

# Care provision, integration and continuity

## Indicative score:

**3 - Evidence shows a good standard**

## 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

The local authority understands the care and support needs of local people and was actively working to shape the market to meet those needs. There was a variety of providers, including for homecare, residential care, and nursing care. There was a reablement team that could provide an immediate response to people's needs, working closely with the access team, as well as hospital discharge. The use of assistive technology was also being developed to support people's independence.

The local authority recognised there was over-provision of residential care, and that more capacity was needed in domiciliary/homecare to deliver on its strategic priorities and meet population needs. This was being addressed through the brokerage team that worked closely with providers, planners, and housing to create community housing that met people's needs. This approach was most developed for older people where the local authority had made its own investment into Extra Care housing for people with dementia. The local authority had started to develop more housing that was adaptable and accessible through a 5-year housing plan. Leaders recognised further work was required to meet the needs of younger people with complex needs and this was confirmed by what people told us. One person told us they were now happy with the support they receive, and they have positive outcomes, but their choice was limited due to the lack of provision in the area.

The local authority had started a project along with health partners to review the care of people who had been placed out of the local authority area, to understand why this had happened and how local services needed to change to better meet people's needs. This work was currently in progress. There was a commitment to using the findings from this work to further transform the local care sector to include services that could meet complex needs in the future and enable people to be re-housed closer to home and prevent future out-of-area placements.

Discussions were beginning with residential care providers to understand how buildings could be re-purposed or used differently to provide additional community resource alongside residential care to address the issue of the over-supply of residential care. Providers told us the review of the way local authority was commissioning services had improved relationships with the local authority, so they were working together to meet local needs. They said there was a good focus on people's outcomes being balanced with provider needs. The local authority was addressing workforce challenges through its 'Proud to Care' initiative, which was set up to support recruitment and retention of the social care workforce by supporting childcare, providing scooters for 'wheels to work' and subsidised gym membership. It also used this initiative to develop skills in the workforce to meet people's more complex needs. This work was just starting to have an impact, and staff gave examples where this had worked well to enable people to stay in their own homes with home care support. Further work was needed to embed this model to ensure consistency.

We received positive feedback from most people about their contact with the frontline social work teams. Social work staff described how they worked across teams internally as well as with external partners such as health and the voluntary sector to support people to get the best outcomes, building on people's strengths to help meet needs in a way that helped maintain their independence. There was good joint working with health partners as well as the voluntary sector. This included with mental health provision. Approved Mental Health Professionals (AMHP) were located close to social work teams, which enabled them to work well together.

The local authority had systems in place to manage the quality of care that people experienced from providers, including surveys, and 'mystery' shoppers from the Experts Together Partnership. The local authority had recently reviewed the framework for monitoring quality in services, and providers were positive about this and felt it was more supportive. Ratings for services in the local authority area were above the national average, for example 78% of nursing homes, 86% of residential homes and 89% of domiciliary/homecare care agencies were rated as good or outstanding, this compared with 77%, 83% and 82% respectively for the national average. The team described opportunities to work with providers to support innovation through additional funding. The provider market was stable within the local authority area. There had been no providers exiting the market in the past 12 months and no situations where providers had said they were unable to provide care at short notice.

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