Nottinghamshire County Council

Report to Adult Social Care and Public Health Committee

9th December 2019

Agenda Item: 8

REPORT OF THE SERVICE DIRECTOR, STRATEGIC COMMISSIONING AND INTEGRATION

MARKET MANAGEMENT POSITION STATEMENT

Purpose of the Report

1.   The purpose of this report is to provide information to the Committee about some of the work undertaken within the Quality and Market Management Team (QMMT) including:

- the quality monitoring, market management and market shaping activity for both residential and community care services across the County. This also includes ensuring that there is a sustainable workforce available not only for people whose care is funded by the Council but also for people that fund their own care.

- advising the Committee about the services that currently have their contracts suspended by the Council so that the Committee can consider any issues raised and how it may wish to monitor progress.

Information

2.   Some information relating to this report is not for publication by virtue of Schedule 12A of the Local Government Act 1972 and is therefore included in an **Exempt Appendix**. Having regard to all the circumstances, on balance the public interest in disclosing this information does not outweigh the reason for exemption because the information would add a limited amount to public understanding of the issues but may damage the financial or business affairs of any particular person (including the Council).

3.   One of the key roles of the team is to complete annual audits of externally provided care and support services and to undertake quality assurance and monitoring activities where concerns are raised about the quality of care. QMMT officers work closely with the Council's district teams, safeguarding team, local Clinical Commissioning Groups, Healthwatch and the Care Quality Commission to share intelligence and work in a co-ordinated way to address concerns regarding the quality of care provision in the County.

QMMT activity and performance information

4. The QMMT has responsibility for monitoring both residential and nursing care homes and community care services across the County for adults over the age of 18 years. In total there are over 360 providers delivering a range of services in Nottinghamshire including:

- Nursing and residential care homes
- Home care
- Day care services
- Care support and enablement services (supported living)
- Extra Care/Housing with Care services.

5. Regulated services are inspected and rated by the Care Quality Commission (CQC). A comparison of Nottinghamshire services against other East Midlands authorities as at August 2019 is set out below:

Local Authority	Nursing homes ratings as a % of rated				Of all services % not yet rated	Res homes ratings as a % of rated				Of all services % not yet rated	Domiciliary care agency ratings as a % of rated				Of all services % not yet rated
	IA	RI	GO	OU		IA	RI	GO	OU		IA	RI	GO	OU	
Derby	0	12	88	0	0	0	13	87	0	4	0	16	79	5	31
Derbyshire	1	14	82	2	1	4	16	79	2	3	1	9	90	0	25
Leicester	0	33	62	5	5	0	9	87	4	8	0	12	87	1	28
Leicestershire	0	20	80	0	0	0	16	82	2	3	0	15	82	4	17
Lincolnshire	3	17	80	0	6	2	14	80	3	4	2	12	78	8	29
Northamptonshire	5	18	73	3	3	1	12	78	10	5	0	12	85	3	33
Nottingham	0	38	62	0	5	2	12	82	4	14	0	27	67	6	32
Nottinghamshire	10	23	60	7	3	3	15	77	6	9	1	7	86	6	17
Rutland	0	0	100	0	0	0	22	78	0	0	0	0	100	0	11

IA: Inadequate	GD: Good
RI: Requires Improvement	OU: Outstanding

6. Nottinghamshire has the highest number of CQC rated services in the East Midlands and maintains its proactive approach to quality monitoring encouraging partners and stakeholders to adopt a similar approach so that there is a transparent picture about the quality of care and support provided to people living in Nottinghamshire. Within the region Nottinghamshire has:

- the highest % of Outstanding nursing home services (7%)
- the second highest % of Outstanding residential home services (6%)
- the second highest % of Outstanding domiciliary care agencies (6%).

7. Although the picture changes regularly, in terms of current challenges, the Council has the highest % of Inadequate nursing homes (10%). The number of Inadequate residential homes has reduced and Nottinghamshire now has the second highest % of Inadequate residential homes (3%).

