Care provision, integration and continuity

Score 3

3 - Evidence shows a good standard

What people expect

I have care and support that is coordinated, and everyone works well together and with me.

The local authority commitment

We understand the diverse health and care needs of people and our local communities, so care is joined-up, flexible and supports choice and continuity.

Key findings for this quality statement

Understanding local needs for care and support

The local authority worked with local people and stakeholders and used available data to understand the care and support needs of people and communities. This included people who were most likely to experience poor care and outcomes, people with protected characteristics and unpaid carers.

The local authority used data from the Joint Strategic Needs Assessment (JSNA) to understand local need and inform commissioning priorities. For example, the JSNA had identified an aging population and a likelihood of people living longer and developing more complex needs or frailty. Staff told us about initiatives around falls prevention which were aligned to priorities taken from the JSNA.

The JSNA described how in 2022/23 there had been 915 admissions to hospital in the borough related to falls. It also predicted through demographic data that there would be a 20% increase in the number of people aged over 65 affected by falls between 2024 and 2040. This data had been used to inform commissioning strategy through expansion to homecare provision and reablement, as well as preventative commissioned services such as 'staying steady'. 'Staying steady' provided support to people in the community around falls prevention and physical activity. Staying steady is a 20-week strength and balance programme.

The JSNA also identified that in 2021 33.9% of people aged 66 and above were living alone and highlighted loneliness and isolation as a key risk. This had informed commissioning strategy and led to funding being allocated to a variety of community groups that encourage socialisation and activity for older people, to reduce isolation or loneliness.

The local authority sought out the views of people and stakeholders to inform commissioning strategy and practice. There were gaps in provision for autistic people which the local authority was aware of. Staff told us they were developing a new autism strategy that included planning for future commissioning needs. Staff described how they asked autistic people about their needs and what was important to them. The local authority sought out a variety of views to consider the needs of people from different communities, including minority groups and backgrounds, to ensure future provision could meet the needs of people. The local authority told us about the development of autism hubs, which were bespoke hubs designed to support parent carers and unpaid carers of autistic people. The hubs provided information and advice, peer support and training. We heard how these had been created through collaboration between health and community partners to meet the needs of autistic people. Whilst this showed improvements in provision for autistic people, the local authority was in the process of implementing its new autism strategy to improve this further.

The local authority had established their GATES service to support people with both eligible and non-eligible Care Act needs into employment. The effectiveness of the work undertaken to support people with a learning disability into paid employment was reflected in national data. National data from the Adult Social Care Outcomes Framework (ASCOF) for 2022/23 said 9.2% of people with a learning disability were in paid employment. This was a significant positive statistical variation from the England average (4.8%).

We heard how GATES was developed because access to employment was something they heard was important to people and it helped people to increase financial security and overcome risks associated with deprivation. As well as this, people had been involved in developing local activity groups as well as developing new housing and care models in the borough.

The local authority had identified shortfalls in provision for unpaid carers and work was underway to address this. The local authority's data had identified low numbers of assessments provided to unpaid carers staff told us there had been a need to widen the support provided to unpaid carers. The new Caregivers Strategy had been developed through co-production, and we heard how unpaid carers had been involved in this work. The caregiver's strategy contained quotes from unpaid carers to demonstrate how priorities were tied to their feedback. This had been used to inform commissioning decisions around unpaid carers, including commissioning a new service to improve information and advice, access to assessment and peer support groups.

In other areas, work had started but was not as advanced and there was unmet need. Staff described recent work undertaken to engage the Jewish community in developing new care provision to meet an identified need. Staff told us they were often able to commission services for Jewish people, but we also heard from staff and a community partner that there had been instances where people had to look to provision outside of the borough.

Market shaping and commissioning to meet local needs

People had access to a range of local support options that were safe, effective, affordable and high quality to meet their needs. National data from the Adult Social Care Survey (ASCS) said 69.84% of people felt they had choice over services, which was not statistically different from the England average (70.28%).

Commissioning strategies were aligned with the strategic objectives of partner agencies. The local authority had worked with health partners to improve and enhance capacity in reablement, intermediate care and homecare. Better Care Funding had been used to increase capacity in intermediate care, and we heard from leaders and health partners how this had improved the flow of discharge from hospital. Staff described work with homecare providers to shape the market, including ensuring expectations about response times and delivery would be met. The local authority also supported providers to overcome barriers relating to workforce and geography that had impacted capacity. We heard from staff and partners how this work to shape the market had achieved improved capacity and flows through hospital discharge pathways.

