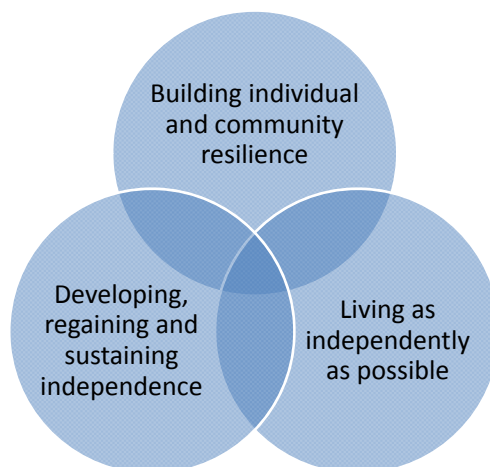


SUPPORT FOR PROVIDERS

iBCF outcomes to be achieved



The Schemes

Rehabilitation,
reablement
and Recovery

Hospital to
home

Promoting
Independence

Care Close to
Home

Prevention
and Early Help

Support for
Provider

Support for Providers

Elements

1. Commercial provider commissioning secondment opportunity
2. VCS secondment commissioning opportunity
3. Sector led Safeguarding training
4. Sector led specialist dementia training
5. Provision of an Independent Chair (and administrative/co-ordinator support) for the local associations
6. Health and Social Care Market Day
7. Sector Led training offer
8. Independent training needs assessment (based on CQC KLOE's)
9. Behaviour support training

Aim of Scheme

The aim of this scheme is to provide support to all market sectors by:

- Improving quality across all market sectors
- Increasing the learning and development offer available to providers
- Increasing commissioning capacity and capability
- Positively engaging local providers in moving forward together re commissioning for new models of care
- Improving engagement between the council and local providers
- Building strong and sustainable relationships between commissioners and providers
- Assisting local providers to reduce their costs by providing free training and leadership development opportunities .

Outcomes of Service

Building Individual & Community resilience

This scheme are intended to have a positive impact on the way in which services are delivered for the people we serve. The focus, whilst on support for providers, will empower providers to look at the services they deliver more innovatively and this in turn will lead to improvement in the quality of service for individuals and support the building of both personal and community resilience.

Developing, Regaining and Sustaining Independence

Through this scheme the provision of higher quality care and support will enable people who need service to have greater control. By developing a culture of risk awareness instead of risk aversion it is anticipated that providers will feel more confident in supporting people to develop, regain and sustain their independence.

Living as Independently as Possible

As a bi-product of the support for providers the way in which services are developed will change. By greater co-production and increased co-design both the independent sector and the VCS will have the opportunity to shape services. This will include a requirement that all services play a part in helping people to live as independently as possible.

The Services

Service	Description
Secondment opportunities	12 month secondment opportunity for (1) a senior manager/ provider from the residential/ nursing home/domiciliary care sector and (2) a senior and experience VCS officer into the IWC commissioning unit. This post will work alongside health and adult social care commissioners in developing detailed plans to provide support to providers' in making changes to existing service models to enable the development of a better offer for those we serve.
Safeguarding training	The focus will be on supporting providers and workers to better understand safeguarding, the thresholds and their obligations. This will be open to ALL providers and their staff together with all health and social care staff on the island
Specialist dementia training	This is a gap in current training provision and often leads to escalation or carer/provider breakdown. By developing and rolling out the training offer using experts in our existing market it is proposed that great skill can be developed in the market.
Independent chair	Funding for the appointment of an independent chair and some administrative/co-ordinating support to assist provider in increasing engagement.
Health and Social Care Market day	Development of an annual health and social care market day across all market sectors where providers are invited to engage with other professionals and the general public to promote their services. In addition this will be supported by a service of presentation and workshops on relevant topics

The Services (cont.)

Service	Description
Sector led training offer	<p>To include:</p> <ul style="list-style-type: none"> • CQC training programme around the Key Lines of Enquiry (KLOE's), planning and preparing for CQC inspection, how to drive improvement in ratings and how to improve quality • Leadership training • Regulatory compliance and improving policies and procedures • Peer review <p>This element will be led by the Earl Mountbatten Hospice and their key aim will be helping providers move forward and develop or retain higher quality provision.</p>
Training needs assessment	An independent training needs assessment based on reported CQC outcomes will be undertaken to inform the development of the sector led training offer.
Behaviour support training	Provision of training to focus on positive behaviour support. This will include developing an understanding of behaviour, the PBS model, completing functional assessments, strategies, writing PBS plans, reviews and evaluation.

