

# **Scrutiny Review of Home Care in Herefordshire**

**Report by the Adult Social  
Care and Strategic Housing  
Services Scrutiny Review  
Group – September 2010**

**People  
Excellence  
Openness  
Partnership  
Listening  
Environment**



# Scrutiny Review of Home Care in Herefordshire

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## **1. Introduction**

- 1.1 Members of the Adult Social Care and Strategic Housing Scrutiny Committee agreed to conduct a Review of Home Care in Herefordshire on 7th December 2009.
- 1.2 A scoping statement for the Scrutiny Review (Appendix 1), including the Terms of Reference were approved at the meeting on the 7th December 2009. The projected growth in the percentage of older people living in Herefordshire means that the County would be supporting a larger number of frail older and vulnerable people to live in their own homes with home care services. The quality and capacity of the home care market is therefore of key importance.
- 1.3 It was agreed that the review Group would comprise Councillors PA Andrews, AE Gray and KS Guthrie, and would be chaired by Councillor AE Gray.
- 1.4 The Review took place between 9 February and 15 July 2010. This report summaries its findings concluding with its recommendations to the Adult Social Care and Strategic Housing Scrutiny Committee.
- 1.5 The Review Group would like to express its thanks to all internal and external officers and organisations who were interviewed at part of this review.

## **1.6 Next Steps**

- 1.7 The Review Group anticipate that, when approved by the Adult Social Care and Strategic Housing Scrutiny Committee, this report will be presented to Cabinet for consideration.
- 1.8 The Adult Social Care and Strategic Housing Scrutiny Committee would then expect Cabinet within two months of receipt of the report to consider the report and recommendations and respond to the Committee indicating what action the Cabinet propose to take together with an action plan.

## **2 Method of Gathering Information**

- 2.1 The main work of the sub-group was to conduct interviews, complemented by some desk research.
- 2.2 The list of interviewees is contained in Appendix 2 and the Review Group would like to convey it's thanks to those who gave up their time to help with the work of the Group.

## **3. Background**

- 3.1 For the purpose of this Review, Home Care services includes domiciliary care provided by registered providers and also other help and support delivered at home and intended to enable individuals to maintain their independence and well-being at home rather than being admitted to hospital or long-term care.
- 3.2 Home care offers support such as shopping, help with personal care, meal preparation, medication checks, repositioning and other services. In order to receive a home care service funded by Herefordshire Council, an individual must meet the FACS (Fair Access to Care Services) criteria of 'Substantial' or 'Critical'. Individuals should be supported and assisted wherever possible to improve their confidence and skills in order to enable them to regain independence and become less dependent on home care services. Home care can also be offered to support carers in their caring role – to offer a break or respite.

- 3.3 Individuals need to be supported in order to recognise and manage risks in their own homes and to have an inclusive role within their local community. Assistive technology (telecare), which ranges from a variety of systems such as pull cords, epilepsy sensors, Just Checking systems to Safe Walking GIS is a cost effective means of providing this support with the minimum of intrusion.
- 3.4 The definition of personal care has changed and now includes “prompting” to carry out personal care. The significance of this is that previously this was carried out by agencies and staff not regulated by the Care Quality Commission (CQC). The impact will be further demand on an already stretched market of registered service providers.

**4 Service Demands**

- 4.1 The estimate of the resident population of the County as of 2008 is 179,300 people, of whom 37,800 (21%) are aged 65+. This is a higher proportion than the 16% in England & Wales. Older people account for the large majority of home care service users and hours of care delivered.
- 4.2 As at the 31st March 2009, 3,345 people aged 65+ were helped to live at home with support and services provided by adult social care. This compares with a comparator authority average of 3,715 and an all England average 3,330. Of the 3,345 older people receiving services in Herefordshire, 685 were receiving 11,494 hours of home care in an average week.
- 4.3 The County’s dispersed population presents particular challenges for effective and efficient service delivery. No other English county-level authority has a greater proportion of residents living in ‘very sparse’ area than Herefordshire does - 25% of the population. A total of 54% of the county’s residents live in areas defined as rural.
- 4.4 Herefordshire has a relatively elderly population, and the proportion of older residents is expected to increase as follows:

2010 = 37,800 (21% of total population)  
 2014 = 46,300 (25% of total population)  
 2026 = 61,000 (32% of total population)

The demand for home care services in the future is therefore also certain to increase. Even under the optimistic forecasts of improved population health<sup>1</sup> from the national Wanless Review<sup>2</sup>, the anticipated demographic changes in Herefordshire would result in an increase of more than 55% in the number of older people with a *substantial need* for social care to help with at least one of the core activities of daily living (washing; dressing; eating; getting in & out of bed/chair; going to the toilet) between 2004 and 2020 – a total of 6,500 people with this level of need (Table 1 below). This is a faster rate of growth than the national average.