8. The QMMT continues with the plans in place to support services that repeat Requires Improvement or Inadequate. Examples of the success of this are included in the **Exempt Appendix**.

9.   Since the data in the above chart was reported more services have been awarded Outstanding from the CQC. They are:

- Baily House – Older Adult Residential Home – Mansfield
- Bridle Lodge – Younger Adults Residential Home – Gedling.

10.   The QMMT is now utilising the quality audit visits to celebrate where services are being innovative in how they provide their services and in improving the lives of the people living/using their services and is also sharing best practice with other providers. Examples of this are as follows:

Fosse – Home Based Services Provider

A care worker who visits a service user who had lots of family support had picked up that the daughter was feeling stressed with her caring role which included cooking meals, domestic and laundry. The care worker proactively started to help with doing extra tasks to help reduce the stress to the daughter such as changing the bed and popping the laundry in. The daughter has reported back to the office how much she appreciates the extra support and how much it has helped them as a family

Comfort Call – Home Based Services Provider

A care worker was supporting a lady whose family support network had broken down. The lady was extremely dependent on this support for her personal care and for running the household. In 2017 the care worker was aware of the support needed by this lady to keep her safe in her own home that they changed the way they worked with them in starting to provide support in a more flexible way to meet their specific needs. The care worker supported the lady to manage her own finances and together they started a filing system for all the bills. This has progressed in that the care worker now supports the lady to go out into the community to pay bills, go shopping and with this look at ways to save money as managing finances was a major issue. The care worker has received a 'Changing Lives' award for what they have done to support this lady.

Cherry Holt Care Home – Older Person Nursing Home – Bassetlaw

Cherry Holt nursing home is pro-actively working with a local primary school in that children from the school visit the home and they do craft sessions together. Some of the residents also visit the school to meet the children and spend time together. Some of the residents also attend a weekly 'Lets Sing' event in the local community. The group sees children, families and people with dementia spending quality time together, singing and having fun. For people with dementia these are valuable times where people can join in and spend time with people in their local community.

Hazlegrove Care Home – Older Person Residential Home – Ashfield

Hazlegrove has made links with a local community dementia choir and some of the residents and staff attend on a monthly basis. The outcome of this has seen residents go out into the community with the main benefit of increased socialisation with those residents' confidence and skills boosted. The residents walk to the choir and acknowledge friends and

acquaintances made. The home has purchased the choir shirts so the residents feel fully a part of the choir and this has built links with a local memory café. Recently the residents have taken part in a joint Christmas charity CD along with the choir and a local infant school to raise money for the local memory café.

The Digital agenda in the Social Care market

11.   The team has been working with care providers to ensure robust and resilient data security.

12.   During August the team were successfully awarded a share of national grant funding to complete a time limited project looking at safe use of technology in care services. Nottinghamshire's is one of 7 projects funded nationally and will explore system resilience and the ability of care providers to 'respond and recover' if there is a problem with digital systems.

13.   The project has support from the Institute of Public Care (IPC) and The Local Government Association (LGA) and is linked to the Digital Social Care initiative.

14.   The project will work with a small number of local care providers and will include testing to mimic local/national disasters and cyber-attack scenarios, exploring existing back up and contingency arrangements. The outcomes of this testing will be reviewed with providers and further testing will then be undertaken to assess how effective any changes that have been made have been.

15.   Overall learning from the project will be captured and legacy resources will be developed for use across the whole sector both locally and nationally.

16.   The project formally launched in September 2019 and 11 local providers have agreed to work alongside the team to undertake testing of their systems. Part of the project will also include supporting these providers to meet the requirements of the Digital Security Protection Toolkit (DSPT) at 'standards met' level (this is the second level of compliance).

17.   The DSPT is an NHS on line self assessment tool that allows organisations to measure their performance against 10 security standards. The toolkit helps to provide assurance that organisations are practicing good data security and that personal information is handled correctly. It is a requirement for any organisations using or accessing NHS data or systems and will support providers in joint working across health and social care services.

