

Health and Care Scrutiny Committee –

Report from Commissioning Director: Adults and DASS

Learning Disability Services

27th September-Friendship Conference

Active Gloucestershire worked with GCC to hold an event in Cheltenham to focus attention on the issue of loneliness in the community. People with disabilities often present to council services in an effort to find ways to develop friendships and relationships in their community. Over 100 people attended the conference from voluntary agencies, self help groups and from various departments of council. A report will be forthcoming based on the findings and recommendations from the event and the report will be presented to the LD Partnership Board at their next meeting in October.

Transforming Care

The national agenda to close in-patient units for people with a learning disability and to return people with a learning disability to their own communities continues. Gloucestershire has been awarded £700,000 in capital funds to develop appropriate community based housing options for people returning from long stay hospitals who will need community based homes to move into. Although Gloucestershire has only 16 people placed in in-patient units these people often comprise some of the most complex and challenging circumstances with numerous special needs which require expert planning and support. As a corollary of this the costs can also be extremely high. A number of issues have arisen in the course of this work and one of them is listed below.

Forensic Services for People with Learning Disabilities

Delivery on the Transforming Care Programme (the national transformation programme which repatriates people with learning disabilities in inpatient units or secure hospitals back to the community) has made it clear that there is an unmet need in Gloucestershire for specialist forensic support for people with a learning disability. There is a good evidence-base for the efficacy of these teams where they are operational in other parts of the country both in terms of prevention and successful step-down support. People with learning disabilities with a forensic history often have very specific needs which are not met by generic learning disability services, nor by mainstream probation services. Working with our partners, we are identifying precisely where the gaps are and how best to meet them together.

This will require a major commissioning focus and while the work is in its early stage the need for such a service is becoming increasingly apparent.

Quality Update

There are currently three providers in disability services under Performance Improvement Plans being actively monitored by the Quality Team. Placements to all of these providers have been suspended and the Care Quality Commission and other authorities have been updated and alerted. These are in addition to a variety of action-plans being monitored by the Quality Team. The new platform for sharing quality reports amongst practitioners (known as the 'Quality Star') has now been completed and is in the process of being populated. Training for practitioners to enable them to use the system will be rolling out during November and December of this year. Gloucestershire will be the first site in the UK to have developed such an advanced on-line Quality system which gives direct access to potential issues to front line practitioners.

GEM-Going the Extra Mile

This Big Lottery Fund programme is now up and running. GCC was awarded £3.2 million to work with the Gateway Trust and a number of voluntary agencies to provide a support service for people with barriers that may prevent them from developing an attachment to the workforce. The voluntary agencies will be paid to provide mentors to people seeking employment who have traditionally had difficulty finding and keeping work. Each person will have a plan individually tailored around their needs and performance will be measured by the overall success of assisting people in attaining paid employment. It is expected that this programme will enable 700 people to have access to this employment service.

Initial Contact and Demand Management

iMPower are continuing to work with officers on a demand management model for Gloucestershire County Council Adult Social Care. Baselineing of the data is almost complete and the work is now progressing to data analysis and scenario setting. The final report is expected to be presented at the end of December.
FACE Resource Allocation System (RAS).

An external audit of Care Act assessments has been carried out over a three day period. Care Assessments from mental health services, learning disabilities and older people were examined. The report concluded that the quality of the assessments; both content and narrative was the best that they had seen whilst conducting similar audits in other local authorities. Since the move to Care Act compliant assessments in June 2015 along with a consistent approach to the collection of assessment data across all service there has been a growing

confidence in the data held on the ERIC Case Management System. This audit confirms that this is so. The Audit also examined the correlation between the indicative budget and the final personal budget. The conclusion was that whilst there are still some minor difficulties in determining usable average costs the correlation was much improved and most discrepancies in the resource allocation system resulted from the spread of costs within the market place for which the RAS is unable to compensate.

Imolytics Pilot Project

The rollout of the full Imolytics project is on track, data sharing and hardware implementation is now complete. User testing has begun and further testing and staff training will be undertaken on 17 November. The rollout of this analysis product coincides with the results of the audit described above. The combination of both pieces of work will result in an ability to analyse assessment detail and care package costs with a high degree of accuracy and granularity.

Your Circle

The Your Circle website relaunch is back on track and data migration is complete albeit there are a small number of “bugs” that need fixing. User testing continues.

ContrOCC Finance Module

The Controcc finance project is proceeding well and is on target to become operational in February next year. When complete there will no longer be financial data relating to people held on ERIC which means that ERIC will now only host case management records. The full replacement of ERIC is being scoped. Associated with the ContrOCC finance module is an additional module called Market Place. Implementing this was seen as a second phase; however given that progress on the main system is on schedule, the time is right to start to consider how the implementation plan for this module may be mobilised. Market Place will enable better social care information and advice to be used internally by staff and externally by customers. There will also be the ability for people to be pointed to care providers and for them to arrange care and support themselves and conduct on line transactions. Completion of this project is probably twelve months away but it is expected that the Market Place will eventually replace the Your Circle website.

Domiciliary Care update

Providers are continuing to join the Any Qualified Provider lists in the 4 rural zones. Currently the number of providers for each zone is as follows:

Cotswolds	26
Forest of Dean	22
Stroud	25
Tewkesbury	24

In the urban zones, the two newly appointed providers are continuing to establish their presence within the county and both are now operational. Comfort Call (Cheltenham) began to pick up work from 3 October and are prioritising their Hospital to Home service first of all while they continue to recruit and train their staff. The Human Support Group (Gloucester) began to pick up new care packages on October 24th. Implementation plans for both providers are being monitored very closely with HSG providing daily updates at present. Support is being offered to both urban providers to assist them to become fully operational as soon as possible. Implementation of the new domiciliary care contract in Gloucestershire has added a further pressure on the local domiciliary care market at a time when capacity is being highlighted as a national issue. The reasons for this are complex although payment rates and working conditions are key factors. In addition, some providers have reported that they are finding it harder to recruit from overseas following the Brexit vote. Locally, the lack of available care staff is limiting the ability of providers to pick up new work. We are aware that some are prioritising work with self-funders which further limits the availability of resources for council funded services. Officers continue to work with providers to identify options for resolving the challenges of delivering care in all parts of the county.

Physical Disabilities

The key priority will be to commission activities that support Building Better Lives, stimulating the market place to achieve improved choice and outcomes for individuals and creating cost effective alternatives to existing provision, thereby helping to control spend on the External Care Budget.

- Leonard Cheshire. Negotiations are underway with Leonard Cheshire to develop a new model of care which meets the current assessed needs of all Gloucestershire County Council placements.
- Wheatridge Court. A review has started to look at the current efficiency of the service, to improve value for money and ensure the re-ablement pathway is speeded up (i.e. to reduce delayed transition out of the service). The second part of the review will consider how to develop the future model of care to best meet the needs of people with Physical Disabilities.

Needs Analysis

The Needs Analysis is now in draft form and will be validated through key partners. Emerging highlights include; -

- 1/3 of the highest cost Physical Disability placements are people with Acquired Brain Injuries.
- Only 2% of people open to Adult Social Care with a Physical Disability use Telecare.
- Data from the adult social care database indicates demand for social care services is stable; however data projections suggest an increase in people with complex needs, in line with medical advancements enabling people to live longer.
- The report highlights that many people with moderate and serious needs do not use our services; similarly 52% of survey respondents funded their own care.
- Practical barriers still exist in accessing healthcare, both in making an appointment and gaining access to buildings. These barriers have the potential to cause disparity in access between able-bodied people and those with a physical and/or sensory impairment.