

Report to:	ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE
Relevant Officer:	Karen Smith, Director of Adult Services
Date of Meeting:	14 March 2018

ADULT SOCIAL CARE REGULATED CARE SERVICES - OVERVIEW REPORT

1.0 Purpose of the report:

1.1 To provide an update on the current status and developments in the regulated care sector for Blackpool (including residential and nursing provision and care at home services).

2.0 Recommendation(s):

2.1 To comment upon progress being made, propose potential improvements and consider whether any areas would benefit from further scrutiny.

3.0 Reasons for recommendation(s):

3.1 To maintain compliance with statutory duties for the provision of care services to eligible adults in Blackpool.

3.2a Is the recommendation contrary to a plan or strategy adopted or approved by the Council? No

3.2b Is the recommendation in accordance with the Council's approved budget? Yes

3.3 Other alternative options to be considered:

N/A

4.0 Council Priority:

4.1 The relevant Council Priority is "Communities: Creating stronger communities and increasing resilience".

5.0 Background Information

5.1 Care Quality Commission (CQC) Ratings and feedback

5.1.1 CQC ratings for residential and care at home services have been collated and are shown in Appendix 7 (a) for noting. Blackpool's contracted Residential and Nursing provision continues to compare favourably with homes in the North West and Nationally, and Blackpool's contracted Care At Home provision continues to compare favourably with those in the North West and nationally.

5.1.2 Feedback from CQC continues to confirm that support being provided to Blackpool providers through the quality monitoring function is having a positive impact on the quality of care provision locally.

5.2 Care at Home Developments and Retendering

The Blackpool Care at Home service is under development, with a view to a redesigned model being implemented in 2019. Appendix 7 (b) provides a summary progress report.

5.3 Extra Care Housing

Background care for service users in two Extra Care Housing schemes, Elk View and Tulloch Court, has been retendered and a summary is provided in Appendix 7 (c).

5.4 North West Benchmarking 2016/17

The North West Association of Directors of Adult Social Services (ADASS) has released a balanced scorecard for 2016/17, which incorporates data relating to Health and Social Care and allows the benchmarking of an individual Local Authority's performance against Regional, National and Nearest Neighbour comparators. Appendix 7 (d) contains an extract of some noteworthy points as well as the balanced scorecard itself.

5.5 Fee Rates and Uplifts

Using established costing models, contract rates for the provision of Adult Social Care services in 2018-2019 have been proposed. These rates take account of increases in the National Living Wage and other inflationary pressures. See Appendix 7 (e) for further details.

5.6 **Adult Care and Support**

In anticipation of increased demand for social care 'at home' over the Christmas period and beyond up to 31 March 2018 (Winter), the Council's In-House Homecare Service increased its capacity to deliver an Urgent Care Stand-By Model equivalent to:

- 2 x experienced care staff on stand-by covering an early session of provision (typically between 7am – 1pm)
- 2 x experienced care staff on stand-by covering a late session of provision (typically between 4pm – 10pm)
- Between 16-32 hours of care per day available if stand-by staff called in to duty

5.6.1 The scheme delivered urgent/crisis care and/or additional care at home capacity to enhance and support safe discharges from hospital and prevent the necessary admissions. This was achieved through innovative changes to operational arrangements and the use of existing employees across the workforce and in part reliant upon good will of staff to commit to providing the Stand-By.

5.6.2 The arrangements were particularly helpful over the New Year period when Blackpool Teaching Hospitals declared Operational Pressures Escalation Levels (OPEL) 3/4 (significant service delivery problems) and the In-House Service were able to respond to delivering 'same day care' which enabled the release of beds within the hospital and support the critical situation at that time. This support remains in place and continues to support the system-wide response to the current difficulties, which is enhancing discharges from Hospital and ensuring people are receiving the right care in the right place at the right time. See Appendix 7 (f) for further details.

5.7 **Supporting New Models of Care and the Vanguard Programme**

5.7.1 One of the key components of the Vanguard programme has been the focus on Enhanced Primary Care, centred on the creation of six neighbourhood Hubs, each consisting of a number of GP practices, working with the patients/their families registered with them.

