

AGENDA MANAGEMENT SHEET

Name of Committee	Cabinet
Date of Committee	06 December 2007
Report Title	Independence through Outcomes - Home Care in Warwickshire
Summary	This report sets out the views of the Home Care Working Group as endorsed by the Adult & Community Services Overview and Scrutiny Committee. It seeks the endorsement of Cabinet to the recommendations in the report.
For further information please contact:	Jane Pollard Overview and Scrutiny Manager Tel: 01926 412565 janepollard@warwickshire.gov.uk
Would the recommended decision be contrary to the Budget and Policy Framework?	No.
Background papers	None

CONSULTATION ALREADY UNDERTAKEN:-

Details to be specified

Other Committees	<input checked="" type="checkbox"/> Adult & Community Services Overview and Scrutiny Committee 14.11.2007
Local Member(s)	<input checked="" type="checkbox"/> N/A
Other Elected Members	<input checked="" type="checkbox"/> Cllr Frank McCarney, Cllr Jose Compton and Cllr Richard Dodd
Cabinet Member	<input checked="" type="checkbox"/> Cllr Colin Hayfield
Chief Executive	<input type="checkbox"/>
Legal	<input checked="" type="checkbox"/> Sarah Duxbury
Finance	<input type="checkbox"/>
Other Chief Officers	<input checked="" type="checkbox"/> David Carter, Graeme Betts
District Councils	<input type="checkbox"/>

Health Authority ☐

Police ☐

Other Bodies/Individuals ☐ John Dunster –Chair of Warwickshire Independent
Domiciliary Care Association, Jo Min- Alzheimer's
Society, Brenda Hardy -Chair of the Countywide Older
People's Forum, Satkaar, Elaine Ives - Warwickshire
Quality Partnership.....

FINAL DECISION YES

SUGGESTED NEXT STEPS:

Details to be specified

Further consideration by
this Committee ☐

To Council ☐

To Cabinet ☐

To an O & S Committee ☐

To an Area Committee ☐

Further Consultation ☐

Agenda No

Cabinet - 06 December 2007.

‘Independence through Outcomes’ - Home Care in Warwickshire

Report of the Chair of the Adult & Community Services Overview and Scrutiny Committee

Recommendation

That Cabinet endorses the recommendations in the attached report 'Independence through Outcomes'

The Adult & Community Services Overview and Scrutiny Committee considered the report of the Home Care Members Working Group ‘Independence through Outcomes’ at its meeting on 14 November 2007. The Committee supported the recommendations in the report and commended the work of the Working Group.

A copy of the report and recommendations as agreed by the Adult & Community Services Overview and Scrutiny Committee is attached for the consideration of Cabinet. The Committee also agreed to forward the report and recommendations to the following bodies

Warwickshire District/Borough Councils
Warwickshire Independent Domiciliary Care
Association
Warwickshire Quality Partnership
Countywide Older People’s Forum
CSCI

Warwickshire Primary Care Trust
Age Concern
Alzheimer’s Society
South Warwickshire Carer’s Support Service
Satkaar Asian Elders Day Service

During the course of the debate the following issues were highlighted

- The need to ensure that commissioning in the future is focused on outcomes for the service user rather than the more traditional outputs.
- National policy promotes choice and control for service users, raising expectations but little is said about the costs of implementation
- The Council will need to decide what is affordable and sustainable in terms of service provision and proactively manage people’s expectations in terms of the choices that are then available
- It would be more realistic to talk in terms of ‘improving choice within affordable resources’ and acknowledge that some choices may require payment from service users.

- The home care service is a heavily subsidised service – annual cost of £22M –charging only raises £4M –currently provides for some 3500 service users and delivers some 38,000+ hours per week (more than doubled over the past 3 years)
- Need to tackle sickness absence, take advantage of new technologies and new ways of working if we want to have an affordable and sustainable service in the future.
- It is important that we engage our partners in service developments and learn from each others experience
- There is a need to continue efforts to raise the profile of social care as a career to ensure that the market can provide the skills and people needed for the future.
- The recommendations cover a wide range of issues, which are inter-related and are also key to the future delivery of social care services. The Committee does recognise it will take time to move forward in response to the recommendations.

CLLR FRANK MCCARNEY
Chair Adult & Community
Services Overview and
Scrutiny Committee

Shire Hall
Warwick

14 November 2007

Independence through Outcomes

INDEX

Section	Topic	Pages
	Executive Summary and Recommendations	1-9
	Main Report	
1	Foreword by the Chair	10
2	National Context	11-13
3	Home Care in Warwickshire	13-16
4	The Home Care Market in Warwickshire	16-18
5	Compliance with Standards	18-22
6	What the Users Say?	22-25
7	What the Countywide Older People's Forum says	26-27
8	What the Alzheimer's Society says	27-28
9	What the Satkaar Asian Elders Day Service says	28-29
10	Warwickshire Independent Domiciliary Care Association	29-30
11	Commissioning	30-33
12	New Developments/Service Initiatives	33-39
13	Market Management –Tendering –Lessons Learnt	39-41
14	The Cost of Home Care	41-43
15	Future Strategy	43-46
16	Recruitment and Retention of Staff	46-47
17	Training – Warwickshire Quality Partnership	48-51
18	Recommendations	51-54
	Appendices	
1	Home Care – National Minimum Standards -Overview	55-56
2	Home Care Working Group -Terms of Reference	57-58
3	Comparative home care charges –other authorities	59
4	Disabled Facilities Grant Allocations	60

‘Independence through Outcomes’

Report of the Home Care Members Working Group as endorsed by the Adult & Community Services Overview and Scrutiny Committee

Executive Summary and Recommendations

Foreword by the Chair of the Working Group Councillor Nina Knapman

One of the Council's top three priorities over the next three years is to improve care for older people and support independent living whenever possible. Home care is a key service in promoting independence and helping people to remain living in their own homes. Warwickshire, like many other Councils, has experienced a significant increase in the demand for home care hours over the last three years. However these have been mainly concentrated on providing increasingly intensive packages of care as people become more dependent rather than increasing the overall number of people helped to live at home. Although life expectancy is rising, healthy life expectancy is lagging behind. The projected rise in the numbers of older people 85+ and older people with dementia indicate that the demand for home care will continue to increase at a rapid rate over the next 10 years.

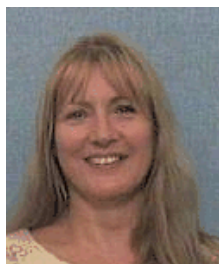
This rise in the demand for service is set against a background of limited resources. The challenge for the Council is to find some way of providing a service which meets the aspirations of older people but which at the same time is affordable and sustainable. It is clear that the current commissioning arrangements for home care will not be sustainable in the future.

THE WORKING GROUP

Nina Knapman
(Chair)



Susan Main



Mota Singh



Ian Smith



We have decided to call this report ‘Independence through Outcomes’ to emphasise our belief that the only way to achieve real independence for service users is by ensuring that commissioning in the future is focused on outcomes for the service user rather than the more traditional outputs. At the end of this report we have made 21 recommendations that we hope will assist the Council and its partners in moving forward.

Main Findings

1. There are approximately 3500 service users of home care at any one time, about 600 of whom are in the age range of 18-64 years, the remaining 2,900 people are 65+ with the vast majority being over 75

years. The largest user group are older people (over 65 years) with physical disabilities. Older people with dementia form the next largest category.

2. There are some 42 home care agencies (2006 figures) in Warwickshire including 8 in-house home care services. The remaining provision is through independent sector and voluntary sector agencies. Of the home care services commissioned by the Council 80% are provided by the independent and voluntary sectors with the in-house service providing the remaining 20%.
3. Overall, within the last three years the number of homecare hours delivered by internal and external providers has substantially increased with some 38,512 home care hours now being delivered per week. Analysis shows that overall new referrals are more dependent than before and therefore the service package provided is more intensive. However the numbers of older people in Warwickshire supported by the Council to live independently at home is lower than the national average (10 per 1000 people 65+ in 2006/07).
4. In 2006 -07 CSCI carried out their first set of inspections of home care agencies. Results show an average level of compliance with all standards for the county was 69.2% compared with the England average of 70.9%. A more recent analysis of compliance by in-house services based on their latest inspection reports shows a significant increase in their overall rate of compliance from 62.3% to 80.7%. Over the same period the voluntary sector overall compliance rate slightly increased and the private sector overall compliance rate slightly declined. Across the sector the three standards showing the lowest rate of compliance are medication, safe work practices and risk assessments. There is a need for continued monitoring of trends and compliance rates to ensure appropriate action is taken to raise standards.
5. We were disappointed that the Department of Health had not carried out the proposed review of the national minimum standards and that the development of an outcomes framework for home care appears to have stalled for some reason.
6. We were also disappointed to learn about the gradual withdrawal by CSCI from proactive engagement with providers at a local level (relying on regional events and newsletters) outside of the formal inspection regime and we consider this is likely to be counter-productive in the long-term. The home care sector is a pivotal part of the government's aim to keep people living in their own homes and as the CSCI report 'Time to Care' indicates this sector is considered fragile and there is concern nationally over its ability to expand and meet future needs. It requires more not less support.

