

## ADULT CARE

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### 1. SUMMARY

- 1.1 The purpose of this report is to provide information and update Area Committee on relevant issues regarding Adult Care within Mid Argyll, Kintyre and the Islands.

This report covers Operations, Resources, Learning Disability and Mental Health.

### 2. RECOMMENDATIONS

It is recommended that members note this report.

### 3. DETAIL

#### 3.1 Adult Care Team Performance

##### 3.1.1 Operations as at 28 December 2015

###### Mid Argyll

|  |   |
|--|---|
| Number of Unallocated Cases After 5 Working Days | 0 |
|--|---|

|   |   |
|---|---|
| Number of Care Assessments outstanding over 28 days | 2 |
|---|---|

|   |   |
|---|---|
| Number of Carers Assessments outstanding over 28 days | 0 |
|---|---|

|  |     |
|--|-----|
| Number of Adult Care Operational Cases | 159 |
|--|-----|

###### Kintyre

|  |   |
|--|---|
| Number of Unallocated Cases After 5 Working Days | 5 |
|--|---|

|   |   |
|---|---|
| Number of Care Assessments outstanding over 28 days | 3 |
|---|---|

|   |   |
|---|---|
| Number of Carers Assessments outstanding over 28 days | 0 |
|---|---|

|  |     |
|--|-----|
| Number of Adult Care Operational Cases | 154 |
|--|-----|

#### Islay

|  |   |
|--|---|
| Number of Unallocated Cases After 5 Working Days | 3 |
|--|---|

|   |   |
|---|---|
| Number of Care Assessments outstanding over 28 days | 0 |
|---|---|

|   |   |
|---|---|
| Number of Carers Assessments outstanding over 28 days | 0 |
|---|---|

|  |    |
|--|----|
| Number of Adult Care Operational Cases | 46 |
|--|----|

### 3.1.2 Learning Disability

#### Mid Argyll

|  |   |
|--|---|
| Number of Unallocated Cases After 5 Working Days | 0 |
|--|---|

|   |   |
|---|---|
| Number of Care Assessments outstanding over 28 days | 0 |
|---|---|

|   |   |
|---|---|
| Number of Carers Assessments outstanding over 28 days | 0 |
|---|---|

|  |    |
|--|----|
| Number of Adult Care Learning Disability Cases | 39 |
|--|----|

#### Kintyre

|  |   |
|--|---|
| Number of Unallocated Cases After 5 Working Days | 0 |
|--|---|

|   |   |
|---|---|
| Number of Care Assessments outstanding over 28 days | 0 |
|---|---|

|   |   |
|---|---|
| Number of Carers Assessments outstanding over 28 days | 0 |
|---|---|

|  |    |
|--|----|
| Number of Adult Care Learning Disability Cases | 34 |
|--|----|

### 3.1.3 Mental Health

#### Mid Argyll

|  |   |
|--|---|
| Number of Unallocated Cases After 5 Working Days | 0 |
|--|---|

|   |   |
|---|---|
| Number of Care Assessments outstanding over 28 days | 2 |
|---|---|

|   |   |
|---|---|
| Number of Carers Assessments outstanding over 28 days | 0 |
|---|---|

|  |    |
|--|----|
| Number of Adult Care Mental Health Cases | 34 |
|--|----|

#### Kintyre

|  |   |
|--|---|
| Number of Unallocated Cases After 5 Working Days | 0 |
|--|---|

|   |   |
|---|---|
| Number of Care Assessments outstanding over 28 days | 2 |
|---|---|

|   |   |
|---|---|
| Number of Carers Assessments outstanding over 28 days | 0 |
|---|---|

|  |    |
|--|----|
| Number of Adult Care Mental Health Cases | 27 |
|--|----|

### 3.1.4 Unallocated Cases

Members will note the increase in overdue allocations in Kintyre and Islay, . Mid Argyll Operations remains on target. The Team Lead in Kintyre was unable to allocate the outstanding referrals due to a combination of workloads and leave/absences. So far in January the numbers of unallocated cases has been brought down, in Kintyre to 1.

### 3.1.5 Assessments outstanding over 28 days

Team Lead in Mid Argyll advises that although concerted efforts are continuing to complete all assessments within 28 days this is proving challenging due to work with individuals who are delayed in hospital, emergency care placements and community care packages which require increases to keep someone safe at home.

### 3.1.6 File Audits

File audits continue to be prioritised, however Pyramid records show Learning Disability, Mental Health and Operations did not submit the required number during December, although some were written up in early January. Being unable to complete file audits was due to Team Lead workloads and immediate service delivery pressures.