5.7.2 Each Hub has a number of disciplines, including District Nurses, Therapy staff and support workers. Each Hub Team also has a dedicated social worker co-located, working alongside their NHS colleagues. Although it is early days, the first Hub worker starting in September 2017, and all Hubs having a worker by the end of that year, early feedback is positive from both our staff and the wider team. A focus on those with chronic long-term conditions and carers is moving the prevention agenda forward, as well as the immediate acute situations that the teams have to deal with. The co-located staff also provide a good link back into the other Adult social work teams based at Bickerstaffe (main Council building) and other sites.

- 5.7.3 Avoiding people being unnecessarily admitted to hospital, with all the consequent risks that this can create, and the contribution to delays in discharge, is a high profile area, both locally and nationally. Two further developments are in the process of being implemented to try and address these, both at the “front door” of the hospital, and following admission.
- 5.7.4 Three dedicated social workers on a seven-day a week rota to work within A&E have been recruited to, and will be starting to work in this area over the next couple of months. Their main focus will be on preventing unnecessary admissions to hospital by being part of the assessment process at the point of entry into the hospital. Their knowledge of, and expertise about, the type and range of community services available as an alternative to admission, and their links with community services, should prevent a number of avoidable admissions. Their success in achieving this will be monitored as they establish themselves within the A&E setting.
- 5.7.5 At the other end of the hospital spectrum, we know that there are avoidable delays in people being discharged due to some of the practical help and assistance they need to get home. This can include things like making sure someone has heating on, food in their cupboards, furniture re-arranged to meet changed needs, for example. Six Case Assessors have been recruited to, specifically to provide that practical help and assistance, ensuring people can get home safely, to an environment that helps keep them there. We are using three staff based within the hospital setting, and three based within neighbourhood teams, trying to do some action research of the effectiveness between the “pulling out” approach” versus the “pushing out” approach. This will inform and shape our future service design. Once in post, we can start to evaluate this.

List of Appendices:

CQC ratings and feedback - Appendix 7 (a)

Care at Home summary report - Appendix 7 (b)

Extra Care Housing - Appendix 7 (c)

North West Benchmarking - Appendix 7 (d)

Fee Rates and Uplifts - Appendix 7 (e)

Adult Care and Support - Appendix 7 (f)

Scorecard 2016-2017 (benchmarking Adult Social Services’ performance) - Appendix 7 (g)

6.0 Legal considerations:

- 6.1 None other than the need to ensure regulatory compliance.

7.0 Human Resources considerations:

- 7.1 None other than staffing details listed in the report / appendices.

8.0 Equalities considerations:

8.1 None.

9.0 Financial considerations:

9.1 None - developments/options within existing budgets

10.0 Risk management considerations:

10.1 None other than those identified in the report / appendices.

11.0 Ethical considerations:

11.1 N/A

12.0 Internal/ External Consultation undertaken:

12.1 None but ongoing work with the health sector and other partners.

13.0 Background papers:

13.1 None.

Appendix 7 (a)

A snapshot of the work of the Quality Monitoring Team and partnership with other services

Specialist Care at Home / Supported Living provider rated Good by the Care Quality Commission (CQC).

The Provider is delivering services across a number sites following transfer of in-house care packages.

Complaints and concerns were received about commissioned care not being delivered. Issues with staffing levels were identified.

The provider was suspended from offering new packages of care and all sites were visited to assess the quality of care. Individual improvement plans were put in place alongside fortnightly performance meetings. Significant support was provided by the Council's Quality Monitoring officers and other services.

Internal systems and quality of care have shown significant improvement.

Care and Nursing home rated Requires Improvement by the Care Quality Commission (CQC).

The home was newly registered by the Care Quality Commission (CQC) and there were almost immediately quality of services issues received from multiple sources. The frequency and seriousness of the issues quickly escalated.

A regime of enhanced monitoring was put in place jointly with Blackpool Clinical Commissioning Group (Continuing Healthcare) and numerous internal clinical and system failings were identified.

Information was shared with the Care Quality Commission (CQC), and the CQC inspected in December 2017 resulting in a rating of Requires Improvement with breaches of two regulations.

