

Care provision, integration and continuity

Score: 2

2 - Evidence shows some shortfalls

What people expect

I have care and support that is coordinated, and everyone works well together and with me.

The local authority commitment

We understand the diverse health and care needs of people and our local communities, so care is joined-up, flexible and supports choice and continuity.

Key findings for this quality statement

Understanding local needs for care and support

The local authority used a variety of methods to understand the needs of the local community to commission the right services. Staff and leaders told us about work going on to improve the use of data to inform commissioning practice and to support the collection and analysis more effectively.

In April 2023 the local authority commissioned a service called Community Catalysts, their role was to develop and support micro enterprises to meet needs or demands of people in the community to support people to remain in their own home for as long as possible. Feedback provided by the local authority regarding this service was positive.

Information shared from commissioning, adult social care teams and village agents was used to identify the gaps and then look to bridge these gaps with the community catalyst scheme; examples included befriending and practical support services. Village agents worked in partnership in the Community Wellbeing Hub to provide free advice to people in the community about housing, finances and health, with a focus on supporting people in rural areas of the community. Village agents also provided talking café services for people to socialise and get information and advice.

The local authority had a large range of commissioned services available for people to support their needs in the community, this meant people did not have to wait very long for care and support to be in place. Data provided from the local authority confirmed people were supported to find care and support in a timely manner, home care had over 99% of care packages sourced within 72-hours, 68.6% of residential care homes were sourced within 72-hours and 91.2% of nursing homes were sourced within 72hrs.

Staff identified there was a gap in specialist learning disability provision, whilst they tried to always keep people in the area this was more difficult for more specialist services. There was evidence of commissioning being used to address gaps, for example, working with housing to create 2 new supported living developments, which consisted of 10 new flats across the 2 settings. The local authority told us they were continuing to work with housing to bridge that gap and to create more housing opportunities for people with a learning disability.

There was a Joint Strategic Evidence Based Document for Bath and North East Somerset which was shared with partners and used to set and focus on priorities for care and support in the future.

Demographic data showed a growing aging population, with an expected increase of 8% from 2018 to 2028. The 65+ population is projected to increase by 15% over the same period, the largest increase is projected to be in the 75-84 age range with an increase of 33%, followed by the 85+ age group with an increase of 20%. In 2030, it is projected there will be 3,670 older people (65+) with dementia in Bath and North East Somerset which is an increase of 36% since 2019.

Leaders felt able and ready to manage the market increase of aging people and had plans in place to support this. We heard about the planned implementation of a commissioning hub in which collaborative working would be key to understand the needs of the population using 3 key initiatives, start well (working in collaboration with special educational needs and public health), live well and age well. Leaders told us they used the Market Position Statement to inform commissioning plans to ensure commissioned services reflected the changes in need and market conditions. Commissioning arrangements in B&NES for a wide range of health and social care services were jointly managed and commissioned by the local authority and the integrated care board (ICB).

Market shaping and commissioning to meet local needs

People had access to a diverse range of local support options that were safe, effective, affordable, and high-quality to meet their care and support needs. The local authority had a vast selection of commissioned home care services to choose from, staff told us they would receive a request for care and would send this request to all home care providers and await their response. Providers told us they felt at times the market was unfair and was commissioned on a 'first come first served basis'. Providers told us that the cost of care was also a key factor when choosing a provider. This meant people may not always receive care and support best suited to their individual needs. The local authority's brokerage process letter dated May 2023 which was sent to providers showed providers were given 1 hour to respond to the request and that care packages were initially awarded to providers based on their CQC rating and hourly cost.

Data from the Adult Social Care Survey showed 68.49% of people who used services felt they had a choice over services. This was in line with the England average of 70.28%.

The local authority identified a shortage in specialist learning disability services and specialist dementia services. Staff told us they were working with new care homes to ensure they were registered to support and care for people with dementia to meet this need. The local authority was also working with housing and had developed 2 new supported living settings with 10 flats to support people with learning disabilities. Commissioning strategies and market shaping activity supported this. Commissioning strategies aligned with strategic objectives of partner agencies for example, health, housing and public health. Partners told us that working in an integrated way with ASC enabled the team to be more creative when supporting people with personal budgets. There was a recognition of the housing challenges within mental health and work was taking place in improving the relationship with housing associations and enhancing their understanding of people's needs.

Unpaid carers told us there was not always appropriate provision in place regarding emergency care, the local authority had identified this as an area for improvement. The Survey of Adult Carers in England confirmed this with 9.32% of carers accessed support or services in B&NES which allowed them to take a break from their caring role for more than 24hrs this showed a negative variation compared to the England average of 16.14%. 8.47% of carers were able to access support or services allowing them to take a break from caring at short notice or in an emergency, this showed a negative variation compared to the England average of 12.08%. We heard how unpaid carers had worked with the local authority to improve their knowledge and understanding of unpaid carers needs and unpaid carers were looking forward to seeing their co-production work put into practice.