### 3.1.7 Adult Protection

The number of Adult Protection referrals in MAKI Oct-Dec has increased over previous quarter, with 50% increase in number of Adults at risk so required further investigation. 32 out of 33 referrals were completed within 5 day timescale, again exceeding the 80% target.

|         | Referrals | Not an adult at risk | An Adult at risk so further investigated | Case conferences |
|---------|-----------|----------------------|--|------------------|
| Oct-Dec | 33        | 24                   | 9  | 2                |

## 3.2 Joint Performance

The Balance of Care target is 80% of older people being cared for within the community (CIC) and 20% in institutional care (CII). The MAKI December in-year Balance of Care was 76.6% (CIC) and 23.4%(CII). The in-year balance of care has dropped very slightly over last quarter below target. There is a notable difference between local areas of MAKI, Mid Argyll figure is 72.5%(CIC) whilst in Kintyre it is 89.7%. This seems to be due to a combination of factors, the main ones being number of continuing care patients in Mid Argyll, emergency admissions to a care home and a lesser amount of new homecare packages being provided.

Preventing delays in discharging people who are medically fit for discharge from hospital continues to prove challenging. Previously reported as contributing to delays has been the impact of increases in hospital admissions, availability of care packages due to recruitment/retention in care at home sector, a significant growth in service users whose needs for support are high and/or complex and increasing numbers of Adults with Incapacity cases. Recently there have also been difficulties allocating and completing assessments, as seen and discussed in the monitoring figures above. Although delays in being able to safely discharge individuals has been particularly evident in Mid Argyll over the last year there have been similar problems recently in Kintyre. The target we have been working to over the past 18 months is that delays last no more than two (2) weeks, with the ideal that no person's discharge is delayed once they are fit for discharge. At 21<sup>st</sup> January 2016 there were three (3) individuals whose discharge from acute ward in Mid Argyll was delayed, this is an improvement over position at 22<sup>nd</sup> October when six (6) people were delayed. On same date in Kintyre there were two (2) individuals whose discharge was delayed whilst awaiting a care

package. All these individuals were awaiting a Community Care Package, and health and social work staff work closely together to try and find solutions for individuals.

In total there are currently 22 individuals waiting for a total of 204 hours homecare support per week in Mid Argyll area. This is up from 16 individuals waiting for 180 hours at time of last report. Quality Improvement are still seeking to finalise a provider for Inveraray, the situation remains of concern and continues to require significant staff time investment in liaising with each other, individuals and their carers in the meantime.

The problem securing packages or increased packages has also grown in Kintyre with 23 individuals awaiting packages or increased packages, an increase from the 19 recorded in the last report. The total hours awaited has increased to 202 from 128 hours per week.

In both areas a number of clients are being provided with interim support through ECCT, which removes or reduces the risk to that individual and/or their carer however this then restricts the amount of reablement activity ECCT staff are able to support.

In both Mid Argyll and Kintyre some locality Integrated Care Fund spend was allocated to setting up a daytime/weekend responder service. These projects will seek to prevent admission to hospital and mean service users without keyholders will be able to have Telecare.

### 3.3 Resources

#### 3.3.1 Homecare budget

At end December projections for the MAKI homecare budget show a £70,021 overspend. A change to the hourly rates was made in December for internal services, backdated to April 2015. This explains the reversal of an improved situation at the end of last quarter, when an underspend was showing for the first time in many years.

#### 3.3.2 Supported Living budgets

Mental health budget is no longer on target with a £34,432 overspend projected and the Learning disability budget is showing an increase in projected overspend to £43,378. The physical disability budget has improved with the overspend reduced to £3,776. Variations in essential support packages are the reason for changes in supported living budget requirements.

#### 3.3.3 Homecare provision

Service figures for December 2015 are not provided in this report. The new recording system on CareFirst has made extrapolating figures which are robust challenging. Local finance staff will work on this for next quarter if this

level of detail continues to be required by Committee. The loss mid-way through December of one of the Kintyre providers, with their work/clients transferring to more than one provider further complicated the collation of data.

Introducing guaranteed hour contracts for eligible homecare staff is underway, with the initial group of staff notified at end December of their individual positions. Recruiting in future to guaranteed hours may help increase interest in homecare posts. A note of caution is that provider agencies who already offer guaranteed hours have similar recruitment difficulties.

### 3.3.4 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 Officer and case managers. The Procurement and Commissioning Team carry out quarterly contract management meetings that determine the risk rating of each contract. All contracts are risk registered using a combination of Care Inspectorate grades, service concerns and complaints. Additional monitoring is undertaken as required where risk level increases.

Breakdown of current Care Inspectorate grades are detailed in table below.

| Provider               | Care Inspection Grades      |                     |                                      |
|------------------------|-----------------------------|---------------------|--------------------------------------|
|                        | Quality of Care and Support | Quality of Staffing | Quality of Management and Leadership |
| Internal Homecare MAKI | 4                           | 4                   | 4                                    |
| Argyll Homecare        | 5                           | 5                   | 4                                    |
| Carr Gomm              | 4                           | 5                   | 4                                    |
| Enable                 | 5                           | 5                   | 5                                    |
| Crossroads             | 3                           | 3                   | 3                                    |
| Carers Direct          | 5                           | 4                   | 5                                    |

Care Inspectorate Grades are as follows:

|              |             |
|--------------|-------------|
| 6- Excellent | 3- Adequate |
| 5- Very Good | 2- Weak     |
| 4- Good      | 1- Poor     |

Of note is the Quality of Staffing grade for internal homecare increased following recent inspection to 4 (Good). The inspection report did not set any requirements for the service, however the service is expected to continue

progress on complying with a previous requirement in respect of the administration of medication.

