

Home Care Services in Worcestershire

Report of the Home Care Scrutiny Task Group

February 2007

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HOME CARE SCRUTINY REPORT

EXECUTIVE SUMMARY

Introduction

Members were interested to see how service users and their carers perceived the service. They also wanted to find out how the £1.1 million underspend for older peoples' services had occurred in 2005/06 and how it was being dealt with.

Between 2006 and 2011 the number of people aged 65+ is forecast to increase in Worcestershire by 13.5%. This will clearly have an impact on the provision of home care services and Members agreed that the scrutiny should also consider the future of the service.

The scrutiny task group spoke to service users, home care staff and managers and also visited the block contract providers and some other local authorities.

Conclusions and Recommendations

It is very clear that the service has been, and is, under considerable financial pressure and given these circumstances it is heartening to find that the in-house home care staff are so well regarded and continue to be dedicated and provide a good quality service.

We did not find any major concerns with the quality of care provided by block contractor staff. However the introduction of the block contracts and the changing role of the Council's Independent Business Unit (IBU) has caused uncertainty amongst service users, who continue to express real concerns about having to move between different groups of home care staff.

We are particularly concerned about the number of different assessments that need to be done. Whilst accepting that there are sound reasons for this, **we recommend that the Directorate ensures that the assessment processes are as streamlined as possible, that as much information as possible is transferred between the assessments, and that communication with service users is examined to see if it can be improved.**

The re-organisation has caused a great many concerns for many staff who, although they enjoy and are committed to their work with service users, reported concerns about the system and structures that have been introduced.

To ensure the new system is as effective as possible, **we recommend that the Directorate explores whether the senior home carers, who know the service users, carers and geographical areas, should be involved in the planning process.**

Members considered that the IBU staffing structures are complex and we query whether there is an overlap in the roles of assessors, planners, and seniors, or whether line management arrangements are as streamlined as possible. Given this complexity, it is imperative that there are smooth lines of communication.

We were concerned about an apparent mismatch in perception between front line staff and senior managers about how well the current processes and structures are working. **The scrutiny task group recommends that the Directorate ensures there is excellent communication amongst in-house home care staff, between home care and social work teams, and between staff and senior managers.**

Given the expected increasing demographic pressures on the service we are concerned that, unless the budget, management, organisation and processes of the home care service are robust, the Council could have great difficulty in providing an effective and motivated service in the future.

Future of home care services

Availability of resources of course influences service delivery (for example, it is not financially viable to enable all service users to go to bed when they want to). The scrutiny task group considers, though, that quality of care from the service users' perspective should be the main focus of home care services in the future. They agreed that the key principles that should underpin the service are:

- Continuity of care
- Care at times when users want it
- Enough time for care
- Robust staff morale
- Realistic costs.

We would like to see the Adult and Community Services Directorate working towards this as a vision for Worcestershire over the next 3-5 years. To ensure that this happens **we recommend an annual survey of staff and service users is introduced.**

We understand that after the current two year settlement comes to an end, the Government is unlikely to raise the Revenue Support Grant further. **We therefore recommend that the Council, through the Local Government Association and local MPs, puts pressure on the Government to be aware of the challenges that the future provision of home care raises.**

It is vital that the Council starts work on a medium- to long-term plan for home care to assess how these challenges will be dealt with and we recommend that a cross-council and partners officer group is established to take this work forward.

It will be important that all County Councillors are kept informed of developing issues and **we recommend that the Directorate ensures that copies of key national policy documents in this area are made available to all Members.**

Conclusion

This has been a long and complex journey for all of us involved in this vital and timely piece of scrutiny work and we thank everyone who has contributed his or her time, opinions and information in order for us to complete this report.

We certainly have uncovered more questions than answers and both Cabinet and the County Council overall have some very big challenges that they will have to face in the future with regard to providing enough good quality care for our elderly and frail population in Worcestershire.

We are not sure or confident that the enormity of the task is fully appreciated and **perhaps the most significant challenge the Cabinet faces is how it intends to go about doing something about the challenges in community care that we will face in the near future.**

There is now ample evidence from a number of national professional sources that we have only a short period to do something about this pending crisis. This is of course not just a problem for Worcestershire but a problem for the country and society in general. Everything you read in either the Wanless Report, the CSCI report, the Social Policy Research Unit reports, and the LGA's own joint cross-party report on the impending problems within home care services tells you we are stacking up big problems for the future. In every one of those reports you would find something you could relate to Worcestershire.

The LGA report from over 45 councils makes a telling comment and warning over services for older people:

"We are forecasting that by 2009 only people assessed as having "critical" or substantial needs will be eligible for support of any kind."

Extrapolated to Worcestershire, and being aware of our own spiralling demands and needs, we have not got much time in which to put in place plans and actions to avert a crisis in care in the County.

The Chair of CSCI is spot on when she says:

"Failure to listen to what people really need and to respond to their wishes and aspirations is of real concern. It results in missed opportunities to promote independence and to help people live full and rewarding lives. At worst it can also result in services that do not respect people's rights and dignity."

Worcestershire's home care services are highly respected, staffed by professional, caring and dedicated individuals. But they and the system they work in are under extreme pressure. Cabinet and Council have a small window of opportunity in which to respond to this very challenging agenda...literally, lives could depend on it.

REPORT OF THE HOME CARE SCRUTINY TASK GROUP

A. Introduction

1. Home care is an essential service for enabling older people and other adults who need care services to lead independent lives. In Worcestershire the service is projected to provide 1.4 million hours of care to over 3,000 people in 2006/07, with a gross budget of £17.6 million for 2006/07.

2. In 2000 a centralised home care office, the “call centre”, was established. Following a best value review, the home care service was re-organised, block contracts were developed with five independent home care providers, and the role of the Council’s in-house service, the Independent Business Unit (IBU), was changed to focus on assessments of all service users and promoting independence, as well as introducing a specialist dementia care service. The first block contracts commenced in October 2003.

3. In May 2006 the Overview and Scrutiny Steering Committee (OSSC) received an update on the work that was ongoing to address recruitment and retention problems. This followed the former Social Services Scrutiny Panel’s short scrutiny exercise into recruitment and retention in social care in 2004 and led to the OSSC agreeing to establish a home care scrutiny task group led by Councillor Peter Pinfield.

4. Members were interested to see how service users and their carers perceived the service. They also wanted to find out how the £1.1 million underspend for older peoples’ services had occurred in 2005/06 and how it was being dealt with.