**Table 1: Expected numbers of older people with a social care dependency**

| Herefordshire  | 2004   | 2011   | % change 2004-11 | 2020   | % change 2004-20 |
|--|--------|--------|------------------|--------|------------------|
| Number of older people with a <b>HIGH</b> demand for social care | 4,200  | 5,100  | 21%              | 6,500  | 55%              |
| Number of older people with <b>SOME</b> dependency               | 10,500 | 12,800 | 22%              | 16,200 | 54%              |

Data source: Council corporate Policy and Research Team

<sup>1</sup> I.e. individuals ‘take their health seriously and there is a decline in risk factors, particularly obesity and smoking’. The health service is responsive with effective disease prevention and treatments.  
<sup>2</sup> *Securing Good Care for Older People – Taking a Long-Term View* (2006). Wanless Social Care Review King’s Fund Report.

4.5 There is also expected to be a disproportionate increase in the numbers of older people with dementia: of some 69% between 2004 and 2010 (over 700 more people) in those needing continuous support, rising to 97% by 2015 (over 1,000 more people) and likely to carry on rising substantially to 2020.

## 5 Current Home Care Provider Market

5.1 Current capacity continually struggles to meet demand and time taken to travel between visits in rural areas is a major issue. There are certain to be on-going issues in the future in view of the increasing older population and the national and local priority to keep people independent and supported at home rather than placing them in long-term care. Any improvements planned or implemented must therefore endeavour to sustain and grow the independent provider market, especially in rural locations, and increase overall service capacity and provision. With no increase in funding and the need to make efficiency savings but still ensure a high quality service, this will be a challenge.

## 6 Supporting the growth in the numbers of people who could need help

### Care Agencies

6.1 There are currently 36 independent home care provider agencies of varying size. Four internal teams provide a reablement-type service. The responsibility for quality monitoring and contract management sits within the contracting team in Integrated Commissioning. Information about each agency, the geographical area covered and the type and quality of service offered is co-ordinated by the internal Home Care Brokerage Team.

6.2 This team is also responsible for the allocation of care packages on the basis of quality of care following agreement at the Adult Social Care Panel. The Brokerage system will award packages by reference to quality, where more than one provider is able to provide the service it will always be awarded to the provider with the highest quality rating.

The Brokerage team is currently carrying a vacant post and is therefore under-resourced. As a result, the ability to keep information up-to-date and ensure that those needing care are matched to the most appropriate care agency is adversely affected.

6.3 The quality of service varies across the service providers and the Group considered that care should only be commissioned from Two and Three Star providers. Although this may at times jeopardise the ability to provide a service, this is not a major issue. Herefordshire currently has five One Star services providing 9% of the overall hours of care (table 2). Monitoring and contract management will focus on these One Star services in order to secure necessary improvements.

**Table 2: Home Care Provider Agencies - Percentage of care provided by CQC Star Ratings**

| CQC Quality Rating | Number of Agencies | Total hours of care currently provided | Percentage of total hours of care provided |
|--------------------|--------------------|--|--|
| 1 Star - Adequate  | 5                  | 921                                    | 9%   |
| 2 Star - Good      | 16                 | 6174                                   | 60%  |
| 3 Star - Excellent | 12                 | 3127                                   | 30%  |
| Welsh Providers    | 3                  | 105                                    | 1%   |

- 6.5 It should also be noted that CQC will not re-inspect One Star rated services if there is no particular ongoing concern about quality. As a result, these Star ratings could be misleading where providers have implemented necessary improvements but do not have the opportunity for their Star rating to be reviewed by CQC. Likewise Two and Three Star services will only be monitored every three years unless there are particular concerns. Therefore the CQC rating may not provide an up-to-date reflection of quality.
- 6.6 Currently there are block contract agreements with four care agencies. Under the terms of these agreements a number of adult social care staff were seconded when internal home care services were externalised. These contracts are fully utilised wherever possible before care is spot purchased from other agencies. The plan is to end block contracts on 30<sup>th</sup> October 2010.

The intention in the future is to spot purchase all care. This in line with the personalisation agenda and the requirement to offer individuals greater choice and control over who delivers their care. The availability and use of of personal budgets will result in greater capacity in the market and encourage continual quality improvement.

