

Argyll and Bute Council
Comhairle Earra Ghaidheal agus Bhoid

Customer Services
Executive Director: Douglas Hendry



22 Hill Street, Dunoon PA23 7AP
Tel: 01631 567945 Fax: 01369 705948

17 September 2013

NOTICE OF MEETING

A Special Meeting of the **BUTE AND COWAL AREA COMMITTEE** will be held in the **CASTLE HOUSE, CASTLE GARDENS, DUNOON** on **TUESDAY, 24 SEPTEMBER 2013** at **10:00 AM**, which you are requested to attend.

Douglas Hendry
Executive Director - Customer Services

BUSINESS

- 1. APOLOGIES**
- 2. DECLARATIONS OF INTEREST**
- 3. ADULT CARE**
 - (a) OLDER PEOPLES CARE AT HOME SERVICE UPDATE**
Report by Head of Adult Care (Pages 1 - 8)
 - (b) UPDATE ON CARE INSPECTORATE REPORT FOR ASSIST**
Report by Area Manager – Adult Care (Pages 9 - 18)
 - (c) PERFORMANCE RELATING TO THE SERVICE OVERALL**
Report by Head of Adult Care (Pages 19 - 32)
- E1 4. ROTHESAY HARBOUR**
Report by Executive Director of Development and Infrastructure (Pages 33 - 46)

The Committee will be asked to pass a resolution in terms of Section 50(A)(4) of the Local Government (Scotland) Act 1973 to exclude the public for items of business with an “E” on the grounds that it is likely to involve the disclosure of exempt information as defined in the appropriate paragraph of Part I of Schedule 7a to the Local Government (Scotland) Act 1973.

The appropriate paragraph is:-

E1 Paragraph 13 Information which, if disclosed to the public, would reveal that the authority proposes-

- (a) to give under any enactment a notice under or by virtue of which requirements are imposed on a person; or
- (b) to make an order or direction under any enactment.

BUTE & COWAL AREA COMMITTEE

| | |
|--------------------------------------|----------------------------|
| Councillor Gordon Blair (Vice-Chair) | Councillor Michael Breslin |
| Councillor Robert Macintyre (Chair) | Councillor Bruce Marshall |
| Councillor Alex McNaughton | Councillor James McQueen |
| Councillor Len Scoullar | Councillor Isobel Strong |
| Councillor Dick Walsh | |

Contact: Danielle Finlay, Area Governance Assistant – 01631 567945

ARGYLL & BUTE COUNCIL
CUSTOMER SERVICES

**BUTE AND COWAL SPECIAL
AREA COMMITTEE**
24th September 2013

OLDER PEOPLES CARE AT HOME SERVICE UPDATE

1. SUMMARY

- 1.1 The purpose of this report is to update the Area Committee on the findings of the 1st quarterly evaluation of the Care at Home provision within the Bute and Cowal area. This is following the externalisation of services on 21st January, 2013.

This report has been broken down to show the progress and joint working that has been put into place to ensure that a high quality service is provided, as it is recognised that this service is provided to vulnerable individuals, predominately by lone workers, in the home environment.

2. RECOMMENDATIONS

The remit of the Procurement and Commissioning Team together with the Homecare Procurement Officers is to ensure best value, contract compliance, quality of services and customer satisfaction. This will support Community Services to commission quality Care at Home services via the formal procurement and commissioning procedures.

3. DETAIL

OUTCOME OF TENDER

Within the Bute and Cowal locality, almost 70% of the service has historically been provided by the independent sector. The three providers successful in the framework in Cowal are Care UK, Allied and Carr Gomm. A separate framework contract was awarded on Bute and the providers are Allied, Carr Gomm and Carewatch. 3.5 FTE Homecare Procurement Officers are now in post to ensure the robust review/monitoring of the services to ensure a high quality is maintained.

A condition of the tendering exercise was that all services within the framework would have an electronic call monitoring system to log visits to service users which would minimise missed/late visits and allow the Council to monitor continuity of care. These are now all in place, and operational. This will enhance the service monitoring visits carried out by the Homecare Procurement Officers due to the reports provided by these systems.

CARE AT HOME PROVISION

As at 30th June 2013 an approximate total of 1611 hours are being provided to 192 Older People within the Cowal area by external providers. A breakdown of the provision is detailed in the table below:

COWAL

| Providers on Framework from tender exercise | | Weekly hours commissioned |
|--|--------------|----------------------------------|
| 1 st preferred provider | Care UK | 474 |
| 2 nd preferred provider | Allied | 425 |
| 3 rd preferred provider | Carr Gomm | 55 |
| Existing Providers | | |
| | Mears Care | 398 |
| | Cowal Carers | 259 |
| Total paid hours | | 1611 |

As at 30th June 2013 an approximate total of 2099 hours are being provided to 168 Older People within the Bute area by external providers. A breakdown of the provision is detailed in the table below:

BUTE

| Providers on Framework from tender exercise | | Weekly hours commissioned |
|--|-----------|----------------------------------|
| 1 st preferred provider | Allied | 1149 |
| 2 nd preferred provider | Carr Gomm | 50 |
| 3 rd preferred provider | Carewatch | 92 |
| Existing Providers | | |
| | Care Plus | 808 |
| Total paid hours | | 2099 |

Initial problems were highlighted in Cowal due to difficulties for the preferred providers in recruiting staff. This issue is not new to this locality, due to the rural areas involved, however it has led to the Council initially going off contract to meet demand. Recruitment is an on-going problem we are facing across the Council area and the Procurement and Commissioning Team, Adult Services and the Independent Providers are working in partnership to identify alternative ways to attract people into the sector.

CONTRACT MANAGEMENT PROCESS

Argyll and Bute Council's Procurement and Commissioning team are responsible for the Contract and Supplier management of these services. This is complimented by the service monitoring and review process carried out by Homecare Procurement Officers. The Procurement and Commissioning Team carry out quarterly contract management meetings that determine the risk rating of each contract. All contracts are risk rated using a combination of Care Inspectorate grades, Service concerns and complaints.

