

HERTFORDSHIRE COUNTY COUNCIL

**ADULT CARE AND HEALTH
SCRUTINY COMMITTEE**

THURSDAY 12 JUNE 2003 AT 10.00 A.M.

Agenda item No.

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**REPORT ON RESIDENTIAL & HOME CARE (QUALITY/BUILDING
CAPACITY)**

Report of the Member Topic Group

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1. Purpose of the Report

- 1.1 To feedback the outcomes of the short life Topic Group and make recommendations to the Health & Adult Care Services Scrutiny Committee on Building Capacity and Monitoring the Quality of Care provided at Home.

2. Summary of Commissioning Plan

In deciding how best to build capacity over the next 3 financial years the Topic Group has considered the main elements of care and is now making the following recommendations as outlined in the Commissioning Plan and Strategy attached to this report. The effect of implementing the Plan and building capacity will result in:

Home Care

- | | | |
|--------------------|---|---|
| Demographic Change | - | An increase of approximately 33,000 hours (2% per annum) taking into account demand, difficulty in meeting need and uptake of Direct Payments. |
| Rehabilitation | - | The pilot scheme in St Albans will test the service; investment will then be made in additional resources to reduce the need for intensive Home Care. |
| Extra Care Housing | - | Provide Home Care support to schemes as they come on stream. In 2003/04 at least 60 places will open in Welwyn |

Hatfield, Broxbourne and Borehamwood followed by developments in other areas.

Eligibility Changes - Changes to Eligibility Criteria will mean that more older people become eligible for service and therefore additional hours will need to be provided.

EMI Home Care - To support more elderly mentally frail people at home for longer, more Home Care will need to be commissioned to meet the objective.

Other Home Support

Equipment - The Council will have a target of 50% more people to benefit from equipment by April 2004 and will improve delivery times and in 2004/5 will launch the Integrated Service for Health & Social Care.

Adaptations - Extend the District Council pilot projects across the County based on the experiences of Dacorum and Stevenage schemes.

General Preventative Services - Commission a range of services to meet low level need and help people retain independence.

Day Care - Work with PCTs to develop the role of Day Care in delivering therapy, rehabilitation and Intermediate Care.

Respite Care - Make full use of all respite beds to support clients and their carers in staying in their own homes.

Extra Care Housing - Work with District Councils to make extra care tenancies available across the County.

Sheltered Housing - Review as part of the new Supporting People arrangements all sheltered housing schemes for the elderly.

Direct Payments - Improve take up by more than 300 people over the next 3 years including significant increases to the number of older people on the scheme.

Residential & Nursing Care

- Demographic Change - Commission block contracted placements in excess of any required increase in beds needed, in order to replace spot purchased places. There is a need to address rising demand and higher needs and the availability, affordability and certainty of placements

Taking into account demography, we **also** need to commission 60 more places per year, concentrating on areas where there is currently least provision.
- Prices - Review prices paid each year to Homes in light of cost pressures.
- Targets - Ensure a more equitable distribution of residential and nursing beds across each of the 7 ACS areas in line with population of 75+ age group as detailed in the Commissioning Plan.
- Intermediate Care - Work closely with PCTs who have prepared Intermediate Care strategies to prevent admission to hospital or facilitate discharge and offer rehabilitation.

3. Conclusions

3.1 Achieving the recommendations detailed above will result in an increase in capacity in line with demographic change and greatest need. The areas of growth have been recommended in line with 2003/04 budget provision and provide a clear template for future commissioning and service planning.

3.2 The main report details arrangements already in place for monitoring the quality of care provided at home and these systems should continue to provide confidence that services are regularly checked and maintained across the County.

3.3 Rural Impact

The effects of implementing the recommendations will enhance services to frail and vulnerable older people living in rural areas and sustain the required services over the next 3 years.