Ensuring sufficient capacity in local services to meet demand

The local authority told us service capacity in the area was mostly good, with sufficient service provision for older people with less complex needs. B&NES currently had 1162 care home beds for older people in the area. The local authority identified the market was predominantly privately funded with approximately 60% of the market being self-funders, 30% of beds funded by the council and 8% funded by health. Staff told us there was an increased pressure on services to support people being discharged from hospital to interim care beds. Staff told us there was no longer a separate provision for discharge to assess beds as this was an interim provision to meet winter pressures and was stopped once pressures reduced. Staff told us this meant people were being placed wherever there was a bed available to support with hospital discharge. Staff told us they felt this could have an impact on people waiting for long-term care in some care homes. The local authority told us alongside the interim care beds in care homes they had also joint funded interim care in people's own homes to support the local authority's home is best programme, allowing people to receive interim care and support in their own homes. In addition to the interim care beds the local authority had also jointly commissioned care journey coordinators to support people to return home whilst waiting for longer term support.

Staff told us there was a lack of specialist care provision, particularly for people with a learning disability and there was limited day care provision in the area. The local authority told us they had a wide range of day care services for people in B&NES delivered both in-house and through commissioned services. Support included work skills pathways to develop skills such as hospitality, horticulture and employment readiness and 4 dedicated day centres.

Some people were placed out of the area for specialist provision. One person told us they felt their family member being placed out of area had impacted on their ability to maintain family relationships and had impacted on their wellbeing. Data provided by the local authority told us that as of June 2024 39 people were placed out of area, 26 of those people chose to move out of area for reasons such as being closer to their family. 13 people were placed out of the area based on need. The local authority had identified a lack of care home facilities for people with more complex needs, plans were in place to open more care homes in B&NES with the aim that this would result in less people needing to be placed out of the area.

Data provided by the local authority showed a significant decrease in care packages being handed back, this was reduced from 23 in one month to 2. One care package was handed back due to an increase in the person's care needs and the other due to person's choice and they were self-funding their own care.

The local authority identified following conversations with the Parent Carer Forum that there was a lack of provision for young adults following transitions to adult social care in relation to their housing needs. Following this the local authority allocated 10 new flats for people using the service with complex needs across 2 supported living settings. Staff feedback about these services was positive and they told us they felt they needed more of this provision in the area as this had made such a positive impact to people, promoting independence and reducing people's dependence on care and support in a care home setting. The local authority told us they had a clear corporate and political vision to deliver effective housing solutions for people in the community and that adult social care was working closely with housing to identify possible housing support for people with care and support needs.

The local authority had worked with health partners to understand the local needs around hospital discharge and reducing hospital admissions. The 'home is best' hospital discharge model was developed with health partners and the commissioning of the reablement team and homecare services was designed to try and meet those rising demands. Staff told us whilst reablement in people's own homes worked effectively there was a backlog of people waiting for a full Care Act assessment for long term care.

Ensuring quality of local services

The local authority had arrangements in place to monitor the quality and impact of the care and support services commissioned for people and it supported improvements where needed however, providers told us improvements could be made regarding consistency and communication between the local authority and providers. The quality assurance policy in place clearly explained the support required for the monitoring of services including failing services. Staff told us they had a process in place to monitor and visit services to ensure they had the support and tools needed to improve their service. Where services required unavoidable closure, the local authority worked with providers and partners to ensure people received appropriate alternative care.

Provider feedback regarding quality assurance was mixed. Providers felt it often depended on which member of staff from the local authority they had supporting them and that advice and guidance from the local authority was inconsistent. Providers told us the change in the commissioning framework meant it was easier for providers to join the commissioning framework. Providers identified some services not yet rated by CQC and therefore the quality of services was not always clear. There were inconsistencies regarding quality assurance inspections for providers, one provider told us they had not been visited by the local authority in 4 years, and another told us their local authority inspections were carried out remotely but found these useful and supportive.

The local authority had recently restructured commissioning and quality assurance which was due to be launched in October 2024. The plan was to separate the commissioning and quality assurance teams to ensure a better focus on quality assurance of services in order to meet the local authorities' vision of "start well, live well, age well". Leaders told us their vision was to improve the availability and quality of support and services available to people across their life span.

The local provider market was good with 80.95% of nursing home services rated good, and 100% of supported living rated good. 66.67% of care homes rated good, and 72.23% of home care agencies rated good.

Ensuring local services are sustainable

The local authority had a large selection of providers on their framework which meant the provider market sustainability was strong however, providers felt at times this meant they did not have a chance to bid for the care as another agency had already been offered the care before they had chance to respond to the request.

The local authority had a market sustainability plan in place which included an assessment of the local care market identifying staff recruitment and retention as a large factor for care services. The staff vacancy rate in ASC in B&NES was 7.20%, which was similar to the England average of 8.06%. The local authority paid over the cost of care expectation to support the care market with staff recruitment and retention.

Staff and leaders told us the local authority had a policy and procedure in place for monitoring the risks of provider failure and monitoring the closure of services. This included the monitoring of financial stability, staffing and recruitment.

Providers told us the local authority did not have a formal provider forum in place to support providers and give them a chance to raise any concerns or share good practice with other providers. Leaders told us these were previously in place however, attendance was poor. The local authority identified this as an area that could be improved. Despite the lack of official provider forums most providers told us they felt the Director of Adult Social Services (DASS) was knowledgeable and approachable and would listen to providers concerns.