An improvement plan was put in place to address the concerns of the Council, Clinical Commissioning Group (CCG), and the Care Quality Commission (CQC).

The provider's regional office has been resistant to the intervention of the Council in seeking improvement and improvement has been slow. The situation is being closely monitored and a further meeting with the provider, the Council, Clinical Commissioning Group, and the Care Quality Commission (CQC) has been arranged to discuss the findings of the CQC inspection report.

Residential Care Home rated Requires Improvement by the Care Quality Commission (CQC).

The home is an out of borough sister home of a Blackpool contracted home (i.e the out of borough home is not contracted by the Council)

An aggressive social media campaign was instigated by a relative following the death of a parent in the home. There has been no suggestion that the home has been responsible in any way for the death.

There appears to have been a campaign started when the home refused to hand over bankbooks and cards to the son of the service user. The son did not have Power Of Attorney (POA).

The son had little contact with the service user or the home prior to the death. The service user was care resistant and could be challenging. The family had been looking for a new placement since December 2017. Photographs of the service user's room and a video of staff have been posted on Facebook.

Allegations have been made that staff have been threatened and intimidated and vehicles damaged.

A Quality Monitoring Officer (QMO) visited the Blackpool home to check conditions and made an offer of support to the manager and staff.

The Blackpool home and staff appear not to be significantly affected and no issues were found with the environment or care provision.

Residential Home rated Good by the Care Quality Commission (CQC).

There was an unexpected death of a service user which is being treated as suspicious by the police.

The commissioning of new placements were temporarily suspended as a position of neutrality and precautionary checks were made at the home with regard to record keeping and the signing in and out of visitors whilst the police conducted their investigation.

There were some issues identified with the record keeping and these have now been rectified. Suspension has now been lifted subject to ongoing monitoring of record keeping.

Residential Home rated Inadequate by the CQC.

Low level concerns were received about the home shortly after opening and a number of issues were identified at a contract review prompted by the concerns. There were significant

management failings in the home which had led to weak systems and poor care quality.

Findings were shared with the CQC who undertook an inspection and rated the home 'Requires Improvement'. The inspection report indicates Inadequate in Safe, Effective, Responsive, and Well Led domains and requires Improvement in Caring.

The home was suspended from taking new placements to allow for improvement work to be done. Removal of the suspension is conditional on evidence of improvement in Safe, Caring, and Well Led Domains.

The manager was replaced and an improvement plan was put in place covering all Council and CQC requirements.

The new manager is being supported to make improvements and the home is making good progress.

Care at Home Provider rated Good by Care Quality Commission (CQC)

The provider has a history of periods of missed, late, short visits and also had a serious incident in 2017.

A number of staff walked out over the Christmas period resulting in late, missed and short visits.

The Provider met with the Director of Adult Social Services (DASS) in January 2018 and gave assurances that staffing issues were resolved.

The service has improved significantly but improvement has been slow and the quality of service for some service users remains inconsistent and unsatisfactory. Following our Policy for Managing Poor Performance the next stage of performance management is for consideration to be given to formal suspension to new packages, to enable the provider to focus on achieving acceptable standards consistently.

Residential - Comparative Care Quality Commission (CQC) Ratings as at 09.02.2018

Blackpool's contracted Residential and Nursing provision continues to compare favourably with homes in the North West and nationally.

	Blackpool	Blackpool	North West	North West	National	National
	Number	%	Number	%	Number	%
Outstanding	4	5.80%	27	1.50%	301	2.02%
Good	57	82.61%	1274	70.58%	11473	76.84%
Requires Improvement	7	10.14%	432	23.93%	2852	19.10%
Inadequate	1	1.45%	72	3.99%	305	2.04%
	69	100.00%	1805	100.00%	14931	100.00%

Care At Home Comparative Care Quality Commission (CQC) Ratings as at 09.02.2018

Blackpool's contracted Care At Home provision continues to compare favourably with those in the North West and nationally.