### 3.3.5 Monitoring Arrangements

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. Case Managers/care co-ordinators review all service users cases on a six monthly basis and any issues identified are raised as a service concern if required.

The third quarter of 2015/16 monitoring activity is detailed below.

| <b>Contact</b>  | <b>Total number carried out between 1//72015 and 30/92015</b> | <b>Council Officer involved</b>                    |
|---|---|--|
| Review of care needs with service users, family and provider  | 124   | Homecare Organiser 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 | 3   | Procurement and Commissioning Team / Social Work   |
| Provider Forums, meetings set up for networking to share good practice and training opportunities.  | 1   | Procurement and Commissioning Team/Social Work/NHS |

### 3.3.6 Service Monitoring Visits

Training has been provided to all Homecare Procurement Officers on individual service monitoring. A schedule of monitoring visits has been agreed and a process to report the outcome of these visits to the Procurement and Commissioning Team has been developed. This information feeds into the quarterly Contract and Supplier monitoring meetings. Over the course of these meetings individual risk ratings are adjusted as required. The monitoring activity and results for the quarter are detailed below

| Number of Spot Checks/Monitoring Visits | Satisfied/Unsatisfied   | Service User Comments  |
|---|---|--|
| 26 monitoring visits                    | All clients satisfied with service being provided but a few provided useful comments to improve on the service. | Number of visits should be distributed over a longer period of time.                                       |
|   |   | Would like a little more feedback if any changes to service  |
|   |   | Carers are fantastic!  |
|   |   | My father says the care is excellent and he feels it couldn't be better he is very happy with the service. |

Monitoring visits for last quarter reverses the downward trend over previous three quarters, with an increase in number of visits by the Homecare Procurement Officer.

### 3.3.7 Service Concerns

There is a clear service concern process in place. In the third quarter of 2015/16 there were two (2) service concerns raised with Procurement and Commissioning. Both complaints were upheld and related to the behaviour of a care worker who no longer works for the agency.

The anonymous complaint about the internal homecare service made to the Care Inspectorate at time of last report was investigated internally by the Team Leader for Oban Lorne and the Isles. The inspectorate were satisfied with the findings and closed the complaint.

There has been another complaint to the Care Inspectorate, this time related to Islay homecare services, which is now under investigation internally.

### 3.3.8 Internal Homecare Inspection

Inspection of the service concluded and, as reported above, managed to reinstate the 'good' grading for staffing. The maintenance of the other grades also at 'good' is evidence of the hard work of the team leader, Home Care Organisers and homecare workers in challenging circumstances.

## 3.4 Staffing

There is still one Home Care Organiser post being acted into in Kintyre as recruitment to it has not been authorised. The acting up arrangement to cover the vacancy has been extended with co-operation of admin service. There continues to be a vacancy for a case manager in Kintyre, one Social Work Assistant is on a training placement for the next 5 months and a Social Work



Assistant in Mid Argyll is about to go on maternity leave. The agency worker who has been energetically leading the Adult Care Operations team in Mid Argyll is about to leave and a replacement being sought.

### 3.5 Integration

In order to drive integration of health and social care at local level, a Locality Planning Groups (LPG) are being set up in each local area of MAKI. These groups are being set up following Scottish Government guidelines around locality planning, will build on previous work carried out under Reshaping Care for Older People and local service review groups. Locality planning will seek to drive transformational change, delivering on the Health and Social Care Partnership's strategic plan.

There are 3 LPG in MAKI all of which should have had their 1<sup>st</sup> meeting by the end of February. It is expected that they will have identified the priority work areas by the end of March.

The HSCP will face a major challenge to meet its financial targets during 2016/17 and 17/18 and the LPGs will be at the forefront of driving change within local service provision to maximise efficiency and effectiveness.

### 3.6 Joint inspection of Older People's Services

The inspection report is not yet available. It will be published on the Care Inspectorate and Health Improvement websites once finalised.

## 4. **CONCLUSION**

The report provides key information on a range of services and resources provided through MAKI Adult Care Social Work team.

## 5. **IMPLICATIONS**

|            |                                     |  |
|------------|-------------------------------------|--|
| <b>5.1</b> | <b>Policy</b>                       | Consistent with national policy on Re-shaping Care of Older People   |
| <b>5.2</b> | <b>Financial</b>                    | None   |
| <b>5.3</b> | <b>Personnel</b>                    | None   |
| <b>5.4</b> | <b>Equalities Impact Assessment</b> | None   |
| <b>5.5</b> | <b>Legal</b>                        | None   |
| <b>5.6</b> | <b>Risk</b>                         | Recruitment and retention of staff has an impact on ability to provide essential care in community services to prevent delayed discharges and enable individuals to remain in their own homes as long as possible. |