### Workforce

- 6.7 The average age of care workers appears to be 30-40. Recruitment and retention appears to be a problem, especially for the smaller agencies. Standards of staff management, benefits and training vary across the agencies.
- 6.8 There are concerns that younger people are not entering into the caring profession. With the expected increase in demand for this type of service, every effort must be made to encourage younger people to consider this as a career. The public image of this profession needs to improve and a career pathway developed.
- 6.9 There is huge potential to encourage informal and family carers who are looking to get back into the workforce to utilise their skills to provide both qualified and unqualified care.
- 6.10 The Authority's Workforce Development team are keen to develop a partnership approach to workforce planning and have facilitated a number of events throughout 2010 to encourage full ownership and engagement from all stakeholders including service providers. Future planned events aim to further develop this partnership approach to ensure a market place and workforce fit for the future changing demands.

**Recommendation 1: The Group recommends that the Care Brokerage Team is fully resourced as a matter of urgency.**

**Recommendation 2: The Group recommends that the Authority's Workforce Development and Training Teams should work in close partnership with service providers to plan and develop career pathways and progression for carers. Caring should be seen as a 'valued' career and one that will be in increasing demand in the future. Every effort should be made to ensure that school leavers are fully informed and encouraged to take work placements in the caring profession.**

**Recommendation 3: The Workforce Development Team should assist with and/or co-ordinate group training to allow service providers to share the cost of training sessions and to ensure consistent standards and quality.**



## **7 Demonstrate value for money in procured Services?**

### Monitoring Service Delivery

- 7.1 Current systems and processes do not provide accurate breakdown of visits and hours of care actually delivered therefore unit cost information is unreliable. The hours of care and costs are submitted on provider agency invoices, there is no way of ensuring that this care has actually been provided.
- 7.2 The introduction locally, of an Electronic Monitoring System (EMS) for home care services will address a number of issues. The main benefit to the council will be to provide much improved and more accurate information in relation to home care provision. Other local authorities have reported savings of 5% - 8% on expenditure, enabled by implementing policy to only pay for care actually delivered. In addition EMS data if properly analysed can be used to shape and improve future service provision. A more efficient brokerage function results in increased capacity to effectively implement quality improvement systems. A minimum standard in terms of ways of working will apply to all service providers.

Within Adult social Care Exchequer Services an automated interface between EMS and the finance systems will replace all of the current administration required to process paper invoices and deal with disputes. It is likely that EMS monitoring and validation will sit within the Home Care Brokerage Team which will need to be fully resourced in order to ensure a well-co-ordinated and effective monitoring, validation and reporting process. There may be an opportunity to move resources from Exchequer services into the Brokerage team.

Benefits for provider agencies include the introduction of electronic processing which will mean savings in terms of time taken to process and submit paper invoices. Payments to providers for commissioned services will also be quicker once new procedures are established. EMS also provides evidence of staff reliability and real time verification of 'critical' visits.

- 7.3 The main issues highlighted at the Carers Forum which the Group attended were in relation to the reliability and consistency of care workers, this can be closely monitored using EMS and should therefore improve. EMS confirms the time care workers spend in the home through a phone in/out connection. Care workers record their arrival and departure time at service users home using a free-phone telephone number and service users' telephone. The free phone number ensures that there is no cost to the service user. Other options are available if telephone can't be used e.g. digital code boxes, mobile telephones, remote logging from office / home. The hours of care delivered are electronically matched to those commissioned.

**Recommendation 4: The Group recommends that once EMS is fully implemented that the Council should only pay for hours of care actually delivered according to the banding rates agreed with the providers. Clear policy, procedure and guidelines should be produced for internal staff as well as service providers.**

## **8 Unit costs**

- 8.1 The gross budget for 2010 is £5,833,387
- 8.2 The following information has been provided by the Council's Finance section and is based on the draft 2008-09 PSSEX1 (Personal Social Services Expenditure) data.

- 8.3 The average home care costs in Herefordshire are higher than those of comparator authorities and All England (see Table 3, Appendix2). This is mainly due to the high cost of the internal provision; however this refers to reablement services which are more expensive. It is not clear whether reablement services are included by other Local Authorities in their calculations. The social care reablement team (STARRS) is now part of an integrated health team developed in order to achieve efficiencies, improved capacity and easier access to care.
- 8.4 Previously there has been no standard pricing framework for home care across the council, PCT and independent providers or across the various client groups (mental health, older people, physical disability, and learning disability). This results in complicated and inefficient administration and does not demonstrate value for money i.e. better quality of service does not necessarily equate to higher costs.
- 8.5 Following intensive negotiations with the provider market' a new home care pricing framework has been agreed which is fair and transparent and less complicated and confusing. This will lead to improved efficiency and will also enable all client groups and funding streams to be dealt with consistently. Regular Home Care Provider Forums facilitated by Adult Social Care allowed external service providers as well as internal staff to be fully involved in all proposals and discussions. This process has resulted in a strong and trusting partnership which will benefit future developments. The new framework, to be implemented in 2010 introduces an inclusive hourly rate of £14.90p per hour (pro rata) regardless of day of week or time of day that service is provided. The standard rate will be enhanced to £17.13p per hour (pro rata) for service provided within specific geographic areas identified as particularly rural.
- 8.6 The banding has still to be agreed, but it is likely to be based on 15 minute blocks, with a seven minute threshold e.g 22 minutes of care delivered would be paid for 15 minutes, 23 minutes delivered would be paid half an hour. The seven minute threshold is aimed at negating arguments over time taken to access the property / settle client etc.
- 8.7 Reported times and invoices can be examined by the minute, identifying any care workers or agencies who constantly and consistently use this threshold to their advantage.
- 8.8 There is no intention to offer any further enhancements at this time, however, the framework will allow premiums to be awarded for recognised high standards of quality if deemed appropriate in the future in order to encourage further improvement to services.
- 8.9 Regular and robust contract monitoring is essential to ensure that agreed standards are being achieved and result in high quality and value for money services for both the service users and the Council.