A breakdown of the Care Inspectorate grades are detailed in the table below.

| Provider | Care Inspection Grades | | |
|-------------------|-----------------------------|---------------------|--------------------------------------|
| | Quality of Care and Support | Quality of Staffing | Quality of Management and Leadership |
| Allied | 6 | 6 | 5 |
| Careplus | 6 | 5 | 6 |
| Care UK | 5 | 5 | 4 |
| Carr Gomm | 6 | 5 | 6 |
| Cowal Carers | 5 | 5 | 5 |
| Mears- Oban/Cowal | 2 | 3 | 3 |

MONITORING ARRANGEMENTS

An ongoing training schedule has been implemented to the Homecare Procurement Officers and a robust monitoring programme has been put in place with both the Procurement and Commissioning Monitoring Officer and Homecare Procurement Officers having close contact with the external providers and service users.

A detailed list of contact with Service users and providers for the quarter is detailed below:

| Contact | Total number carried out since 01/04/2013 | Council Officer involved |
|---|---|--|
| Review of care needs with service users, family and provider | 173 | Homecare Procurement Officer and/or Care Manager |
| Quarterly Contract and Supplier Meetings with Providers in line with the Scottish Government Guidance on the Commissioning of Care and Support Services | 9 | Procurement and Commissioning Team / Social Work |
| Provider Forums - Reshaping care for Older People meetings. | 2 | Procurement and Commissioning Team/Social Work/NHS |

SERVICE MONITORING VISITS

| <u>Provider</u> | Number of Spot Checks/Monitoring Visits | Satisfied/Unsatisfied | Service User Comments |
|------------------------|--|------------------------------|--|
| Provider A | 7 | Satisfied | Happy with level of care received |
| | | Satisfied | |
| | | Unsatisfied | Carer leaving early & service user not advised of changes |
| | | Satisfied | |
| | | Satisfied | Carers are flexible and approachable. Agency keeps me informed of any changes. |
| | | Satisfied | |
| | | Satisfied | |
| Provider B | 2 | Satisfied | |
| | | Satisfied | |
| Provider C | 1 | Satisfied | |
| Provider D | 1 | Satisfied | |
| Provider E | 2 | Satisfied | |
| | | Satisfied | |

As you can see there has been extensive work carried out within the first quarter to support the providers and service users through this transition period. The feedback from the service users and families who have received service monitoring visits has been positive, with 92% of the people spoken too, very happy with the services they are receiving.

SERVICE CONCERNS

There is a clear service concern process in place and from 1st April – 30th June, there has been 6 service concerns received. All service concerns are investigated fully and the Homecare Procurement Officers work closely with the providers to improve any issues raised.

BUTE

| <u>Provider</u> | Number of Concerns | Details of Concern | Upheld and appropriate action taken |
|------------------------|---------------------------|--|--|
| Provider A | 1 | Concerns re missed, late and early visits. | Upheld |

COWAL

| <u>Provider</u> | Number of Concerns | Details of Concern | Upheld and appropriate action taken |
|------------------------|---------------------------|--|--|
| Provider B | 2 | Concerns re missed, late and early visits. | Upheld |
| | | Late/early visits | Partially Upheld |
| Provider C | 2 | Missed Visits | Upheld |
| | | Administration of Medication | Partially upheld |
| Provider D | 1 | Personal Care needs not being met | Upheld |

For information – The above concerns (6) have been received in this quarter. The total weekly service currently being delivered by the providers concerned is 3,700 hours per week.

COMPLAINTS

No complaints have been received for the quarter for Care at Home services delivered by these providers.

RECRUITMENT/RETENTION

There have been ongoing problems with attracting and retaining staff with the required skills, knowledge and experience within the care at home sector. This is true for both in-house and external providers. The procurement and Commissioning Team has been working with the independent providers to identify possible solutions. Part of this work involved collating high level detail on current pay levels. This activity was undertaken out with the formal contract and supplier management process with the cooperation of the providers. A number of the respondents requested that their individual information would not be released into the public domain. The results in terms of hourly rates paid compared favourably with industry standards. All providers who responded confirmed that they comply with national minimum wage standards. The providers at the lower end of the scale all confirmed they also paid travel time and mileage where appropriate, in addition to this.

4. CONCLUSION

It is clear from the information gathered, service users and families input, that in general the care at home is being provided in an appropriate manner. There have been some issues identified within this transitional period, as in any new contract and with the intensive support of the Procurement and Commissioning Team together with the Homecare Procurement Officers these have been addressed and the services are continuing to improve. Ongoing evaluation and monitoring will ensure good practice and customer satisfaction.

Concern still remains with regards to shortages of staff, resulting in providers being unable to take on packages at short notice. The private providers are actively looking at innovative ways of attracting staff especially within the rural areas. This is a nationally recognised problem across all aspects of the care sector.

5. IMPLICATIONS

| | | |
|-----|-------------------------------------|--|
| 5.1 | Policy | Consistent with Best Value and National Policy on Re-Shaping Older People's Services |
| 5.2 | Financial | None |
| 5.3 | Personnel | None |
| 5.4 | Equalities Impact Assessment | None. |
| 5.5 | Legal | None |

For further information, please contact : James D M Robb
Head of Adult Care
Tel: 01369 7086627

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CARE INSPECTORATE –LEARNING DISABILITY (LD) DAY SERVICES

1. SUMMARY

1.1 This report updates on the progress of ASIST LD Day Service, Dunoon since the Care Inspection last May and also that of the more recent inspection of Phoenix LD Day Service, Rothesay in January 2013.

2 RECOMMENDATIONS

2.1 The committee is asked to note that continued progress is being made in improvement plans and a more robust management overview is being established of Registered Manager and service action plans at area and senior management levels.

3 DETAIL The inspection in May 2012 of **ASIST** LD day services resulted in a report that included several requirements and recommendations for the service.

The manager was required to improve administration in a number of areas which meant Environment was scored weak, due to needing to ensure; health and safety records and council policies were updated and made readily available to staff, any restraint or medication actions to be recorded in individual's care plans, staff training and induction plans implemented, and service user involvement in the service self assessment, as required annually by the inspectorate. These recommendations were dealt within the immediate weeks of the report. The Registered Manager is aware of the responsibilities and actions to be reported and this is monitored by the Area Manager. The Council estates management now include ASIST within their template to ensure buildings and equipment maintenance records are updated. The Registered manager monitors this is met.