4. Background

- 4.1 At the Adult Care Services Scrutiny Committee held on 27 June 2002, Members were presented with a report detailing market capacity in terms of places in Care Homes and availability of Home Care Services. The report detailed action being taken, supported by Building Care Capacity Grant, to increase capacity and develop alternative forms of care. The report focussed on care for older people.
- 4.2 The Committee agreed that a short life Topic Group be established to consider progress on building capacity and how to monitor the quality of care provided at home.

5. Formation of the Topic Group

A Topic Group was established with a Panel of 5 Members, K J Coleman, E M Clarke, D B Lloyd, J T Metcalf and M H O'Neill. CC Ken Coleman was nominated as Chairman at the first meeting held on 24 October 2002 and a total of four meetings were held:

24 October 2002
13 December 2002
4 February 2003
4 April 2003

David Robinson was established as Lead Officer and supported by a Committee Administrator, Ann Scott.

6. Work undertaken by the Topic Group

- 6.1 At the initial meeting in October 2002, the Group agreed a Work Programme, examined the Market Analysis of Residential and Nursing Care, received a briefing on Home Care Block Contract uptake and considered plans for expanding Extra Care across the County.
- 6.2 The December meeting considered a draft Commissioning Strategy for Older People and made recommendations to improve the draft document. A presentation to the Group outlined the decision-making processes that took place when carrying out assessments and a flowchart was produced.
- 6.3 By February 2003 the Group then considered 8 key actions to increase Care Home Capacity and make best use of the additional budgetary provision for 2003/04. The meeting also agreed that the Commissioning Strategy be finalised including financial details and the document be presented as part of the overall submission to the Scrutiny Committee.

6.4 At the April 2003 meeting the Group finalised its recommendations to Scrutiny Committee which are detailed within the Commissioning Plan 2003/04 – 2005/06 at Annex A, approved the final Commissioning Strategy which is attached at Annex B and agreed the monitoring of services that would be necessary to ensure quality of care provided at home.

7. Commissioning Plan 2003/04 – 2005/06

The Commissioning Plan contained at Annex A has taken each element of care and detailed the required increases in hours or placements with the aim of aligning resources to future demographic needs.

8. Commissioning Strategy

The Commissioning Strategy contained at Annex B provides background detail to all services for older people with the aim of supporting the submitted plan.

9. Monitoring of the Quality of Care provided at Home

Contract Monitoring is the responsibility of a dedicated team in the Adult Care Services Contracts Unit. This team comprises a Contracts Manager supported by 2 Contracts Officers and an administrator. There are also 10 District Commissioning Officers (DCOs) based in local Adult Care Services Teams. Additionally, the Contracts Unit commissions part of the work of 2 Quality Monitoring Officers (QMOs) who visit clients in their own homes to gain User and Carer feedback.

Objective of Monitoring

To obtain and assess data about the quality of services to ensure that standards are consistent verified and maintained.

Key Performance Indicators

- Attendance
- Arrival Time
- Ability to accept new packages of care
- Length of Visit – Actual v Commissioned
- Continuity of Care
- Client Satisfaction
- Performance against the “Contract Standards”

Additionally Providers’ responsiveness to the County Council as purchaser is monitored, as is their flexibility; this does impact on the quality of service to clients.

Methodology

The two key elements of the monitoring process are the **Quality Matrix** and **Electronic Monitoring**:

The Quality Matrix

At the heart of the monitoring system is the “Quality Matrix” (Annex C). This is a benchmarking tool in which data is collected from a number of sources (set out below), weighted according to the nature of the data, in order to arrive at a “Quality Score” for each Provider.

This enables comparisons to be made between Providers and evidences changes in a Provider’s performance over time.

The following data is collated and assessed, in the following ways:

1. *Monthly Monitoring Information*

On a monthly basis, the DCOs submit monthly Monitoring Information:

- (i) Form RR1 – data about the extent to which the Provider has accepted or refused new referrals.
- (ii) Form EF1 – data about 14 different categories of complaint and any compliments received about the service.