**Recommendation 5: Any further premiums should only be awarded to drive up the standard and quality of home care services for highly specialised needs.**

**Recommendation 6: The new standard price for home care services must be applied to the proposed Rapid Response Emergency Care – there should be no supplement for emergency care (although End of life Care may be more expensive if specialist care is required).**

## **9 Maximising Independence through Home Care Services**

### Telecare / Telehealth / Aids and Adaptation Services

- 9.1 To ensure this rapidly, developing technology is fully utilised and embedded in care pathways plans are currently underway to re-brand this service locally under the name of

Tele-health Care. Individuals will be empowered to manage their health in the way that they choose with the help of the technology available.

Providing simple aids and adaptations to people's homes in a timely fashion can improve their safety, help maximise their independence and delay or prevent the need for more intensive care and/or admission to long-term care homes.

- 9.2 Ensuring that this type of preventative support is considered as a first option within the assessment process across health and social care will ensure that people receive support at the earliest opportunity to prevent the need for higher dependency, ongoing and long-term services. This work will involve considerable staff training as well as changes to work-flow processes.

**Recommendation 7: it is recommended that telecare and other aids and adaptations are easily accessible and readily available to the user at the earliest opportunity in order to maximise independence and prevent further decline and the need for more intensive support. The Audit Commission report that spending between £2000 and £20,000 in one-off adaptations to an older person's home can have a payback period of between three months and three years if it enables a person to remain in their own home<sup>3</sup>.**

**Recommendation 8: The Group recommends that the current small packages of care are reviewed to see whether or not other support can be offered as an alternative to a visit e.g. telecare / equipment service. New packages of care should follow a process of considering these alternatives as a first option (in line with the proposal for an Instant Care Service).**

## **10 Instant Care**

- 10.1 The Review Group considered the proposed Generic Rapid Response Service Specification. This service includes an Instant Care service to provide rapidly responsive short term packages of care (up to 72 hours) for patients in their own homes, preventing unnecessary A&E attendance or admission to hospital and delayed hospital discharge.
- 10.2 The model includes 24 hour, seven day telephone access to Instant and Urgent Care Service(s). Assistive technology (Telecare) and other equipment will be considered initially before accessing qualified or unqualified staff.
- 10.3 Anecdotally, a few people have expressed concerns that elderly and frail people may sometimes be discharged home from Herefordshire Hospital Trust without the appropriate support package to ensure their safety. It is accepted that hospital discharge needs to be part of a seamless pathway of care for individuals and that clinical, nursing and social care staff need to be working together to make sure this happens.
- 10.4 In the context of the Delayed Discharges Act which gives power to the health authority to financially penalise social services, there is inevitably some tension around which authority pays and which benefits from the same activities. An improved partnership approach would see benefits for both organisations.
- 10.5 Whilst the Review Group agrees with the principle of the Instant Care service there are a number of concerns over the practicalities.
- Instant Care is intended to be funded by GPs or the Integrated Care Organisation. There is no available funding for this service from the Adult Social Care Budget

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<sup>3</sup> Under Pressure – Tackling the financial challenge for councils of an ageing population. Audit Commission Local Government Report, February 2010.

which is extremely overstretched with a projected overspend of £3.75m by March 2011.

- The Review Group would expect a clear commitment from the PCT to ensure that savings made in acute care are invested in community care services to support the increased demand.
- Where will the emergency cover come from? Capacity for Home Care services is already limited with an ever increasing demand.
- Social Care legislation will prevent social care staff from providing the first 72 hours of care without a full community care assessment being carried out.
- There will be further increase in the demand for high quality reablement services.
- Hospital discharge must be carefully managed to ensure people are appropriately safeguarded.
- How will the 3 hour target assessment times be achieved?

