Health and Social Care Committee
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Inquiry into residential care for older people – Bridgend County Borough Council

Bridgend County Borough Council
Wellbeing Directorate
Adult Social Care

Health and Social Care Committee
Inquiry into Residential care for Older People

The terms of reference for the inquiry are as follows:

To examine the provision of residential care in Wales and the ways in which it can meet the current and future needs of older people, including:

1. **The process by which older people enter residential care and the availability and accessibility of alternative community-based services, including re-ablement services and domiciliary care.**

The great majority of older people who enter residential care in Bridgend are usually as a result of being directed to this decision by Assessment Care Managers either from their homes or from a hospital. A smaller percentage of older people enter residential care through their own volition in self funding arrangements. All those older people who enter a residential home with the support and guidance of an Care Manager would have been assessed as needing such a service and have a unified assessment and care plan produced to identify and highlight the scope and range of the care and support they would require at a residential setting. The care plan would then be provided to the registered manager of the home for them to assess whether they can meet the needs of that person on admittance to the home.

Bridgend's County Borough Council's (BCBC) Adult Social Care Commissioning Plan vision statement is 'To promote independence, wellbeing and choice that will support individuals in achieving their full potential in healthier and vibrant communities' This will mean promoting the principles of choice, independence, empowerment, opportunity, dignity and respect. It will involve safeguarding vulnerable people and developing preventative approaches to ensure that people receive the most appropriate level of assistance at any time to avoid the need for long term support from statutory agencies. To this end Bridgend both provides directly and commissions a range of domiciliary services with the demand for such 'home care' services increasing year on year.

The Local Authority is keen to explore new models of services which is a shift away from more traditional models of residential care. BCBC is currently working with health colleagues in order to develop an integrated re-ablement service offering six beds at one of our residential home which will be opening during June/July 2012. The aim of the service is to provide a multi-agency re-ablement service to older people to enable them to gain confidence and the skills required to enable them to return to their homes in the community.

Bridgend has similar objectives as stated above in our investment in our Telecare Service 'BridgeLink'. The BridgeLink vision is that: 'A person is able to access and use

Telecare as the part of a care plan or a preventative measure which enables them to continue to live in and perform daily tasks within their home irrespective of the limitations imposed by their frailty or disability'. In short we are seeking to develop a range of service that will aid older people in remaining in their own homes rather than moving into residential care. It must also be recognised that for all of these projects a culture of 'Positive Risk Management' plays an important role in planning, design and delivery of these services.

2. **The capacity of the residential care sector to meet the demand for services from older people in terms of staffing resources, including the skills mix of staff and their access to training, and the number of places and facilities, and resource levels.**

It is our belief that there is an over provision of residential care in the Bridgend area, with there being 25 Residential/Nursing Homes in the Bridgend area providing 1058 beds consisting of 598 residential beds and 460 nursing home beds. Over the past three years there has been a noticeable trend in regard to the number of vacancies across these homes and for example week ending 2/12/2011 there were 36 residential vacancies and 46 Nursing home vacancies a total of 82 vacancies – predominantly within the independent sector. This number of vacancies, as already stated has been sustained for several months and there has been a similar pattern over the past few years. We have concerns in respect of the CSSIW proposal to remove the registration category for Elderly Mentally Infirm (EMI – dementia) for residential homes. This category of care is an important aspect to help commissioners differentiate between service provision and placements. There is a risk that we could see a more general service being provided by care homes to people suffering from dementia which could potentially take away the specialist staffing and resources required to effectively meet their needs. We do however recognise that there needs to be a flexible and balanced approach applied by the CSSIW in terms of the application of the registration for dementia – especially where a resident at a general care home is diagnosed with dementia. At this point there needs to be a pragmatic approach and rather than enforce that the resident moves to a home registered for dementia, especially if their needs continue to be met adequately.

It is our belief that meeting the care and support needs of people with dementia is one of the major challenges for Social Care over the coming years. However, we also believe that this challenge can be met by reallocation of existing resources if a whole service and sector approach is adopted. It is important that health and social care partners work with housing colleagues to plan effective preventative service and effective community based services, such as extra care schemes to enable older people to remain within their local communities. Social care will also need to create sustainable community based services which have a re-enablement culture. This will require a shift towards more specialist training for community based staffing & services, in order ensure that the right kind of support is delivered at the right time and in the right environment.

Another factor that has a baring on the capacity of residential homes sector to meet the demands for services from older people in terms of staffing resources is fee levels However, we aim to work in partnership with the private sector, voluntary sector and key stakeholders to promote a whole sector workforce approach within the local market. We will assist adult social care staff to become appropriately skilled, trained and qualified to perform the range of responses and functions required in the future. We will also target

funding that sustains the adult social care employment market and improve staff recruitment and retention arrangements.

