

## HOME CARE HEALTH WATCH REPORT JANUARY 2017 – ACTION PLAN

### RECOMMENDATION A:

Greater access is needed to ***sources of support to arrange and review care***, for individuals deemed responsible for their own funding. A clear protocol needs to be adopted by the Isle of Wight Council to ensure there is ready access to such support, without undue cost to individuals. Robust monitoring will be needed to assess effectiveness.

Area of Improvement	Management Response	Improvement Actions	Responsible Officer	Completion Due	Resource Requirement
Development of Protocol to support self funders	There are a number of different documents in situ – these would benefit from being consolidated into a single source of information for people who fund their own care and support (self-funders)	Review of available information and the creation of a protocol to support those who fund their own care and support – to be simple and accessible. This protocol will make clear the routes available to people who fund their own care e.g. IsleHelp, Care Directory, brokerage (e.g. SPOC – Single Point of Commissioning)	Laura Gaudion, Senior Commissioning Manager, & Debbie Downer, Business & Market Development Manager	End April 2017	Within existing resources once Market Development Officer in post Q1 2017
Training and Awareness Raising for Staff	Ongoing training for all staff who come into contact with people who fund their own care e.g. contact centre staff, the Hub, Adult First Response and other routes into social care	Publication and dissemination of above protocol with appropriate support and awareness training for staff	Laura Gaudion, Sheena Huggins, Service Manager, & Debbie Morris, Principal Social Worker	End June 2017	Within existing resources

	The Financial Assessment and Charging Team (FACT) are attending all management meetings to ensure that all staff therein are aware of the statutory financial and assessment charging rules		Matt Porter, Group Manager, Finance, Income & Individual Commissioning	End March 2017	Within existing resources
Access to Support	There is recognition that people who fund their own care may need a greater level of support than IsleHelp or a Care Directory. We will therefore build on our brokerage offer	<p>SPOC (Single Point of Commissioning) will develop a brokerage service to help people who fund their own care both on and off island</p> <p>This will require a one-off fee to set up a care package (to be calculated)</p> <p>Further training for staff to ensure that when they are supporting people who fund their own care they are aware of this offer</p> <p>When the service has been developed this will be clearly defined within a Self-Funder Information Sheet which will be co-designed and co-produced with people who fund their own care</p>	<p>Matt Porter</p> <p>Matt Porter / Simon Gerfen, ASC Finance Business Partner</p> <p>Matt Porter / Sheena Huggins</p>	End April 2017	Within existing resources
Access to Support	<i>adam</i> Life launch: This is an independent supplier which is developing an on-line solution to	<i>adam</i> Life Launch for people who purchase their own care with their	Laura Gaudion & Debbie	June 2017	Within existing resources

	<p>assist people who fund their own care or who are using an IWC direct payment personal budget It will provide:</p> <ul style="list-style-type: none"> <li>• better information to enable informed and confident decisions to achieve outcomes</li> <li>• a simple 'route to market' that puts the person, their family and their advocates in control and at ease</li> <li>• better quality at a fair price</li> <li>• greater choice and variety of providers.</li> </ul> <p>Stakeholder events have been promoted and attended by the people we serve and providers</p>	own funds or through an IWC direct payment personal budget	Downer – with individuals and through liaison with providers		
Monitoring effectiveness	Currently there is a monthly measure on the take up of self funder commissioned packages	<p>Development of the monthly measure to capture number of cases brokered through SPOC</p> <p>Develop a process for capturing feedback from people who self fund regarding effectiveness of access to information and support received to achieve their outcomes. This could include extending the quarterly social care survey to examine service</p>	Debbie Downer and Ian Lloyd, Transformation Manager & Strategic Revenues & Benefits Lead	End July 2017	Within existing resources

		users' detailed experiences of home care – and other - services			
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### RECOMMENDATION B:

An urgent review should take place of **information, correspondence and communication** between people arranging or using care at home and the Isle of Wight Council's social care department.