18.   A key element, however, will be to develop legacy learning and improvement that can be applied sector wide. A further benefit of the project is that it will help to ensure local care providers are practicing good data security and that personal information is handled correctly at all times. The project will work alongside other successful projects as part of a national network.

Home based care services update

Overview

19.   The team continues to work closely with home based care providers to embed the new service model and monitor quality and performance on an ongoing basis. While the

homecare market clearly still faces challenges both nationally and locally, the position in Nottinghamshire has improved greatly since the new model and contracts were introduced, with fewer people now waiting for a home based care service.

20. Home based care providers in Bassetlaw, Newark and Sherwood and Broxtowe areas are regularly picking up the vast majority of referrals made and, more generally, providers continue to take some positive steps towards building a sustainable social care workforce. For example, one provider has doubled the number of workers employed on salaried contracts from 8 in April to 16 in August. Other examples include small but meaningful changes to demonstrate how staff are valued, such as managers sending birthday cards to care workers and recognising those that have 'gone the extra mile' with flowers and cakes and paying for the care team to go out for a meal together. The retention of care staff both locally and nationally remains a challenge and so using different ways to support staff can really make a difference.

21. In areas of the County where there are particular challenges and providers are not meeting contractual requirements, for example they may not be picking up the numbers of referrals that they have agreed to, the Community Partnership Officers are working to support and address this, including considering contractual sanctions where necessary.

22. Plans to run a further tendering exercise to increase the number of Additional Providers in all areas are progressing well and the latest tender is due to be opened in the next month. In preparation for this sessions at Provider Forums have given information, advice and support to providers about how to submit a tender. This is particularly helpful to smaller organisations that do not have the infrastructure of larger organisations. This will support resilience in the overall market for commissioned home based care services and help sustain and improve the overall number of care packages accepted by providers.

23. Work to develop and introduce an electronic portal for commissioning home based care services continues. The timescale for implementing the portal is December 2019. A full training programme is currently being rolled out to all staff who may need to use the portal, together with 'top tips' and other written resources for staff to refer to on an ongoing basis. The training has received positive feedback, particularly because the portal will simplify the current process for staff and ultimately will save them valuable time.

Home based care services making a difference

24. The vision for home based care services is to *"Support people to live in their own home as independently as possible and with dignity through the delivery of good quality individual care".* Community Partnership Officers work with providers to embed this vision and the Council's model of home based care within day to day service delivery. Some recent examples include:

- a provider has developed one page profiles of staff so service users can identify the regular staff and have a better understanding about them

- a provider working with one individual to flex the commissioned support time around family support and involvement in order to use the time more effectively. The service user has been supported to re-engage with the local community

- a provider working with an individual who was relying on ready meals to develop a menu plan and prepare and cook more nutritious meals. This also involved the provider supporting the care worker to develop their cooking skills in order to provide the personalised support

- a manager cancelling weekend engagements to help transport a service user's pet to the emergency vet. The individual was unable to do this independently and had no-one else to help

- a provider helping an individual plan changes to a part of their home they had been unable to access by taking photographs and starting a scrap book

- an extra care service provider supporting an individual to prepare and cook a meal that the individual then shared with another resident.

25. Work continues with the Lead and Additional Providers to ensure that we are supporting the sector wherever possible. The 'Optimum' team collate Adult Social Care Workforce Data Set (ASWDS), and can check to see if providers have claimed through the Workforce Development Fund. This is another way of supporting providers in enabling them to access training free of charge which in turn can assist with financial viability and having an appropriately trained staff group.

26. The team is working with colleagues from Skills for Care and their Regional Conference is taking place on 21st November in Nottinghamshire. The agenda for the event includes a workshop which will showcase some of the initiatives being implemented by one of our Lead Providers and will go in to detail about how the new home based care model is working. It is important to share this learning as the provision of home care is both a local and national challenge.

Provider Forums and Events

27. Throughout the year there are ongoing forums for providers to meet which is an opportunity to share information, best practice and to problem solve.