**Recommendation 9: The Group recommends that a clear overall strategy to support the move from hospital based services to community based care be implemented. This should include a robust framework explaining how funding will be allocated across the services and how necessary changes to current staffing levels across the organisations will be managed.**

#### Reablement Service

- 10.6 Home care reablement services provide personal care; help with activities of daily living and other practical skills for a time-limited period, in such a way as to enable users to develop both the confidence and practical skills to carry out these activities themselves.
- 10.7 Care should be arranged on the basis of a holistic assessment, in which the individual's wishes and those of their carers are fully considered. An initial period of care (up to six weeks) is provided free of charge to the service user/patient.
- 10.8 All individual care plans for people receiving intermediate care should include a review at regular intervals within the initial six weeks or less. If their care needs to last longer, reviews should take place at regular intervals, such as every two weeks to ensure that appropriate levels of care are delivered and that services are being used appropriately and efficiently.
- 10.9 As the number of older people in Herefordshire increases, so will the need for effective reablement services. Currently reablement services are provided by four internal teams, none is commissioned externally, however there is interest amongst independent providers to develop in this area.
- 10.10 The reduction of Residential and Nursing placements, the proposed Instant Care service and the intention to keep people independent at home for as long as possible will result in an increasing demand for high quality and effective reablement services including appropriately trained staff, in particular, therapists.
- 10.11 CSED Best Practice guidance indicates that 50% of those receiving reablement can return to full independence; however this is based on reablement being provided without application of the FACS eligibility. For FACS eligible service users, an 8% return to full independence is more usual. Therefore, whilst reablement does result in a positive outcome the government's suggestion that almost every service user can benefit from reablement may be unrealistic.

10.12 As part of the overall strategy to improve Intermediate Care and ensure a service that is responsive, flexible and accessible to the people of Herefordshire, reablement services funded by the council are undergoing a re-structure. The aim is to provide a 24 hour, seven days a week, patient led service that enables people to regain and retain the skills needed to live as independently as possible. The proposed new model will consist of a centralised assessment/reablement team as well as three operational teams strategically located across the county to ensure fast service delivery. The Roving Nights service will continue to carry out their present role.

**Recommendation 10: The need for long-term packages of care should be reduced by providing a mixed economy of providers and effective reablement services.**

#### Personalisation

10.13 Individuals should increasingly be encouraged and supported to commission their own services in line with the personalisation agenda. This should help develop a more competitive market with individuals having the opportunity to choose from a wide variety of services and providers which will meet their individual needs. There should be more flexibility around how and where care is delivered.

10.14 More services will be purchased via Individual Budgets with a target of 31% of users by March 2011. This increase in take-up of personal budgets is expected to drive a big increase in the demand for directly employed Personal Assistants (PAs). Improvement and Efficiency West Midlands (IEWM) is co-ordinating a regional project aimed at increasing the capacity and quality of PAs in the West Midlands so that there are enough people, with the right skills, to meet this demand. Herefordshire is involved in this project and should ensure that all staff and providers are kept informed and up-to-date with this and other developments to ensure that the market develops accordingly. Existing care workers could potentially become personal assistants and be employed directly by the service user, rather than through an agency. This could result in reduced staffing levels within provider agencies. Market stability will need to be carefully monitored and managed. With the variety of choices likely in the future there may well be a call-off from the current major contracts.

10.15 The public also need to be fully aware of developments and opportunities in relation to personalisation and individual budgets and every effort must be taken to ensure that individuals choosing an Individual Budget are fully aware of how to protect themselves from all forms of abuse.

**Recommendation 11: Appropriate checks must be in place to ensure that anyone choosing an Individual Budget is fully informed, advised and understands how to protect themselves from all forms of abuse, and that funds are spent in a manner appropriate to the needs of the individual.**

#### Safeguarding

10.16 The Adult Safeguarding training strategy is crucial to ensuring the workforce development challenges are tackled in a systematic way, ensuring all staff in contact with vulnerable adults have a clear understanding of their responsibility to safeguard them effectively. There may be issues that are particular to those individuals choosing an Individual Budget and these must be recognised and highlighted.

10.17 A comprehensive training programme will be in place throughout 2010/11. Partnership competencies have been agreed and a training audit process will be ongoing to ensure training resources are targeted as effectively as possible.

10.18 The group felt that in order to protect vulnerable people, anyone providing care should feel able to raise concerns without fear of reprisal. Whistle Blowers should feel supported and be encouraged to voice their worries. Concerns and complaints should be dealt with in the appropriate way with clear policies and clear lines of communication.

