

Care provision, integration and continuity

Score: 2

2 - Evidence shows some shortfalls

What people expect

I have care and support that is co-ordinated, 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 worked with public health to create a digital tool for the Joint Strategic Needs Assessment (JSNA) data to understand the demographic and other factors impacting on people's health and wellbeing in Derby City. The JSNA provided a clear understanding of the key demographics, people's needs and anticipated changes for the future. Information about adult wellbeing and 'ageing well' factors were clearly outlined for Derby City, highlighting areas of health inequality. The local authority had integrated partnerships on the Health and Wellbeing Board, and while there was an Integrated Care Strategy for Derby and Derbyshire Integrated Care system, it was less clear how demographic data was used to inform the strategic intention of specifically to Derby. This was because there was no Health and Wellbeing Strategy specific to Derby as it was still being drafted. Therefore, there was no overarching strategy detailing the approach in Derby to preventing, reducing and delaying people's needs for care and how they ensured they met all people's needs including those with protected characteristics and those experiencing most deprivation.

There were noted disparities in health inequalities across minority groups affecting access to services. Staff told us there was a rising demand for people with complex needs that may require specialist provision for mental health, homelessness, substance misuse, learning disabilities and autism. There was an acknowledged gap in provision in the deaf community and for those living with dementia, where the authority was unable to provide local services and placements, including limited respite care, due to a lack of sufficiency to meet people's needs with the rising demand. We were told that focusing on the gaps in provision was a priority for commissioners who were working with the market to overcome this. It is unclear how long there has been acknowledged gaps in service provision. Derby has had a high prevalence of people from the Deaf community for a long period of time. It is unclear whether the needs of the Deaf community have changed or whether the community's needs have never been met. Staff said co-production work was in its infancy stages and steps had been taken by the local authority to build resource in this area to enable people's experience to inform and shape future services.

Market shaping and commissioning to meet local needs

People had access to a range of local support in Derby city that provided good quality care and support. Staff told us that there was a cross section of providers on the commissioning framework who covered a range of needs. National data showed that 64.14% of people who use services felt they had choice over services. This is lower than the national average of 69.81% (Adult Social Care Survey 2021/2022 ASCS) More work was needed to ensure services provided the choice and support people required, there were a number of areas of acknowledged service gaps which had a direct effect on seldom heard groups. People told us they experienced problems finding available service provision and national data shows that Derby is 5.66% beneath the national average here. People also told us about experiences of day services that they were using closing and then not always being able to find suitable alternatives. Providers told us historically providers were not a part of the consultation process for shaping the market. They felt with the introduction of the provider forum positive changes would occur, however, this had illustrated that work with providers required more development to create the right changes in the provider market to meet the needs of people.

The local authorities commissioning strategy planning was in a draft form due to be published imminently. The strategy outlined the intention to address shortfalls in current provisions, ensuring that co-production and engagement shaped service design. At the time of assessment these strategies were in their infancy and had not yet been able to influence national or local performance data.

The commissioning intentions demonstrated a grasp of the populations needs, recognising the increased demand for housing for people in different age brackets as well as the need for a host of preventative services to meet the growing demands of people with complex needs, mental health and high-level disability. Whilst commissioning teams understood the needs of adult social care, further integration with health was planned to focus on adults with complex needs.

The local authority had recognised the need for more extra care with draft housing plans in development, this took into account the needs of the community. The learning disability and autism accommodation strategy was a joint strategy with housing. This strategy had analysed the market to get an understanding of people with specialist needs. This was noted as a positive step for the council however, this document was again in its draft form. The local authority had recognised that there were rising numbers of people in the city with complex needs requiring specialist provision. They did not always have the provision within Derby to meet those needs and people were often placed out of area. Their new strategy planned to address this challenge, but it was not clear what provision would be available in the interim other than continuing to place people out of the area.

The local authority had considered provision for unpaid carers, a commissioned service provided support information, advice, guidance and peer support groups. They were currently undertaking work to remodel the service with a focus on the support journey for carers.