28. At the end of last year (March 2019) there was a small award ceremony entitled 'Proud to Care' which celebrated excellent practice, acknowledged improvement and said thank you to both individuals and teams in the sector. Nominations were invited from both providers, families, individuals, colleagues etc.

29. It is anticipated that this will be repeated at the end of this financial year and nominations will be asked for the following categories:

- Proud to deliver Excellent Person Centred Care
- Proud to Care Team Award
- Proud to be a Learning and Development Champion
- Proud to be Engaging with the Community
- Proud to be Delivering Innovative Care Services
- Proud to Lead a Successful Caring Service
- Proud to Support Excellent Care Delivery.

Experts by Experience Engagement Group

30.   The team continues to work alongside the 'Experts by Experience' Engagement Group for home based care and the Group is represented on the Joint Health and Social Care Programme Board that meets monthly.

31.   The team has been working with the Group to develop and test an Expert by Experience Quality Standard that can sit alongside the existing Quality Audit for home based care services. The Standard will focus on communication between provider offices and service users and carers as this has been a key issue raised through the home based care Service User and Carer Satisfaction Survey as well as by the Group itself.

32.   The Standard is to be used by Quality Monitoring Officers as part of the overall quality audit process for home based care services to look at areas such as:

- providers are able to ensure that all office staff understand the importance of keeping care staff and the person and the families they support informed of changes that impact upon the provision of care

- everyone involved has up to date contact details, so they know who to get in touch with and calls are answered and actioned

- individuals and families receiving care can expect to be told in advance if there are changes to the time, personnel or how their support will be provided

- any concerns or issues regarding communication with individuals and their families are centrally recorded, dealt with promptly and effectively to achieve a satisfactory outcome.

33.   The QMMT will continue to work with the Experts by Experience Group to pilot the Standard and work with providers to address any themes and trends to come from this.

Brexit Contingency Planning

34.   The QMMT has been working with providers for some time to identify and manage potential market risks associated with Brexit, particularly a 'no deal' scenario. The team already holds a Risk Register and Action Log which is reviewed and updated on a regular basis and maintains links with local and regional colleagues to share information and ensure a co-ordinated approach. This includes links with local NHS colleagues.

35.   An overview of possible risks for social care providers includes:

- food distribution and availability
- medicines distribution and availability
- fuel distribution and availability
- potential inflationary pressures
- workforce stability
- possible delays or difficulties in processing Disclosure and Barring Service checks.

36. Specific actions and activities to address this locally include:

- regularly circulating information to social care providers in Nottinghamshire, including information from the Department of Health and Social Care

- ensuring providers have contingency plans in place that cover Brexit risks

- regular discussion with contracted providers regarding Brexit contingency planning, utilising existing meetings, forums and networks

- a weekly regional call for social care colleagues to share information and intelligence

- working with CCG colleagues to highlight any risk around the supply of medication

- setting up a 'Brexit information' page for providers on Notts Help Yourself

- planning a joint Nottinghamshire/Nottingham provider event with a focus on Brexit scenario planning.

37. This work has provided a reasonable level of confidence that risks can be managed and that, locally, providers are generally well prepared.

A Regional Approach to Information Sharing and Heat Mapping

38. The East Midlands Market Shaping and Commissioning Network, a group comprising social care commissioners from East Midlands authorities, has been working for some time on a project to assess the risk of market failure in the East Midlands.

39. The purpose of the latest stage of the project is to develop an overarching information sharing protocol and processes for the ADASS (Association of Directors of Adult Social Services) East Midlands region for sharing and escalating key areas of risk in relation to market failure. Similar protocols and processes are in place in other regions.

40. The Care Act 2014 regulations and guidance have provided local authorities with powers to discharge their duties where services users are at risk due to an unplanned or planned closure or interruption of service. This is particularly the case where there has been a business failure. The development of a regional approach supports local authorities in responding to this duty.

