

Review of Home Support Services for Older and Physically Disabled People in Herefordshire

Report by the Home Support Services Review Group – April 2005

**For presentation to the Social
Care & Strategic Housing
Scrutiny Committee 5th April
2005**

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1. Introduction

1.1 The purpose of the review was to examine the support provided to older and physically disabled people to live at home, with particular reference to the home care service. The reviews aim was to provide guidance on how home support could be improved in order to support the increasing numbers of older people who will need services in the future.

1.2 Members wanted to gain a better understanding of the framework in which Social Care provide services, how people access services, what services are provided, to who and the challenges of providing these services.

Cllrs. Rees Mills, Jennifer Hyde, Anne Gray, Glenda Powell and Margaret James (Carers' Support) were appointed to serve on the review group with Cllr. Marcelle Lloyd-Hayes taking the Chair. The Scoping statement and Terms of Reference are attached - Appendix 1.

1.3 The review was undertaken between 4th November and 17th December. This report summarises the key findings of the review and makes recommendations to the Cabinet member (Social Care & Strategic Housing)

2. Method of Gathering Information

2.1 Presentations by officers with specific links with home support.

2.2 Work shadowing of home care, STARRS (reablement) staff. and assessment staff carrying out community care assessments.

2.3 The review group would like to express their thanks to all the staff who gave presentations and work shadowing opportunities for their time. The group was impressed with the professionalism with which staff carried out their duties in often complex and demanding situations.

3. Presentations

The following presentation topics were arranged;

3.1 How funds are deployed within the various home support services.

A total of £24m per annum is spent on care of older people. This is approximately 44% of the Social Care budget. An analysis of total budget provision for Older Peoples Services including the extent of reliance upon specific grants (15% - £3.5m) and income from Service Users (25% - £6m) was described. A breakdown was provided of present distribution of these resources against a full range of service choices along with an indication of the number of older people provided for by each service type.

Home support in the form of domiciliary care is now predominantly (80%) provided by approved independent sector providers. In total 5400 hours of service per week for approximately 650 service users per annum.

A number of general and service specific challenges were presented and which can be summarised as: providing the optimum balance between service options, quality and costs that meet changing local and national expectations while securing equitable access in a predominantly rural area and maintaining stability in a care services market struggling with recruitment of a suitable workforce.

A joint (Herefordshire Council and Herefordshire PCT) Commissioning Plan is being developed with broad stakeholder involvement, and informed by an analysis of comparative performance with other Authorities/PCT's. This will produce the joint service models required following the SSI Inspection.

3.2 Eligibility for services

It was emphasised that English Local Authority eligibility criteria for social care support (that is, the rules regarding to whom we provide and to whom we do not provide a service) were not a matter of local discretion.

From April 2003 all Councils with Social Service Responsibilities (CSSRs) have had to work to a national framework called 'Fair Access to Care Services' (FACS), developed and issued by the Department of Health. Whilst the adoption of the policy framework

is mandatory, CSSRs can choose at what level they set the threshold for access to support.

From the four bands of need set out in FACS – critical, substantial, moderate and low – Herefordshire Council has set its threshold at the critical & substantial level, based on an analysis of funds available. When people cross that threshold in terms of their need, we have a duty to provide support. For people that do not meet our threshold, informal support can be provided through a number of ways, including signposting, provision of information, referrals to other organisations and preventative services.

The national FACS framework is a loose framework, and can be difficult to translate into specific responses to specific situations and needs. Staff therefore need to deploy good assessment skills to ensure equity of service response. The emphasis on critical and substantial needs means that it may be difficult to identify and then secure services for those needs that should be addressed for preventative reasons. FACS requires care plans to have clear objectives, which in turn means that staff have to undertake regular reviews of service users. The growing older population means proportionately increasing levels of critical and substantial needs, which puts great pressure on budgets and makes the identification of resources that can be diverted to preventative services challenging.

3.3 Charging for home support services

Home support services are subject to the Council's charging system. The basis structure of charging for services is determined by statutory guidance for Local Authorities produced by the Department of Health.

Key planks of the guidance are:

- The means test uses Income Support as the basis.
- People with over £20,000 pay the full cost of the service.
- Housing and disability related expenditure are taken into account when assessing income.
- Benefits assistance must be provided to all adult service users.
- Income from paid employment is disregarded.