7. However the Working Group was pleased to learn that a meeting has been set up locally for Warwickshire providers with CSCI and would also urge CSCI to have more regular meetings with local commissioners to ensure there is a complementary approach.
8. The main area of complaint relating to the home care service in 2006/07 concerned missed or late calls. In the latest customer survey 66% of people were extremely or very satisfied with the service, with a further 28% quite satisfied. Overall 368 service users (91%) say that carers were coming at a time to suit them. Only 38 service users (9%) reported that visiting times do not suit them and that nothing has been done to change this. However while the vast majority are always satisfied that the visits are planned for a time that suits them, only 31% reported that visits always took place at the planned time, a further 56% said visits took place at the planned time 'most of the time'.
9. Many national and local policy drivers highlight the need for a robust health and social care market where statutory and independent sectors work together to encourage a more strategic, inclusive and consistent approach to capacity planning at a local level. Increasingly the use of direct payments will have an impact on the market as more individuals are able to exercise choice.
10. The current contractual arrangements for the generic home care service are felt to be inappropriate by many people, in particular because they do not focus on what the service user wants. Comments were made around the need to be more flexible around the timing of visits and around the tasks that can be undertaken on visits, allowing more choice for the service user in how they use their time allocation. In particular there was concern about the adequacy of the 30-minute block to get people up, dressed and provided with breakfast. Feedback from the latest customer survey indicates that whilst in most cases Care Plans are being followed through to completion, a significant proportion (8%) feel that tasks that currently fall outside of the Care Plans are wanted and 9% said that the carer did what the service user needed doing but that the other things in the Care Plan did not get done.
11. There is a need to build more flexibility into future arrangements to enable more choice. This does require the development of a greater level of 'trust' between the Council and its contracted providers to do what is necessary to ensure the safety and welfare of the service user whilst remaining within the Council's overall cost parameters. Warwickshire Independent Domiciliary Care Association have made a number of suggestions, along with others, about the use of new technology to support the future delivery of care and the development of better relationships between independent sector home care providers with residential and nursing homes and other facilities or specialist services to reduce the bureaucratic burden. We have also noted that any radical changes should be phased in order to allow the market to respond to new ways of working and enable the recruitment of appropriate staff into the social care sector.

12. Financial issues largely drove the last home care tendering process i.e. what the Council could afford. In the preparations for the next tendering round the Directorate is looking to see how it can better balance costs against quality and put more capacity into monitoring contract performance so that 'outcomes' can be tracked.
13. The government expects a certain level of income to be raised through charging service users. The total budget for the service (in-house and contracted services) is £22M and charges to service users for non-residential services are expected to contribute around £4M. The service remains heavily subsidised and charging is an integral part of being able to sustain an affordable service in the future.
14. The unit cost of home care services for 2006/07 fell within the optimum band of PAF indicators and as the unit cost remained at £13.30/hour, this indicated a reduction in cost in real terms. There are however big variations in unit costs between the north and south of the county (due to for example higher land prices in the south), which have resulted in a need to reflect local market conditions and a significant differential in pricing between the in-house and external service. Effective action to control the overall costs of home care has to include action to reduce levels of sickness absence within both the external and internal service through effective absence management strategies. A one percent absence rate in the in-house service is estimated to cost the Council £50,000. The current in-house service target is to reduce the rate to 6%.
15. The introduction of electronic management information and work allocation systems, and electronic home care recording system is expected to provide -
 - a. greater efficiencies, improvements in quality of service via the in-house service
 - b. significantly improved ability, through the electronic home care recording systems, to manage the market effectively, and more economically, to make sure that contract compliance, consistency, quality, and improved service to users, are all managed with much greater robustness, security and confidence.
16. It is currently estimated that the Council may be paying for more hours on a planned basis than the actual hours delivered. Eradicating this discrepancy has the potential to generate significant savings for the Council. Freeing up supervisors from time intensive administrative tasks will allow them to spend more time in communities. Not only with service users to assess more accurately satisfaction levels but also in supporting the locality agenda through working with trading standards, police, district/borough councils etc on personal security and personal protection systems.

17. National policy promotes choice and control for service users (which the Council supports) and central government messages have increased the expectations about the services that can be offered by the statutory agencies. Whilst service innovation and new ways of working can unlock some resources very little is said nationally about the potential cost implications of implementing the policy. There is a need to manage these expectations within the envelope of resources available and it would be more realistic to talk in terms of 'improving choice within affordable resources' and acknowledge that some choices may require payment from service users.

The Council will need to decide what is affordable and sustainable in terms of service provision and proactively manage people's expectations in terms of the choices that are then available.

18. The development of a coherent in-house service and the future direction of the whole service were inextricably linked. Providing an in-house service was more expensive and the challenge was to justify an in-house service within limited resources. We consider that whilst there should continue to be a mixed economy of care in Warwickshire the future direction of the in-house home care service should be focused towards the provision of specialist services and the provision of a fail-safe generic service to provide cover in the event of market failure.
19. Section 12 of our report looks at a number of new initiatives and potential service developments. Direct payments do not suit everyone and the concept of 'Individual budgets' is currently being piloted at 13 sites across the country. This is a way of giving service users more choice and control over the services delivered without the expectation that they manage the budget themselves. We believe this model would be worth exploring in Warwickshire and could be developed as a complementary model to direct payments.
20. A number of new specialist home care services have been piloted or commissioned in recent years most are focused on people with physical disabilities although a new pilot in-house service for people with dementia in the Stratford area commenced in October 2007. We believe that now is the time to take stock and look at how these specialist services may be better integrated to provide for a wider range of clients and rolled out across the county to provide a fully integrated service that promotes and maximises independence, prevents avoidable hospital admissions and delayed discharges.
21. The availability of night sitting services is a problem across the whole of the county although there is some limited provision in the south. It is also an expensive service to provide in people's own homes. The Directorate is considering piloting the development of a new 24/7 service in North Warwickshire to enable it to assess the cost-effectiveness of such a service.

22. Although the Directorate has a 'fast response' short-term intervention team to deal with crisis situations within people's own homes to prevent avoidable hospital, residential or nursing care admissions, there is no equivalent fast-track service for equipment/adaptations. The 'Better outcomes, lower costs' report published in May 2007 by the Department of Work and Pensions highlights the potential savings which can be made and we consider that this is a potential service development which is worth exploring.

23. There are problems in recruitment. Social care is still seen very much as a 'Cinderella' service and there is a need to change public perception. This has been commented on a number of times by previous reviews. One of the big challenges is to recruit appropriate BME staff locally. The service was not seen 'attractive' as a career. In addition cultural issues may impact on the hours some BME staff can work and the tasks they can undertake. We welcome the development of initiatives such as the Care Ambassadors Scheme, the proposals for registering staff and the training that is being developed. All these help to promote the professional status of home care workers. We have received evidence that valuing people schemes can improve retention rates. There is a need to continue our efforts in these areas.

RECOMMENDATIONS

- 1) That the Council be advised that we support the continuance of a mixed economy of care and advise that the future direction of the in-house home care service should be focused towards the provision of specialist services and the provision of a fail-safe generic service to provide cover in the event of market failure.
- 2) The Council should work in partnership with the independent sector to ensure that we make the optimum use of resources and ensure there are regular meetings between commissioners and the independent sector to enable the effective implementation of new service-developments. New ways of working require greater levels of trust to develop between the Council and its contracted providers.
- 3) That the Council should explore with the Warwickshire Independent Domiciliary Care Association the best way to build closer links with care and nursing homes and specialist home care services, whether through the development of protocols or otherwise.
- 4) That the Council when commissioning new home care contracts in the next tendering round should move towards providing more flexibility and choice for the service user in how the allocated time is used. This should be approached on a phased basis to allow the market time to respond to new ways of working and the Council should consult relevant stakeholders on the appropriate balance between the new and more traditional style contracts and how best to phase in new types of contracts. Consideration

should be given to the amount of time required by the independent sector to recoup any capital investment when determining the length of future contracts

- 5) That any new style contracts for home care should wherever possible take advantage of the benefits offered by new technologies to reduce the bureaucratic burden and if considered feasible should incorporate the ability for the home care provider to make appropriate changes to the care plan to meet the needs for the service user within any overall cost parameters set by the Council. This could include for example the ability
 - To make arrangements for planned respite care
 - To respond in emergencies
- 6) That the Council reviews the scope and capacity of the current specialist home care services with a view to assessing the feasibility of
 - Adapting the services to meet a wider range of needs
 - Ensuring equity of access to those services countywide
 - Closer integration with the generic home care service
- 7) That the Council should consider how best it could supplement its current services to make them more appropriate for BME communities. This should include consideration of whether it would be feasible and affordable to provide additional support through a 'duty social worker model' or whether other means would be more cost effective.
- 8) The national policies continually emphasis more choice and control for people in receipt of social care services, however there is very little mention of the potential cost impact. Whilst new technologies and innovation in service delivery can unlock some resources the changes in demographics pose significant challenges over the next 10 years. The Council needs to be clear about what is affordable and sustainable in terms of local service provision and proactively manage people's expectations in the light of the choices available within the agreed envelope of resources.
- 9) The potential offered by new technology such as telecare etc should be an integral part of any future review of services to ensure that the Council can maximise the opportunities to develop services in a cost effective way.
- 10) Sickness absence is a problem for both the Council and the Independent sector. Whilst there are no quick fixes the Directorate has made strides in reducing levels of sickness within the internal service although more still needs to be done. Not only to unlock the resources deployed in covering absence but also to improve levels of staff morale and job satisfaction. As employers the Council and the independent sector should share good practice and different approaches to reduce levels of sickness across the whole sector.

- 11) That the Council should seek to implement a system of 'Individual Budgets' (based on the experience of the pilots) to enable service users more choice and control as a complementary initiative to the direct payments scheme.
- 12) That the Council should explore with the Warwickshire PCT and the local district/borough councils the feasibility of introducing a Fast-track equipment/adaptations service in Warwickshire including the potential for making savings. This should include whether a proportion of any projected savings could be invested in a pooled budget to support the new service on a sustainable basis in the future.
- 13) That the Council be advised that we support the new pilot for a dementia care service in Stratford and the proposed pilot for a 24/7 home care service in North Warwickshire. There should be a cost/benefit analysis of both pilots within 12 months of operation and an assessment of the viability of providing the service countywide.
- 14) That the Council should develop in conjunction with relevant partner agencies a local care pathway to ensure continuity of care and the provision of seamless services.
- 15) That the Council should review with relevant partner agencies the co-ordination and management of information and advice services with a view to avoiding duplication and improving the signposting of services for the public and other professionals.
- 16) The Council should keep the charging regime under continual review to allow for more regular and incremental increases in charges in future years. It should develop a longer-term strategy that allows people to plan for increases and avoids instability in the home care market. Communications need to be in clear plain English and avoid jargon with sufficient time to allow people to absorb and understand the impact on their personal circumstances.
- 17) There were particularly low levels of compliance, in the figures reported by CSCI, with the national minimum standards for the administration of medication, risk assessment and safe working practices. Whilst we were pleased to see the significant improvements in overall levels of compliance by the in-house service and that the Warwickshire Quality Partnership future training programme was paying particular attention to standards with low compliance levels, these standards bear directly on safety and well-being of service users. They need to be proactively monitored and action taken to ensure that standards across the whole sector are raised.
- 18) There is a need to raise the profile of social care workers in the employment market. We were pleased to hear of the initiatives being taken but would stress the need for continued and sustained promotion of the service.