The local authority commissioned models of care and support that were in line with recognised best practice. The local authority had recently recommissioned some residential services to replace with models that better aligned with best practice and commissioning need. Staff described how they had commissioned new models for respite care for working aged adults that moved away from block contracts and enabled better flexibility and choice for working age adults.

The local authority had been developing more housing and care models, to respond to need and enable people to move away from residential provision where they wished to. This market-shaping was an area of strategic focus through the local authority's 'home first' model. Local authority data said the numbers of people in long term residential care had reduced from 592 in January 2023 to 529 in December 2023, with further reductions after this period. Staff described how these services had allowed people to move towards more personalised accommodation where they lived in their own homes and faced fewer restrictions that in previous placements. Staff had worked with housing and provider partners to create a variety of schemes for people with low and medium need. Work was underway to improve the offer for people with more complex needs. This work involved health and housing partners and neighbouring local authorities.

The local authority was piloting new approaches to innovate and shape best practice in the market. Staff told us about pilots underway with homecare providers to set up localised zone-based commissioning, where providers were contracted to achieve outcomes for people, rather than contracted by care hours. This was intended to offer greater flexibility to providers and improved personalisation for people, because they would be supported by a smaller staff team. Work had started to pilot this approach, and staff spoke positively about the impacts they had seen so far. However, this was at an early stage in development.

There was specific consideration for the provision of services to meet the needs of unpaid carers. National data from the Survey of Adult Carers in England (SACE) for 2023/24 said 28.97% of unpaid carers were accessing support or services allowing them to take a break from caring for more than 24hrs, which was a positive statistical variation from the England average (16.14%). SACE data also said 16.5% of unpaid carers were accessing support or services allowing them to take a break from caring at short notice or in an emergency, which was tending towards a positive statistical variation from the England average (12.08%). Whilst this showed the local authority scored higher than the national averages, the national averages for outcomes for unpaid carers are low. The local authority recognised this and was working to improve provision for unpaid carers through their strategy.

The local authority had recently reviewed the range of commissioned services for unpaid carers when developing their caregiver's strategy. There had also been recent work to identify ways to overcome certain challenges for unpaid carers like short breaks and overcoming poverty and we saw a variety of areas funding had been allocated to target these. The local authority had recently commissioned a new carers service that included completion of unpaid carers assessments but also provided information and advice, peer support and activities.

Ensuring sufficient capacity in local services to meet demand

The local authority told us homecare capacity had impacted hospital discharge since 2021. However, we heard how over the previous 12 months requests for homecare or reablement were responded to promptly. Local authority data from December 2023 to April 2024 showed that of 187 homecare requests for that period, 130 were fulfilled within 1 day, 31 within 2 days and 17 with a week. 6 people had waited for longer than a week, but we heard how there were sometimes longer delays where people had more specialist needs, or it had taken time for people to engage with staff.

The local authority and health partners had jointly commissioned a residential intermediate care setting. Staff and health partners told us this had improved the flow of people from hospital and supported the 'discharge to assess' model. Staff and partners said this model was working well and had contributed to making improvements in the time taken for people to be discharged from hospital.

There were occasional gaps in provision for people with complex needs, but the local authority usually overcame challenges in commissioning for unanticipated demand. Staff said where people had complex needs such as those related to their mental health or a brain injury, they had to work with commissioners to find bespoke packages of care. Staff said they often worked with housing, health partners or neighbouring boroughs to find appropriate placements for people with complex needs. Staff said these often took longer to source but that they often found a solution through partnership working and problem solving.

The local authority monitored the volumes of people who were waiting for specialised care and took action to mitigate risks to people. Local authority data from March 2024 showed 6 people had been waiting between 6 months and 2 years for a placement. Records showed the majority required a bespoke housing model which were in the process of being developed. Records also showed people's needs were being met with alternative provision, but for 3 people they were in hospital and required specialist support when they were discharged which was in the process of being developed. This was being addressed through partnership working across the ICB and was a national challenge as well as a regional one.