3.4 Direct payments

Direct payments create more flexibility in the provision of social services. Giving money in place of social care services means people have greater choice and control over their lives, and are able to make their own decisions about how the support they need is delivered. Most people use the money to employ their own support staff, because they can choose who supports them and at

what times. They also have the ability to use the support hours more flexibly.

The evidence suggests direct payments are more cost effective and cheaper than traditional services, and research has found that direct payments can have a preventative or delaying role with regard to residential care. Research into take up of direct payments by older people found that:

“Older people receiving direct payments reported feeling happier, more motivated and having an improved quality of life than before. There was a positive impact upon their social, emotional and physical health”.

For direct payments to be successful service users must have access to a good support service, and help to manage the financial and administrative aspects of using direct payments.

The challenge now is to establish direct payments within the culture of care management, so that direct payments are routinely offered to all older people who are eligible for services. Care managers/social workers who had successfully implemented direct payments with older people gained a massive sense of satisfaction from empowering clients to be “able to do it themselves”. A Local Implementation Group (LIG) is working to establish this culture in Herefordshire.

3.5 Workforce development for home support

Nationally, there are increased resources available to employers for training and professional development in social care. Local employer-led partnerships are becoming key to successful bids for funding, and also play a significant role in the regional allocation and distribution of these resources.

Locally, social care employers such as home support are well placed to make the most of these opportunities. Training grants have increased, and the local employer-led Association for Care Training (ACT) has just appointed two members of staff to move workforce development forwards across Herefordshire and Worcestershire.

There are also a variety of challenges ahead. The collection of data and development of stronger links between key local stakeholders will be very important in maximising the outcomes from workforce development funds. Modernising the image of career pathways in social care and exploring traineeships could assist in recruitment and retention for home support. Plans for the registration of the wider social care workforce by the General Social Care Council

should also ensure continued individual professional development plans are drawn up locally for all staff.

A Best Value Review of home care in 2000 recommended that the in-house service refocus on providing rehabilitation opportunities for older people through short-term intensive input. The STARRS (Short term assessment, reablement and review service) was created. Correspondingly part of the traditional in-house service activity has been contracted with independent providers, committing them to providing blocks of hours in geographical areas. The remaining in-house service is due to be contracted in a similar way in the autumn. The advantage of block contracts is that contractors can plan their workforce accordingly leading to a more consistent response to the needs of the service.

The key challenge in supporting older people to continue living at home is in securing an adequate home care workforce. Home care providers are subject to registration by CSCI through a set of National Minimum standards, many of which relate to the training and development of the workforce.

The NHS is a key partner organisation employing a similar workforce and opportunities need to be created to work more closely in addressing this challenge. In particular health care assistants where the recruitment pool is shared.

A workforce development manager (adults) will be recruited to undertake this work.

3.6 Contribution of informal carers

Many older people are supported substantially by informal carers, usually family members. Successive acts of parliament have ensured mandatory support is provided to informal carers to help them continue in their caring role. Carers are entitled to an assessment of their own needs if they provide regular and substantial support, they must be told of their rights, have more opportunities for work, education and leisure.

A government grant is provided to assist LAs in their duties. Information, short breaks and day care are among services offered.

3.7 Performance management

The current approach to Performance Management was driven by the Modernising Social Services white paper of 1998, which was responding to '... many examples of poor services, widespread inefficiency and a worryingly high number of authorities with serious and deep rooted problems'.

The Commission for Social Care Inspection (CSCI) assesses the performance of Social Services departments using the Performance Assessment Framework (PAF) – a set of 50 indicators, which are rated in bandings and scored in blobs. These figures are presented at each Scrutiny Committee. CSCI also monitor progress against national objectives and targets through the Delivery and Improvement Statement (DIS), which is a self-assessment tool in which previous achievements are recorded and future targets are planned, along with details of strategies, risks and contingencies in place for the Directorate.

Indicators relevant to support at home are:

Numbers of older people helped to live at home (as a percentage of the older peoples population) – This has been identified in recent performance reports as requiring urgent attention.

Numbers of older people helped to live at home with intensive home support (as a percentage of all those supported by Social Care) – Although there has been a steady improvement in this indicator we are still well short of the Government targets.

4. Work shadowing.

Members of the Review Group were given the opportunity of shadowing home care, STARRS and assessment staff.