- 19) One of the key issues for the Council in developing services for the future is to ensure that it listens to what people say and what they want in terms of service provision. It is essential that we engage not only current users and carers but also people who may access services in the future if we are to design and develop services which are fit for the future. The Local Government and Public Patient Involvement Act 2007 requires the Council to establish a Local Involvement Network, this could if properly supported provide a robust way of ensuring the views of the public are heard on the future direction of health and care services in Warwickshire. The Council should seek to maximize the opportunities this presents.
- 20) That the Commission for Social Care Inspection/Department of Health should be asked to
- (a) Explain why there has been a delay in reviewing the national minimum standards for home care and when the review is likely to commence.
 - (b) Review their apparent policy to withdraw support from local provider groups and commissioners, at a time when there are national concerns about the fragility of the sector and asked to reinstate regular meetings with local providers and commissioners.
- 21) The Council in conjunction with relevant partners should develop an action plan to respond to these recommendations. The proposed action plan to be reported to the March 2008 meeting of the Adult & Community Services Overview and Scrutiny Committee with a further progress report in 12 months time.

‘Independence through Outcomes’

Report of the Home Care Members Working Group as endorsed by the Adult & Community Services Overview and Scrutiny Committee

Foreword by the Chair Councillor Nina Knapman

One of the Council's top three priorities over the next three years is to improve care for older people and support independent living whenever possible. Home care is a key service in promoting independence and helping people to remain living in their own homes. Warwickshire, like many other Councils, has experienced a significant increase in the demand for home care hours over the last three years. However these have been mainly concentrated on providing increasingly intensive packages of care as people become more dependent rather than increasing the overall number of people helped to live at home. Although life expectancy is rising, healthy life expectancy is lagging behind. The projected rise in the numbers of older people 85+ and older people with dementia indicate that the demand for home care will continue to increase at a rapid rate over the next 10 years.

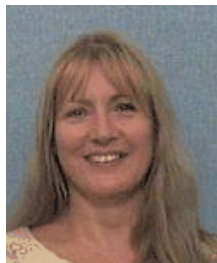
This rise in the demand for service is set against a background of limited resources. The challenge for the Council is to find some way of providing a service which meets the aspirations of older people but which at the same time is affordable and sustainable. It is clear that the current commissioning arrangements for home care will not be sustainable in the future.

THE WORKING GROUP

**Nina Knapman
(Chair)**



Susan Main



Mota Singh



Ian Smith



We have decided to call this report ‘Independence through Outcomes’ to emphasise our belief that the only way to achieve real independence for service users is by ensuring that commissioning in the future is focused on outcomes for the service user rather than the more traditional outputs. At the end of this report we have made 21 recommendations that we hope will assist the Council in moving forward.

The terms of reference for this review are set out in Appendix 2. During the course of the review we consulted the Countywide Older People's Forum, Satkaar-Asian Elders Day Service and Guideposts Trust and received evidence from a number of people at our meetings. We were also assisted by the contributions made by various organisations to the ‘Select Committee into Dementia Care Services for Older People’ held in July 2007. The Working Group would like to thank the following people and organisations in particular

for contributing to this review. We would also like to thank CSCI for providing comparative performance data.

Guest Speakers

John Dunster Warwickshire Independent Domiciliary Care Association
Jo Min, Alzheimer's Society
Elaine Ives, Warwickshire Quality Partnership

Organisations

Countywide Older People Forum
Satkaar, Asian Elders Day Service
Guideposts Trust
Commission for Social Care Inspection

County Council Officers

Simon Robson, Head of Local Provider Services
Kim Harlock, Head of Strategic Commissioning & Performance Management
Jon Reading, Assistant Service Manager- Planning
Rob Wilkes, Assistant Service Manager- Commissioning
Gill Jowers, Project Manager, Home Care Electronic Recording Systems
Jane Pollard, Overview and Scrutiny Manager

2 National Context

1. 'Time to Care' published by the Commission for Social Care Inspection (CSCI) in October 2006 offered a national overview of the current state of the domiciliary care market, how it is performing and how well it is meeting the aspirations of the White Paper *Our Health Our Care Our Say*. It included the views and expectations of people who use and rely on home care services.
2. The national report paints a mixed picture of the quality of home care. Many people who receive home care were not satisfied with the '15 minute' slot model of service which they considered undignified and unsafe. Many found the task-based approach insensitive to their needs i.e. requiring particular activities to be carried out whether wanted on the day or not.
3. The report highlights the importance of listening to people and hearing what they want from services. It comments that the failure to listen results in missed opportunities to promote independence and help people live full and rewarding lives. It recommends that Commissioners need to examine how they can contract services differently so that they can respond to the qualities that people value.
4. The report also acknowledges that home care services are currently very constrained and that more resources are required. Providers struggle to recruit appropriately trained staff. Preventative services that would help people remain living in their own homes are under-developed. There are high eligibility thresholds for the statutory

services, which mean Councils concentrate only on those people who need more intensive packages of care and often simple practical services are not available. The national review concluded that there was evidence that the current arrangements for commissioning and providing home care are likely to be unsustainable in the future, for a number of reasons-

- Tight targeting of statutory services towards those with critical needs has resulted in a gradual reduction in the numbers of older people receiving state-funded home care. This pattern of 'intensification' is resulting in missed opportunities to prevent crises and promote the wellbeing of older people in the community.
 - The sector itself is a fragile one that is already struggling to provide services of sufficiently high quality for those who need them now. There are concerns about the ability of the sector to expand and improve further. At the heart of the problem is the challenge to recruit, train and develop care workers to replace the older workers who are leaving the sector and to meet new demands and ways of working.
 - Currently councils have responsibility for arranging services on behalf of older people even where they are contributing financially. A gap appears to be developing between what people want and what is on offer from the statutory services. Older people particularly those paying substantially towards the cost of their own care are beginning to press for more choice and control.
5. The report also recommends that the current framework of national minimum standards for home care agencies should be reformed to focus much more strongly on outcomes for the people who use the services. It also highlights particular issues for key stakeholders to consider, those applicable to Councils and their partners are set out in the following paragraphs.

Lessons for Councils and their partners

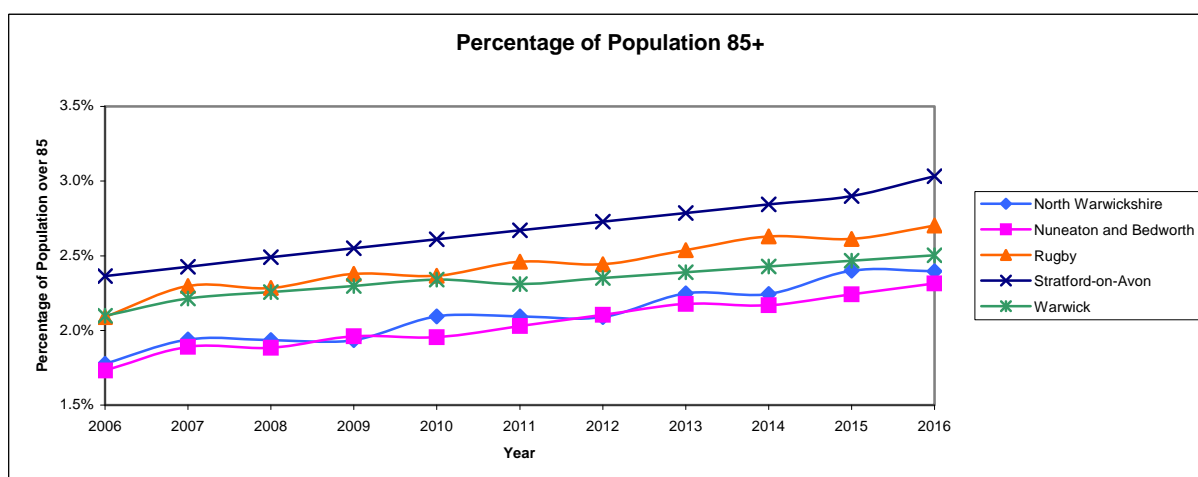
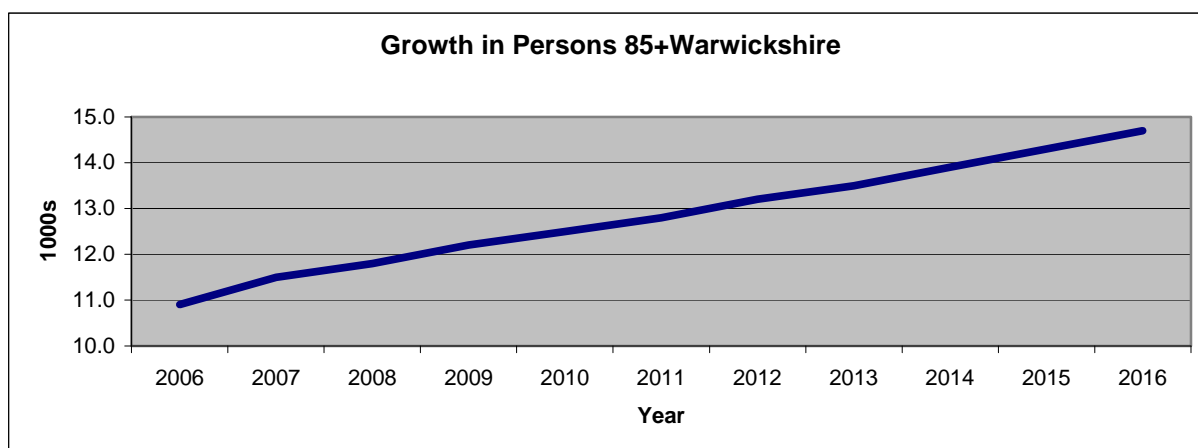
6. Home care can be developed in a number of different ways in tandem with the development of local health and housing strategies, and also taking new technologies into account. Councils and their partners (including service providers) should therefore establish a vision and clear objectives for their home care services.
7. Some Councils need to work to create the conditions in which more constructive dialogue can take place with independent sector providers and enable their expertise to be used to the full.