5. Between 2006 and 2011 the number of people aged 65+ is forecast to increase in Worcestershire by 13.5%. This will clearly have an impact on the provision of home care services and Members agreed that the scrutiny should consider the future of the service.

Terms of Reference

6. The OSSC agreed the following terms of reference:

- To examine the quality of home care from the service user and carers’ perspective
- To establish the underlying reasons for the £1.1 million underspend for older peoples’ services in the financial year 2005/2006
- To consider where we want home care services to be in three years time.

7. Members of the scrutiny task group spoke to a wide range of people, including front line staff and service users. We are very grateful for the co-operation that was provided to the scrutiny by all those involved and for the direct access to front line staff that we were given. We would in particular like to thank the service users that we met and Eve Freer of the Worcestershire Partnership of Older People’s Forums, who contributed to our early discussions.

8. This report briefly describes the main issues that emerged during the scrutiny (section B) and our conclusions and recommendations (section C). Supporting evidence and the process of the scrutiny are in sections E and F respectively.

B. Summary of Findings

Key Facts about home care in Worcestershire

- In 2006 27,530 hours of home care were being provided per week, involving 36,502 visits to 3,347 clients.
- Between 2001/02 and 2006/07 there was a 57% increase in the number of service users who receive home care.
- Between 2001/02 and 2006/07 there was a 67% increase in the amount of hours provided for service users.
- In 2006 independent sector providers provided 67% of care in Worcestershire compared to 39.37% of hours in 2000/01.

Quality of care

9. Worcestershire County Council is high performing and the quality of its home care service is highly rated by CSCI. Performance has been improving and the amount of intensive home care being provided has increased.

10. This is a considerable achievement given the phenomenal cost pressures that older people's services are under; the Council spends approximately £9m p.a. less than the average for shire councils on older people's services.

11. IBU staff are well trained and dedicated.

12. BV196 measures acceptable waiting time for all services. For the second quarter of 2006 the council was 13.72% below its target, but officers reported that planned actions would mean the target would be reached by the end of the year. By December 2006 performance had improved to 2.3% above the year end target of 85%.

Service Users' Views

13. The service is highly valued by service users, who overall appear to be happy with their carers and complaints are low, although members recognised that service users are usually reluctant to complain.

14. Research carried out by members supported this; 82% of the service users we spoke to were either fairly or very satisfied with the service they received. This figure was lower for dealings with home care office staff; 55% were either very or fairly satisfied with the service they received.

15. Service users dislike being transferred from one care provider to another and it was noted that there is often a high number of care staff going into people's homes.

16. The IBU works jointly with the block provider to ensure that packages can be transferred, for example they may have to cover some visits or provide a carer to double up with the contractor's carer until the provider is able to take on the entire package.

17. Service users sometimes do not know whom to contact (i.e. social worker, in-house carer, or block contract carer) and ownership of a case can be unclear, especially when a care package needs changing.

18. It was recognised that 15-minute visits were only desirable for brief medication visits, and it was noted that they were declining.

19. Members recognised that not all service users received care at the times they wanted, for example at bedtime. This was because it was impossible to visit all clients simultaneously with the resources available.

20. Reflecting the findings of *Time to Care*¹ it was found that service users feel that carers often seemed to be rushed.

Assessments

21. Service users' needs are assessed on average three times (by the social worker, home care assessor and by the block contract provider). The regulatory and professional reasons why this was necessary were explained, but members were concerned about the impact on service users.

22. There was some concern amongst social workers that their original assessments were being inappropriately altered. It was clarified that social workers assessments give a band of how much home care is needed. The home care assessor conducts a very detailed assessment to ensure that carers have clear instructions when they visit.

Causes of underspend in 2005/06

23. At the start of the scrutiny, Members were concerned about how there had been an underspend in older people's services in 2005/06.

24. It was explained that the underspend in 2005/06 was due to delays in block contract providers reaching their minimum guaranteed hours, plus the new block contracts commencing in January 2006 rather than October 2005.

25. Between May and August 2005 the performance of three providers - County Home Care, Claimar and Helping Hands North - dropped significantly so that by August 2005 block contract providers were 1371 hours per week below the expected hours to be provided under the contracts.

26. Three reasons were identified for underperformance:

- Recruitment and retention problems for the block contractors.
- Management capacity issues at the contractors.

¹ *Time to care? An overview of home care services for older people in England, 2006.* Commission for Social Care Inspection, October 2006

- Block contract providers that were not already established in Worcestershire struggled to get up to speed quickly.

27. Work is on-going to address recruitment and retention problems in home care, which were particularly acute for private contractors (which represent 60% of home care provision). A comprehensive strategy was launched within the Social Services Directorate in April 2004 to improve recruitment and retention, which included improvements in pay and annual leave.

28. Following proactive and robust contract monitoring mechanisms, including issuing an action plan against which the provider could be monitored, more work was transferred to block contract providers. In August 2005 providers were 1371 hours per week below the expected hours to be provided under the contract. By the end of May 2006 this had fallen to 373 hours per week (or 6% below expected transfers). See Appendix 1 for details of block contract transfers.

29. It was agreed to place £1m in reserves for 2006/07 to use on the block contracts once they were up to their guaranteed minimum hours.

Costs of contract monitoring

30. The problem with underperformance was picked up from the regular contract monitoring meetings with block contract providers. These are held monthly to look at financial issues, the number of hours the block is accepting, or whether they are up to their minimum guaranteed hours. Since September 2005 the Head of Health and Social Care had been attending the monitoring meetings. This arrangement was successful in ensuring that the providers' performance started to improve.

31. The scrutiny task group highlighted that the cost to the Council of this support was hidden. Although this management support may have been desirable and unavoidable, the costs had not been made transparent.

Organisation of service

32. The provision and organisation of home care is complex and a mammoth task.

33. The overall unit cost for home care provided by the in-house service and the independent sector has fallen from £15.84 in 2004/05 to £14.58 in 2005/06, which indicates that some efficiencies have been created by establishing a centralised home care office and introducing the block contracts.

34. The IBU's new role focuses on initial assessment of all service users and promoting independence, as well as a specialist dementia care service. It is therefore intended to be an intensive and specialist home care provider that deals with the most difficult cases. However it is not yet fully delivering its new role as it has had to pick up work that should have been transferred to the block contractors.

35. At present the in-house service is providing training in reablement and dementia services to enable them to provide these specialist services. An

Occupational Therapist has also been recruited to help staff promote independent living.