The following observations were made by members:

- Members shadowing social workers on assessment visits commented on the high standard of professionalism and skill they observed. The wide range of knowledge required in dealing with complex family situation, the skill in involving informal carers, whose views sometimes differed from those of the carer for the person.
- Good quality assessments were identified as the key to delivering appropriate service responses, which are sensitive to both the service user and his/her family carers. Good assessments take a great deal of professional time.
- There was concern about how older people make contact with the care sector. It was felt that the system was not always easily accessible to older people and that some people were not receiving services because they did not know how to go about enquiring about what was available.
- Shadowing home carers and re-ablement assistants gave members an insight into the range of tasks carried out by these

staff, e.g. catheter care, use of hoists and assistance with medication.

- Members observed that many of these tasks now carried out by home care staff would have been carried out by nursing staff, prior to the developments in community care in the 1990's. Members felt that there had not been an adequate transfer of resources from the health service to Social Care along with the transfer of tasks and responsibilities.
- Some service users had expressed concern about the changes in home care from in-house service to independent agencies. The importance of having continuity of staff and standards were stressed.
- The home support workforce issues of recruitment, retention and skills required to meet increasing expectations of both service users and regulators were felt to have a wide ranging impact. If there was not an adequate home support workforce this could potentially affect the ability of the health and social care systems in delivering care in the right place.
- The logistics of providing home care were complex – rotas had to be covered 7 days per week, even when staff were sick or on leave.
- The human resource required to provide complex care arrangements for older people with high level needs was noted. Including the pay structure and similarities with nursing assistants in the health service. The career structures for intensive social care in the community need both national and local attention.

General observations;

- Links need to be made with the development of “Chronic Disease Management” by the Primary Care Trust and the social care support of people with long-term conditions.
- Examples of innovative care arrangements were seen, which were not based simply on tasks to be carried out, but also on quality of life outcomes.
- The nutritional adequacy of frozen meals was questioned whether these are provided through WRVS Meals on Wheels service or purchased from supermarkets.
- Links between Supporting People and Social Care are important. Any changes in Supporting People criteria can mean an increased demand on Social Care.

Recommendations

That:

- 1. An inter-agency, overarching strategy for well-being and better ageing in Herefordshire is developed.**
- 2. The Health and Social Care Partnership examine the vital role of home care and explore better ways of sharing resources for better outcomes for older people.**
- 3. A home care workforce strategy is developed with independent sector involvement.**
- 4. The eligibility criteria for Supporting People Services and Social Care are clarified.**

Appendix I

Social Care and Housing Scrutiny Committee

REVIEW:	HOME CARE	
Committee:	Social Care and Housing Scrutiny	Chair: Cllr Lloyd-Hayes
Lead support officer:	Stephanie Canham Head of Social Services (Adults)	

SCOPING

Terms of Reference

- To review the level and need for home support services to older people in Herefordshire.
- To review the councils Eligibility criteria for Social Care Services.
- To examine current use of available funding and Charging Policy.
- To consider Cross Agency support for older people.
- Following the review to make recommendations to the Cabinet member above policy development.

Desired outcomes

- Development of cross Agency/strategy for older people in Herefordshire.
- Policy development to support/encourage self-reliance/prevention agenda.
- Direct payments influencing Social Care commissioning strategy.

Key questions

- How are current funds committed?
- What has been the effect of Home Care changes?
- Are Home Care Agencies providing Services that people want? What monitoring arrangements are in place?
- Are we being as creative in Service options? Direct Payments? Support to informal carers?
- How can we develop the human resources required? What are the barriers to developing the workforce – Pay? Status?
- What are the Government Targets the Council will be measured by?
- How do we determine who is eligible for Council Services?
- Identify need of community of older people, funding required.
- Have we got a Council wide view of access to universal services by older people?
- Rural dimension. Deprivation. Transport. Financial – benefits take up.
- What contribution does health make to support older people living independently?
- How do we encourage a self-reliant population?
- What support do we give to informal carers?
- Which authorities are doing well and how?

Time Scales

- Dates have been agreed for following topics.
 - Commissioning Care.
 - Eligibility for services.
 - Direct Payments.
- Case Study – October.
 - The following topics to be illustrated using a case study.
- Visits: Options – September
 - Shadow Social Worker on an assessment visit.
 - Shadow reablement assistant – STARRS.
- Policies review with Head of Services - October.
- Benchmark exercise to identify excellent authorities - November.
 - Assessment.
 - Eligibility.
 - Charging.
 - Service Options.