8. It is also critically important to involve older people in strategic planning and in all aspects of the commissioning, monitoring and evaluation processes. In this context, better ways need to be found to elicit the views of older people, including those who find it hard to engage in formal processes.
9. Care plans that tightly specify the tasks to be undertaken by care workers, and the time they will take, are hard to reconcile with an emphasis on giving people choice and control. Commissioners' thinking needs to shift away from a focus on inputs towards the outcomes that older people themselves are looking for.
10. Services that offer re-ablement – an approach that aims to restore people's capacity to do things for themselves rather than doing things for them – have been successful in several parts of the country. This model of service is one from which other Councils might wish to learn.
11. In the short-term, urgent steps are needed in many places to address supply shortfalls. Councils should use the evidence available (including the market information provided by CSCI) to check their comparative performance both in terms of the numbers of older people they are supporting, and the quality of their local domiciliary care services. CSCI intends to challenge councils whose performance appears poor in either respect.
12. Social care workforce strategies should be developed across agencies, and seen as a vital part of local economic development strategies. Commissioners should be prepared to specify standards relating to the home care workforce – including levels of wages, expenses and other conditions of service.

3 Home Care in Warwickshire

1. Demand for home care is increasing as a result of policy drivers to maintain older people to live independently in their own homes. The Council is currently exploring initiatives such as 'Extra Care with housing' and assistive technology to provide greater choice and more opportunities for people to remain living in their own homes. Overall, within the last three years the number of homecare hours delivered by internal and external providers has increased, most markedly in dementia care. Analysis shows that overall new referrals are more dependent than before and therefore the service package provided is more intensive. However the numbers of older people in Warwickshire supported by the Council to live independently at home is lower than the national average.
2. The number of Warwickshire resident's aged 85+ is projected to grow from 10,900 in 2006 to 12,500 by 2011 (+15%) and to 14,700 by 2016 (+35%). In addition the number of older people with dementia is

predicted to grow by 27% by 2016 (based on 2006 population) i.e. from 7419 people in 2006 to 9393 in 2016. These projected population changes pose significant challenges for both health and social care providers in terms of numbers and costs. This is set against a background of increasingly limited resources, with current government funding not reflecting these significant shifts in population.



3. The aim of a home care service for adults and older people is for service users to experience an extended period of independent and safe living in the community by the provision of services that maximise people's quality of life including the key areas of choice, control and dignity. It seeks to ensure that 'independent living skills' are maintained for as long as possible and that premature dependence on traditional long-term care services is minimized, whilst also ensuring that service users are protected as far as possible from danger or harm. The outcomes for the service are set out below-

Safety Outcomes

- Service Users experience safe living in their own home, including protection from abuse and exploitation.

- Service Users have equal access to services without hindrance from discrimination or prejudice.
- Service Users enjoy good physical and mental health with access to appropriate treatment and support in managing long term conditions independently.

Development Outcomes

- Services promote independence, supporting people to live fulfilled lives by making the most of their capacity and potential.
- Services promote the independence of Service Users by encouraging them to participate in the activities of daily living, including participation in family and community life.
- Service Users are able to choose and control services and helped to manage risk appropriately in their personal lives.

Wellbeing Outcomes

- Service Users experience confidential and secure services, which respect the individual and preserve people's dignity.
- Service Users are able to maintain their relationship with their family, friends and informal carer.
- Service users feel that their views have been taken account of in both care planning and delivery.

4. The in-house service is provided seven days a week, including bank holidays, between the hours of 7.00am and 10.30pm from the following locations North Warwickshire; Rugby; Alcester & Shipston; Stratford; Bedworth & Nuneaton; Leamington; Warwick & Kenilworth. In addition to the outcomes above the in-house service also provides a 'fail-safe' in circumstances where all appropriate independent sector providers have been approached and declined to provide a service.
- 5 The package of care is the provision of personal support which requires a degree of close personal and physical contact to enable people to undertake activities as far as they are able themselves. These activities include (but are not limited to) assisting the person with
 - Getting in and out of bed.
 - Dressing and undressing
 - Washing self
 - Oral hygiene
 - Toileting requirements (i.e. assisting to toilet etc.)
 - Eating their food or taking a drink
 - Medication or other health related tasks in line with CSCI requirements and agreed procedures

The Service may also assist with meal preparation, shopping and assisting with financial management (i.e. prompt/check), housework and laundry.

6 In-house specialist services include the following:

Fast response	A short term intervention, available to service users within their own homes, who have been assessed as being in crisis and who without immediate support would require some form of hospital, residential or nursing care etc.
The Hospital Discharge Service	This service ensures that service users do not experience unnecessary delays on leaving hospital. It is a short-term (maximum of 6 weeks), needs led and person-centered reablement service that facilitates timely discharge from hospital and provides domiciliary support to enable service users to undertake activities of daily living as independently as possible.
Social Reablement	A short-term, needs-led and person centered specialist service that provides domiciliary support to enable service users to undertake activities of daily living as independently as possible.
Dementia Service	An outcome based, specialist person-centred service to provide domiciliary care to meet the needs of people with a diagnosis of dementia using staff with relevant training and skills.

4 The Home Care Market in Warwickshire

1. There are some 42 home care agencies (2006 figures) in Warwickshire including the 8 in-house home care services. The remaining provision is through independent sector and voluntary sector agencies. In addition to it's direct provision the Council contracts with a number of private and voluntary sector providers either through block contracts (where providers are guaranteed a minimum number of hours per year), call-off contracts (with no guaranteed minimum hours) or 'spot' purchasing.
2. Based on the CSCI analysis at September 2005 the in-house service provided 26.4% of the total home care provision in Warwickshire, compared to the IPF average of 30.2% and Shire County average of 24.5%. There has been a further 6.3% reduction of the percentage market share of the in-house service in 2006. Similar reductions have occurred in the average market share for the IPF (a selected group of comparator authorities chosen by CSCI), Shire Counties and England, although Warwickshire still provides 5.8% more hours in-house compared with the IPF group of authorities.
3. Overall, within the last three years the number of homecare hours delivered by the external sector for older people with physical disabilities has increased from 2,826 to 7,097 hours per week. An increase of 4,271 hours (151% increase). During the same period, there has also been a steady increase in the number of homecare

hours delivered by the in-house service to older people with physical disabilities from 4,246 to 5,546 hours per week.

4. A similar picture of growth has occurred in respect of people aged 65+ with learning disabilities; where the external sector now provide 408 hours per week, in addition to the 33 hours delivered per week by in-house services. However, the growth in specialist dementia care provided has most markedly grown from 227 hours in April 2003 to 457 hours per week in September 2006.
5. Over the 3-year period all districts have seen a significant increase in the number of homecare hours delivered both internally and externally; with the greatest increase being experienced in the Warwick district where an additional 3,403 hours of care is now being delivered. Whilst North Warwickshire saw the smallest increase, there is still an additional 1,838 hours being delivered per week compared to April 2003. The table below shows the distribution of hours per week (June 2007) across the county.

Hours per week

District	Mainstream	Learning Disability	Total
North Warwickshire	2625	298	2923
Nuneaton & Bedworth	5416	1501	6917
Rugby	3372	886	4258
Warwick	7241	2039	9280
Stratford	5073	1136	6209
Miscellaneous ¹	2863	6062	8925
County	26590	11922	38512

6. Throughout the County there are differences in the proportion of mainstream homecare hours that are provided through block, call off and spot purchase and the market share undertaken by the in-house service also varies between districts:

Percentage Breakdown by Hours

District	Internal	External
North Warwickshire	39%	61%
Nuneaton and Bedworth	43%	57%
Rugby	41%	59%
Warwick	14%	86%
Stratford	42%	58%
County	30%	70%

When learning disability is added into the equation the proportion for the County changes to 20% internal and 80% external.

¹ For example -Hospital teams which are not easily allocated by district.

7. The largest user group are older people (over 65 years) with physical disabilities. Older people with dementia form the next largest category. The Council has aimed to reduce admissions to residential care from 87 per 100,000 65+ in 2002/03 to 59 in 2006/07 with the complementary growth in intensive home care from 5.5 per 1,000 people 65+ in 2002/03 to 10 in 2006/07. This is in line with the Government policy to support more people in their own homes and promote independence.
8. During the 2-year period 31 March 2004 to 31 March 2006 six agencies had been de-registered and 30 new agencies were registered, a net gain of 24, the vast majority in the private sector.