36. Members were interested in whether the planned balance between in-house and independent provision was correct and whether long-term cases were being successfully transferred to block providers (see paragraphs 24-27 above).

37. Members of the task group visited the independent agencies that had been awarded block contracts. These are Carewatch, Claimar, County Home Care, Goldsborough, The Hall at Home, Helping Hands and Old Friends. The managers of all the agencies were content with the operation of the block contracts; they noted they were given good support by the Council and had no concerns about the arrangements.

Involvement of service users in block contracts

38. Service users were involved in evaluating the tenders, although this had been done more effectively in the most recent rounds of tenders, than the first.

Impact on staff

39. The IBU staffing structures are shown in Appendix 2.

40. The scrutiny task group spoke to front line in-house home care staff, who expressed a great deal of frustration with the current situation. Many of their concerns related to communication between staff and teams, and in particular problems around direct contact with senior care assistants and other team members.

41. There is a concern that the centralisation of the service in 2000, which introduced the “call centre” to deal with queries, has created an obstacle to communication between staff.

42. Problems with accommodation at Bridgewater House (where the service is now located) were highlighted, in particular shortage of car parking.

43. It was recognised that the “call centre” bore the brunt of front line staff’s difficulties with contacting managers and social workers. These difficulties are inherent with a dispersed workforce and staff’s concerns have possibly been exacerbated by the change that they have been through.

44. Some staff felt that the process for arranging care is more difficult and time consuming now that they have to make all referrals through *Frameworki* to the call centre, rather than dealing directly with a home care senior in the same local office.

45. The scrutiny heard that the policy to reduce the number of one-off “spot” purchases from approved providers as work transferred to the block contracts was not popular with social workers. They felt that some of the smaller agencies that provide spot contracts could offer some of the best care and more flexibility than the in-house service or the larger agencies that have block contracts.

46. The scrutiny task group considered there was a bureaucratic and complex staffing structure within IBU. Members are concerned that the more layers there are in the system, the more the service user is distanced from the organisation.

47. Complex staffing structures require effective staff communication mechanisms to be in place, but members found that communications needed to be improved.

48. Planning of visits was better than before, but insufficient travel time was allowed sometimes.

49. Many in-house carers were dismayed about the reduction in their hours, as work had been transferred (as intended) to the block contract providers.

50. The carers understood that, once work started to be moved out to the blocks, it would be replaced by specialist work such as dementia, rehab, palliative care or working with children. However, they were concerned that the expected increase in specialist work had not materialised and their specialist training was not being used.

51. The new dementia service has not yet been rolled out across the County. This is largely because the block contract providers had not taken up work as quickly as had been expected, and therefore the in-house service had not had the capacity to take forward its new role fully.

52. There was a lack of clarity amongst staff as to what expenses, overtime and travel time they were entitled to, although this information is provided in their employment contract and staff handbook.

53. Members considered that staff could have been better prepared for what would happen following the re-organisation.

54. The scrutiny task group has found that there seems to be a difference in perception of the current situation between senior managers and front line staff.

55. Although it was acknowledged that the service had been re-organised relatively recently, members noted that the first block contracts had been let in 2003. Members were concerned therefore that some staff still had concerns about the new system, that the block contracts were taking longer than anticipated to reach full capacity, and that (as a result of this) the IBU was not yet working fully in its new role.

56. The impact of these concerns on staff morale raises concerns that the current service may not be able to cope with the future increased demands due to demographic pressures.

Funding

57. For a number of reasons (in particular the more specialist service provided and the County Council's overheads) the costs for the Council's in-house home care service are higher than those for independent providers (£17.07 per hour for in-house home care, and an average cost of £11.83 for block contract providers), although it is acknowledged that the overall unit cost has decreased.

58. Members were interested in the costs of the IBU and what savings had been made from centralising the service. It was not possible to directly compare the costs of the call centre with the local offices, although it was suggested that running one office brought efficiencies compared with running 8 local offices.

59. The gross budget for home care services for 2005/06 was £17.6m (not adjusted for inflation and including direct payments) and was spent as follows:

2005-06 Gross Budget and actual spend

	Gross Budget £	Actual Spend £
Block contracts	4,746,701	3,362,937
Spot contracts	3,781,895	3,596,811
In-house	7,992,762	8,129,717
Direct payments	1,105,705	1,315,856
TOTAL	17,627,063	16,403,321

60. The 2006/07 net budget is £14.9m. The Council spends approximately £9m p.a. less than the average for shire councils on older people's services. There is currently considerable pressure on the 2006/07 budget, although an extra £3.9m has been allocated. Because of the current budget pressures, all homecare packages currently have to be agreed by a placement panel.

61. One of the reasons for the pressures on budgets is spend on spot purchases during 2006/07. It was anticipated that spot purchases would decline by 30% each year.

Where do we want home care services to be in three years time?

62. Demand for home care is expected to rise over the next few years as the number of older people in the County increases.

Worcestershire Population Projections – People Aged 65+

2006	2007	2008	2009	2010	2011
97,000	98,700	101,300	104,100	107,200	110,100

63. The overall cost pressure in 2011 arising from demographic change will be in the order of £7.2m for all older people's services, of this around £2.5m will be in relation to home care.

64. The Directorate provided projected figures for performance up to 2008/09. These indicate that by March 2009:

- Numbers of people helped will have increased from 8,106 to 9,118 (1,012 people: 13% extra)
- Intensive home support will have increased by 157 households and bed nights would have reduced by 660 per week
- Satisfaction by Home Care users is planned to increase
- Unit costs are projected to rise only in line with government deflator.

65. It is planned that the Bromsgrove Extra Care Scheme will come on stream by 2007/08 (providing 67 places). By 2008/09 it is envisaged that a further scheme will be either in place or approved.

66. In future CSCI will expect commissioners to consider early intervention plans and funding more Very Sheltered Housing Schemes and Extracare Housing Schemes.

67. We agree that Extracare Housing Schemes need to be a priority for the future and the Council should move as quickly as possible on developing schemes in Worcester and Droitwich.

C. Conclusions and Recommendations

68. We recognise the complexity of organising and providing home care services. It is also very clear that the service has been, and is, under considerable financial pressure and given these circumstances it is heartening to find that the in-house home care staff are so well regarded and continue to be dedicated and provide a good quality service.

69. We did not find any major concerns with the quality of care provided by block contractor staff. However the introduction of the block contracts and the changing role of the IBU has caused uncertainty amongst service users, who continue to express real concerns about having to move between different groups of home care staff.