**Recommendation 12: Regular contract monitoring and review should be undertaken in order to ensure that high standards are being achieved and that both staff and service users are being treated according to the appropriate regulations.**

**Recommendation 13: The Council should continue to co-ordinate and/or provide safeguarding training across all sectors and organisations as well as monitor attendance and compliance.**

#### Supported Living

10.19 Extra Care housing schemes provide an alternative to traditional home care.

10.20 Based on service user feedback from The Rose Gardens scheme in Herefordshire, the group felt that these schemes are a very good way of maximising independence in a safe environment. However, extra care housing set up on a principle of mixed need communities are often reluctant to take tenants who can be demanding of staff and other tenants so this option may not always be fair and equitable for all.

10.21 The Group expressed concerned that the Woodside Flats at Ross-on-Wye which were intended to be used for re-habilitation and emergency care were still empty. The Shaw contract is currently undergoing a corporate review.

**Recommendation 14: The group suggests that the number of supported housing schemes for older people should be increased. Interested service providers and developers should be encouraged to work in collaboration and partnership.**

**Recommendation 15: Ensure that there is a continuing focus on joint strategies which cross all directorates and organisations including Housing, Social Care, Regeneration and Health in order to plan, commission and provide for the increasing ageing population in Herefordshire.**

#### Free Home Care – April 2011

10.22 The Personal Care at home (PCaH) Bill included the offer of personal care at home free to anyone who meets the Fair Access to Care (FACS) eligibility level of Critical AFTER a period of up to six weeks reablement service. The Bill was enacted on 8 April 2010.

10.23 This Bill amends the Community Care (Delayed Discharges) Act 2003 which restricts the power to provide free personal care for a maximum of six weeks and proposes instead, free personal care for those who are eligible. It is this elder proportion of the population that is likely to make up the majority of the demand for free personal care. Further updates and decisions are awaited.

## **11. Recommendations**

11.1 The following recommendations are made against a background of uncertainty and rapid change both nationally and locally. Recent changes to government and the introduction of the White Paper, Equity and Excellence create some uncertainty over future structures and commissioning responsibility. Internal reorganisations and restructures, including the Shared Services initiative will need to be considered when agreeing actions and responsibility.

11.2 The Review Group recommends that:

- 1 the Care Brokerage Team is fully resourced as a matter of urgency,**
- 2 the Authority's Workforce Development and Training Teams should work in close partnership with service providers to develop career pathways and progression for carers. Caring should be seen as a 'valued' career and one that will be in increasing demand in the future. Every effort should be made to ensure that school leavers are fully informed and encouraged to take work placements in the caring profession.**
- 3 the Workforce Development Team should assist with and/or co-ordinate group training to allow service providers to share the cost of training sessions and to ensure consistent standards and quality.**
- 4 a change in policy once an EMS is fully implemented to only pay for hours of care actually delivered. Clear policy, procedure and guidelines should be produced for internal staff as well as service providers in order to ensure value for money services.**
- 5 any further premiums awarded to recognise high standards of quality should only be awarded to drive up the standard and quality of home care services.**
- 6 the new standard price for home care services must be applied to the proposed Rapid Response Emergency Care – there should be no supplement for emergency care (although End of life Care may be more expensive if specialist care is required).**
- 7 it is recommended that telecare and other equipment is easily accessible and readily available to the user at the earliest opportunity to maximise independence and prevent further decline and the need for more intensive support**
- 8 the current small packages of care are reviewed to see whether or not other support can be offered as an alternative to a visit e.g. telecare / equipment service. New packages of care should follow a process of considering these alternatives as a first option (in line with the proposal for an Instant Care Service).**
- 9 a clear overall strategy to support the move from hospital based services to community based care be implemented. This should include a robust framework explaining how funding will be allocated across the services and how necessary changes to current staffing levels across the organisations will be managed**
- 10 reablement services should be maximised in order to enable people to regain their independence and reduce the need for long-term packages of care.**
- 11 appropriate checks must be in place to ensure that anyone choosing an Individual Budget is protected from all forms of abuse, and that funds are spent in a manner appropriate to the needs of the individual.**
- 12 regular contract monitoring and review should be undertaken in order to ensure that high standards are being achieved and that both staff and service users are being treated according to the appropriate regulations.**
- 13 the Council should continue to co-ordinate and/or provide safeguarding training across all sectors and organisations as well as monitor attendance and compliance.**

- 14 the number supported housing schemes for older people should be increased. Interested service providers and developers should be encouraged to work in collaboration and partnership.**
- 15 there is a continuing focus on joint strategies which cross all directorates and organisations including Housing, Social Care, Regeneration and Health in order to plan, commission and provide for the increasing ageing population in Herefordshire.**





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| <b>TITLE OF REVIEW:</b> | <b>Review of Home Care</b>  |
| <b>Committee:</b>       | <b>Adult Social Care &amp; Strategic Housing Scrutiny Committee</b> |