Policies on managing Restraint and Medication were updated and staff awareness and training sessions completed. The Professional Lead for Learning Disability also visited in February 2013 to audit that the policies and care plans and to ensure compliance.

Staff induction and appraisal plans are implemented and monitored by the Area Manager at managerial supervision.

These administration and management issues, accompanied by the non submission of the service self assessment (*which therefore had no service user involvement in measuring quality and areas for improvement*) led to a unsatisfactory score for Management and Leadership. Non or late submission will always lead to an unsatisfactory score on its own.

The new Area Manager has instigated much closer supervision of the service and supports the manager meet an improvement plan to ensure this is not repeated in the future. Further, the manager will adopt the new process for registered services agreed at the Departmental Management Team.

The full report for ASIST Day Service can be found at http://www.scswis.com/index.php?option=com_content&task=view&id=24&Itemid=489&bereNextPageId=ReportDataDetails_action.php&action=displayReport&repId=CS2004057455

ASIST LD Day Service inspection history:

| Date | Quality of Care and Support | Quality of Environment | Quality of Staffing | Quality of Management and Leadership |
|---------------|-----------------------------|------------------------|---------------------|--------------------------------------|
| 25 May 2012 | 4 - Good | 2 - Weak | 3 - Adequate | 1 - Unsatisfactory |
| 20 April 2010 | 4 - Good | Not Assessed | Not Assessed | 4 - Good |
| 27 April 2009 | 4 - Good | 4 - Good | 4 - Good | 4 - Good |
| 14 May 2008 | 3 - Adequate | 3 - Adequate | 3 - Adequate | 3 - Adequate |

- 3.2 The inspection in January 2013 of **Phoenix** LD day services resulted in weaknesses being identified in all four inspection areas. Immediate actions were taken to deal with the priority areas of requirements and recommendations for remedial action. The ensuing action plan satisfied the local stakeholders and the Care Inspector that the service was being managed appropriately and was supported at all levels of the organisation. An improvement plan has been established for ongoing monitoring. A new interim manager is now in post for 9 months who will lead on progressing and sustaining improvements and will report progress to the Area Manager and through the agreed mechanisms.

The full report for Phoenix LD Day Service can be found at http://www.scswis.com/index.php?option=com_content&task=view&id=24&Itemid=489&bereNextPageId=ReportDataDetails_action.php&action=displayReport&repId=CS2003017600

Phoenix Day Service inspection history:

| Date | Quality of Care and Support | Quality of Environment | Quality of Staffing | Quality of Management and Leadership |
|-------------|-----------------------------|------------------------|---------------------|--------------------------------------|
| 29 Jan 2013 | 2 - Weak | 2 - Weak | 2 - Weak | 2 - Weak |
| 27 Oct 2010 | 5 - Very Good | 5 - Very Good | 5 - Very Good | Not Assessed |
| 18 Nov 2009 | 4 - Good | 3 - Adequate | 4 - Good | 4 - Good |
| 20 Aug 2008 | 3 - Adequate | 3 - Adequate | 3 - Adequate | 3 - Adequate |

The Adult Care management team were aware at all levels of some of the improvement needs of the Phoenix day service; these were being addressed but were not managed prior to the unannounced inspection. However, there were some areas that had not come to light earlier and had to have immediate remedial steps put in place to react to the inspector's findings. Specifically these were; an absence of support and risk management plans for individual service users, poor induction procedures for new staff, mandatory staff training needs unmet and administrative reporting requirements to the inspectorate unmet.

- 3.4 **The Care Inspectorate process** requires an annual return and self assessment from each registered service to be submitted electronically by the Registered Manager, which must demonstrate the involvement of service users in the self assessment process. Immediately after an inspection a draft report is sent to the Registered Manager and they have 2 weeks in which to respond electronically with an Error Response Form (for correction of any factual errors) and an Action Plan identifying the plans to be put in place and timescales to meet any "Requirements" or "Recommendations" within the report. The progress is then monitored at the next inspection.
- 3.5 **Organisational learning** from these episodes has led Adult Care, Social Work to review and adopt a more robust monitoring system of the quality improvement cycle for registered services and reporting for Registered Managers. This will insure better internal scrutiny of such registered services by agreeing self evaluation, action and improvement planning, with scrutiny and review both at a local level with stakeholder involvement and throughout the organisation.

The process to be utilised is a simple methodology, if adopted consistently across registered services, it should provide a level of confidence to the management team that internal monitoring of the quality cycle for improvement is secure and will simultaneously meet and probably surpass the requirements of the Care Inspectorate for future inspections.

- 3.6 **The Adult Care Management process** to be adopted will require the following cycle to be followed;

Self evaluation:

- Developed with service users, carers and staff, and utilising an informed "critical friend" role from a manager from another registered service within the authority to reflect on the actions and progress.
- Reported to and further informed by the Locality Forum (or equivalent stakeholder fora)
- Submitted annually as required to Care Inspectorate.

When a full term of the cycle is completed this will be a stronger evidence base of both service user involvement and ongoing improvement.

Action Plan:

All action plans should be electronically submitted in response to the draft Inspector's Report, using an enhanced template to the Care Inspectorate's

reform, ensuring that the outcomes as well as the actions taken are identified and that timescales and persons responsible are specific.

Service Improvement Plan:

Service improvement plans should become a live document, populated from any submitted action plan and any other identified improvements. This should be developed and reported at least twice yearly through the locality forum or equivalent. All new plans should be in this format and registered managers will be asked to transfer earlier action plans into this format within the next 3 months in preparation for their next inspections.

Reporting & Monitoring

Registered Managers will ensure Self-Assessment and Service Improvement Plans are updated and agreed with Area Manager and Service Manager after each review and prior to submission to the Care Inspectorate annually.

Registered Managers will update Service Improvement Plans at least 6 monthly in accordance with feedback from service users, carers, staff, “critical friend”, wider stakeholder group and management team.

The Council’s Commissioning Team conduct an annual Service User Satisfaction Feedback Survey and the results are presented to the service and management team. These results should be taken cognisance of by the Registered Manager and incorporated into the feedback and progress of the Service Improvement Plan

The Area Manager will report progress on Service Improvement Plans at least 6 monthly for scrutiny to the Adult Care Management, and further the Service Manager to the Social Work Management Team and Departmental Management Team at least annually. Feedback and minutes will be provided to the Registered Manager to ensure the quality cycle is completed.