70. There can be a high number of individuals going into people's homes and the large amounts of paperwork have been highlighted both by this scrutiny and by others. We are particularly concerned about the number of different assessments that need to be done. Whilst accepting that there are sound reasons for this, **we recommend that the Directorate ensures that the assessment processes are as streamlined as possible, that as much information as possible is transferred between the assessments, and that communication with service users is examined to see if it can be improved.**

71. The re-organisation has also caused a great many concerns for many staff who, although they enjoy and are committed to their work with service users, reported concerns about the system and structures that have been introduced. Some service users and staff suggested that geographically based teams should deliver the service locally, and some felt that all home care should be provided in house. We recognise that these proposals are not financially feasible.

72. However to ensure the new system is as effective as possible, **we recommend that the Directorate explores whether the senior home carers, who know the service users, carers and geographical areas, should be involved in the planning process.**

73. As indicated earlier in the report (paragraph 46), the staffing structures are complex and we query whether there is an overlap in the roles of assessors, planners, and seniors, or whether line management arrangements are as streamlined as possible. Given this complexity, it is imperative that there are smooth lines of communication. We were also concerned about an apparent mismatch in perception between front line staff and senior managers about how well the current processes and structures are working. **The scrutiny task group recommends that the Directorate ensures there is excellent communication amongst in-house home care staff, between home care and social work teams, and between staff and senior managers.**

74. One way of achieving this could be for meetings to be facilitated to aid communications between management, and call centre staff and carers.

75. Given the expected increasing demographic pressures on the service we are concerned that, unless the budget, management, organisation and processes of the home care service are robust, the Council could have great difficulty in providing an effective and motivated service in the future.

Future of home care services

76. Availability of resources of course influences service delivery (for example, it is not financially viable to enable all service users to go to bed when they want to). The scrutiny task group considers, though, that quality of care from the service users' perspective should be the main focus of home care services in the future. They agreed that the key principles that should underpin the service are:

- Continuity of care
- Care at times when users want it
- Enough time for care
- Robust staff morale
- Realistic costs.

77. We would like to see the Adult and Community Services Directorate working towards this as a vision for Worcestershire over the next 3-5 years. To ensure that this happens **we recommend an annual survey of staff and service users is introduced.**

78. The future demographic changes described above will put the service under enormous pressure and although it is not yet clear how much more money will be needed, the service will not be able to continue in its present form unless there is substantial extra funding from central government. We understand that after the current two year settlement comes to an end, the Government is unlikely to raise the RSG further. **We therefore recommend that the Council, through the LGA and local MPs, puts pressure on the Government to be aware of the challenges that the future provision of home care raises.**

79. It is vital that the Council starts work on a medium- to long-term plan for home care to assess how these challenges will be dealt with and we recommend that a cross-council and partners officer group is established to take this work forward.

80. CSCI are encouraging local authorities to commission for the entire community, not just service users that councils pay for. CSCI believe that Local Authorities will need to work more closely with partners such as the NHS, District Councils and Housing Groups in order to cope with the increase in demand for home care services.

81. It will be important that all County Councillors are kept informed of developing issues and **we recommend that the Directorate ensures that copies of key national policy documents in this area are made available to all Members.**

Conclusion

82. This has been a long and complex journey for all of us involved in this vital and timely piece of scrutiny work and we thank everyone who has contributed his or her time, opinions and information in order for us to complete this report.

83. We certainly have uncovered more questions than answers and both Cabinet and the County Council overall have some very big challenges that they will have to face in the future with regard to providing enough good quality care for our elderly and frail population in Worcestershire.

84. We are not sure or confident that the enormity of the task is fully appreciated and **perhaps the most significant challenge the Cabinet faces is how it intends to go about doing something about the challenges in community care that we will face in the near future.**

85. There is now ample evidence from a number of national professional sources that we have only a short period to do something about this pending crisis. This is of course not just a problem for Worcestershire but a problem for the country and society in general. Everything you read in either the Wanless Report, the CSCI report, the Social Policy Research Unit reports, and the LGA's own joint cross-party report on the impending problems within home care services tells you we are stacking up big problems for the future. In every one of those reports you would find something you could relate to Worcestershire.

86. The LGA report from over 45 councils makes a telling comment and warning over services for older people:

"We are forecasting that by 2009 only people assessed as having "critical" or substantial needs will be eligible for support of any kind."

87. Extrapolated to Worcestershire, and being aware of our own spiralling demands and needs, we have not got much time in which to put in plans and actions to avert a crisis in care in the County.

88. The Chair of CSCI is spot on when she says:

“Failure to listen to what people really need and to respond to their wishes and aspirations is of real concern. It results in missed opportunities to promote independence and to help people live full and rewarding lives. At worst it can also result in services that do not respect people’s rights and dignity.”

89. Worcestershire’s home care services are highly respected, staffed by professional, caring and dedicated individuals. But they and the system they work in are under extreme pressure, Cabinet and Council have a small window of opportunity in which to respond to this very challenging agenda...literally, lives could depend on it.

D. Supporting Evidence

Quality of Care

The Commission for Social Care Inspection reported on the Independent Business Unit (IBU) in July 2006. This is the summary of their report:

Feedback from service users about staff is extremely positive. Service users find staff caring, helpful and respectful. Most of the comments from health and social care professionals indicate satisfaction with the service. The specialist dementia service receives praise for its flexibility and approach to service users. The health and safety of service users and staff is protected. Staff recruitment is thorough and training opportunities are good. The agency has made efforts to involve service users in quality assurance.

There is a comprehensive written medicine policy available, which identifies the circumstances when a carer would assist a service user with their medication. Service user plans were very clear with regard to the level of assistance that was required with any medication.

The inspection noted that a number of things had improved since the previous inspection:

Formal supervision of staff is more firmly established. Staff providing services to children are fully checked. Specialist training in work with children and people with learning disabilities has been set up.

Care needs assessors receive thorough training and improvements have been made to care needs assessments, service user plans and the recording of safe systems of work.

The ability of the call centre to deal with large volumes of telephone calls has also improved.

Finally it pointed to some areas for improvement.

Further detail is needed in care needs assessments and service user plans. Examples of plans that are not specific enough were seen, particularly in relation to emotional and social needs. Staff comment on lack of information about service users on occasion. Service users feel that they sometimes have to give too much direction to staff. Medicine records kept in service users homes will need to be reviewed for medicine available in a cassette or dosette container. Appropriate arrangements should be implemented for the disposal of service users medicines which are no longer needed.