## SCOPING

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| <b>Reason for Enquiry</b>  |
| <p>The projected growth in the percentage of older people living in Herefordshire means that we will be supporting a larger number of frail older people and vulnerable people to live in their own homes with home care services.</p> <p>The quality and capacity of the home care market (the Council only delivers re-ablement home care) is therefore of key importance. A major review of contracted home care services has taken place over the last year, and the Committee may wish to review progress and 'future fit' of the proposals</p> |

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| <b>Links to the Community Strategy</b>   |
| <p>The review contributes to the following objectives contained in the Herefordshire Community Strategy, including the Council's Corporate Plan and other key plans or strategies:</p> <p>NI 136 people helped to live independently through social care</p> <p>NI 142 supporting people services (housing related support)</p> <p>NI 125 achieving independence through re-ablement and intermediate care</p> |

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| <b>Summary of Review and Terms of Reference</b>  |
| <p><b>Summary</b></p> <p><b>Terms of Reference</b></p> <ul style="list-style-type: none"> <li>• Comparison of value for money and unit costs based on the fair pricing tool and regional comparator data</li> <li>• Market analysis and capacity to deliver services for a growing population of people needing care at home</li> <li>• Quality of services commissioned and plans to improve quality</li> <li>• Impact of personalisation, and how plans to commission will cope</li> <li>• Development of re-ablement services, and impact on the number of people supported and the increased quality of life that can be secured for them</li> </ul> |

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| <b>What will NOT be included</b>  |
| <p>In order to make the Review manageable it is proposed that Supporting People Services which are currently undergoing a major review and restructuring, and hospital based, and residential based intermediate care are NOT considered.</p> |

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| <b>Potential outcomes</b>   |
| <ul style="list-style-type: none"> <li>• Evaluation of the robustness of the strategy in delivering the desired outcomes for vulnerable people at best value;</li> <li>• Recommendations with respect to development of reablement services.</li> </ul> |

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| <b>Key questions</b>   |
| <ul style="list-style-type: none"> <li>• How can sufficient market capacity be secured to support the projected growth in the numbers of vulnerable people who could need support;</li> <li>• How do we maximise independence through home care services to ensure a wider number of people are able to receive a service;</li> <li>• How do we demonstrate value for money in the service that we have procured.</li> </ul> |
| <b>Cabinet Member (s)</b>  |
| Adult Social Care and Strategic Housing  |
| <b>Key Stakeholders/Consultees</b>   |
| <ul style="list-style-type: none"> <li>• Carers representatives</li> <li>• Home care providers forum</li> <li>• Older people's reference group- incl Age Concern advocacy</li> <li>• Valuing People partnership board</li> <li>• SIL</li> <li>• Mental Health reference group</li> </ul>   |
| <b>Potential Witnesses</b>   |
| From the consultation groups above   |
| <b>Research Required</b>   |
| Benchmark data across rural counties and West Midlands<br>Regional project to develop reablement services  |
| <b>Potential Visits</b>  |
| Home care<br>Telecare<br>Reablement services   |
| <b>Publicity Requirements</b>  |
| Notification of review<br>Publication of the Review and its recommendations<br>Herefordshire Matters   |

| <b>Timetable</b>  |   |
|---|---|
| <i>Activity</i>   | <i>Timescale</i>  |
| Confirm approach, programme of consultation/research/provisional witnesses/meeting dates (and proposed topic)   | First meeting of the Review Group.<br>January 2010  |
| Collect current available data  | February 2010   |
| Collect outstanding data  | February 2010   |
| Analysis of data  | March 2010  |
| Final confirmation of interviews of witnesses   | February 2010   |
| Carry out programme of interviews   | Early March 2010  |
| Agree programme of site visits  | February 2010   |
| Undertake site visits as appropriate  | February 2010   |
| Final analysis of data and witness evidence   | April 2010  |
| Prepare options/recommendations   | April 2010  |
| Present Final report to Relevant Scrutiny Committee   | April 2010  |
| Implementation of agreed recommendations  | July 2010   |
| <b>Members</b>  | <b>Support Officers</b>   |
| <b>Councillor AE Gray</b><br><b>(Chairman of Review Group)</b><br><b>Additional members of the Review Group</b><br><b>Councillor PA Andrews</b><br><b>Councillor KG Guthrie</b> | <b>Lead Support Officer</b><br>Sharon Pugh, Service Redesign Officer<br><b>Democratic Services Representative</b><br>David Penrose, Democratic Services Officer |



**Scrutiny Review on Home Care in Herefordshire - Interviewees**

**Care Providers**

Angela Gilchrist  
Surecare Services  
26-28 Aubrey Street  
Hereford HR4 0BU

Helen Rooke  
Absolute Care Services  
6B High Street  
Leominster  
Herefordshire HR6 8LZ

