

Cabinet – 5 February 2014

Response to Health Scrutiny Panel’s Report on “Assuring Care Quality in Walsall”

Portfolio: Councillor Mrs B. McCracken - Social Care

Wards: All

Key decision: No

Forward plan: No

1. Summary

1.1 This report lays out the response from the Cabinet Member (Adult Care and Inclusion) to the Health Scrutiny Panel’s report on “Assuring Care Quality in Walsall”.

2. Recommendations

2.1 That Cabinet notes the response and the issues contained within the report.

3. Report detail

3.1 At its meeting on 17 December the Health Scrutiny Panel received and approved a report that had been produced by its working party which focused on the way in which the Council assured quality in the adult social care system.

3.2 The report had 12 separate recommendations for the way forward in Walsall. These recommendations were as follows:

1. Whole-person-care requires a shift in resources from acute to intermediate care, joining up of social and health care through evolving what works - not a one off reorganisation – with change from below where professionals work together not from the top down.
2. Revisions should be made to the commissioning and contracts specifications to include models of co-production: Service Users and providers working together with officers at every level, to enhance the otherwise largely top down commissioning model.
3. Continue to use the WPQB dashboard tool to track the local transformation and improvement of care home quality with progress on key WPQB care homes targets reported to Scrutiny panel (see 1.1.23 -22)
4. Continue to develop:
 - Walsall Partnership Quality Board
 - Walsall quality assurance dashboard and database mechanisms
 - Embed quality assurance in commissioning and contracts
5. Develop an integrated assessment of need that captures the outcomes of individual assessments and reviews and integrates these with an overarching

need analysis across the council and key partnerships. This should include a mechanism for individual's assessments being "portable" across agencies and functions and recognise the needs of carers in the process.

6. Release funding from residential and nursing care by developing credible community alternatives and reinvest savings in further quality assured preventative services in order to meet the challenge of the growing older population.
 7. Further develop the preventative strategy by nurturing a choice of accessible support from within the private, voluntary and community sectors and thereby reduce the need for community based services.
 8. Increase choice in service provision by working with local partner organisations and monitoring the local and national social care economies
 9. Using the co-production approach develop a workforce plan with staff, service users care providers and communities - on an equal basis - to promote the nurturance, leadership and re-skilling of the care homes workforce. Recognise the significance of the 1600+ care home employees to the social economy of Walsall.
 10. Interventions to address care lapses should continue to be complemented by proactive approaches to prevent such lapses in the first place. However further work is required to develop partnerships *with providers* to raise the overall baseline standard of care.
 11. Service users want a credible choice about how they are treated and which care provider provides their care. Real choice requires official dashboard data on outcomes to be made available to the public.
 12. Treatment options, care pathways, entitlements and rights should all be captured in a Quality Intelligence Hub and be available to staff and citizens in order to drive key quality improvements.
- 3.3 The Cabinet Member welcomes the report and the emphasis placed on quality in the care market. Much of the report reflects the current policies of the Coalition Administration in Walsall.
- 3.4 Areas in which there are full agreement relate to the current work being undertaken around health and social care integration as supported by the Health and Well-Being Board which will be reported to Cabinet in due course **(recommendations 1 and 5)**.
- 3.5 In addition the Council is currently out to consultation on budget proposals and this will result in clarity on the way in which quality is overseen within the Directorate **(recommendations 3, 4, 10, 11 and 12)**. The Council already embeds quality in both contracting and commissioning processes **(recommendation 4)**.

Within Walsall there are currently a range of quality assurance activities undertaken by a range of functions across the council and health, this includes; Commissioning in the Joint Commissioning Unit, Adult Safeguarding Service, Quality assurance team, Managing the complaints process, Contracting in the Procurement Team, and Infection Control in Public Health. In addition, Social Workers who arrange for placements in residential care homes are responsible for maintaining ongoing case management and review.

The Council's contracting team in Procurement produce a monthly report which identifies all the incidents that have been reported from care homes in the previous month. This report enables the Quality Board to focus on the homes which are presenting the greatest problems and to ensure that these are being handled appropriately – including the stopping of new placements and the eventual decision to stop all placements and move residents out in exceptional circumstances. This process is overseen by the Joint Commissioning Unit bringing all of that intelligence together.