This review should be based on service user involvement to identify problems and propose solutions. Any required changes should be made promptly to ensure consistent standards of clarity, timeliness and respectful tone

Area of Improvement	Management Response	Improvement Actions	Responsible Officer	Completion Due	Resource Requirement
Access to on-line information and advice	The current ASC website contains a lot of information in relation to all aspects of social care advice and information	Current iwight.com information is updated and reviewed so that links to and from IsleHelp website are established	Debbie Downer	Isle Help Go Live April 2017	Within existing resources
	It has been recognised that it can be difficult to navigate the website and that some information - due to the design of the website - is not easily accessible	'User' testing of all information sources for the web site is being undertaken with the IsleHelp user group The Isle Help website will include automatic links to other key sites e.g. Carers IW; Healthwatch; CQC etc.	Ian Lloyd	ongoing	
	It is also recognised that as an Island we should be working together on a holistic web site that encompasses all relevant sources of information	FAQ pages on the website will enable people to refer in areas where they had difficulty finding information so that there are continuous improvements to the design and availability of information	Ian Lloyd	ongoing	
	The IWC currently working with IsleHelp to develop an	Identify key partners and how links to the information they hold can be added	Ian Lloyd/MLAFL	ongoing	

	<p>Island-wide information website which will be developed with people who need to access the information</p> <p>It is also acknowledged that not all people have easy access to on-line systems and therefore a review of the availability of key information in a printed format will be undertaken, to include the best location for those that are agreed</p>	<p>to the Isle Help Island-wide information site.</p> <p>Identify the information to be provided in printed copy</p> <p>Identify areas where the information should be placed for best coverage/VFM e.g.: GP Surgeries, libraries, churches, police stations, Citizen Advice Bureaux, Healthwatch/ IsleHelp / St Mary's etc.</p> <p>Gain corporate agreement for printed information.</p> <p>Identify costs and availability of budget to pay printing costs</p> <p>Work with Healthwatch and individuals to develop the content of the information sheets to ensure clarity</p>	<p>(My Life A Full Life) information work stream</p> <p>Ian Lloyd/ Debbie Downer</p>	<p>End March 2017</p> <p>End March 2017</p> <p>End March 2017</p> <p>End April 2017</p> <p>End April 2017</p>	<p>Printing budget required</p>
<p><b>Correspondence</b></p> <p>Financial Information</p>	<p>Financial Advice and Information: There currently are information leaflets available to people in relation to community and residential care and the financial</p>	<p>The current financial information sheets will be updated in line with best practice and working alongside Healthwatch to ensure information provided is clear and accessible (with Easy Read versions). They will outline the thresholds for self-funding, any fees associated with self-</p>	<p>Matt Porter</p>	<p>End March 2017</p>	<p>Within existing resources</p>

	requirements attached to the different levels of care	<p>funders and what to do if an individual is approaching the capital limit</p> <p>A new information sheet on Deferred Payments will be developed in conjunction with Healthwatch to ensure information provided is clear and accessible</p> <p>All information sheets will be brought together into one financial help and advice brochure</p> <p>Financial workshops sessions with the social care teams will be available to increase overall awareness</p> <p>All teams will be made aware of the need for this information to be provided to all people at the earliest opportunity</p>	<p>Matt Porter</p> <p>Matt Porter</p> <p>Matt Porter</p> <p>Sheena Huggins</p>	<p>End March 2017</p> <p>End March 2017</p> <p>End March 2017</p> <p>End March 2017</p>	<p>Within existing resources</p> <p>Within existing resources</p> <p>Within existing resources</p> <p>Within existing resources</p>
<b>Correspondence</b>	<p>There are a vast number of standard and ad hoc letters that are used to communicate with people who access care and support</p> <p>There are a variety of letters providing information at each stage of the process</p>	<p>All letters used to be identified and collated. Initial exercise to remove duplication and check process is accurate in the letters/communications</p> <p>Letter format and content will be reviewed with Healthwatch to ensure clarity and accessibility</p>	<p>Irene Woodford, ICT Development Manager</p> <p>Irene Woodford &amp; Sharon Betts, Strategic</p>	<p>End February 2017</p> <p>t.b.c. in line with capacity of</p>	<p>Within existing resources</p> <p>t.b.c.</p>