4. CONCLUSION

- 4.1 The reports of the Care Inspectorate inspection of ASIST and Phoenix Day Services identified several areas for improvement. Both now have plans in place that meets the Care Inspectorate requirement and those of the Council and will be monitored closely to ensure improvements progress accordingly.
- 4.2 The learning achieved from having identified the gaps in closer monitoring of individual registered services has led to a quality improvement cycle being clarified, that will evidence internal ongoing evaluation and monitoring of services and highlight at an early stage any failures in progress prior to external inspection. This cycle will be adopted across all registered services within Adult Care.

5. IMPLICATIONS

| | |
|-----------------------------|--|
| <i>Policy:</i> | More robust service monitoring and review adopted. |
| <i>Financial:</i> | None |
| <i>Legal:</i> | None |
| <i>Personnel:</i> | None |
| <i>Equal Opportunities:</i> | None |

Jayne Lawrence-Winch
Area Manager
Adult Care
Bute & Cowal
Argyll and Bute Council
Dolphin Hall Annex
Manse Ave
Dunoon
Tel: 01369 708683
Jayne.lawrence-winch@argyll-bute.gov.uk

For further information contact: Jim Robb
Head of Adult Care
48 Sinclair Street
Helensburgh, G84 8TQ
Tel: 01436 677189

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DEVELOPMENT OF LEARNING DISABILITY DAY SERVICES.

Introduction.

Day services in both the isle of Bute and Dunoon have received a lower than average Care Inspectorate review due to the lack of service systems in place, the key recommendation being:

1. The manager should develop a system of formal supervision and appraisal for staff. National Care Standards Support Services Standard 2.2, 2.4, 2.8 Management and staffing arrangements.

Structures have now been implemented in order to rectify the previous system failures of the day services.

These include.

Regular formal and informal supervision.

Regular Staff Meetings.

On-going staff training.

A Focus on continuous professional development including set professional development plan activities.

Performance Review and Development plans linked to the core competency framework .

With clear emphasis upon

"The promotion of opportunities and support for people with disabilities to lead self-determined, independent lives."

Additionally an assessment of the day to day functioning of both day services and their wider support mechanisms has been undertaken and a plan of service improvement has been introduced in order to bring us in line with best practice guidance in Scotland

The key to this several stage process is enshrined in effective staff training and completing individual outcome based Person-Centred support plans for all service users.

Training.

The training process itself will focus on

Assessment by all relevant parties (staff members, family/guardian, other professionals) of

Strengths

Need

Wishes

Developing outcome based Person-Centred support plans.

Linking assessments directly to the plan

Assessments strengthened by:

n multi-method

n multi-source

n multi-occasion and service user requirement lead timings.

Clear Aims (yearly, six monthly)

Clear goal planning.

Planned sessions during the day focussed on developing independence using a measurable format (example at rear).

Health and safety addressed in the context of the person's life.

| Person centred planning is: | Person centred planning is not: |
|--|--|
| a powerful way to support positive change | a cure-all |
| a different way of working together | just coloured posters instead of paperwork |
| a better way to listen and respond to people | just a more sophisticated assessment |
| different for different people | a standard package |
| an invitation to personal commitment | a service routine |
| working towards inclusive communities | just a better way to put together service packages |
| for anyone who wants it | just for those who are 'ready |

Conclusion

Particular focus is and will be made at developing strategies set forth in the keys to life document and particularly

Independent Living Recommendation 27

“People with learning disabilities and carers review and further develop day opportunities that are person-centred, assets-based and values driven and that take account of staffing, education, employment and transport issues.”

This continuously developing process and approach alongside our service improvements will demonstrate measurable real gains for our service user and service professional alike which in turn will lead to stronger ties within the community and a more enhanced lifestyle for all.

Bute & Cowal: Adult Care Performance Indicators**24th September 2013****Home Care:**Number of clients:

Over the 5 years there's been an increase of 44% in the number of service users provided with homecare – that's a straight comparison between the numbers in 2008/09 and 2012/13. Most of the increase has been in the 75-84 and 85+ age bands, 43% and 60%, with a more modest increase in the 65-74 age band of 12%. Although all of the age groups have increased, the age mix is slightly different with the percentage of clients aged 65-74 making up approx. 4.5% less of the client group and the 85+ bracket making up approx. 4.5% more of the client group in 2012/13 compared to 2008/09. (See appendix 1 for detail)

Waiting List for Free Personal Care:

The management of the provision of Free Personal Care is an on-going issue however as the issues of budget and recruitment difficulties combine. These issues are not specific to Bute and Cowal and are more noticeable in MAKI and OLI within Argyll & Bute. The same issues are reported nationally.

Intensive Packages:

The stats indicate that there's been a reduction in the number of clients receiving intensive care packages (10 hours +). Again, in terms of the age band mix, more of the clients in the 85+ bracket are receiving intensive package, up by 5.5%, and fewer of the 65-74 age bracket, down by 5%. The 75-84 bracket is down by approx. 0.5%. This statistic is based on the average number of hours provided to clients over the year and isn't based on a specific snapshot date. This may skew the figures for service users who were getting small packages for most of the year and moved to an intensive package for a short period of time – such service users would probably average below 10 hours over the year and wouldn't be counted. The only way to get an accurate figure for these cases would be to look at each client individually to see if they went through 10 hours per week at any point during the year.

Other issues that may impact on the fall in intensive home care would be

- The use of Telecare and a more disciplined approach to step down of home care hours where a high number of hours was introduced at a time of crisis or discharge from hospital but was reduced once the care package was reduced.
- More active use of anticipatory care practice across health and social care that reduces the impact on the statutory services and the greater use of the

voluntary sector for alternative forms of care as being promoted via the Re-Shaping Care/Change Fund framework.

Number of Hours

Overall, the number of hours has increased by 39%, with the activity in all three client groups up by 14%, 22% and 73% respectively. In terms of mix, the number of hours provided to the 65-74 and 75-84 age bands are down by 4% and 5% respectively with an increase in the share for 85+ increasing by 9%.