3. **The quality of residential care services and the experiences of service users and their families; the effectiveness of services at meeting the diversity of need amongst older people; and the management of care home closures.**

As a Commissioner Adult Social Care in Bridgend we aim to build on our current partnerships with providers and consolidate effective working relationships by continuing to forge robust contracting processes. The aim is to involve providers in a positive way to participate in planning and commissioning to help drive up quality and improve value for money, including a clear direction of commissioning intentions for the market. We will work co-operatively and be both transparent and flexible so that we can establish a more financially affordable mixed economy of care; improved quality responses and outcomes for service users; and greater employment opportunities for local people. We are already building bridges to promote person centred planning and outcome focused delivery of care across care homes. We feel that an outcome framework would enable commissioned services to strive towards collecting and measuring outcomes for individuals in a more structured way – which would demonstrate the effectiveness at a service level and market level.

Our experience to date on the residential service provided within the Bridgend area is that there are differences in the quality of the services provided in this sector. We have been using our quality premium fees standards to drive the quality of care forward. Over the last 12 months this approach has genuinely seen an improvement in the care which individuals experience- with a greater shift in terms of personalised approaches and activities, to help the individuals feel part of the home and community.

The recent demise of Southern Cross nationally very much focused our attention upon what our responses would be in the event of a residential home/s going into liquidation/bankruptcy etc and to this end we developed a Business continuity plan in partnership with our colleagues in health to guide our responses if such an occurrence happened. We are also considering our processes for accrediting new & existing providers to ensure financial viability is assessed and recognised. Although we do feel that the CSSIW and other regulatory bodies have a role to explore the fitness of agencies and their financial stability – especially where the regulators have a platform to look across the whole sector and take a national view of agencies financial stability.

We do believe that fee setting is paramount and links to the quality of care. As mentioned previously Bridgend have a quality fee within our fee structure, which allows us to incorporate quality and outcomes within the assessment of fees. The Local Authority and Local Health Board in Bridgend are currently undertaking a piece of work to understand the cost pressures across the sector to help inform future fee setting. This exercise is important following recent judicial reviews relating to fee setting and the introduction of the WG Commissioning Guidance and Framework in 2010. The guidance sets the scene for fee setting and the recent judicial reviews place an emphasis on LA's to ensure that the fees are based on the cost of care rather than the LA's financial position. With this in mind it would be helpful for WG to give LA’s a greater steer and direction regarding fee setting to ensure that there is a consistent approach to mitigate & reduce the challenges regarding fee levels.

4. **The effectiveness of the regulation and inspection arrangements for residential care, including the scope for increased scrutiny of service providers' financial viability.**

Adult Social Care in Bridgend fully recognises the benefits that have been gained for the residential homes sector with the implementation of the National Minimum Standards for this sector. However, we believe that while the CSSIW still have a critical regional role in the monitoring of residential homes, the key player in driving up standards in this sector are going to be the Contract Monitoring Team. The CSSIW teams' are becoming more centralised and there is a concern that they could loose valuable local intelligence which could impact on a holistic view of services. They are closer in geographical terms to these services and often are in daily contact with services when they are in crisis. We would also argue that the Contract Monitoring Teams within LA's have a greater understanding of the market forces at work shaping the delivery of these services and as such are better placed to scrutinise the financial viability of providers. In addition the contracting relationships and monitoring reports between LA's and providers tend to highlight greater inconsistencies in care and practice across care homes – where the CSSIW reports tend to focus on regulatory issues and enforcement seems to be driven by LA's.

5. **New and emerging models of care provision.**

Adult Social Care in Bridgend is working towards establishing integrated, inclusive and seamless advice and assistance that promotes positive outcomes for vulnerable people. This approach will involve flexible and accessible preventative responses within local communities which are tailored to individual circumstances and choice. This approach will focus on assisting people to identify the risks to their independence, and jointly determining strategies to minimise that risk as appropriate. To this end we are seeking to develop and commission a range of models of care provision from mixed community extra care to extra care specializing in supporting people with dementia, core and cluster services, key ring communities, community based floating support and as already stated re-ablement. Our aim is to develop a mixed social care market that can effectively respond to the care and support needs of older persons no matter where they are located on the care continuum.

6. **The balance of public and independent sector provision, and alternative funding, management, and ownership models, such as those offered by the cooperative, mutual sector and third sector, and Registered Social Landlords.**

Adult Social Care in Bridgend has actively explored all of the above referenced options as part of its re-modelling agenda. We believe that in these times of economic challenges that any such developments must be based upon a sound social care business case that has both direct and indirect benefits for the communities serviced by the authority. We are currently exploring possible partnership arrangements with RSLs in the development of extra care facilities in the Bridgend area.