	<p>Many of the letters have to be prescribed as they need to be clear about the charge to be paid; however, it would be helpful to review these with Healthwatch to make them as clear as possible and to ensure consistency across all written correspondence</p> <p>The PARIS system has the ability for letters to be attached to this system and generated direct from the system (so all letters are the same); this already forms part of the development work plan for PARIS.</p>	<p>Letters to be reissued to all teams for use</p> <p>PARIS development of letters to be scheduled into the software development priorities. This will enable all social care correspondence on an individual to be standardised (where appropriate) and attached to that person's record automatically</p> <p>A particular area to review is the financial letters in the CBS (Care Billing System) system.</p> <p>CBS development of letters to be scheduled into the software development priorities</p>	<p>Manager, Business Centre</p> <p>Sheena Huggins</p> <p>Debbie Downer</p> <p>Matt Porter &amp; Jane Davis, Team Manager, Financial Assessment and Charging Team</p> <p>Debbie Downer</p>	<p>'user involvement'</p> <p>t.b.c. with Healthwatch</p> <p>Dependent on statutory reporting requirements as will use the same software development resource</p> <p>Beginning April 2017</p> <p>Dependent on statutory reporting requirements as will use the same</p>	<p>Within existing resources</p> <p>If urgent development will need to fund additional resource to deliver against other priorities</p> <p>Within current resource</p> <p>If more urgent development will need to fund additional resource to deliver against other priorities</p>
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				SWD resource	
<p><b>Communication</b></p> <p>Telephone Contact</p>	<p>All initial telephone contacts to the council are directed to the Adult First Response team based in the contact centre</p> <p>Key changes have been made to the telephony system enabling people already in contact with social care to directly contact their workers' extensions which reduce waiting times on other numbers</p> <p>During the process of engaging, there are many opportunities to provide information and support:</p> <p><b>Face to face</b></p> <p><b>Help Centres</b> There are very few callers to the help centres (2 in 2016). Individuals are directed online or to contact by phone</p> <p><b>Home Visits</b> Visits are undertaken by a social worker undertaking the</p>	<p>Review of all contact numbers on all correspondence and investigate the potential to add own extension numbers to letters</p> <p>Review and distribute telephone and email contact standards</p> <p>Team Managers to ensure these are understood and applied across all teams</p> <p>Review the contact procedure and subsequent hand off procedures to ensure they are streamlined, effective and responsive</p> <p>Develop monitoring system to measure and report effectiveness and improvement in process and communications</p>	<p>t.b.c.</p> <p>Sharon Betts</p> <p>Team Managers</p> <p>Sheena Huggins</p> <p>Sheena Huggins/ Debbie Downer / Healthwatch</p>	<p>End February 2017</p> <p>End January 2017</p> <p>End February 2017 t.b.c.</p> <p>t.b.c. in conjunction with Healthwatch</p>	

	needs assessment and a financial visiting officer to carry out a financial assessment				
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## HOME CARE HEALTH WATCH REPORT JANUARY 2017 – ACTION PLAN

**RECOMMENDATION C: *Training requirements*** for care staff should be systematically identified by commissioners with regard to matters highlighted in this report. Training on communication and supporting people with dementia should be prioritised. Training should be arranged where applicable to ensure a consistent standard of preparing and presenting food. A clear agreement should also be developed, in parallel with suitable training, to clarify expectations on care staff supporting people who show initial reluctance to receive nutrition on personal care

Area of Improvement	Management Response	Improvement Actions	Responsible Officer	Completion Due	Resource Requirement
Training requirements for care staff should be systematically identified by commissioners with regard to matters highlighted in this report	Current contracts (both the replacement contract in respect of individuals who pre-date the Dynamic Purchasing System and the DPS Supplier Agreement for newer commissions) with providers require appropriate levels of training for staff, based on national best practice	Continue to ensure this requirement is met through regular awareness raising and reviewing as part of quality assurance	Laura Gaudion and Quality Assurance Leads	Ongoing with immediate effect	Within existing resources
	There is a workforce development group (MLAFL – My Life A Full Life) specifically working on the training needs of the care sector – led by a representative of the sector Maggie Bennett, proprietor of Island Healthcare	IWC training offer to be reviewed and more actively promoted to the care sector as appropriate alongside other providers' offers	Sarah Teague, Service Manager, Learning & Development & Pete Smith, Group Manager,	End March 2017	