Overall Conclusion:

We are looking after more service users, we are providing more hours but, on average, we're providing fewer hours to individual clients than we were five years ago. The focus has moved more towards looking after clients in the 85+ bracket, which I would expect given the ageing population and associated dependency levels.

Care Home Admissions:

Care home admissions have fallen in Cowal over the last two years with admissions from Bute being relatively stable (see appendix 2).

Pyramid figures highlight that the number of service users being cared for in care homes in Cowal has fallen from 162 Care Home numbers in March 2011 to 130 at the end of August 2013. The equivalent figures for Bute are 44 and 43 indicating no significant change in numbers.

Further analysis however does indicate a change in the nature of the placements with a significant move to the use of enhanced residential and nursing home placements over the period 2008/09 to 2012/13. This would indicate that an increasing number of our service users cared for in care homes are of high dependency with more lower dependency cared for in the community. (See appendix 3, 2008/09 to 2012/13 figures for all admissions)

Bute: Enhanced & Nursing Home Placements:

March 2009: 26%

March 2013: 47%

Cowal: Enhanced & Nursing Home Placements:

March 2009: 25%

March 2013: 33%

Conclusion: Care Home activity moving in the right direction of a reduced number of admissions with those admitted being of higher dependency.

One area of concern is the relatively high number of unplanned admissions to care homes in the Cowal area. The impact of this practice is that service users rarely return home and invariably become permanent admissions to care homes while good practice is to avoid such a scenario and deal with a crisis at home. Good practice is that permanent admissions to care should be a planned piece of work not a response to a crisis though there will always be exceptions. (Pyramid)

The Cowal figures are significantly higher than other areas and reflect an inability for social work and health staff to manage crisis in the community. In my view this is primarily an issue of culture and management and not a resource issue and it is of note that similar practice is not evident in Bute.

This pattern is duplicated in unplanned admissions to hospital. A 10% reduction in emergency admissions has been set for 20-13/14 and across Argyll & Bute the overall reduction in the year to date is below target. Oban, Mid Argyll and Kintyre performing at or above target, whilst Cowal, Bute, Islay and Vale of Leven (Helensburgh patients) show an increase in unplanned admissions, as compared to last year. (Joint Performance Report June 2013)

It should also be noted that unplanned admissions to both care homes and hospital has a significant impact on the commitments to the care home commissioning budget and our delayed discharge performance as a significant number of service users/patients move into long term care home placements and do not return home.

Delayed Discharge|:

On 1st April the Partnership moved to a target of discharge to have taken place within 2 weeks of being assessed as fit for discharge by a clinician. This is in advance of 2014 the 2 weeks target being implemented nationally in April 2014.

Performance on delayed discharge has been consistently good over a number of years across Argyll & Bute and in Bute & Cowal.

Present issues:

- Both Home Care Home and Home Care budgets are fully committed and as a consequence patients are being discharged from hospital very near to the monthly census date.
- Recruitment of home care staff for new packages has become problematic generally across Argyll & Bute but most significantly in the MAKI and OLI areas hence early discharge to home becomes problematic. A small number of patients are being discharged to care homes as an interim before returning home.

Telecare:

The number of enhanced Telecare packages across Argyll & Bute continues to grow and pattern is duplicated in Bute & Cowal although figures will fluctuate on a month to month basis.

As previously agreed at full council, the main target for Telecare is new referrals rather than existing service users. Each service user will be assessed on their own merits but existing service users will not be forced to update their package to Telecare without their consent or where appropriate their carer's consent.

Allocation of work within 5 days of referrals and Assessments completed within 28 days:

On both counts the Bute & Cowal area is performing well. Note the context of a very high Adult Protection referral rate which require to be investigated at short notice and are very time consuming with Bute & Cowal having a disproportionate rate of referrals of nearer 33% of the council's total. This additional workload has required a significant level of re-prioritisation within the service as there has been no increase in the qualified Social Work staff complement in Adult Care since 2007

2009-10: 124 referrals across the council

2012-13: 565 referrals across the council

Adult Protection

Adult Protection is an area of work where we continue to attempt to raise community awareness. As noted, the referral rate for Bute & Cowal is higher than any other area which creates workload issues that require to be managed. The main issue relating to referrals is the inconsistent referral rate from the Police across the council area. This has been highlighted as a national issue and not specific to Argyll & Bute.

Direct Payments:

The number of Direct Payments taken up in the Bute & Cowal area has been historically low and continues to be. Without some detailed research it is impossible at this stage to provide an explanation. Possible reasons vary staff not promoting the option, carers not wanting the burden of the responsibility and significant paperwork to service users being satisfied with the quality of the present service.

With Self Directed support to be implemented from 1st April 2014, the focus will turn to a greater variety of options of which Direct Payments will be one.

SDS Act requires council's to offer people four choices on how they can get their social care. The choices are:

- **Option 1** *direct payment*
- **Option 2** *the person directs the available support*
- **Option 3** *the local authority arranges the support*
- **Option 4** *a mix of the above.*

The monitoring of uptake and feedback from service users will be central to the implementation.

Jim Robb

Head of Adult Care

September 2013

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APPENDIX 1

Q1 - Number of Clients Receiving Homecare Per Annum

| Year | 65+ | 75+ | 85+ |
|---------|-------|-------|-----|
| 2008/09 | 1,179 | 973 | 501 |
| 2009/10 | 1,241 | 1,011 | 536 |
| 2010/11 | 1,240 | 1,038 | 570 |
| 2011/12 | 1,315 | 1,123 | 618 |
| 2012/13 | 1,439 | 1,222 | 671 |

By Age Band

| Year | 65-74 | 75-84 | 85+ | Total |
|---------|-------|--------|--------|--------|
| 2008/09 | 206 | 472 | 501 | 1,179 |
| 2009/10 | 230 | 475 | 536 | 1,241 |
| 2010/11 | 202 | 468 | 570 | 1,240 |
| 2011/12 | 192 | 505 | 618 | 1,315 |
| 2012/13 | 217 | 551 | 671 | 1,439 |
| | 5.94% | 16.74% | 33.93% | 22.05% |