	Blackpool	Blackpool	North West	North West	National	National
	Number	%	Number	%	Number	%
Outstanding	0	0.00%	19	2.35%	159	2.38%
Good	17	94.12%	644	79.80%	5469	81.96%
Requires Improvement	0	5.88%	135	16.73%	981	14.70%
Inadequate	0	0.00%	9	1.12%	64	0.96%
	17	100.00%	807	100.00%	6673	100.00%

Care at Home Tender

Date: February 2018

Background

In Blackpool, the term 'Care at Home' covers four distinct types of service:

- Pop in Care at Home for Adults (including Mental Health, Physical Disability and Continuing Health Care)
- Children's Care at Home
- *Supported Housing Care at Home (including Mental Health and Physical Disability) for people requiring 'call in' support
- *Supported Living (Learning Disabilities) is specialist care and a separate area in its own right - already in the PDPS Framework for people requiring constant close supervision and 24/7 care

The care that people receive includes support with personal care; getting out of bed, washing, dressing, and support with other essential daily living activities and 1:1 care as required. Providing care for someone in their own home can prevent or delay admission to more expensive forms of institutional care such as residential care and nursing homes.

* Supported Housing Care at Home (includes Mental Health and Physical Disability) is a separate area in its own right and is excluded from this tender. Supported Living (Learning Disabilities) is also excluded from this tender as there is already a PDPS Framework in place.

Progress to date

A Care at Home Project Design Group has been formed which is chaired by the Director of Adult Social Services and includes representatives from the Local Authority and Clinical Commissioning Group including; Adult Social Care, Quality Monitoring Team, Commissioners (Adults and Children), Corporate Procurement. Representation is also required from Children's Services.

Existing Local Authority contracts on the current framework are in place until 31 March 2019 to allow for tender preparations. On 15 January 2018, the Contracts Team issued a

notice extension to existing Care at Home providers in relation to taking up the 'option to extend' that was already in place.

The timeframe is to commence procurement in Summer 2018 leading to implementation in Spring/Summer 2019.

Commissioners planned a Care At Home model design workshop with stakeholder representatives including: Care Providers, Local Authority representatives and Clinical Commissioning Group staff, this took place on 23 February 2018. 'Save the Date' invitations were circulated to existing contracted suppliers and a PIN notice was published via the Chest inviting other interested parties to participate. The PIN closed on 15 Feb 2018.

Key questions were posed at this workshop, which will influence the specification and our approach to contracting with Care at Home providers, as well as our operational delivery requirements.

- Clarify the distinctions between types of Care at Home and descriptions of care - define lots for tender specification
- Determine a care planning approach – specified times/tasks versus outcomes and flexibility. Extent of customer choice, flexibility, and consistency of carers, time specific versus time banded
- Determine lots and zones/geographical boundaries

Next Steps

- A detailed project plan to be drafted
- Following the workshop we will finalise the specification
- Procurement documents for the procurement to commence over the summer

Regular updates will be provided to the Adult Social Care Senior Management Team and Adult Executive.

Appendix 7 (c)

Extra Care Housing Update

Following a re-tender of the Peace of Mind background care and support contract for two extra care housing schemes in Blackpool (Elk View and Tulloch Court); the successful bidder for the contract was ICare.

ICare has an established Head Office in Blackpool and already provides Care at Home services in Blackpool and across the North West, Midlands and Scotland.

In total, seven submissions were received for this background care and support tender and resident representatives from both schemes were involved in the evaluation.

The new contract will start in April 2018.

Implementation meetings have been scheduled between the current provider, Comfort Call and ICare; with resident meetings also taking place in March 2018.

Current staff are scheduled to be transferred (Transfer of Undertakings (Protection of Employment) Regulations or TUPE) across to the new provider which will ensure continuity for tenants at the scheme.

Appendix 7 (d)

North West benchmarking of performance

On an annual basis, the North West Association of Directors of Adult Social Services (ADASS) produces a compilation of publicly available data relating to health and social care that allows the benchmarking of an individual local authority's performance against regional and national comparators, as well as against 15 other authorities in the Chartered Institute of Public Finance and Accountancy's (CIPFA's) Nearest Neighbour Group. The balanced scorecard for 2016-2017 has recently been released, and can be found annexed (Appendix 7(g)) to this report.