			ASC Short Term Services		
Training on communication and supporting people with dementia should be prioritised	Dementia is one of the three key areas being investigated by the MLAFL Workforce Development group. The Isle of Wight Council is an active member of this group with Ruth King, ASC Workforce Development Officer, as the representative from IWC. The group, which comprises partners from IWC, private care providers, health, public health and Higher Education Institutes, are mapping the provision of dementia training across the system.	First stage mapping of dementia training has been undertaken across CCG, Hospice, ASC and all areas of the IW NHS trust but is incomplete. The work lead is Viv Tomlinson (Health). This should then enable partners to access more multi-agency training across the system and should also lead to a dementia training pathway which gives consistency across all agencies and care providers.	MLAFL Workforce Development Group	t.b.c.	t.b.c.

	Currently ASC staff attend multi-agency DARC (Dementia Awareness Reaching Communities) training and the IWC has commissioned the Virtual Dementia Tour which is an immersive experience designed to give participants the feeling of experiencing dementia. To date this training has been accessed by 20 individuals from health, residential care, supported living and nursing care in addition to 187 ASC staff	National standards for dementia training are expected to be published on the Skills for Care website in February 2017. Training delivered will then be quality assured against these new standards	Sarah Teague	End April 2017	Within existing resources
Training to be developed to support a strategy around supporting people who show initial reluctance to receive nutrition or personal care	This need will be captured in our current learning needs analysis for ASC and we welcome the development of training in this area for direct care staff. We will contribute to the development of a strategy with partners across the system	IWC representatives on the Workforce Development Group will ensure that the Healthwatch report and its recommendations are listened to and will work with partners to develop an action plan for this area of work. It will be an agenda item at the next meeting 7 <sup>th</sup> March 2017. Lead to be identified.	Sarah Teague	Agenda Item 7 March 2017	t.b.c.

## HOME CARE HEALTH WATCH REPORT – ACTION PLAN

### RECOMMENDATION D:

Mechanisms need to be further developed to allow for **quality standards** of providers to be rated by recipients of care. There should be a medium through which this can inform purchasing decisions, both on the part of the Isle of Wight Council, and people who fund their own care. Categories within a quality mechanism of this kind should include:

- Consistency of visits by familiar care staff, and being kept informed of unavoidable changes
- Adherence to agreed time and length of visits, whilst allowing for flexibility in content of tasks if needs or choices fluctuate
- Level of satisfaction with preparation of food, appetising presentation and appropriateness to individuals' dietary needs
- The presence of robust and effective processes for reviewing care, and resolving any problematic issues which may arise

Area of Improvement	Management Response	Improvement Actions	Responsible Officer	Completion Due	Resource Requirement
Mechanisms need to be further developed to allow for quality standards of providers to be rated by recipients of care	IWC undertake quality monitoring of all community based care and care home providers they commission services from. One element of the monitoring visit is to undertake customer feedback in relation to the services provided	Review the current customer feedback process within Quality Assurance and ascertain if HealthWatch could contribute to user testing as part of this process to provide additional, independent quality information	Debbie Downer	April 2017	Within existing resources
	The IWC are rolling out the provider quality scoring for all home care providers with whom we contract. This takes information from quality audit and informs the quality score for providers in <i>adam</i> . When more than one provider wishes to provide support through the DPS the quality score will assist in the awarding of the care package	Complete the DPS quality scoring for all home care providers	Debbie Downer	April 2017	
	The IWC undertakes a local satisfaction survey on a quarterly basis which measures the satisfaction of new customers who received services in the previous quarter	Consider if additional quality questions would improve the local survey reporting.	Laura Gaudion, Debbie Downer & Sheena Huggins	Ongoing in conjunction with Healthwatch	Within existing resources
Consistency of visits by familiar care staff, and being kept informed of unavoidable changes	Addressed as part of quality assurance visits when Quality Assurance leads seek feedback from individuals accessing care and support. The visits also include	Review and develop as necessary these lines of enquiry	Quality Assurance Leads	Ongoing with immediate effect	Within existing resources