Age Band Mix

| Year | 65-74 % | 75-84 % | 85+ % | Total |
|---------|---------|---------|--------|---------|
| 2008/09 | 17.47% | 40.03% | 42.49% | 100.00% |
| 2009/10 | 18.53% | 38.28% | 43.19% | 100.00% |
| 2010/11 | 16.29% | 37.74% | 45.97% | 100.00% |
| 2011/12 | 14.60% | 38.40% | 47.00% | 100.00% |
| 2012/13 | 15.08% | 38.29% | 46.63% | 100.00% |
| | -2.39% | -1.74% | 4.14% | |

Q2 - Number of Clients Receiving More than 10 Hours of Homecare per Annum

| Year | 65+ | 75+ | 85+ |
|---------|-----|-----|-----|
| 2008/09 | 486 | 390 | 195 |
| 2009/10 | 498 | 403 | 215 |
| 2010/11 | 503 | 423 | 237 |
| 2011/12 | 537 | 453 | 253 |
| 2012/13 | 599 | 502 | 278 |

By Age Band

| Year | 65-74 | 75-84 | 85+ | Total |
|---------|-------|--------|--------|--------|
| 2008/09 | 96 | 195 | 195 | 486 |
| 2009/10 | 95 | 188 | 215 | 498 |
| 2010/11 | 80 | 186 | 237 | 503 |
| 2011/12 | 84 | 200 | 253 | 537 |
| 2012/13 | 97 | 224 | 278 | 599 |
| | 1.04% | 14.87% | 42.56% | 23.25% |

Age Band Mix

| Year | 65-74 % | 75-84 % | 85+ % | Total |
|---------|---------|---------|--------|---------|
| 2008/09 | 19.75% | 40.12% | 40.12% | 100.00% |
| 2009/10 | 19.08% | 37.72% | 43.17% | 100.00% |
| 2010/11 | 15.91% | 36.98% | 47.12% | 100.00% |
| 2011/12 | 15.64% | 37.24% | 47.11% | 100.00% |
| 2012/13 | 16.19% | 37.40% | 46.41% | 100.00% |
| | -3.56% | -2.73% | 6.29% | |

% in Age Band with Intensive Package

| Year | 65-74 % | 75-84 % | 85+ % | Overall |
|---------|---------|---------|--------|---------|
| 2008/09 | 46.60% | 41.31% | 38.92% | 41.22% |
| 2009/10 | 41.30% | 39.58% | 40.11% | 40.13% |
| 2010/11 | 39.60% | 39.74% | 41.58% | 40.57% |
| 2011/12 | 43.75% | 39.60% | 40.94% | 40.84% |
| 2012/13 | 44.70% | 40.65% | 41.43% | 41.63% |
| | -1.90% | -0.66% | 2.51% | 0.41% |

Note: reflects average weekly service over the year.

Q3 - Total Homecare Activity per Annum (hours)

| Year | 65+ | 75+ | 85+ |
|---------|---------|---------|---------|
| 2008/09 | 406,438 | 332,673 | 168,551 |
| 2009/10 | 431,053 | 351,344 | 189,178 |
| 2010/11 | 417,548 | 348,495 | 197,105 |
| 2011/12 | 460,549 | 383,990 | 217,474 |
| 2012/13 | 505,147 | 419,000 | 239,772 |

By Age Band

| Year | 65-74 | 75-84 | 85+ | Total |
|---------|--------|---------|---------|---------|
| 2008/09 | 73,764 | 164,122 | 168,551 | 406,438 |
| 2009/10 | 79,710 | 162,166 | 189,178 | 431,053 |
| 2010/11 | 69,053 | 151,390 | 197,105 | 417,548 |
| 2011/12 | 76,559 | 166,516 | 217,474 | 460,549 |
| 2012/13 | 86,146 | 179,229 | 239,772 | 505,147 |
| | 16.79% | 9.20% | 42.26% | 24.29% |

Age Band Mix

| Year | 65-74 % | 75-84 % | 85+ % | Total |
|---------|---------|---------|--------|---------|
| 2008/09 | 18.15% | 40.38% | 41.47% | 100.00% |
| 2009/10 | 18.49% | 37.62% | 43.89% | 100.00% |
| 2010/11 | 16.54% | 36.26% | 47.21% | 100.00% |
| 2011/12 | 16.62% | 36.16% | 47.22% | 100.00% |
| 2012/13 | 17.05% | 35.48% | 47.47% | 100.00% |
| | -1.10% | -4.90% | 6.00% | |

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APPENDIX 2

Apr-13

1 - Care Home Placements All Categories - Summary of New Placements

| | Mid Argyll | Kintyre | Islay | Lorn | Colonsay | Mull | Tiree | Bute | Cowal | Helensburgh | Total |
|---------|------------|---------|-------|------|----------|------|-------|------|-------|-------------|-------|
| 2008/09 | 12 | 33 | 3 | 30 | 0 | 7 | 2 | 19 | 69 | 74 | 249 |
| 2009/10 | 15 | 24 | 8 | 40 | 1 | 3 | 6 | 18 | 60 | 59 | 234 |
| 2010/11 | 35 | 30 | 12 | 40 | 0 | 7 | 2 | 24 | 70 | 55 | 275 |
| 2011/12 | 17 | 34 | 8 | 49 | 0 | 2 | 3 | 18 | 56 | 51 | 238 |
| 2012/13 | 20 | 39 | 8 | 37 | 0 | 4 | 1 | 20 | 39 | 59 | 227 |