The following list extracts some points worthy of note from the benchmarking from the year to March 2017:

- In the annual Adult Social Care Survey, the percentage of overall satisfaction of people who use Blackpool's services with their care and support increased to 74% from 67.7% the previous year. Blackpool was ranked top in this area of the 16 CIPFA authorities, with the national average standing at 64.7%.
- In the same survey, Blackpool was also top of the CIPFA group for social care-related quality of life, which service users scored 20 out of a possible 24. This compares to the national average of 19.1.
- The survey showed that 82.4% of people who use services said that they find it easy to find information about support, compared to 73.5% nationally, which again was the highest response in the Nearest Neighbour Group.
- In the separate survey of carers that is carried out every two years, Blackpool's carers said that they were more satisfied than the National, Regional and Nearest Neighbour Group in almost all categories. For example, 76.8% of carers reported that they have been included or consulted in discussion about the person they care for, compared to the England average 70.8%, North West average of 70.6%, and Nearest Neighbour average of 72.5%.
- The percentage of care home beds rated 'outstanding' or 'good' by the Care Quality Commission is consistently above the North West average. It is interesting to note that Blackpool continues to see an increase in the number of care home beds in a challenging market. Only a third of all beds, however, are for nursing, compared to approximately half in the North West, and the supply of nursing beds is an issue that commissioners are addressing.

- In the SALT (Short- and Long-Term) data, it can be seen that Blackpool provided social care support to a much more significant proportion of people over the age of 65 than other areas of the country. Despite this, there are fewer requests for support from new clients, which would indicate that we are already reaching the service users who need our help.
- The SALT data also shows that a significantly higher proportion of older clients' access services for the first time following discharge from hospital than the regional and national averages. This would indicate that more people are coping at home without services for longer, and only seeking support following a hospital stay.
- Blackpool Council admits a larger proportion of service users into residential care when compared to the North West and England. However, a larger percentage of Blackpool's population have limited resources, meaning that they are unable to finance their own care and responsibility for a greater number of people therefore falls to the Council. This being said, our own analysis reassures us that no-one is placed in residential care who does not need this level of support.
- The issue of Delayed Transfers of Care (DToc), or 'bed-blocking', is one of keen interest in the media. The data for 2016-2017 shows a relatively stable position, which is not dissimilar to the North West and CIPFA group. However, it should be noted that the performance measures could be difficult to interpret in a meaningful way, as there are all sorts of challenges regarding data reporting and consistency between local areas.
- With respect to finance, Blackpool spends more per head of population than its comparators. Again, this can be explained by the fact that a much smaller proportion of service users can afford to self-fund their care.

Appendix 7 (e)

Adult Social Care Fee Rates and Uplifts

The following contract rates for the provision of Adult Social Care services have been proposed and subject to approval of the budget by the Council on 28 February 2018 will be applied from 16 April 2018:

	2017/18 Rate	2018/19 Proposed Rate	Increase %
	£	£	
Care at Home (per hour)	13.70	14.20	3.6
Supported Living (per hour)	14.20	14.70	3.5
Sleep-in (per hour)	10.77	11.23	4.2
Standard Residential (per week)	434.14	449.05	3.4
Higher Residential (per week)	476.49	493.36	3.5
Direct Payment (per hour)	9.17	9.50	3.6
Day Care (sessional)	31.24	32.53	4.1
Shared Lives Band 1 (weekly)	200.00	201.60	0.8
Band 2 (weekly)	250.00	253.40	1.4
Band 3 (weekly)	319.20	337.40	5.7
Band 4 (weekly)	363.65	387.10	6.4
Shared Lives (per hour)	7.90	8.10	2.5

The proposed increases take into account the 4.4% increase in the National Living Wage (NLW) from £7.50 per hour to £7.83 per hour from 1 April 2018, the increase in the amount employers are required to contribute to pension auto-enrolment schemes and other inflationary pressures. Further details on how the uplifts have been calculated for the larger contracts can be found in the following paragraphs.