Complaints and compliments

There were 71 complaints during 2005/06, as follows:

1st quarter - 24
2nd quarter - 18
3rd quarter - 16
4th quarter - 13

64 compliments were received:

- 1st quarter - 18
- 2nd quarter - 11
- 3rd quarter - 15
- 4th quarter - 20

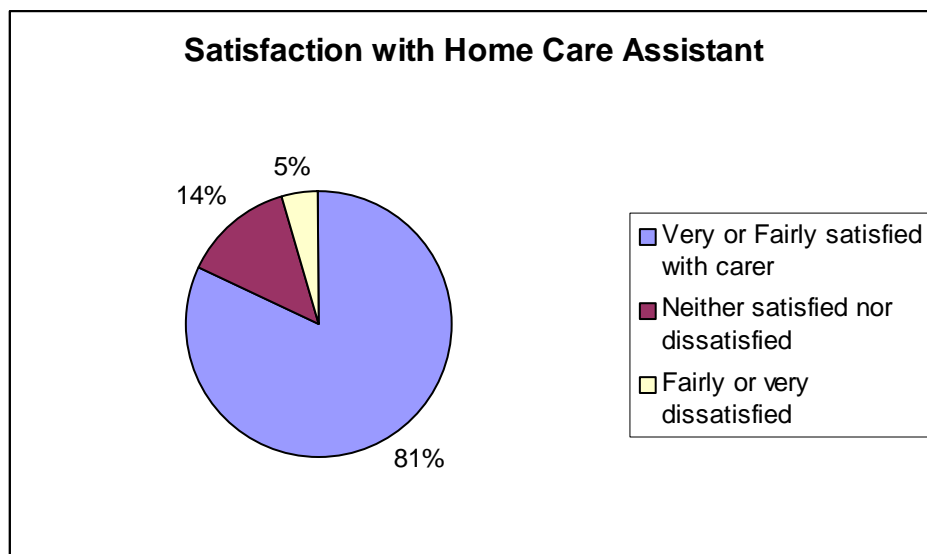
Service users views

To further explore this, scrutiny task group members and all other county councillors were asked to visit service users to talk about their experiences of home care and a questionnaire was developed to assist this.

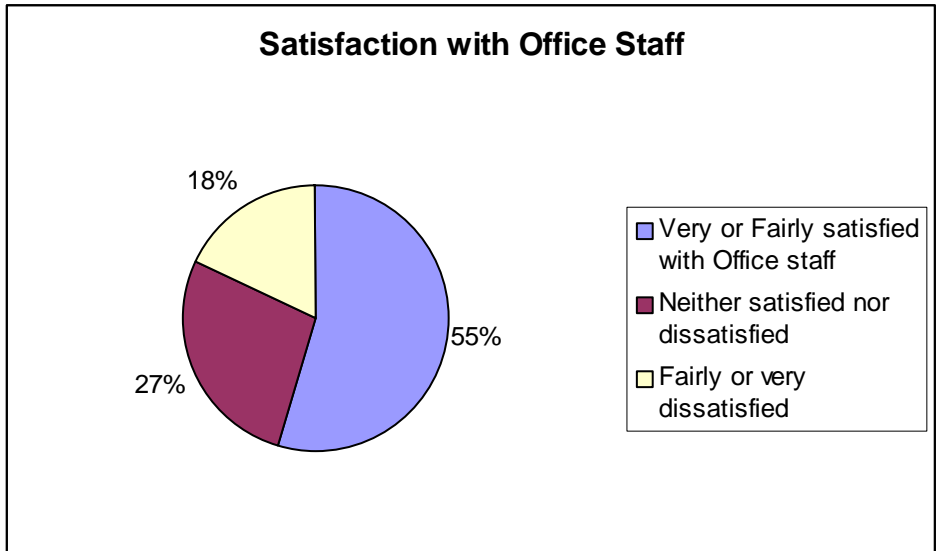
In total the details of sixty-nine service users were sent to Councillors. Twenty-three completed questionnaires were returned.

Although this is a very small sample of service users, during the scrutiny the task group found that the evidence they were collecting from carers and purchasers supported these results.

Overall the questionnaires showed that the majority of service users were satisfied with the service they were receiving, especially from their home carers. 81.81% were either very or fairly satisfied with the service they received from their home carers, 13.63% were neither satisfied nor dissatisfied and only 4.54% were fairly or very dissatisfied.



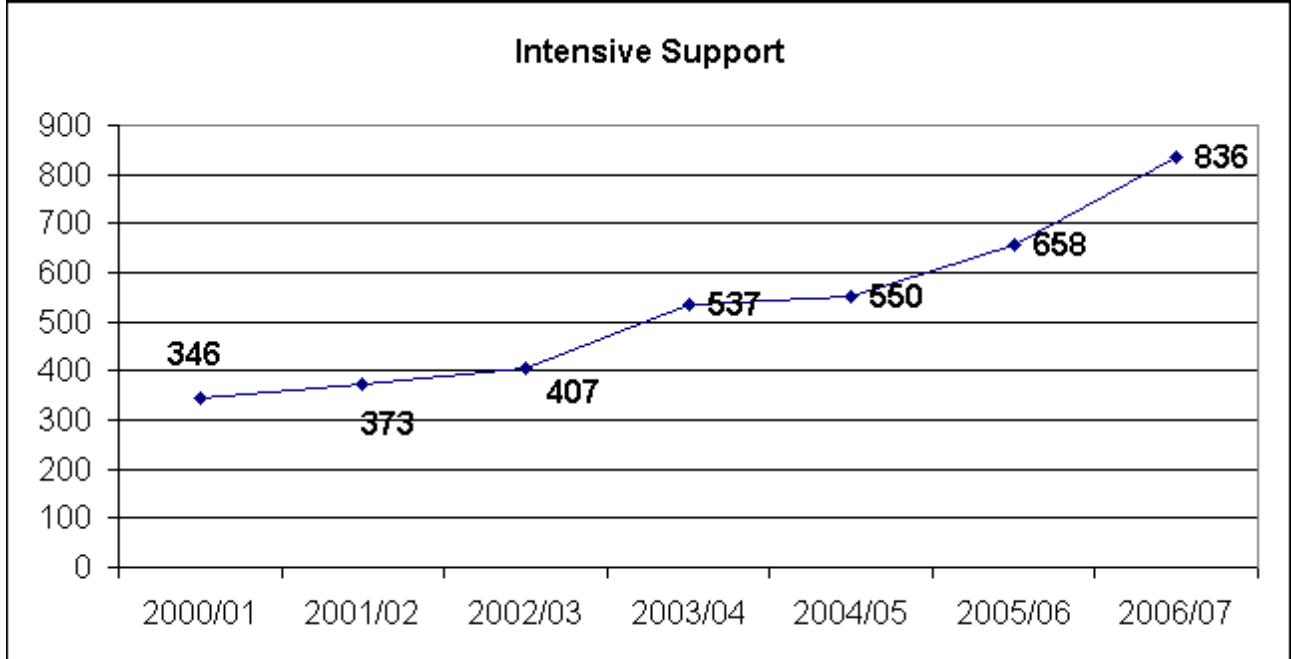
Generally service users were less satisfied with the service they received from the home care office staff. 54.54% were either very or fairly satisfied with the service they received from the home care office staff, 27.27% were neither satisfied nor dissatisfied and only 18.18% were fairly or very dissatisfied.