5 Compliance with Standards

- (a) Each domiciliary care agency is responsible for meeting regulatory requirements and the national minimum standards. CSCI are the regulatory body for monitoring these requirements and enforcing standards.
- (b) The service specification in WCC contracts sets the quality standards that the Council wants to purchase and performance against those standards is monitored through our contract management arrangements. Service level agreements have been developed with the in-house service to ensure there is a 'level playing field'. As a baseline the Council would expect compliance with all regulatory requirements and national minimum standards. The Council can set higher expectations in a service specification but that may have costs attached.
- (c) Where a contracted provider is not meeting the expected standards the Council would in the first instance work with the provider to raise standards. Where that fails the contract provides for termination. The County Council is not only assessed on what it directly provides but also the services it purchases through contractual arrangements. Quality providers in the independent sector are disadvantaged if poor providers are allowed to cut corners.
- (d) In 2006 -07 CSCI carried out their first set of inspections of home care agencies. Results show an average level of compliance with all standards for the county was 69.2% compared with the England average of 70.9%. Across the sectors this varied considerably with local authority (LA) owned at 62.3%, private sector 65.3% and the voluntary sector at 85.5%. There are some queries on the figures as they record only 7 of the 8 LA (in-house) agencies. A more detailed breakdown of performance is shown in the table below²

² The analysis is provided by CSCI

Individual standards met by domiciliary care agencies

Standard	LA Owned	Vol Owned	Private Owned	Warwickshire	England
Care needs assessment	100.0%	85.7%	76.2%	82.9%	76.8%
Privacy and dignity	85.7%	100.0%	80.0%	85.3%	93.5%
Medication	28.6%	71.4%	44.4%	46.9%	58.1%
Safe work practices	14.3%	75.0%	47.1%	46.9%	77.6%
Risk assessments	14.3%	62.5%	52.6%	47.1%	63.0%
Protection of the person	85.7%	100.0%	66.7%	78.8%	66.4%
Recruitment and selection	57.1%	71.4%	61.9%	62.9%	60.8%
Development and training	85.7%	100.0%	68.4%	79.4%	66.7%
Supervision	71.4%	100.0%	64.7%	75.0%	56.9%
Business premises	57.1%	85.7%	57.1%	62.9%	82.9%
Complaints & compliments	85.7%	87.5%	70.0%	77.1%	76.4%

(e) A more recent analysis of compliance by in-house services based on their latest inspection reports shows a significant increase in their overall rate of compliance from 62.3% to 80.7% -

- Overall quality rating of Good
- 107 standards were met
- 24 almost met
- No major shortfalls

In addition there has been a slight increase in the overall rate of compliance with the standards by voluntary sector agencies. However there has been a reduction in the number of voluntary sector agencies falling in the upper quartile i.e. meeting 76-100% of the standards.

The private sector has seen a reduction in their overall rate of compliance with the standards from 65.3% to 63.7%. Whilst there has been an increase in the number of private sector agencies falling in the upper quartile i.e. 58% of the private sector agencies now meet 76-100% of the standards this has been offset by a 15.4% increase in the number of agencies falling in the lowest quartile i.e. only meeting 0-25% of standards.

We need to ensure that compliance rates and trends are kept under review to ensure appropriate action is taken to help raise standards across the whole sector.

- (f) Across the sector the three standards showing the lowest rate of compliance are medication, safe work practices and risk assessments. Further details of what the various standards cover are set out in Appendix 1. Work was being done with the Warwickshire Quality Partnership to refocus training on these areas of low compliance. There are other areas in need of improvement but there is a need to focus on those areas where results could be achieved.
- (g) The problems in compliance with the medication standard have been well rehearsed in the review of residential care last year. In the context of home care the problem is significantly larger affecting a much bigger group of staff operating in people's own homes. This poses a significant training challenge for any agency. Whilst a new community pharmacy scheme has been introduced to support care homes, there is no similar initiative for home care.
- (h) Economic issues surrounding the contractual arrangements may have a part to play in relation to compliance with the standard relating to risk assessments as these are estimated to cost £45 per client/assessment for which the independent sector say there is little allowance in the current contracts. (See Sections 13 to 15 for further discussions relating to contracting).
- (i) An examination of the latest published inspection reports for agencies with which the Council has block or call-off contracts reveals that most meet the standard for safe working practices and risk assessments with the remainder almost meeting the standard. No major shortfalls. In relation to those agencies where the standard is almost met the issues highlighted are risk assessments not being as comprehensive as they could be, more detailed recording and in some cases a need for more staff training in understanding the policies and procedures of the agency and in carrying out risk assessments.
- (j) The Directorate Commissioning Unit was looking at various data to assess performance, not only contract monitoring information, but also customer complaints and CSCI inspections to get a broader picture. Directorate representatives also acknowledged that there could be differences of emphasis between WCC and CSCI in terms of aspects of service quality.
- (k) Warwickshire Independent Domiciliary Care Association (WIDCA) report that there is a level of inconsistency between CSCI inspectors in their assessments of compliance with standards, which creates difficulties. There was no right of reply once CSCI had issued their reports. In addition CSCI are not engaging with the Association to iron out these issues. The Association would welcome closer links with CSCI. It understands that there is difficulty in recruiting appropriately qualified inspectors with an understanding of domiciliary care.

- (l) A review of the national minimum standards and a new outcomes performance assessment framework for home care agencies similar to that for residential care had been proposed but the proposal had ground to a halt. The reasons for this are not entirely clear although there was a suggestion that the costs of visiting clients in their own homes to assess whether outcomes were being met (whereas in residential care the clients are all in one place) might have made the scheme financially unviable. WIDCA would welcome an outcomes based performance framework.
- (m) CSCI acknowledge that for all large organisations consistency is a challenge but comments that it is really difficult to get to the heart of the matter without specific examples to follow up. If agencies or homes have any issues with their inspection reports they should raise this with the regulation inspector or regulation manager in the first instance and if problems are not resolved they can contact Senior Managers or access their complaints service, the details of which are published on their website.
- (n) CSCI national policy is not to publish provider responses to inspections as part of their inspection reports. From January 2008 CSCI are intending to publish their quality ratings for all services. To help them with consistency they now use a quality ratings calculator tool. Regulation inspectors for all services confirm their judgement for each of the outcomes groupings in an inspection report e.g. health and personal care, and the calculator produces the overall quality rating for the service. This should reduce any consistency issues in overall judgement that may have occurred in the past through human error or differential understanding of the calculation rules.
- (o) CSCI approach: Nationally their resources have reduced and are continuing to reduce. As an organisation they are focusing on their core business and increasingly operating on a regional and not an area basis. Consequently their strategy for working with providers as a group is now primarily based on national and regional communications such as newsletters, signposting providers to their website and linked websites and meeting with providers on a regional basis, such as the 2 meetings for providers that took place in Birmingham in July 2007. They acknowledge that a number of providers prefer closer and more local links, as do many inspectors, but comment that this is the operational reality of their service.
- (p) Outcomes framework for domiciliary care: The Department of Health had been intending to review all of the national minimum standards. The CSCI local business relationship manager advises that it is her understanding that this review has now been delayed and it is not clear when it will take place.
- (q) Experience of inspectors: CSCI comment they do try to match inspector experience with inspections but inevitably there are times

when this is not the case. All inspectors are however experienced in inspection. It is also true that CSCI have had a significant inspector turnover, which may be having an impact. The Warwickshire domiciliary care inspection schedule for 2007/08 shows most inspections are linked to local inspectors with domiciliary care experience. However the feedback from the Working Group will be forwarded to the regulation managers responsible for this inspection team.

- (r) Whilst the Working Group acknowledge that the public sector has limited resources it considers that the gradual withdrawal by CSCI from proactive engagement with providers at a local level outside of the formal inspection regime is likely to be counter-productive in the long-term. It views such engagement as very much part of the core business of CSCI. The home care sector is a pivotal part of the government's aim to keep people living in their own homes. As the national report 'Time to Care' indicates this sector is considered fragile and there is concern nationally over its ability to expand and meet future needs. It requires more not less support. The Working Group was pleased to learn that a meeting has been set up locally for Warwickshire providers with CSCI and would also urge CSCI to have more regular meetings with local commissioners.
- (s) The Working Group was disappointed that the Department of Health review of the national minimum standards and the outcomes framework for home care has not been proceeded with for reasons which at the moment appear unclear.

6 What the Users Say?

1. There was limited information about the complaints and compliments received by external home care providers in the 2006/07 complaints report and the information that was available had only been included well into the process. The main areas of complaints were
 - missed or late calls - most of these related to the inability of an external contractor following the last round of tendering to recruit the necessary staff to cover the new contract, which ultimately led to the contractor withdrawing from the local market
 - insufficient service - these complaints were linked to the change in charging policy i.e. where care tasks had been completed in less than the allocated 30 minutes but charging was based on 30 minute blocks
 - charging policy -see report to Adult & Community Services Overview and Scrutiny Committee on 12 September 2007 for a more detailed analysis

2. The main points were-
 - Users were mostly happy with the way complaints had been handled.
 - There were a large number of compliments, but the rise in the number of complaints in some areas could be good indicators of ways to continue to improve the service. It was also noted that a lot of work had been done to make people aware of the complaints procedure.
 - Few complaints went through to Stage 2 and very few to Stage 3, but all complaints were taken seriously.
3. Two user surveys have been carried out. The first survey carried out in March 2007 highlighted the following key areas:

Which of the following applies to you with respect to the time your care worker/s visit you?			
My visits have always been at a time that suits me		My visits were not at a time that suited me but now they are when I want them	My visits are not at a time that suits me and no changes have been made
622		153	53
Do your visits take place at the time allocated to you?			
Always	Mostly	Sometimes	Never
252	516	84	4

- 53 users felt that carers had not visited them at a time that suited the users, and work was being done within the Service to reduce this number.
- 4 users said carers did not arrive at the allocated time and the challenge for the Service was to tailor the Service to meet the wishes and needs of all users, within reason.

Does your carer/s complete all the tasks on your Care Plan?			
Yes, and I am pleased with my carers' approach	Yes, but sometimes I would like different things done instead	No, tasks are not always done as there isn't enough time	No, my carer is flexible and does the things I need done
686	60	41	64

- The issue of carers completing tasks on the care plan brought a number of conflicting outcomes and it could be that this did not link to an assessment of need.

How satisfied are you with the quality of your homecare service?				
Extremely Satisfied	Satisfied	Neither satisfied nor dissatisfied	Dissatisfied	Very Dissatisfied
287	460	78	14	0

- 89% of those surveyed were extremely satisfied or satisfied.