The above information is evaluated and scored on a 3-monthly basis, then added to the Quality Matrix. The formula used to evaluate the scores from the complaints and compliments received is weighted to consider the seriousness of the complaint received. It is also weighted to allow for the number of clients that the agency provides services to, thus allowing a comparison between large and small providers. (See Annex D)

2. *The Quality Questionnaire*

On an annual basis a Quality Questionnaire (Annex E) is sent out to DCOs in local Social Work teams. This questionnaire seeks information about the Providers’ responsiveness, approach to complaints and problem solving, etc.

3. **Contract Compliance Visit**

Previously Inspection Reports produced by Accreditation Officers were scored, such score then being factored into the Quality Matrix. Accreditation Officers have now moved to the National Care Standards Commission (NCSC). It is not yet clear whether NCSC reports will be available to the County Council / public. Therefore, a set of "Contract Standards" (in line with the previous Accreditation Standards) have been developed.

From 1st April 2003, on an annual basis (or exception basis in the event of concerns about a Provider), Contract Officers will carry out a Contract Compliance Visit on the Provider's premises. Officers will look at a Provider's policies and procedures (and how these are being implemented) rotas, quality assurance systems and office administration, to determine whether the following contract standards are being met.

Standard 1	The Agency operates on a sound financial footing
Standard 2	The Agency maintains proper insurance arrangements
Standard 3	The Agency operates an effective quality assurance system
Standard 4	The Agency ensures that management systems and staff workloads enable safe and effective service delivery to service users
Standard 5	Staff are competent and receive the training necessary to meet the needs of service users
Standard 6	The Agency complies with health and safety legislation
Standard 7	The Agency provides a professional service, respecting the rights of service users; and does not discriminate in the provision of services because of race, religion, disability, gender, age or sexual orientation
Standard 8	The Agency has effective arrangements for service users to make representations about the nature and quality of the service received
Standard 9	Service users are protected from abuse and exploitation
Standard 10	The Agency has effective arrangements for the replacement of a careworker in case of emergency
Standard 11	The Agency must ensure that formal monitoring of the quality of the service and standard of care provided is conducted on-site with the service user on a monthly basis
Standard 12	The Agency must conduct monthly on-site supervision with careworkers
Standard 13	The Agency produces written guidance for the careworkers regarding standards of personal behaviour expected whilst providing live-in-care

Compliance with the Contract Standards is scored and factored into the Quality Matrix.

4. Quality Monitoring (QMO) Visits

The Contracts Unit is able to commission QMOs to carry out surveys of service users in their own homes, giving a picture of service users' perceptions of service delivery. Limited access to these Officers means that service user surveys are primarily commissioned when there are concerns about the Provider providing their service. However a number of routine visits are able to be commissioned to a proportion of clients.

Electronic Monitoring

The County Council is in the process of implementing electronic monitoring of service delivery by its key block-contract providers. This is a system whereby the home carer, on arrival at an departure from the service user's home, makes a telephone call that is electronically picked up by a computer system.

Electronic monitoring gives accurate and reliable data about arrival and departure times (and hence length of stay), whether visits have been missed and continuity of care. This safeguards the service user, the care-worker and the County Council's best interests.

The Contracts Unit continually reviews its procedures for monitoring quality of care, to ensure that the most effective and reliable methodologies are used and that the appropriate areas of service delivery are monitored.

10. Recommendations to Health & Adult Care Services Scrutiny Committee

- a. That the Commissioning Plan for the next three financial years be sent to the Executive Member for ACS for consideration by the Cabinet in their future budget planning.
- b. That the Commissioning Strategy and Commissioning Plan be used as a consultation document with partners in the Health, Independent and Voluntary Sector to gain their commitment.
- c. That the work carried out by the Topic Group and the consequent Plan formulated be the subject of regular review by the Scrutiny Committee to monitor progress achieved.