Increasing capacity for people who needed specialised care provision was a shared strategic priority across the integrated care system (ICS). The local authority was working with partners to address the need for complex care through the Housing, Health & Care Programme. This programme included the Integrated Care Board, housing partners and local authorities across the region and had led to development of provision that would enable people who needed more complex care to be discharged from hospital more promptly.

Local authority data showed there were 138 people in commissioned provision outside the borough, but 94 of these were within neighbouring local authority areas. 14 people were placed elsewhere within the country but the majority of these were placed out of borough due to personal choice. The local authority had developed a dashboard to monitor out of area placements, including any risks or quality concerns. Staff said they frequently shared information with host local authorities and partners around provider quality. People were regularly reviewed and reviews were used to identify if people were happy in their placements. People had been supported to move closer to home when provision became available, where this was their preference.

The local authority had a variety of in-house provision, such as day services and supported living. The local authority told us they had commissioned in-house provision in harder to source areas, such as short breaks for people with a learning disability which was able to support people with more complex needs.

Ensuring quality of local services

The local authority had clear arrangements to monitor the quality and impact of the care and support services being commissioned for people and it supported improvements where needed. Commissioning teams supported providers with quality and there were staff within the teams who carried out this work. Staff described how all providers had an annual check and there were protocols to respond to risk or concerns.

People gave us positive feedback about the quality of care provision they were offered. One person spoke particularly positively about the homecare provider who had been commissioned to support them during hospital discharge. CQC data showed 4.04% of adult social care providers across all service types were rated outstanding, 77.78% rated good, 13.13% rated requires improvement and 1.01% rated inadequate. For nursing care, 11.64% of providers were rated outstanding. All the local authority's in-house provision that provided regulated activity was rated good or outstanding.

There were systems in place for people to give feedback to the local authority about commissioned care. There had been recent updates to the local authority website to make it easier for people to provide feedback online. We also heard how close links between social work and commissioning staff meant feedback was shared and acted upon promptly across teams.

Staff described partnership working to overcome challenges where there had been quality issues. When there were concerns with a provider staff involved health partners to support where concerns related to areas such as medicines or infection control. Staff and health partners described strong partnership working where information was shared in a timely way and partners came together to support providers to improve.

Provider partners said staff who carried out quality assurance checks were very thorough and would spend time supporting them, engaging with staff and people using the service. Staff described a positive working relationship with provider partners and said they had sufficient time and capacity to carry out regular checks as well as conduct more focused work in response to provider concerns.

Ensuring local services are sustainable

The local authority collaborated with care providers to ensure that the cost of care was transparent and fair. The local authority had recently carried out a market sustainability exercise and we heard about work staff had done to support providers in areas such as the cost of care, staff retention and recruitment.

The local authority worked with providers and stakeholders to understand current trading conditions and how providers were coping with them. Engagement and monitoring arrangements enabled the local authority to get early warning of potential service disruption or provider failure and respond to known issues. The local authority kept a log of contracts handed back by providers or concerns they had raised and monitored themes to respond to them.

The local authority took action to respond to issues or concerns around provider sustainability or workforce. For example, staff had worked with providers around hourly rates for day or night care and adjusted them to help them retain staff. We also heard about specialist forums for different types of providers where local authority staff facilitated training or speakers to disseminate learning and help providers to understand changes in practice or innovate.

The local authority understood its current and future workforce needs. It worked with care providers to maintain and support capacity and capability. Staff and providers told us about provider forums and co-production where providers and partners contributed to discussions about workforce. The local authority told us how the care sector is a major contributor to the local economy with 6,000 people being employed within it. They also noted Skills for Care 2022/23 data which showed 550 posts of the 7,200 posts in the sector were vacant.

The local authority supported providers to overcome these challenges, such as by using additional funding to uplift fees to make posts more attractive or carrying out work to understand the needs of social care staff. The local authority told us how for some social care staff in the borough, zero hour contracts had been more attractive. Staff noted how this differed from national data about these types of contracts but was a preference of the local workforce. The local authority tailored its contracts with providers to enable this flexibility for staff for whom these were a preference. There had also been work with providers around recruitment, including supporting providers to recruit from overseas through local authority training and support alongside the Home Office.