4. A second survey was carried out in May 2007 and found the following

Which of the following applies to you with respect to the time your care worker/s visit you?		
My visits have always been at a time that suits me	My visits were not at a time that suited me but now they are when I want them	My visits are not at a time that suits me and no changes have been made
287	81	38
71%	20%	9%

Do your visits take place at the time allocated to you?			
Always	Mostly	Sometimes	Never
130	233	45	7
31%	56%	11%	2%

5. The vast majority of responses show that people are now happy with the times of visits. 287 service users (71%) said that the carers always came at a time that suited them, and a further 81 (20%) said that although the carer used to come at an awkward time, they now come at a time that suits them. Overall 368 service users (91%) say that at the time of the survey, carers were coming at a time to suit them. 38 service users (9%) reported that visiting times do not suit them and that nothing has been done to change this.
6. Out of the 415 responses from service users, the largest portion (363 or 87%) said that their visits take place at a time to suit them either always or most of the time.
7. 45 service users (11%) said that visits only sometimes occurred at the allocated time, with only 7(2%) saying that they never came at the right time. The response to the previous question indicated that a higher proportion - 13% were dissatisfied with the timing of their visits. These two sets of responses also suggest that while the vast majority are always satisfied that the visits are planned for a time that suits them, visits only occur at that planned time 'most of the time', not always.

Does your carer/s complete all the tasks on your Care Plan?			
Yes, and I am pleased with my carers' approach	Yes, but sometimes I would like different things done instead	No, tasks are not always done as there isn't enough time	No, my carer is flexible and does the things I need done
328	34	16	38
79%	8%	4%	9%

8. This chart shows that all tasks on service users' Care Plans are completed most of the time. 328 out of the 416 responses (79%) said that all tasks are completed and that they are pleased with the approach of the carer. A further 34 (8%) said that everything on the Care Plan is achieved, but they would prefer some other tasks to be

done instead of some things on the Care Plan. In total 362 service users (87%) responses that the Care Plans are being followed completely.

9. A total of 54 service users (13%) reported that the Care Plans are not followed completely. Specifically, 16 service users (4%) stated that there wasn't enough time for everything on the Plans to be completed. A further 38 service users (9%) said that the carer did what the service user needed doing but that the other things did not get done.
10. These responses suggest that in most cases Care Plans are being followed through to completion, but where this does not happen the essentials do get done but there is not always time for everything. It should also be noted that a significant portion (8%) feel that tasks that currently fall outside of the Care Plans are wanted.

How satisfied are you with the quality of your homecare service?								
Extremely Satisfied	Very Satisfied	Quite Satisfied	Neither satisfied nor dissatisfied	Quite Dissatisfied	Very Dissatisfied	Extremely Dissatisfied	Total	% Very and Extremely Satisfied
86	180	114	19	1	1	2	403	66.0%

11. Out of the 403 respondents, the vast majority are satisfied to some degree with the quality of their homecare. 380 service users (94%) said that they were satisfied to an extent. Specifically though, only 86 (21%) were Extremely Satisfied, 180 (45%) were Very Satisfied, and 114 (28%) were only Quite Satisfied.
12. 266 service users (66%) were either Extremely Satisfied or Very Satisfied and these two categories are the measures used to define the overall rate of user satisfaction.
13. A lot of consultation has also been carried out as part of the Community Engagement Strategy, for example in relation to day care facilities and future needs. This work would be on-going as part of the Council's strategy to get people more involved in the design and commissioning of services. There were also facilities/organisations within the county setting real examples of good practice in working with BME groups which the Service would wish to build on to inform future work.

7 What the Countywide Older People's Forum says

A number of issues were raised relating to home care and associated services i.e.

- (a) Lack of choice over when people could have the service and what the service included. Clashes in the timing of visits of between carers and district nurses. Agencies taking on people who had difficulty in communicating in English.
- (b) Pensions etc were now being paid electronically into bank accounts and for the housebound with no immediate family there were increasing problems in getting 'cash'. Many people chose to pay for services through attendance allowance rather than go for the social care direct payments scheme, to avoid the bureaucracy, as attendance allowance is much simpler and not means tested.
- (c) People reported agencies not paying for traveling time and care workers having to cut into client time in order to travel from one client to the next – thus for example the 30-minute visit became a 20-minute visit.
- (d) The 30-minute morning visits were not long enough to get people up, dressed and provided with breakfast. Most able-bodied people could not complete all those tasks within 30 minutes. It did not facilitate independence or dignity particularly where older people were being encouraged to do as much for themselves as they could under appropriate supervision e.g. bathing/washing/toileting -the older person may need a little longer than a paid carer would to complete their part of these tasks. People with dementia were likely to need even more time.
- (e) Rotation of staff – lack of continuity in the team of care workers was considered detrimental both in terms of older people's health and security. Also lack of familiarity with care plan and consistency again cut into client time. Older people when making private arrangements could be guaranteed consistency of workers – why was it such an issue for publicly funded services? Handovers between carers were not felt to be sufficiently robust in terms of information passed on.
- (f) Concern over the ability to access services in rural areas and lack of available public transport to access services in towns. Also access to nighttime care to provide respite was highlighted.
- (g) Hospital discharge packages – the Forum considered people should be reassessed within the home within 3 days of their return – what people thought they might need in hospital prior to discharge and what they actually needed when returning home often differed. Also a view

that hospital nurses ought to have more input into discharge packages as they know the patient best from their time on the ward.

- (h) Crossroads were cited as an example of good practice in terms of the care they provided.

8 What the Alzheimer's Society says

1. The National Alzheimer's Society has been supporting people living with dementia since 1979 and now has over 250 branches and Support groups throughout England, Wales and Northern Ireland. The South Warwickshire Branch is part of the West Midlands Team.

Locally

2. The South Warwickshire branch covers both Stratford district and Warwick district. It is estimated at the current time there are 3500 older people (65+) living with dementia in South Warwickshire. The South Warwickshire branch provides 16 services from day care through to support in the Community. Their home respite service provides up to 3 hours per week for up to 8 service users. They also provide assessments / comfort/ training/ CRB checks.
3. They do not have a branch which covers the north of the county (includes Rugby), but have employed a development worker to look at needs in the area. The branch works closely with South Warwickshire Carers Support Service and Age Concern in providing short-break services.
4. The branch has been campaigning for dementia care to be high up on the political agenda. The branch has been working with local MP Jeremy Wright to push this issue up the agenda and he has now established an All Party Group dedicated to working with dementia.

General Observations

- 30 minutes home care is insufficient to get people up and dressed, particularly for people with dementia, rushing them causes confusion, and does not promote dignity and independence
- There needs to be more flexibility around the tasks that can be undertaken on home care visits, allowing more choice for the service user
- Travel time for carers is not paid for –this is cutting into time for the service user as carers rush from one visit to the next
- Person centred care is essential to maintain independence
- Home care is a key service, its cheaper for families if people can be cared for at home and it promotes independence for the service user
- Continuity of carers is an important factor in caring for people with dementia – having a consistent team of carers is very beneficial to

the well-being of the service user, where carers keep changing part of the time allocation is lost due to the need of new carers to be familiar with the care plan

- The availability and capacity of services in rural areas is a key concern. There are areas around the Fosse Way, Dassett & Stour where there are no services. Similarly in Rugby services are concentrated in towns.
- Cost increases do not necessarily reflect quality of care
- Very impressed with the new PHILLIS service

What they would like to see

- More sharing of good practice across the county –for example from organisations such as Crossroads. The County Council has commissioned some training for its social work staff but not across the care sector. County Council runs ½ hour dementia awareness sessions for its own staff.
- An increase in access to direct payments would promote flexibility, independence and choice. Would welcome more information about how these apply to people with dementia.
- Telecare and an increase in use of new technologies would be beneficial, sensor detectors would assist the care of vulnerable adults, and telephones in every room would also be beneficial.
- Carers need a higher profile, not seen as a career; they need a better pay structure.

9 What Satkaar the Asian Elders Day Service says

1. Satkaar is a charitable organisation set up to provide social care for Asian elders. The day care service operates on site at the Sydni Centre, Sydenham, Leamington Spa and is provided by a small experienced team of 3 paid staff and volunteers. They have recently recruited a manager. It is open to Asian elders living in South Warwickshire who have been referred by Adult Social Care. It operates 3 days a week between 10am and 3pm. They have approximately 25 clients (women). It also hosts and supports one day a week a group for Asian clients (approximately 10 women) living with mental health issues.
2. Activities undertaken include, yoga, adult numeracy and literacy, healthy living, painting, counseling sessions etc. They also provide lunch appropriate to the cultural needs of the clients. Staff also try to provide an outreach service to help when there are problems with home care, shopping, hospital visits. Areas where Satkaar would welcome improvements are better translation services on hospital visits and more culturally appropriate home care.

3. Satkaar felt that referrals from other organisations providing open door services to Asian elders (particularly men) were not happening as they should and that this was an area for improvement.
4. Recruiting volunteers within the Asian community was becoming increasingly problematic.
5. Becoming a care worker was not seen as attractive within the Asian community due to lack of a career structure, professional image –there was a need to raise the job profile/re-brand.
6. Satkaar would be happy to provide training for people and can provide staff to assist in the provision of home care services. They would like to establish a duty home care worker (based on the duty social worker model) to make sure advice is always available.

10 Warwickshire Independent Domiciliary Care Association

1. Warwickshire Independent Domiciliary Care Association (WIDCA) was set up to act as-
 - A non-commercial forum for providers within Warwickshire to air views and concerns regarding any issues in the delivery of quality home care.
 - A forum where a vast amount of experience could be tapped and shared amongst members
 - A forum that, as a group, could seek legal or professional advice as and when needed.
 - A forum that could express the needs, concerns and issues, as a group for example to Adult Commissioning within WCC, Commission for Social Care Inspection and Criminal Records Bureau.
2. WIDCA also saw its role in creating links with Warwickshire Quality Partnership for training issues and as an “internal” auditor to improve the standards of home care within the county.

General observations

- Domiciliary care today is much better than it was although there is still room for improvement – most clients are satisfied with the care they receive.
- Agencies should be paying for travelling time, it should not be cutting into client time –again this is an area where poor providers put quality providers at a disadvantage if they are cutting corners.
- The current envelope of money available is insufficient to allow the Council to purchase a quality service for the number of service users.
- Continuity of carers posed problems where contracts were short-term as you could guarantee 40% of staff would decide not to transfer

- Some clients merit re-assessment as they are receiving more than they need.