Intensive Home Care

**Table 3: PAF C28 Total number receiving an intensive service
(More than 10 hours and 6 or more visits)**

Trends							
Year	2000/01	2001/02	2002/03	2003/04	2004/05	2005/06	2006/07
Number	346	373	407	537	550	658	836
Population 65+	88,251	89,194	89,124	90,708	92,444	94,019	96,955
Value	3.92	4.18	4.57	5.92	5.95	7.00	8.62
Band	●	●●	●●	●●	●●	●●	●●●



Service users' views on transfer from IBU to blocks

Home care staff told us they felt they had a difficult job in building up trust with service users – many of whom were resistant to accepting help, especially with personal tasks. The carers established a routine and were starting to help people and then the client was upset to learn that they had to get used to a whole new group of carers from an agency.

“[transfers to] *block contracts are abysmal – like taking their friends away.*”

The service users have to get used to a new organisation and new carers, but also there is a perception that County Council carers are more reliable than carers from independent agencies.

Service users' views on carers

Social workers told the task group that feedback from service users suggested that, although there was some very good carers, they often seemed to be rushed and did not have sufficient travel time between clients.

Involvement of service users in tendering process

In discussion with managers (10 November 2006) it was explained that service users had been fully involved in the second phase of contract letting. Project groups had looked at the evaluation of tenders. There had been presentations to service users by tenderers and users had asked questions and given feedback. The users had commented on how well they had been involved.

There had been concerns raised by the Older People's Forum that they had not been fully involved and that concerns they had raised about two of the tenderers had not been taken into account. Officers advised this was probably during the first phase, as involvement had improved later. It was not possible to establish during the scrutiny whether the Older People's Forum had been involved in the second phase.

Causes of underspend in 2005/06

Home care services have been reconstituted in the last few years. Block contracts with external care agencies have been introduced to provide long term home care. The in-house service, the Independent Business Unit (IBU), is being developed as a short-term rehabilitative and a specialist dementia care service.

The aim is that block contracts will provide around 60% of home care, and the IBU will deal with around 40%. Spot purchasing is also used but it is intended to reduce this over time.

Since 2001 the overall trend has been for the in-house service to reduce its numbers of contact hours, with the independent sector increasing its number of contact hours.

Table 1: Total number of home care contact hours by Sector²

Trends			
Year	Local Authority	Independent Sector	Total Hours
2000/01	9997.75	6491.50	16489.25
2001/02	8757.00	7120.24	15877.24
2002/03	9123.00	8023.25	17146.25
2003/04	9358.75	10673.30	20032.05
2004/05	8241.50	13525.15	21766.65
2005/06	9285.72	15324.50	24610.22
2006/07	9128.40	18401.68	27530.08

When all the block contracts are operating at their guaranteed minimum hours they will be providing 7,562 hours per week (400,786 hours per year). The IBU will be providing 6,828 hours per week (355,056 hours per year) and spot contracts will total approximately 12,854 hours per week (668,408 per year).

In August 2005 the block contract providers hours were 1371 hours per week below envisaged hours. By the end of May 2006 this had been reduced to 373 hours per week below. (See Appendix 1 for more details and for the projections relating to the growth of hours for the three newest block contract providers.)

Organisation of service

Carers concerns about reduced hours

The hours worked by Care Assistants in November 2006 show that the majority of carers, 357 out of 502, worked more than their contracted hours. Three carers worked the same number of hours as their contracts and 65 were under their contracted hours.

In order to meet budgetary demands work schedules are planned so that staff do not work more than their contracted hours (37hrs per week maximum, including the time they are paid for travelling). Before the block contracts were introduced, and in their early stages, many staff were used to working more hours than they were contracted to.

Planning and travel time

It is more common for travel time to be included as part of the contracted hours. For example a carer on a 20 hour contract may only be given 17 hours work because it will be assumed that the other 3 hours will be used for travel. Carers did agree that planning of visits had improved; calls were now usually in one area so that the carers were not sent from one side of the area to another on consecutive calls.

² From Department of Health Return HH1 2005.

Where do we want home care to be in three years?

Projected performance up to 2008/09.

1. Helping Older People to Live at Home (C32)
2. Providing Intensive Home Support (C28)
3. Balance between Intensive Home Support and Residential/Nursing Care (B11)
4. What do Service Users Think (D52 and D71)
5. Unit Costs of Home Care (B17)

Indicator	2005/6	2006/7	2007/8	2008/9
C32	86.22	90	92	94
C28	6.99	8.20	8.30	8.40
B11	19.92%	21%	25%	29%
D52	62.48%	N/a	N/a	65%
D71	73.39%	N/a	N/a	75%
B17	£15.30	£15.67	£16.09	£16.52

E. How the scrutiny was carried out

At the initial meeting of the task group the members were allocated a particular area of the Scrutiny to investigate.

How do users perceive the service.

A questionnaire was distributed round all 57 County Councillors. It was designed to aid them in interviewing home care service users in their wards to find out their views on the service.

In-house provision of Home Care

Interviews were held with Eddie Clarke the Head of Older Peoples' and Physical Disability Services and Annie Dickson Provider Manager.

Members of the Task Group attended the team meetings of frontline care staff. Firstly they attended the meeting of the Stourport Team who were just getting used to newly introduced block contracts. Secondly they attended the team meeting of the Malvern team who had been working with the block contracts since October 2003.

