia which have been specifically designed for this purpose and has been delivered in partnership with Wales & West Housing Association. People were supported through the Living Well service to maximise their living skills before moving into Llys Jasmine including some people who moved from residential care homes. There is an ambition to build two further schemes but plans are not yet well advanced.

The Living Well service is an in-house domiciliary care service which supports people with dementia who are resistant to accepting support and/or have challenging behaviour. Staff delivering the service have the discretion to be flexible and, if necessary, they can extend their visits to respond to the needs of the person they are supporting and can also bank hours. During the inspection, we met a carer who felt that the staff now knew their mother “better than I do”.

Direct payments are actively promoted and the direct payments officer sits on the resource panel to make sure that this option is considered. Flintshire also has the option of a provider administered direct payment (managed account) and currently have 300 people with a direct payment.

People are supported to access telecare and Flintshire reports that it provided 556 telecare assessments for individuals last year, a large percentage of whom had a level of dementia. This can be linked to the Just Checking service which is a monitoring system that builds up a profile of a person’s daily routines such as if they are awake for long periods in the middle of the night.

The NEWICS service is highly valued by the carers we spoke to who benefit from the emotional and practical help they receive. They have a long-term group which continues to provide support after the person they are caring for has died and also have a group to support male carers. Carers told us about a number of different

ways they had been supported including receiving a carer’s grant for a holiday, and access to day opportunities and flexible respite care and sitting services.

However, the people we spoke to expressed concern about their experience of primary care and described how difficult it was to get support at this critical point, and get referred to the memory clinic and access to a diagnosis. These experiences are

confirmed by information provided to the Flintshire County Council scrutiny committee which notes a waiting time of up to 22 weeks in some parts of Flintshire.

Providers participate in a strategic planning group and in locality meetings. They describe Flintshire Social Services as “very collaborative” and say they treat providers as allies and co-workers. Dementia training is delivered across both organisations and to the independent and third sectors via a voucher system.

Supporting People with Complex Needs

People who have a learning disability who develop dementia are supported to services appropriate to their individual needs. One individual with a learning disability and dementia has, for example, moved to the Llys Jasmine extra care housing scheme. The local authority had been working towards a Section 33 agreement with for learning disability services, but the BCUHB has withdrawn from negotiations. The commissioning plan for long-term care includes detailed scoping of the authority’s required capacity for care homes with nursing for people with dementia which is recognised as a shortfall. It only has one EMI nursing home within its boundary and 69 people who need this type of provision are placed out of county. The authority is in discussion with independent providers, but there are no immediate plans to build further provision in Flintshire and this has been highlighted as a risk for the local authority. Flintshire County Council has very low numbers of delayed transfers of care and people are only admitted to residential care from hospital if appropriate. However, 45% of the demand for residential beds is on behalf of people in hospital. There is access to step down facilities and community hospital beds via the BCUHB. This will continue to be an area of demand and cost pressure in the future.

Engaging Service Users and Carers

Flintshire County Council has consulted extensively with users and carers about its commissioning plans for services. This included carrying out a survey and using Care Checker, a listening organisation, to meet with residents and families and gather feedback about their experiences. Inspectors also received positive feedback about the authority’s approach to engagement during the inspection, both face-to-face and in writing from people who could not be present but wished to make their views known.

Service users and carers have questionnaires to complete about the services they are using which are simple and easy to use. This information, as well as any complaints and compliments, is captured as part of the quality monitoring process. Examples of completed documents had comments that were positive about the services provided and the council also has a detailed process for managing services of concern and improving the quality of care.

Complaints and concerns are dealt with effectively and feedback given to providers and effective action taken. This was evidenced by a situation reported by a family carer where there had been issues with the new gas boiler that had been installed through the housing department. It had not been working correctly since installation and therefore her mother had been without hot water and heating for some days.

The complaint had been made and the issue resolved to the satisfaction of all concerned within a very short period of time. Flintshire has access to a number of agencies and services for people whose first language is Welsh. They are also able to support people who, for religious reasons, cannot be in the presence of men outside their family.

GOOD PRACTICE: Living Well

The Living Well service aims to support people with dementia living in their own home as safely as possible. It is person centred and is able to offer an individualised support plan which is based on their past life, personal strengths and wishes. Staff have the discretion to vary the plan according to the situation on the day and introduce telecare to help assure security and reduce risk. It is particularly helpful for people who are difficult to engage with and where carers are under significant stress.

Recommendations

- The local authority and the local health board should accelerate an integrated outcome focused approach to supporting people with dementia and their carers in the community. This should include the co-location of teams and agreeing the care management arrangements and approach to risk.
- The local authority and local health board should review the dementia support workers service to optimise access and availability for people with dementia and their carers, especially around the time of diagnosis.
- The local authority and its partners should develop a joint approach and plan to commission locally based, high quality nursing home capacity.