Changes they would like to see

- Greater flexibility in home care contracts and discussion with the sector over the arrangements to be put in place. Whilst a 'social care providers' event had been held recently the Directorate did need to hold one specifically for home care providers. Radical changes needed to be phased in order to allow the market time to respond to new ways of working.
- More flexibility and choice for the client in how they use their time allocation i.e. sit down with Mrs B to decide how best to use her 8 hours a week. A visit for the purpose of prompting a service user to take his/her medication need only be very short. This system requires greater levels of trust between commissioners and providers. They would like to have more supervisors monitoring performance –at the moment the ratio is about 5/6 supervisors for every 400 clients –difficult to monitor outcomes on that basis.
- The new electronic recording systems could provide the base for more flexibility in the care provided.
- New technology is available to support new ways of working – more telephones in homes as clients with mobility problems can often have difficulty reaching phones within a reasonable time (30% of clients say carers cannot use their phones in any event). WIDCA would be happy to co-operate with a pilot in the use of new technology.
- Development of advocacy services through the new IMCA service to give clients a greater voice.
- To work more closely with care/nursing homes – they are quite able to book planned respite services for people as part of the care package – also flexibility to respond in emergency situations through such arrangements could avoid unnecessary hospital admissions – any potential conflicts of interest could be worked through. Their staff are seeing clients on a daily basis and are better informed about the current capacities/issues for the clients.
- Development of a local care pathway with complete up to date information would be helpful.

11 Commissioning

1. Many national and local policy drivers highlight the need for a robust health and social care market where statutory and independent sectors work together to encourage a more strategic, inclusive and consistent approach to capacity planning at a local level.
2. The findings of the Department of Health's Change Agent Team (CAT) study of good practice in commissioning with the independent sector "An Engaging Process", found the although relationships between

3. The Wanless Social Care Review – Securing Good Care for Older People: Taking a Long Term View (2006), provided evidence of serious shortcomings in care provision and an analysis of how social care might be funded in the long term to provide comprehensive, quality care. The review underlined the importance of developing and configuring services to meet future demand and highlighted that additional funding alone will not be enough to achieve more ambitious outcomes for service users and their carers.
4. The Commission for Social Care Inspection's (CSCI) report on the 'State of Social Care' and the White Paper "Our Health, Our Care, Our Say" both flagged up the importance of developing the care market to ensure there is the range, diversity and quality of services needed.

The Dangers of Market Failure

5. There are two dangers if market failings are not addressed:
 - Poor providers are allowed to remain in the market, without challenge or remedy
 - Good quality providers leave
6. In both circumstances this leads to a lack of choice and poor quality services, jeopardising the agenda to promote well-being and support people's independence at home. To deliver these commissioning priorities, and provide a wider variety of quality care and flexible support services there will need to be proactive market management.
7. The key indicators of a well operating and successful market have been described as:
 - Ensuring customer choice
 - Safeguarding continuity of good quality supply to ensure the well-being of service users
 - Dealing with poorly functioning businesses (recognising that resilient businesses deliver quality services)
 - Encouraging innovation

Commissioning Approaches

8. As strategic commissioners, local authorities and their NHS partners need to:

- Understand and forecast supply and demand within the market to meet current and future needs
 - Align system partners to agree on what needs to be achieved to meet demand
 - Jointly agree a strategic plan to meet these goals
 - Apply resource to achieve strategic goals, including the use of rewards or incentives to influence market behaviour
 - Review and evaluate to adjust to changing needs
8. Whatever the local market conditions, commissioners are under considerable pressure to drive down costs, often at the expense of quality.

The focus is frequently on outputs rather than on outcomes valued by service users

There is often a mismatch between strategic objectives of choice and control by service users and the reality of people's experiences. There is much to be done to translate strategic intentions into procurement and contracting processes. Part of the solution to this gap may be to allow a degree of risk taking and to be supportive of trying out innovative service models.

Actions to Develop the Market

- 10 To support delivery of the Our Health, Our Care, Our Say White Paper's proposals, the King's Fund undertook work on a six point plan to develop the care market. Many of the actions will be built into a local market management strategy that is currently being developed including:
- Action to empower consumers – there is an urgent need to move forward the ambitions of the White Paper for more choice and control by people and to put the financial power in the hands of service users and carers to stimulate the market and support innovation
 - Action to support and strengthen care businesses to address the concerns highlighted by the findings of the UK Home Care Association survey of home care organisations
 - Action to build confidence and encourage innovation
 - Action to improve commissioning; including joint commissioning, an integrated approach to performance assessment, identifying national competencies for commissioners and supporting strategic intentions with procurement and contracting
 - Action to improve support to carers examining how far policy aims have been achieved and reviewing allowances to carers

- Action to build the care workforce and support the market to invest in the workforce to ensure the development of local whole system labour markets and workforce strategies.

Joint Commissioning

Joint Commissioning Strategies for older people, people with learning disabilities and people with mental health needs have been agreed with relevant partners. The associated implementation plans to turn the strategies into real improvements are currently being worked on. In addition a joint commissioning strategy for older people with mental health needs is currently in the process of preparation for consultation.

12 New Developments and Service Initiatives

Direct payments and individual budgets

- 1) The Directorate has been promoting the use of direct payments to increase the choices and flexibility in service provision available to individuals. At the end of March 2007 there were 386 people in receipt of direct payments with the aim of increasing that to 575 by end of March 2008. Whilst we must continue to actively promote direct payments and attempt to reduce the bureaucracy surrounding the system to make it more user friendly, direct payments do not suit everyone. Another alternative currently being piloted at 13 sites around the country is the concept of individual budgets.
- 2) Under the Oldham 'In Control' pilot for older people, each service user is assessed, the results are scored and converted into a sum of money which then becomes the 'Individual Budget' for that person. The individual is then asked to plan (with assistance of a friend, care manager or broker etc) how they wish to use the money to ensure their needs are met. The aim is to allow the individual to think as creatively and personally as they can on how to improve their situation. The main principle is that each individual must have the maximum possible choice and control over any support they receive. The support plan is then submitted to a resource allocation panel for agreement and an Individual Budget agreement signed between the Council and the individual. The person does not have to manage the money directly to exercise this level of control although part or all of the budget could be made available as a direct payment.

Widening the role of current specialist services

- 3) A number of new specialist services have been piloted or commissioned in recent years (See Section 3 paragraph 6). These have generally been successful and have made a positive impact on the quality of life of people in receipt of services. However now is the time to take stock and look at how those services may be better integrated and rolled out across the county to provide a fully integrated service that promotes and maximises independence, and prevents

avoidable hospital admissions and delayed discharges. The social reablement service has, for example, concentrated on people with physical disabilities, however a similar service could also help people with dementia and other client groups. Similarly intermediate care and hospital discharge services have been focused on people with physical needs whereas they could be adapted to suit a wider range of needs.

New dementia services

- 4) A new pilot in-house service for people with dementia was commenced in October 2007 in the Stratford area to meet the needs of people with a diagnosis of dementia. The review of dementia care for older people has made various observations and recommendations in relation to current service provision and this review does not intend to repeat those outcomes. However it is pertinent to comment that currently the specialist home care services only provide for a very small number of people and given the projected increase in numbers there appears to be a need to look for more mainstream provision in the future and in particular how the generic home care service can be adapted to better suit the needs of this growing client group. Alongside this is the need to commission a wider range of services to support people with dementia through early diagnosis and intervention services.

Short break services/ respite services

- 5) Short break services were out to tender during the time span of the review and the Directorate was hoping to move to a needs-based service without the current 2-3hour ceiling. The Council has also commissioned a 'In your place' service which provides up to 6 hours respite for people in their own homes. In addition to £150K allocated by the Directorate this year for direct payments to improve support for carers, there is also a new grant in October 2007 of £172K to provide emergency support for adults/older people.

Night sitting services

- 6) The availability of night sitting services is a problem across the whole of the county although there is some limited provision in the south. It is also an expensive service to provide in people's own homes. The Directorate is considering piloting the development of a 24/7 service in North Warwickshire.

Re-tendering existing home care contracts

- 7) Reconfiguring the generic home care service. Further discussion on the proposed re-tendering of external home care services and the reshaping of the in house provision for April 2009 is set out in Sections 13 to 15 below. The overall aim is to ensure consistency of provision across the county, improved value for money, promoting independence and choice for service users and improving service user satisfaction. An increase in user satisfaction to 69.5% by 31st March 2009 would potentially generate £1.16M reward grant under LPSA2.

Information about service availability, access and standards

- 8) One of the key points coming out of the dementia care review was the need to manage and co-ordinate the provision of information and advice services more effectively. People either had insufficient information or were overwhelmed with the volume of information. Development of a single point of contact for dementia care services and assessment of whether a publicity campaign would be helpful has already been suggested. The Directorate is in the process of developing a booklet 'Looking Forward in Warwickshire' for people over the age of 50, which may go some way towards helping people make contact initially with the right service. However this does not remove the need for continued proactive management of information.
- 9) It is disappointing that the Department of Health has not continued with its outcomes framework for home care, particularly in the light of the recommendation in the national 'Time to Care' report. As well as concentrating on outcomes for service users the new framework was supposed to give members of the public a better view about the real quality of the services being provided. With the increase and promotion of direct payments more individuals are reliant on this type of advice.
- 10) We welcome the fact that commissioners are now using several sources of information to assess contract compliance and the quality of services. In addition the development of the CSCI Local Authority Monitor, enables compliance with standards and trends in market provision to be monitored in a national context.