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APPENDIX 3

Apr-13

1 - Care Home Placements
1.1 - Residential Care Placements

| Area | Mid Argyll | Kintyre | Islay | Lorn | Colonsay | Mull | Tiree | Bute | Cowal | Helensburgh | Total |
|-------------------------------|------------|---------|-------|------|----------|------|-------|------|-------|-------------|-------|
| 2008/09 | | | | | | | | | | | |
| Opening Placement Count | 34 | 22 | 11 | 59 | 0 | 9 | 8 | 28 | 140 | 80 | 391 |
| Add New Placements | 8 | 12 | 3 | 13 | 0 | 5 | 2 | 16 | 57 | 39 | 155 |
| Less Closed Placements | (7) | (8) | 0 | (8) | 0 | (1) | (1) | (7) | (14) | (11) | (57) |
| Less Deceased Clients | (15) | (5) | (3) | (16) | 0 | (3) | (2) | (9) | (44) | (34) | (131) |
| Closing Placement Count (c/f) | 20 | 21 | 11 | 48 | 0 | 10 | 7 | 28 | 139 | 74 | 358 |
| 2009/10 | | | | | | | | | | | |
| Opening Placement Count (b/f) | 20 | 21 | 11 | 48 | 0 | 10 | 7 | 28 | 139 | 74 | 358 |
| Add New Placements | 7 | 3 | 8 | 18 | 1 | 2 | 5 | 14 | 46 | 21 | 125 |
| Less Closed Placements | (3) | (2) | (3) | (5) | 0 | 0 | (1) | (5) | (17) | (7) | (43) |
| Less Deceased Clients | (4) | (5) | (5) | (22) | 0 | (3) | (2) | (8) | (38) | (17) | (104) |
| Closing Placement Count (c/f) | 20 | 17 | 11 | 39 | 1 | 9 | 9 | 29 | 130 | 71 | 336 |
| 2010/11 | | | | | | | | | | | |
| Opening Placement Count (b/f) | 20 | 17 | 11 | 39 | 1 | 9 | 9 | 29 | 130 | 71 | 336 |
| Add New Placements | 16 | 3 | 11 | 15 | 0 | 4 | 2 | 18 | 29 | 24 | 122 |
| Less Closed Placements | (2) | (3) | (3) | (6) | 0 | (2) | (1) | (3) | (6) | (7) | (33) |
| Less Deceased Clients | (13) | (1) | (4) | (14) | (1) | (2) | (3) | (16) | (34) | (18) | (106) |
| Closing Placement Count (c/f) | 21 | 16 | 15 | 34 | 0 | 9 | 7 | 28 | 119 | 70 | 319 |
| 2011/12 | | | | | | | | | | | |
| Opening Placement Count (b/f) | 21 | 16 | 15 | 34 | 0 | 9 | 7 | 28 | 119 | 70 | 319 |
| Add New Placements | 7 | 3 | 4 | 12 | 0 | 2 | 3 | 12 | 43 | 27 | 113 |
| Less Closed Placements | (2) | (1) | (1) | (5) | 0 | (1) | 0 | (1) | (7) | (5) | (23) |
| Less Deceased Clients | (8) | (3) | (4) | (9) | 0 | (2) | (2) | (9) | (36) | (35) | (108) |
| Closing Placement Count (c/f) | 18 | 15 | 14 | 32 | 0 | 8 | 8 | 30 | 119 | 57 | 301 |
| 2012/13 | | | | | | | | | | | |
| Opening Placement Count (b/f) | 18 | 15 | 14 | 32 | 0 | 8 | 8 | 30 | 119 | 57 | 301 |
| Add New Placements | 11 | 2 | 6 | 21 | 0 | 4 | 1 | 11 | 27 | 27 | 110 |
| Less Closed Placements | (1) | 0 | (2) | (7) | 0 | (4) | 0 | (1) | (4) | (6) | (25) |
| Less Deceased Clients | (10) | (4) | (5) | (6) | 0 | (5) | (1) | (13) | (36) | (30) | (110) |
| Closing Placement Count (c/f) | 18 | 13 | 13 | 40 | 0 | 3 | 8 | 27 | 106 | 48 | 276 |

Older People Market Test Information

Date: 18/04/2013

1 - Care Home Placements

1.2 - Enhanced Residential Care Placements

| Area | Mid Argyll | Kintyre | Islay | Lorn | Colonsay | Mull | Tiree | Bute | Cowal | Helensburgh | Total |
|-------------------------------|------------|---------|-------|------|----------|------|-------|------|-------|-------------|-------|
| 2008/09 | | | | | | | | | | | |
| Opening Placement Count | 4 | 23 | 0 | 10 | 0 | 0 | 0 | 2 | 27 | 12 | 78 |
| Add New Placements | 1 | 5 | 0 | 5 | 0 | 1 | 0 | 1 | 6 | 4 | 23 |
| Add Transition Placements | 2 | 1 | 0 | 2 | 0 | 0 | 0 | 3 | 3 | 2 | 13 |
| Less Closed Placements | (1) | (1) | 0 | (2) | 0 | 0 | 0 | 0 | (1) | (1) | (6) |
| Less Deceased Clients | (3) | (10) | 0 | 0 | 0 | 0 | 0 | (1) | (10) | (3) | (27) |
| Closing Placement Count (c/f) | 3 | 18 | 0 | 15 | 0 | 1 | 0 | 5 | 25 | 14 | 81 |
| 2009/10 | | | | | | | | | | | |
| Opening Placement Count (b/f) | 3 | 18 | 0 | 15 | 0 | 1 | 0 | 5 | 25 | 14 | 81 |
| Add New Placements | 3 | 11 | 0 | 2 | 0 | 0 | 0 | 3 | 6 | 3 | 28 |
| Add Transition Placements | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 3 |
| Less Closed Placements | (2) | (3) | 0 | (2) | 0 | 0 | 0 | (1) | (3) | (7) | (18) |
| Less Deceased Clients | (1) | (8) | 0 | (4) | 0 | 0 | 0 | (1) | (9) | (4) | (27) |
| Closing Placement Count (c/f) | 4 | 18 | 0 | 12 | 0 | 1 | 0 | 6 | 20 | 6 | 67 |
| 2010/11 | | | | | | | | | | | |
| Opening Placement Count (b/f) | 4 | 18 | 0 | 12 | 0 | 1 | 0 | 6 | 20 | 6 | 67 |
| Add New Placements | 7 | 10 | 0 | 8 | 0 | 1 | 0 | 2 | 9 | 0 | 37 |
| Add Transition Placements | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Less Closed Placements | 0 | 0 | 0 | (1) | 0 | 0 | 0 | 0 | 0 | (1) | (2) |
| Less Deceased Clients | (2) | (5) | 0 | (5) | 0 | 0 | 0 | (2) | (9) | (3) | (26) |
| Closing Placement Count (c/f) | 9 | 24 | 0 | 14 | 0 | 2 | 0 | 6 | 20 | 2 | 77 |
| 2011/12 | | | | | | | | | | | |
| Opening Placement Count (b/f) | 9 | 24 | 0 | 14 | 0 | 2 | 0 | 6 | 20 | 2 | 77 |
| Add New Placements | 3 | 13 | 1 | 10 | 0 | 0 | 0 | 1 | 4 | 0 | 32 |
| Add Transition Placements | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 2 | 2 | 1 | 6 |
| Less Closed Placements | (2) | (3) | 0 | (2) | 0 | 0 | 0 | 0 | (2) | (1) | (10) |
| Less Deceased Clients | (2) | (10) | 0 | (3) | 0 | 0 | 0 | (4) | (7) | 0 | (26) |
| Closing Placement Count (c/f) | 8 | 24 | 1 | 20 | 0 | 2 | 0 | 5 | 17 | 2 | 79 |
| 2012/13 | | | | | | | | | | | |
| Opening Placement Count (b/f) | 8 | 24 | 1 | 20 | 0 | 2 | 0 | 5 | 17 | 2 | 79 |
| Add New Placements | 2 | 12 | 1 | 8 | 0 | 0 | 0 | 2 | 5 | 0 | 30 |
| Add Transition Placements | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 2 |
| Less Closed Placements | 0 | (1) | 0 | (2) | 0 | 0 | 0 | 0 | 0 | 0 | (3) |
| Less Deceased Clients | 0 | (9) | 0 | (6) | 0 | (1) | 0 | (2) | (7) | (1) | (26) |
| Closing Placement Count (c/f) | 10 | 26 | 2 | 21 | 0 | 1 | 0 | 5 | 16 | 1 | 82 |