	examination of rotas and care records.				
Adherence to agreed time and length of visits, whilst allowing for flexibility in content of tasks if needs or choices fluctuate	Currently there is a mechanism in <i>adam</i> for providers to service receipt which requires providers to confirm time and length of visits. The same mechanism enables providers to seek approval for flexibility in service delivery where an individual's needs/choices fluctuate.	The Council has created a role, effective January 2017, in the SPOC team to monitor this and proactively engage with providers to ensure good quality support for individuals. There will be regular reporting of the effectiveness	Matt Porter	Ongoing – started 2 January 2017	Within existing resources
Level of satisfaction with preparation of food, appetising presentation and appropriateness to individuals' dietary needs	Addressed as part of quality assurance visits when Quality Assurance leads seek feedback from individuals accessing care and support. The visits also include examination of rotas and care records.	Review and develop as necessary these lines of enquiry	Quality Assurance Leads	Ongoing with immediate effect	Within existing resources
The presence of robust and effective processes for reviewing care, and resolving any problematic issues which may arise	It is recognised that there is the opportunity to build on the processes for seeking feedback from individuals who access care and support	Development of a mechanism so that people who access care and support – with a lived experience - are involved in a systematic review. This will likely be based on the 'experts by experience' model which has worked well for people with a learning disability	Mike Corrigan, Assistant Director, Integrated Service Delivery	September 2017	t.b.c



## HOME CARE HEALTH WATCH REPORT JANUARY 2017 – ACTION PLAN

**RECOMMENDATION E:** Ensure people receiving domiciliary support and their loved ones know how to raise a *safeguarding* concern & that their care is not compromised as a result

Area of Improvement	Management Response	Improvement Actions	Responsible Officer	Completion Due	Resource Requirement
Clear and accessible information must be available to individuals receiving domiciliary support and	Information on what constitutes a safeguarding concern, definitions of abuse & how to raise concerns is currently available on the Adults Social Care and Safeguarding Adults Board webpages, however accessing this information is not	Development of a leaflet for distribution to those using domiciliary care services (both IWC and self-funders) detailing how to access support and including information on advocacy services; a leaflet also to be produced in 'easy read' format	Fleur Gardiner	End April 2017	Within local Safeguarding Adults Board budget (LSAB)

<p>their families on safeguarding and how to raise a concern</p>	<p>necessarily easy and is dependent on individuals having access to IT.</p> <p>Action is required to improve the accessibility of information and guidance given to service users, families and informal carers about raising safeguarding concerns independent of the home care provider</p>	<p>Further distribution of the local SAB safeguarding posters &amp; leaflets to key sites e.g. Riverside centre, GP's surgeries, Isle Help, Age UK, NHS, community centres, help centres etc.</p> <p>Safeguarding posters to be displayed on the IW buses and on bus shelters</p> <p>Electronic information to be available via IsleHelp &amp; Healthwatch websites</p> <p>Improved communication from safeguarding team to people raising concerns – feedback to be given to people who raise alerts</p> <p>Implementation of Making Safeguarding Personal (MSP) – ensuring conversations happen with individuals at risk / their advocates to ensure that their wishes and views are recorded and are central to any safeguarding actions taken</p> <p>Local SAB community awareness campaign on safeguarding / MSP</p> <p>Local SAB development of safer communities &amp; reduction of mate crime for people with Learning Disabilities</p>	<p>Debbie Morris / Lynn Turner, Group Manager, Safeguarding</p> <p>Debbie Morris / Lynn Turner</p> <p>Fleur Gardiner/ SAB</p> <p>Fleur Gardiner / SAB</p>	<p>End March 2017</p> <p>Starting April 2017</p> <p>Starting April 2017</p> <p>Starting April 2017</p>	<p>Within existing resources</p> <p>Within existing resources</p> <p>Within SAB budget</p> <p>Within SAB budget</p>
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