Care at Home – A costing model based on the UK Home Care Association (UKHCA) recommended model is used to establish the care at home rate and support the calculation of annual uplifts to the rate. The proposed increase of 50p per hour allows for approximately 33p additional payroll costs and 17p for non-pay inflation. Using a number of assumptions, the rate has been calculated to allow a basic hourly pay rate of £8.18 per hour (or 35p above the NLW) in recognition of the challenges providers describe with the recruitment and retention of staff. Providers are asked to consider a pay rate for staff above the NLW and in line with the Council’s assumptions if possible.

Supported Living - The rate for supported living has been increased in line with the care at home rate but with an additional premium of 50p per hour to reflect the amount of training required to adequately equip staff to support people with all aspects of their life, from personal care to help with budgeting, advice on nutrition and paying bills, etc. Staff need much wider training and are expected to have an understanding and

knowledge of mental capacity, deprivation of liberty, person centred values, etc. The proposed increase of 50p per hour allows for approximately 34p additional payroll costs and 16p for non-pay inflation.

Sleep-ins - The sleep-in rate was increased by 26% with effect from 1st August 2017 to reflect feedback from providers that the rate was not sufficient to cover overheads in addition to payment of the national minimum/living wage. The increase now proposed allows for a basic hourly rate of £8.18 per hour (subject to assumptions as above), National Insurance, pension, training time and an amount for overheads.

Residential Care - Again using an established costing model with a number of assumptions, the standard and higher residential rates have been calculated and increased to allow for payment of a basic hourly rate of £8.18 per hour. Again, providers are asked to consider a pay rate for staff above the NLW and in line with the Council's assumptions if possible. Non-pay staffing costs have also been increased in line with inflationary pressures such as the increase in the Consumer Price Index (main measure of inflation). The proposed increase of £14.91 per week in the Standard Rate allows for approximately £11 additional payroll costs and £3.90 non-pay inflation. The proposed increase of £16.87 per week in the Higher Rate allows for approximately £12.97 additional payroll costs and £3.90 for non-pay inflation. The recent increase in the bank base rate from 0.25% to 0.5% has not been reflected and any further increases may result in an added financial pressure for those providers with mortgaged care homes. (The model allows for 4% borrowing costs, which should not change significantly as a result of the current rate increase).

Feedback from Providers - A short questionnaire was sent out to all care at home, residential/nursing and supported living providers in November 2017. All providers were given the opportunity to describe any financial and/or operational issues, which are having an adverse impact on business and/or the delivery of services. Further increases in the NLW and pension auto-enrolment contributions and the continuing challenges associated with recruitment and retention of adequately skilled staff were common concerns.

Residential care providers described financial and operational pressures as a result of:

- The high costs associated with employing agency staff;
- Cost price increases in non-staffing costs such as electricity, gas, water, insurance premiums, CQC fees, maintenance, etc.;
- The cost of replacement furniture and equipment required as a result of breakages;
- The cost of profile beds and air flow mattresses;
- There is concern about future increases in interest rates;
- There is concern about impact of vacancies on financial viability.

Care at Home and Supported Living providers described financial and operational pressures as a result of:

- The implementation of mobile electronic call monitoring;
- The apprenticeship levy, increases in CQC registration fees, increasing insurance premiums;
- Pressure to maintain staff pay differentials in line with increases in the NLW;
- Difficulties in recruiting supervisors and staff to other roles with added responsibility due to the narrowing of pay differentials;
- Concern about holiday pay legislation and the impact on sleep-in payments;
- Liability for the payment of arrears for sleep-in payments.

Feedback from providers as above has been taken into account and has informed the decision-making process.

Appendix 7 (f)

Adult Care and Support

The stand-by arrangements created additional capacity to reduce the likelihood of Delayed Transfer of Care (DToC) by making care available at the time of need thus enhancing the discharge process from hospital. Furthermore the arrangements meant that the In-House Service was better able to respond to community referrals where this prevented a hospital admission thus mitigating the risk of Delayed Transfer of Care (DToC) in the future and supporting the wider health and social care systems resilience by making available additional capacity to support 'patient flow' across the whole system.