
ADULT HEALTH & SOCIAL CARE

1. SUMMARY

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

This report covers NHS; SW Operations, SW Resources, SW Learning Disability and SW Mental Health services

2. RECOMMENDATIONS

It is recommended that members note this report.

3. DETAIL

- 3.1 Management Appointment

Lloyd Wells has been appointed as the Local Area Manager (LAM) for Islay & Jura and will commence in post on 4th April 2016. Lloyd who was previously the SW Team Leader on Islay has been the acting LAM since December 2015.

- 3.2 Summary of Performance as at 21 March 2016

Pyramid Measure	Number
Number of Unallocated Cases After 5 Working Days	5
Number of Care Assessments outstanding over 28 days	12
Number of Carers Assessments outstanding over 28 days	1
Number of Adult Care Operational Cases	512

3.2.1 Unallocated Cases

There continues to be considerable pressure on community services and a number of operational gaps which is leading to delays in allocating cases.

Islay in particular is challenged by being reduced to 1 social worker at present. Steps are being taken to address this.

3.2.2 Assessments outstanding over 28 days

Efforts are continuing to complete all assessments within 28 days, however 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.

3.2.3 Adult Protection

As per the previous report 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.

3.3 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 current in-year Balance of Care is 78.7% (CIC) and 21.3%(CII).

3.4 Resources

3.4.1 Homecare budget

At end February the MAKI homecare budget shows a £65k overspend. End of year projection is to achieve a balanced budget position.

3.4.2 Supported Living budgets

At end February the MAKI Supported Living budgets shows a £22k overspend. End of year projection is to achieve a balanced budget position.

3.4.3 Homecare provision

Data for Q4 will be available for the next Area Committee meeting.

3.4.4 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	

3.4.5 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.

Contact	Total number carried out between 1//72015 and 30/92015	Council Officer involved
Review of care needs with service users, family and provider	124	Homecare Organiser and/or Care Manager
Quarterly Contract and Supplier Meetings with	3	Procurement and Commissioning Team /

Providers in line with the Scottish Government Guidance on the Commissioning of Care and Support Services		Social Work
Provider Forums, meetings set up for networking to share good practice and training opportunities.	1	Procurement and Commissioning Team/Social Work/NHS

Data for Q4 will be available for the next Area Committee meeting.

3.4.6 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.

3.4.7 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.

3.4.8 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.

3.5 Staffing

There remains a vacancy for the Operations Team Leader in Mid Argyll. This is currently being filled on an acting basis. There will also be an acting arrangement for the LD Team Leader post. This is currently out to advert. With the appointment of L Wells to the LAM post on Islay, we now have SW Team Leader vacancy, as well as 2 Social worker vacancies.

3.6 Integration

The 3 Locality Planning Groups in MAKI have all had their 1st meetings. They are now working on the development of local action plans based on the A&B HSCP Strategic Plan.

4. **NHS SERVICES**

4.1 Mid Argyll

4.1.1 Dementia Services: At the end of January Glassary Ward (Dementia Assessment) was merged with Knapdale Ward (Dementia Continuing Care) to form a single dementia care ward.

4.1.2 Mental Health: NHS Highland approved the interim move of inpatient mental health services from A&B Hospital to the lower ground floor of Mid Argyll Community Hospital. Internal works will be required to ensure that the environment is suitable. Work is expected to commence in May/June 2016, and be completed by September 2016. This move is required due to the ongoing delay in re-providing MH facilities through Hub North Scotland. A further options appraisal will be undertaken in April/May to consider the longer term options.

4.2 Kintyre

4.2.1 Kintyre Medical Group (KMG): Agreement has been reached in principle for Campbeltown Medical Practice (CMP) to take over the running of KMG. In the longer term this should stabilise primary care services in Kintyre and is consistent with the HSCP strategy of having fewer, but larger, GP practices across Argyll & Bute providing primary care to the whole population in each of the localities. It is likely to take several months to complete the detailed work to make the changes required to enable this.

4.3 Islay & Jura

4.3.1 LAM Appointment: As reported above L Wells has been appointed to the LAM post.

4.3.2 Patient Travel: Maimie Thompson (Head of Coms & HR for NHS Highland) visited Islay on 25th February, and following a series of meetings including a public meeting, reported back to the A&B Core Management meeting on 26th March. Some immediate changes have been made to the administration of the Patient Travel arrangements which should benefit those requiring to travel for NHS appointments, and her findings will be fed into an overall review of the NHS Highland patient travel policy.

5. CONCLUSION

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

6. IMPLICATIONS

5.1	Policy	Consistent with national policy on Re-shaping Care of Older People
5.2	Financial	None
5.3	Personnel	None
5.4	Equalities Impact Assessment	None
5.5	Legal	None
5.6	Risk	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.