Older People Market Test Information

Date: 18/04/2013

1 - Care Home Placements

1.3 - Nursing Care Placements

| Area | Mid Argyll | Kintyre | Islay | Lorn | Colonsay | Mull | Tiree | Bute | Cowal | Helensburgh | Total |
|-------------------------------|------------|---------|-------|------|----------|------|-------|------|-------|-------------|-------|
| 2008/09 | | | | | | | | | | | |
| Opening Placement Count | 18 | 18 | 2 | 40 | 0 | 3 | 0 | 4 | 17 | 78 | 180 |
| Add New Placements | 3 | 16 | 0 | 12 | 0 | 1 | 0 | 2 | 6 | 31 | 71 |
| Add Transition Placements | 3 | 3 | 0 | 1 | 0 | 0 | 0 | 0 | 2 | 3 | 12 |
| Less Closed Placements | 0 | (1) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (1) |
| Less Deceased Clients | (11) | (10) | 0 | (18) | 0 | 0 | 0 | (1) | (4) | (27) | (71) |
| Closing Placement Count (c/f) | 13 | 26 | 2 | 35 | 0 | 4 | 0 | 5 | 21 | 85 | 191 |
| 2009/10 | | | | | | | | | | | |
| Opening Placement Count (b/f) | 13 | 26 | 2 | 35 | 0 | 4 | 0 | 5 | 21 | 85 | 191 |
| Add New Placements | 5 | 10 | 0 | 20 | 0 | 1 | 1 | 1 | 8 | 35 | 81 |
| Add Transition Placements | 1 | 1 | 0 | 2 | 0 | 0 | 0 | 1 | 2 | 6 | 13 |
| Less Closed Placements | 0 | (1) | 0 | (4) | 0 | 0 | 0 | 0 | 0 | (2) | (7) |
| Less Deceased Clients | (7) | (4) | (1) | (13) | 0 | 0 | 0 | (3) | (6) | (33) | (67) |
| Closing Placement Count (c/f) | 12 | 32 | 1 | 40 | 0 | 5 | 1 | 4 | 25 | 91 | 211 |
| 2010/11 | | | | | | | | | | | |
| Opening Placement Count (b/f) | 12 | 32 | 1 | 40 | 0 | 5 | 1 | 4 | 25 | 91 | 211 |
| Add New Placements | 12 | 17 | 1 | 17 | 0 | 2 | 0 | 4 | 32 | 31 | 116 |
| Add Transition Placements | 1 | 1 | 0 | 1 | 0 | 0 | 0 | 1 | 3 | 13 | 20 |
| Less Closed Placements | (2) | 0 | 0 | (3) | 0 | 0 | 0 | 0 | (1) | (2) | (8) |
| Less Deceased Clients | (12) | (21) | (1) | (17) | 0 | (2) | 0 | (2) | (12) | (42) | (109) |
| Closing Placement Count (c/f) | 11 | 29 | 1 | 38 | 0 | 5 | 1 | 7 | 47 | 91 | 230 |
| 2011/12 | | | | | | | | | | | |
| Opening Placement Count (b/f) | 11 | 29 | 1 | 38 | 0 | 5 | 1 | 7 | 47 | 91 | 230 |
| Add New Placements | 7 | 18 | 3 | 27 | 0 | 0 | 0 | 5 | 9 | 24 | 93 |
| Add Transition Placements | 2 | 3 | 2 | 4 | 0 | 2 | 0 | 0 | 5 | 5 | 23 |
| Less Closed Placements | 0 | (3) | (1) | (2) | 0 | 0 | 0 | 0 | (1) | 0 | (7) |
| Less Deceased Clients | (6) | (18) | 0 | (16) | 0 | (3) | 0 | 0 | (19) | (43) | (105) |
| Closing Placement Count (c/f) | 14 | 29 | 5 | 51 | 0 | 4 | 1 | 12 | 41 | 77 | 234 |
| 2012/13 | | | | | | | | | | | |
| Opening Placement Count (b/f) | 14 | 29 | 5 | 51 | 0 | 4 | 1 | 12 | 41 | 77 | 234 |
| Add New Placements | 7 | 25 | 1 | 8 | 0 | 0 | 0 | 7 | 7 | 32 | 87 |
| Add Transition Placements | 0 | 2 | 0 | 3 | 0 | 0 | 0 | 2 | 0 | 2 | 9 |
| Less Closed Placements | (1) | (1) | 0 | 0 | 0 | 0 | 0 | 0 | (2) | (3) | (7) |
| Less Deceased Clients | (4) | (20) | (2) | (14) | 0 | (2) | 0 | (2) | (9) | (32) | (85) |
| Closing Placement Count (c/f) | 16 | 35 | 4 | 48 | 0 | 2 | 1 | 19 | 37 | 76 | 238 |

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