Ron Turner  
Managing Director  
Surecare Services  
26-28 Aubrey Street  
Hereford HR4 0BU

**Carers**

Michael Ashton

Alan Russell

Sue Pope

Elaine Angel

Jeanette Ralls



Appendix 3

| N.B. Draft Figures  |  | 2008/9              |  |               | 2008/9              |                     |               | 2007/8        |                     |               |               |                     |
|---|--|---------------------|--|---------------|---------------------|---------------------|---------------|---------------|---------------------|---------------|---------------|---------------------|
|   |  | Herefordshire UA    |  |               | Comparators Average |                     |               | All England   |                     |               |               |                     |
|   |  | Unit cost           |  |               | Unit cost           |                     |               | Unit cost     |                     |               |               |                     |
| Client group and service  |  | Units of indicator  |  | All provision | Own provision       | Provision by others | All provision | Own provision | Provision by others | All provision | Own provision | Provision by others |
| <b>ADULTS (AGED 18-64) AND OLDER PEOPLE (AGED 65+)</b>          |  |                     |  |               |                     |                     |               |               |                     |               |               |                     |
| Adults and older people recv home care (sample week activity)   |  | Per hour            |  | £18.2         | £70.0               | £17.4               | £15.3         | £32.2         | £12.9               | £14.4         | £22.3         | £12.3               |
| Adults and older people recv home care (actual annual activity) |  | Per hour            |  | £18.2         | £70.0               | £17.4               | £16.2         | £39.2         | £13.5               | £15.2         | £23.4         | £13.0               |
| Adults and older people receiving home care                     |  | Per person per week |  | £197          |                     |                     | £159          |               |                     | £151          |               |                     |
| Older people receiving home care                                |  | Per person per week |  | £176          |                     |                     | £128          |               |                     | £135          |               |                     |
| Adults with learning disabilities receiving home care           |  | Per person per week |  | £491          |                     |                     | £383          |               |                     | £352          |               |                     |
| Adults with mental illness receiving home care                  |  | Per person per week |  | £317          |                     |                     | £146          |               |                     | £78           |               |                     |
| Adults with physical disabilities receiving home care           |  | Per person per week |  | £183          |                     |                     | £191          |               |                     | £156          |               |                     |

Table 3: PSS EX1 Return for 2008-9 Unit cost summary sheet

| N.B. Draft Figures                                     |  | 2008/9             |  |       |                   |       |       |            |       |       |                          |       |       |       |       |
|--|--|--------------------|--|-------|-------------------|-------|-------|------------|-------|-------|--------------------------|-------|-------|-------|-------|
| PSS EX1 Return for 2008-9 Unit cost summary sheet      |  | Herefordshire UA   |  |       | North Somerset UA |       |       | Shropshire |       |       | East Riding of Yorkshire |       |       |       |       |
|  |  | Unit cost          |  |       | Unit cost         |       |       | Unit cost  |       |       | Unit cost                |       |       |       |       |
| Client group and service                               |  | Units of indicator |  | All   | LA                | Other | All   | LA         | Other | All   | LA                       | Other | All   | LA    | Other |
| <b>ADULTS (AGED 18-64) AND OLDER PEOPLE (AGED 65+)</b> |  |                    |  |       |                   |       |       |            |       |       |                          |       |       |       |       |
| <b>Home care</b>                                       |  |                    |  |       |                   |       |       |            |       |       |                          |       |       |       |       |
| Adults & OP recv home care (sample week activity)      |  | Per hour           |  | £18.2 | £70.0             | £17.4 | £19.4 | £43.9      | £14.9 | £10.9 | £21.7                    | £9.6  | £17.2 | £53.9 | £13.9 |
| Adults & OP recv home care (actual annual activity)    |  | Per hour           |  | £18.2 | £70.0             | £17.4 | £18.1 | £45.2      | £13.7 | ..    | ..                       | ..    | £12.8 | £54.0 | £10.2 |
| Adults & OP recv home care                             |  | PP per wk          |  | £197  |                   |       | £154  |            |       | £173  |                          |       | £157  |       |       |
| OP receiving home care                                 |  | PP per wk          |  | £176  |                   |       | £140  |            |       | £165  |                          |       | £126  |       |       |
| Adults with LD receiving home care                     |  | PP per wk          |  | £491  |                   |       | £340  |            |       | £172  |                          |       | £478  |       |       |
| Adults with MH receiving home care                     |  | PP per wk          |  | £317  |                   |       | £298  |            |       | £157  |                          |       | £77   |       |       |
| Adults with PD receiving home care                     |  | PP per wk          |  | £183  |                   |       | £165  |            |       | £233  |                          |       | £155  |       |       |