The Clinical Commissioning Groups' responsibilities for Quality

Quality of clinical service delivery is a key monitoring function of the Clinical Commissioning Group (CCG); this includes medicines management reviews, monitoring, recording and management of pressure ulcers, hospital avoidance schemes, end of life support, clinical support and leadership arrangements. The Continuing Health Care Team in the Joint Commissioning Unit commissions ongoing assessment and review of people in care homes funded by the CCG from Walsall Healthcare Trust nurses and the Dudley and Walsall Mental Health Trust.

The future management of Quality in the Council

The key challenge for the future is to ensure that the officers within the Council (as identified) who have some responsibility for quality and the information from the newly invigorated Care Quality Commission are brought together in a co-ordinated way. The Quality Board will hold that responsibility. The Joint Commissioning Unit will ensure that the right information is being considered by the Board. It is accepted that this will put the Council in a more reactive than proactive position in relation to the care market

- 3.6 The Council has been engaging with customers in the commissioning process. There is a strong ethos of partnership between commissioning and service users, and between commissioning and providers. Co-production with service users was recently at its most strongest at the launch of the Dignity Campaign where one of the fundamental principles established was that of listening to service users views and feelings about the service they are receiving. See attached press release. Commissioners work with the Care Users Support and Prevention Group (CUSP) who can visit care homes to speak to residents directly and feedback views and feelings to commissioners. Feedback is also received via the assessment and care management process via Social Workers and via the complaints process. Commissioners hold regular forums with providers to discuss commissioning intentions and routinely consult on service specifications and contractual terms and conditions (**recommendation 2**).
- 3.7 The Council already has a clear policy of prevention which is stated in Cabinet Reports for both The Operating Model (June 2013) and the Vision for Adult Social Care (December 2013) (**recommendations 6 and 7**).
- 3.8 The Council is committed to the training and development of the workforce within available resources and budget. Currently there is a plan in place and this covers both internal provision and elements of external market provision. The workforce development plan is regularly reviewed.

3.9 The report makes a strong emphasis on the choice that customers should have in the Care Market. Choice has been a strong feature of adult social care practice over the last 5 years or more. The Council has recently published its draft “market position statement which looks as to how the local care market might develop to meet known needs. In the future the Council will have to strike the appropriate balance between value for money and cost effective services that meet people’s eligible needs and the choice those people will have as to which provider is available to meet those needs (**recommendation 8 and 11**).

3.10 The Care Quality Working Group also made a suggestion that work be undertaken to explore options to develop closer active links between elected members and residential and nursing homes across the Borough. These links might take the form of regular visits and contacts. This matter is under consideration.

5. Council priorities

Both the Sustainable Community Strategy and the Health and Well-Being Strategy for Walsall identify the importance of both prevention and promoting independence for people who have care and support needs.

6. Risk management

The financial challenges that the Council expects to face in the coming years may make it difficult to sustain some of the current investment unless the Adult Social Care directorate can clearly demonstrate that the investment in this approach can also assist in saving money. This will be a clear task for those running the operating model.

7. Financial implications

There are no direct implications for the finances of Adult Social Care in implementing this vision.

8. Legal implications

There are no direct legal implications arising from this report. However, the vision for adult social care anticipates and is aligned to the provisions of the Care Bill currently being scrutinised in Parliament, and to be enacted from 2015.

9. Property implications

There are no known immediate implications.

10. Health and Wellbeing implications

This is clearly a key part of the delivery of the Health and Well-Being Strategy as identified in the body of the report.

11. Staffing implications

The response has no direct impact on the staffing in the Directorate.

12. Equality implications

In relation to the proposed deletion of the Quality Assurance Team all relevant Equality Impact Assessments (EqIA) for organisational change and impact on staff have been undertaken. These will be regularly revisited and refreshed.

13. Consultation

Consultation on the future of quality assurance systems within Walsall, within the context of wider economic challenges facing Local Government funding, is within the public domain in the context of budget savings and staff/service consultation. The Quality Board remains in situ and will have a co-ordinating function on the changed landscape created by these changes. The Board will also act as a vehicle for future consultations around Quality assurance as required.

Background papers

Health and Well-Being Strategy – May 2013

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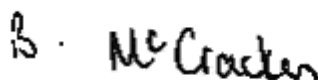
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