41. As well as providing a regional framework for escalating and managing the risk of market failure, this work will provide authorities with additional market intelligence in the form of 'heat mapping'. Heat maps will bring information together from across the region to provide an overall picture of risk. This will help authorities to identify and target work to respond to possible market failure at the earliest opportunity

Apprenticeship scheme

42. Two members of the QMMT team are currently undertaking in-post Apprenticeship training at Level 5 (leadership and management), through the Council's Apprenticeship Scheme.

An Apprenticeship is a nationally recognised training programme combining work with learning and training, both on and off the job.

43.   As well as supporting personal development, this will provide an opportunity to build on the skills and competencies available within the team. Typically, this type of Apprenticeship will take around 2½ years to complete and will be undertaken in conjunction with the current job role.

External recruitment

44.   The work supporting recruitment in the sector is ongoing and remains a challenge. However, it is important to maintain a positive approach. The recruitment video which was made with participation with local providers is now live, available on YouTube, and has been shared with all homebased care providers in Nottinghamshire.

45.   The survey to collate baseline information of the recruitment methods and processes currently used by residential, homecare, nursing and supported living providers has been completed and is being analysed. The information collected looks at:

- main reasons for vacancies
- most popular advertising methods
- the percentage of people invited for interview who attend
- the percentage of people who attend for interview who are appointable
- length of service within an organisation
- the most effective retention methods.

46.   At a recent recruitment network event providers shared what they were doing that was working well to support their recruitment and aid retention. These were:

- retention / attendance bonus paid after a set period
- involving expert by experience, and/ or residents in the interview process
- engaging with people who apply for a post as soon as application is received
- following the values-based recruitment model and offering 'taster days' so that there is a clear understanding of the role
- different interview options so potential applicants can choose date and time
- psychometric testing
- showing potential employees around the care setting prior to or at interview
- investing in staff training and development after probation period in areas of interest.

47.   The work has also included linking with the Council's i-Work Team. The team finds paid employment for people with learning disabilities and autism and was recently invited to a Managers Networking Forum. Following this meeting one nursing home manager came forward to discuss 2/3 newly created part-time posts to assist with the lunch service at the home. The i-Work team is progressing this work to match potential candidates on the i-Works register. Further managers have expressed an interest and this opportunity will continue to be promoted to care providers.

Support for services that are Inadequate and Requires Improvement

48.   The work continues in earnest to support providers whose services have been deemed Inadequate or Requires Improvement with support packages of Learning and Development having been made available for both Moving and Handling and Medicines Management. A Leadership and Management package is currently under development as this is a key area of concern and often leads to poor quality within a service.

Other Options Considered

49.   No other options have been considered.

Reason/s for Recommendation/s

50.   The report provides an opportunity for the Committee to consider any further actions arising from the issues contained within the report.

Statutory and Policy Implications

51.   This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance, finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Financial Implications

52.   There are no financial implications arising from this report.

Implications for Service Users

53.   The Council has a duty under the Care Act 2014 to ensure that high quality services are available for people in Nottinghamshire whether they are funded by the Council or fund their own care either fully or in part. The market shaping duty also requires that the Council works collaboratively with relevant partners including people that use services and their families. The proactive approach of quality monitoring undertaken in Nottinghamshire ensures that every effort is made to ensure that people live independent lives and that their care and support needs are met by high quality care providers that deliver a sustainable service.

RECOMMENDATION/S

That:

1)   Members consider whether there are any actions they require in relation to the issues contained within the report.

2)   Members advise how the Committee wishes to monitor the actions /issues contained within the report.

Paul Johnson
Service Director, Strategic Commissioning and Integration

For any enquiries about this report please contact:

Cherry Dunk
Group Manager, Quality & Market Management
Adult Social Care and Health
T: 0115 9773268
E: cherry.dunk@nottscc.gov.uk

Constitutional Comments (AK 14/11/19)

54. The recommendation falls within the remit of the Adult Social Care and Public Health Committee under its terms of reference

Financial Comments (DG 15/11/19)

55. There are no specific financial implications arising from this report.

Background Papers and Published Documents

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

None.

Electoral Division(s) and Member(s) Affected

All.

ASCPH689 final