CQC inspection judgements

	Inadequate		Requires Improvement		Good		Outstanding		Not Inspected	Total
	No.	%	No.	%	No.	%	No.	%	No.	No.
Home care	1	5%	3	14%	16	76%	1	5%	2	23
Residential Homes	0	0%	20	27%	54	72%	1	1%	3	78
Nursing Homes	0	0%	3	25%	9	75%	0	0%	0	12
All Services	1	1%	26	24%	79	73%	2	2%	5	113

CQC inspection judgements – IW compared to National

	Inadequate		Requires Improvement		Good		Outstanding	
	IOW	National	IOW	National	IOW	National	IOW	National
Home care	5%	1%	14%	18%	76%	80%	5%	2%
Residential Homes	0%	1%	27%	18%	75%	80%	1%	1%
Nursing Homes	0%	3%	25%	29%	75%	67%	0%	1%

CQC Judgements By Domain (Homecare)

	Safe		Effective		Caring		Responsive		Well-led	
	IOW	England	IOW	England	IOW	England	IOW	England	IOW	England
Outstanding	0%	0.5%	0%	1%	5%	3%	5%	2%	5%	2%
Good	76%	78%	76%	85%	90%	94%	86%	86%	67%	74%
Requires Improvement	19%	20%	19%	14%	5%	3%	10%	11%	24%	22%
Inadequate	5%	2%	5%	0.5%	0%	0.5%	0%	1%	5%	2%

CQC Judgements By Domain (Residential Care)

	Safe		Effective		Caring		Responsive		Well-led	
	IOW	England	IOW	England	IOW	England	IOW	England	IOW	England
Outstanding	0%	0.5%	0%	1%	4%	2%	3%	2%	3%	1%
Good	64%	77%	68%	82%	93%	93%	87%	85%	73%	76%
Requires Improvement	35%	22%	32%	17%	3%	4%	11%	12%	24%	20%
Inadequate	1%	2%	0%	1%	0%	0.5%	0%	0.5%	0%	2%

CQC Judgements By Domain (Nursing Homes)

	Safe		Effective		Caring		Responsive		Well-led	
	IOW	England	IOW	England	IOW	England	IOW	England	IOW	England
Outstanding	0%	0.5%	0%	1%	0%	3%	0%	2%	0%	2%
Good	50%	63%	92%	71%	92%	86%	83%	73%	75%	65%
Requires Improvement	50%	33%	8%	27%	8%	11%	17%	24%	25%	29%
Inadequate	0%	4%	0%	1%	0%	1%	0%	1%	0%	4%

Recommendations

1. The training programme should build on the areas of challenge identified in inspection reports and by staff, and analysed in this report. Because of the number and range of areas for improvement, consideration should be given to prioritising individual CQC domains rather than attempting to address all domains at once; we recommend initially focussing on Safe and Well-led. Local fora such as the Safeguarding Adults Board could consider selecting key issues and focussing on them.
2. The training programme should make extensive use of the good and outstanding practice identified in inspection reports and by staff. Where there is little evidence of good or outstanding practice in specific areas, local fora may want to consider those issues specifically.
3. The training programme should involve two strands, one aiming to improve systemic service issues around management oversight, procedures and values, and the other aiming to improve direct care and basic skills – but there should be links between these two strands and significant opportunities for managers and operational care staff to work together in both areas of the programme.
4. The training programme should be developed with the input of as many services as is feasible – with the aim that this is seen as “our” training by services, providers and LA staff. A key feature of the programme should be the development of local support networks, in order to improve the sustainability of learning once the direct training phase is over.

Recommendations

5. E-learning should be kept to a minimum and as far as possible staff should not be expected to carry out training in their own time (this may not be feasible at management level). Training should cater to a range of learning styles and levels of skill and knowledge. Where appropriate staff should be referred for additional support or assessment.
6. The training programme should include staff from the LA, CCG and NHS Trust as presenters, facilitators and also as trainees.
7. The design of the training programme should include ongoing evaluation from the start of the project, with clear targets, timescales and performance indicators. Senior managers should consider in advance what actions to take if the programme is not on track.
8. The LA and CCG should consider with services how everyone can remain informed about changes to best practice and to inspection frameworks.
9. As a separate but linked project, managers should consider how they can work together to create a shared Island ethos for care of older people. This should involve recognition of good and outstanding care and an aim to model communication, transparency, continuous improvement and honesty across all sectors (LA, CCG and NHS Trust) and in all for a such as the Safeguarding Adults Board. Consideration should be given to creating Island-wide policies to which all providers can work