The out of hours service was available to carers and emergency cover could be arranged at short notice to support a carer that may be in crisis. National data showed that 28.95% of carers felt they could access support or services allowing them to take a break from caring for 1-24hrs, this is compared to the national average of 20.08% (2021/22 SACE). However, while this data was positive in relation to the national picture, carers told us that there were limited respite provisions that they could utilise and often the respite availability would not suit the needs of carers, there was a concern that support hours had been reduced in some cases.

Ensuring sufficient capacity in local services to meet demand

There was not always sufficient care and support available to meet the demand of the community. There was recognition of the gaps and future plans to address the areas. Partners informed us that joint working with Derbyshire Community Health Services had begun focusing on preventative measures to improve hospital discharge pathways and with an aim to keep people in their homes for longer. Partners explained that this had already led to a decrease in hospital admissions compared to the previous year because of joint working. Staff told us the availability of step-down beds would be increased alongside the implementation of the new section 75 hospital discharge agreement; this would directly provide a greater availability of beds to support people with more complex needs.

The local authority had identified that there was a lack of specialist provision for people with learning disabilities and autism. Staff told us that the alternative provision offered was direct payments to meet eligible needs. Carers told us that they struggled to find new packages of care for people they supported as there was a lack of experienced staff and providers in the local area to meet the needs of people with complex learning disabilities and autism spectrum disorder.

There was also a shortage of specialist housing provision for people with complex needs and a shortage of supported living and extra care for individuals over 60. This sometimes led to people being placed outside of the local area. Staff told us that recently extra care facilities had been reviewed with tenants to refresh the ethos of extra care and work had taken place to look at care services. Work had begun to improve services and homes for people with complex needs, plans had begun on a site of new provision to be completed 2027, this would also provide a provision for assessments.

There was a disproportionate impact on people with learning and disabilities in relation to housing, with higher waiting times for specialist placements.

Ensuring quality of local services

The local authority's quality monitoring team were integrated with the commissioning team. The team was responsible for the quality assurance of providers of care and support services across the different market sectors. The quality monitoring officers each had a portfolio of care and support providers across market areas. Providers had planned annual audits and quarterly meetings. Overall, the quality of care people received in Derby from providers was good. Most services (61%) had been rated and of those services that had been rated 81% of nursing homes had been rated good or outstanding and 78% of residential homes were rated good. (Care Quality Commission data).

Staff told us that quality monitoring of contracts had now been improved with the implementation of the new Quality Assurance Framework in 2023. It was recognised that, partly as a result of the Covid-19 pandemic, the team had been reactive in relation to quality management but that the new system had helped them to be more proactive. Commissioners were proud of their relationships with social workers who they felt supported the process of reviewing packages of care and ensuring that care was fit for the person's needs. Strong internal partnership working was evidenced here.

Providers told us that they had a good working relationship with the commissioners and front-line teams and felt they could always be contacted in a number of ways. They felt there was consistency amongst the commissioning team which supported stability for the service.

Ensuring local services are sustainable

The local authority had identified pricing of packages as one of 8 areas identified in the Adults Commissioning Strategy, to be improved by 2027.

Staff told us that the Brokerage team had weekly meetings with the commissioning team, the discussions focused on areas of improvement which was used to shape the market. For example, where there were issues in finding placements in the East of the city after two providers withdrew from the market the commissioning team re tendered for the provision. There was a due diligence process in place to enable alternative provision to be sourced outside of the framework where necessary.

The local authority had acknowledged that there was a shortage of staff in areas of social care which was impacting the delivery of services. Staff specifically spoke of the difficulties in recruiting staff to support people with more complex needs. This was directly affecting people receiving services as it led to them being allocated standard placements which didn't meet their needs. Staff told us that they routinely had discussions with providers as part of the provider audits and quality assurance. The local authority offer training to providers through the council's workforce learning and development team however, providers told us that they had not received any support with training on dealing with lack of staffing. National data highlighted that 42.04% of adult social care staff had completed the Care Certificate which was lower than the England average of 49.65% (Skills for Care Workforce).