Social Workers who are purchasers of home care were also asked for their views on home care in Worcestershire. Members spoke to Social Workers in the South of the County at a meeting at Bridgewater House and Social Workers from the North of the County at a meeting at Bromsgrove Area Office. Lastly Members met with the Office Staff and Managers at the Call Centre.

Reasons for the Underspend in Older People's Services

Interviews were held with Eddie Clarke, Sandie Graham, Contracts Officer for Community Services, and Jenni Murray, Finance Manager.

A meeting was held with Eddie Clarke -Head of Health and Social Care, Older People and Physical Disability, Jenni Morris – Principle Finance Officer, Sandie Graham – Contracts Officer and members of the Scrutiny Task Group.

Annie Dickson and Elaine McCarthy, the Head of Human Resources in Adult and Community Services Directorate, attended the OSSC in May 2006 to provide an update on progress of the recruitment and retention strategy and staffing issues relating to homecare.

Independent Sector Performance

Visits were organised to Independent Sector Providers who hold block contracts with Worcestershire County Council. A list of questions was used so that the responses from the Agencies could be compared. The Contracts between the Council and the Providers were also examined as well as the Inspection Reports produced on the Agencies by CSCI.

The Role of the Voluntary Sector

Visits were made to voluntary groups and carers' groups to gain their views of home care.

Best Practice in other Authorities

Visits were arranged to Telford and Warwickshire to ascertain how their home care services were organised and to see if we could find out about any examples of best practice.

The Future of Home Care Services in Worcestershire

The Task Group consulted with Jennie Bashforth, Philip Gretton and Eddie Clarke. Members also considered national guidelines and CSCI recommendations.

Document Research

National and Council documents were examined to establish what government guidance and regulations constrained or led the provision of home care services at a local level. See list of documents below.

National Reports on Home Care

- *Securing Good Care for Older People: Taking a long-term view*, King's Fund, 2006 (a.k.a. the Wanless Social Care Review)
- *Time to care? An overview of home care services for older people in England, 2006*. Commission for Social Care Inspection, October 2006
- *Outcomes-focused services for older people*, Social Policy Research Unit, University of York, 2006
- *Without a Care?* Local Government Association, December 2006

Worcestershire County Council Information

- Services for Older People in Worcestershire Commissioning Strategy 2005-2008.
- An Older People's Strategy for Worcestershire. Independent Living for Older People – Bringing Together Housing, Health and Social Care.
- Commissioning Strategy 2005-8. Services for people with a physical disability or sensory impairment.
- Internal Service Level Agreement for Homecare Services 1 April 2002 – 31 March 2005 (it is currently being updated)
- Head of Service Plan 2006/7.
- Report of the Personal Social Services – Elderly Home Care User Experience. Survey 2002-3.
- Department of Health return – Numbers of homecare hours and clients.
- Home Care Service folder with some information about the side by side team and Performance Report for 4th quarter 2005/06.
- Directorate Position Statement – Home Care Services in Worcestershire
- Home Care Newsletter – July 2006
- Staff Handbook for Home Care Assistants
- Home Care Referral Business Process, 2004

Department of Health Information

- The White Paper Bulletin. January 2006 Delivering Our health, our care, our say.
- Evaluation of Your Health, Your Care, Your Say. An Independent report commissioned by the Department of Health.

Commission for Social Care Inspection Information

- CSCI list of national reports published since April 2005
- CSCI Inspecting of Better Lives: A quality future.
- CSCI Equalities and Diversity Strategy
- CSCI Safe and Sound? Checking the suitability of new care staff in regulated social care services.
- CSCI Inspection Report; WCC Social Services Home Care Business Unit, July 2006

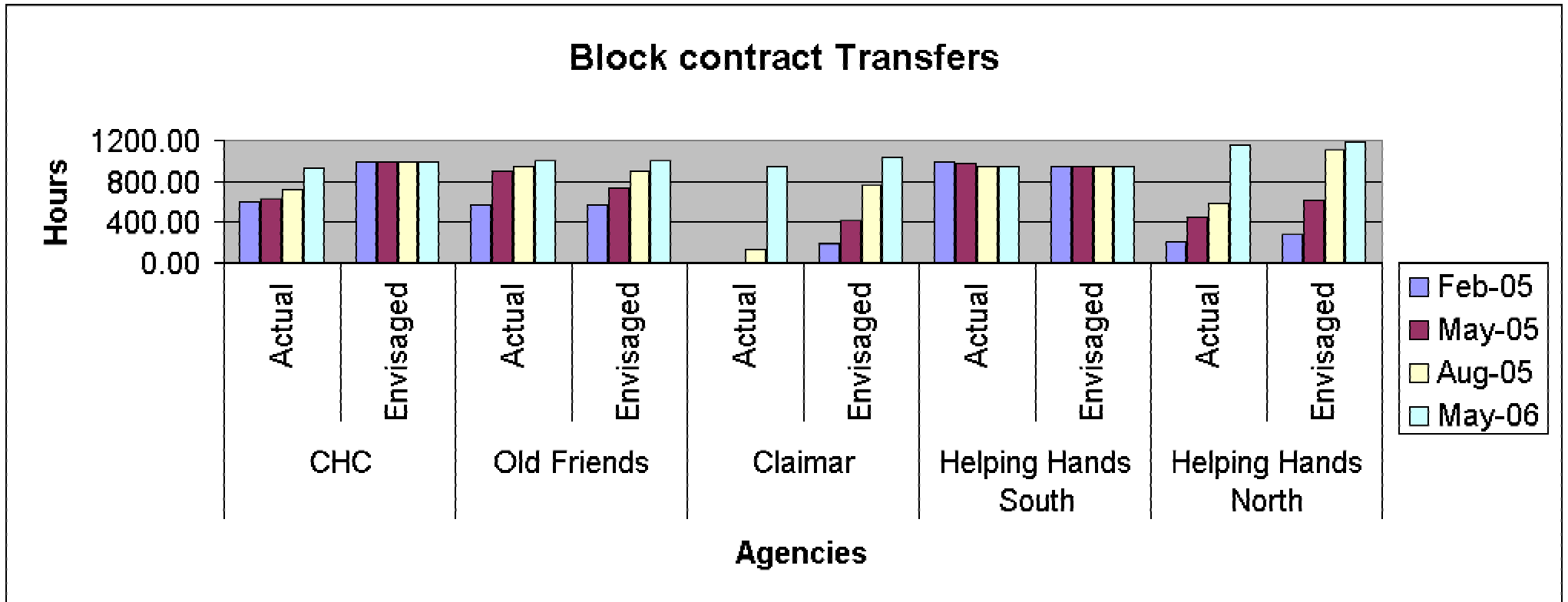
Scrutiny Reports from Other Authorities

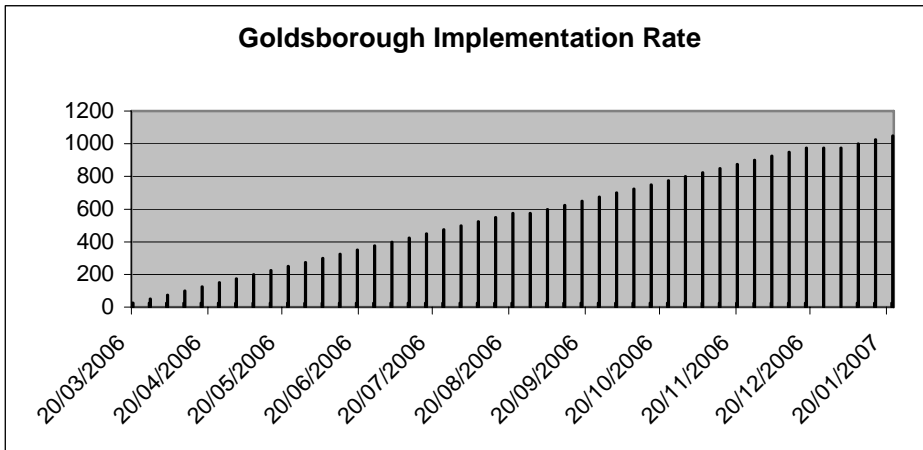
- *Review on safeguarding home care support arrangements.*
North East Lincolnshire Council. November 2004.
- *The cost of care.*
Oxfordshire Council. October 2004.
- *Scrutiny of intensive community base services for older people.*
St Helens Metropolitan Borough Council. October 2004.
- *Intensive home care review by Domiciliary Care Working Group.*
Staffordshire County Council. August 2004.
- *Review of helping older people stay in their homes.*
Telford and Wrekin. July 2004
- *Recruitment and retention of home care staff*
Leeds City Council. January 2004

Envisaged hours were based on implementation of Provider.

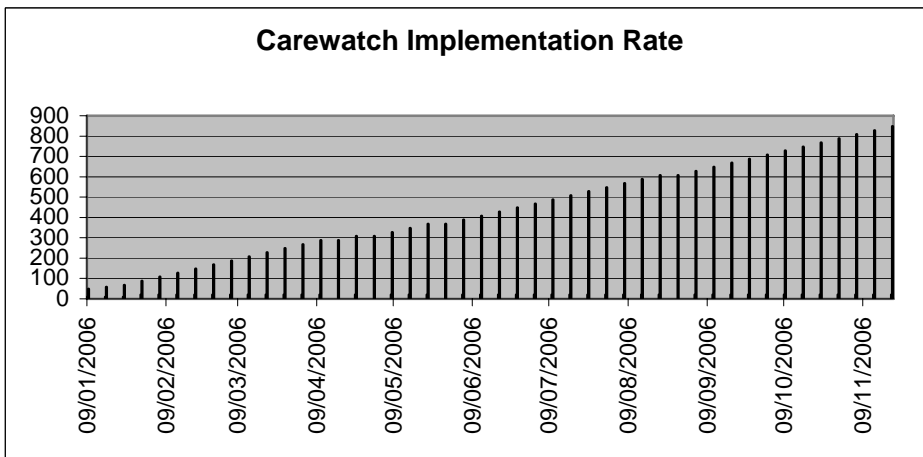
* Hours difference indicates progress for delivered hours against envisaged hours

	CHC		Old Friends		Claimar		Helping Hands South		Helping Hands North		Total Hours		*Hours
	Actual	Envisaged	Actual	Envisaged	Actual	Envisaged	Actual	Envisaged	Actual	Envisaged	Actual	Envisaged	Difference
Feb-05	600.25	995.00	573.25	573.25	0	192	996.50	945	215.75	288	2385.75	2993.25	607.50
May-05	630.00	995.00	903.25	733.25	0	416.5	970.75	945	446.25	612	2950.25	3701.75	751.50
Aug-05	715.25	995.00	950.5	893.25	135.5	759.5	944.75	945	591	1116	3337.00	4708.75	1371.75
May-06	928.25	995.00	1005	1000	941	1030	945.00	945	1152.75	1180	4972.00	5150.00	178.00

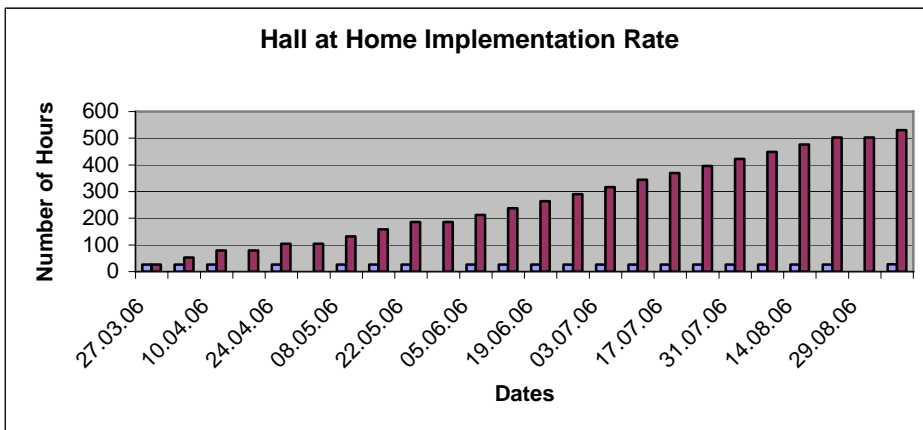




It has been agreed that transfers will take place at an average rate of 25 hours per week with the exception of Bank Holidays where no transfers will take place. Full minimum guaranteed hours would be reached by January 2007.



It has been agreed that transfers will take place at an average rate of 20 hours per week with the exception of Bank Holidays where no transfers will take place. Full minimum guaranteed hours would be reached by November 2006.



It has been agreed that transfers will take place at an average rate of 26 hours per week with the exception of Bank Holidays where no transfers will take place. Full minimum guaranteed hours would be reached by August 2006.

Independent Business Unit