Extending preventative services

- 11) The PHILLIS service has been very well-received within the county and over a six month period since its commencement has been able to help over 500 people. The increasing success of the service is beginning to identify more clearly levels of need for these types of services and the gaps and inequalities in the accessibility of services within the county. The Directorate is currently undertaking further development of the service i.e.
 - Filling some of the identified gaps in the service for older people
 - Adapting the service to support people with learning disability
 - Adapting the service to support people with physical disability

New assistive technology –telecare etc

- 12) Assistive technology can be defined as any item, piece of equipment, product or system that is used to increase, maintain or improve the functional capabilities and independence of people with cognitive, physical or communication difficulties. The Directorate has started to explore through the partnership arrangement with the Northern Housing consortium the use of telecare equipment. Partnership arrangements have been put in place with 3 of the District /Borough Councils who are community alarm providers. The new arrangements went live in August 2007 with Age Concern contracted to carry out any necessary installations of equipment e.g. fall detectors, gas ring cut-

offs etc. Smart flats to demonstrate the benefits to the public, users, carers and staff were established.

Home care electronic systems

- 13) The primary aims of this initiative are to improve customers' satisfaction with home care services and achieve efficiency savings. Delivery of the aims is dependent upon the implementation of a number of electronic systems. These systems replace outdated manual processes and automate payroll and creditor payments transaction processing. They include:

- **Work programming**
Automates production of home carer's weekly work schedules
- **Electronic visit recording**
Captures home care visit start and end times electronically.
- **Integrated systems**
Automates internal Home Care Payroll.
Generates electronic payments to external home care agencies.

The benefits for customers, staff, partnerships and the organisation will ensure significant progress is made towards delivering the seven outcomes of the White paper 'Our Health, Our Care, Our Say'.

For customers

- The home care service will be more responsive and flexible to change requests, delivering more choice and control for customers.
- Health and emotional well being will be improved, through reduction of missed visits.
- Personal dignity will be enhanced through increased contact time with home care supervisors.
- The increased focus on outcomes for customers, combined with better-targeted reviews, (based on service trends rather than time frames), will enhance customers' quality of life.
- Fairer charging, based on *actual* service delivery, will become a feasible policy option.

For staff

- Lone working policies and staff safety will be supported through greater use of technology.
- The electronic systems will replace outdated manual processes, for example timesheets and improve communications for those working remotely, away from the office base.
- Payroll and claims processing will be more accurate, ensuring staff are correctly paid for the service they have provided.

For the organisation

- The automation of payroll and creditor payment processing will deliver efficiencies.
- Electronic visit recording systems will provide accurate information about the actual service delivered and enable commissioning

strategies and performance management to based on *actual* rather than *planned*.

For partners

- Partners will also benefit from more effective commissioning strategies, enabling providers to develop sustainable business plans, based on increased accuracy of demand forecasting.
 - The opportunity for sharing electronic information with partners will increase capability to integrate services and to manage gaps in service provision across the county.
 - The increased regularity and accuracy of payments from WCC will reduce risks of cash flow problems and requirement to use factoring companies.
 - Automation of payroll processing will deliver efficiency savings.
- 14) Looking beyond this initial phase, this initiative will increase transparency of process, provide sound foundations for service modernisation and increase the confidence of citizens using home care services, (including those who support them), to maintain their independence within the community.

Fast Track Equipment/Adaptations Service

- 15) Although the Directorate has a 'fast response' short-term intervention team to deal with crisis situations within people's own homes to prevent avoidable hospital, residential or nursing care admissions, there is no equivalent fast-track service for equipment/adaptations. The 'Better outcomes, lower costs' report published in May 2007 by the Department of Work and Pensions highlights that an hour's home care per day costs on average £5000 a year. Adaptations that remove or reduce the need for daily visits pay for themselves within a time-span ranging from a few months to three years and then produce annual savings. The average total cost per client (including overheads) of home care provided by independent providers in 2005 was £4800. In cases where a stair-lift and level access shower would remove the need for this package savings would begin on average after a year and 3 months. The very large savings are found where informal carers are enabled by the adaptations/equipment to manage without the need for night time professional carers.
- 16) In the cases reviewed annual savings varied from £1,200 to £29,000 a year. Whilst significant savings in home care costs were mainly found in relation to younger (including younger old) disabled people, (as 83% of older people waiting for adaptations did not receive home care) however there were still savings to be made for older people in relation to the prevention of accidents or deferring admission to hospital or residential care and in improved quality of life. Examples are
- Man unable to bathe independently and wife unable to continue to assist without putting him and herself at risk. 4 care visits per week arranged at cost of £26.64 per

- A reconditioned hoist costing £600 was supplied which meant only one of three daily calls was necessary and the person needed only one rather than two carers on a visit. Saving of £5 per day - £1820 in care costs across the year –a net saving of £1220 in the first year.
 - Equipment costing £37000 provided for 183 people over a 3-week period in 2005. Without the equipment the residential nursing care costs for 10 of these people would have been £7202. Even assuming these 10 still needed a high support package (cost £230 per week in 2005) the savings in care costs per week for just these ten individuals amounted to £4902 per week (£25490 per year). The outlay on the 183 people was recouped by savings in respect of just these ten in less than eight weeks
 - The average cost of a hip fracture is £28,665, nearly five times more than the average cost of a major Disabled Facilities Grant adaptation (£6,000), and one hundred times more than the cost of fitting hand and grab rails.
- 17) The report also points out that delays in providing adaptations can also prove wasteful and costly e.g.
- One person received 4.5 additional home-care hours a week for 32 weeks at a total cost £1440, when a door widening adaptation costing £300 was delayed for 7 months for lack of funding
 - One local authority spent £89,000 in one year on adaptations for applicants who due to long delays died before they could obtain any real benefit
- 18) The Working Group considers that the development of a fast-track equipment and or adaptations service in Warwickshire is worth exploring. It is also an initiative in which potentially our partners in the health service and the district/borough councils could have a significant interest. Discussions should include whether or not a proportion of the projected savings of such a scheme could be invested into a pooled budget to support the cost of a new service. Information about the take-up of disabled facilities grants is still being collated to give a countywide picture. However for example Nuneaton & Bedworth has already approved 58 applications totalling £501,000 of its 20078-08

13 Market Management –Tendering – Lessons Learnt

WIDCA Experience

- 1) Following the last tendering round a number of agencies went out of business and the Association is only now starting to find its feet again. It would welcome discussion with the Directorate over the content and design of any new contracts. The current contracts are felt to be too task orientated rather than outcomes based and lack flexibility e.g. whilst the 30-minute visit is better than the 15 minute visit it is still insufficient to get people up, dressed and provided with breakfast. There is a lack of flexibility and client choice in how to utilise the time.
- 2) The last tendering process was financially driven, and a number of legal changes had impacted on the overall cost of care – paid holidays, national insurance, CSCI inspections (£2K per inspection) etc, requirements for 'risk assessments' (estimated to cost on average £45 per client/assessment) and increases in insurance premiums because more claims are being made. Such costs present small providers with significant overheads. Even for larger agencies economies of scale eventually level off.
- 3) The length of the current contracts (2 years) was insufficient for the independent sector to recoup the capital outlay.
- 4) Costs of implementing 'valuing people' schemes to improve recruitment and retention rates are not reflected in the tendering process. There was software available which could model the true cost of care, which WIDCA would be happy to share with the Directorate.

Directorate views

- 5) The Directorate was originally looking for 5 year contracts but because of the various changes taking place it was having to rethink what was required. In the interim it was not desirable for the Council to be bound into longer-term contracts, and existing contracts were to be held over (possibly for another 2 years) whilst new arrangements were finalised. However it was recognised that longer-term contracts were more desirable once the future requirements were clearer.
- 6) Financial issues largely drove the last home care tendering process i.e. what the Council could afford. In the preparations for the next tendering round the Directorate is looking to see how it can better balance costs

against quality and put more capacity into monitoring contract performance so that 'outcomes' can be tracked. However the Council will still need to decide what is an affordable and sustainable service.

- 7) A new service manager is being appointed and one of his/her principal responsibilities will be to ensure the 'customer' has a voice and their views are taken into account in any redesign of contracting arrangements.
- 8) The external domiciliary care market in Warwickshire has changed significantly since the re-tender and award of new contracts in April 2006. Some of the lessons learnt are set out below-
 - a) Providers entering the local market for the first time need to demonstrate their understanding of local market conditions and its consequent impact on their ability to recruit and retain new or transferred care staff within planned implementation timescales.
 - b) There needed to be a mix between quality and cost in the assessment of providers, which should include site visits as well as desktop assessments, to come to a balanced conclusion.
 - c) Although staff are entitled to transfer to a new provider under their existing terms and conditions many workers simply left the market or joined other agencies rather than move to the new agency.
 - d) Some providers have reported that CRB checks have taken around 6 weeks to complete, leading to many new workers finding alternative employment in a different field from home care.
 - e) The demand for home care generally has outstripped the planned hours to be delivered under the new contracts. Although the Directorate Commissioning Unit, from the outset, predicted this trend no additional funding could be identified at that time to accommodate larger volumes in the tender process.
 - f) The impact of changes in the Charging Policy has recently been felt across the county i.e. a sudden decrease in the size of existing packages as service users have tried to reduce their individual charges. This has resulted in some overcapacity in North Warwickshire and Rugby, which could lead to some care workers leaving the market. The long-term effects are not yet clear but it is anticipated that the severity of the impact will reduce over time.
 - g) The modernisation of the in-house service at the same time as the tendering of the external service resulted in a reduction in hours delivered internally, linked mainly to the setting up of smaller specialised teams and the implementation of guaranteed hours for care staff. This has resulted in increased pressure on external

providers in the light of high demand overall for home care.

- h) As a result of the tender awards, some smaller home care providers ceased trading. Other providers that do not have a Block or Call off Contract have elected to stay in business, even though future business cannot be guaranteed. Some change in the market place was to be expected.
 - i) Some time has been spent to develop direct payments opportunities for service users who are using the 'spot' agencies. This has been particularly useful in the South of the county where there are some capacity problems.
 - j) Problems have also occurred with the implementation of the new specialist dementia service leading to delays in transfers of service users from the mainstream service, which would have otherwise helped to improve capacity.
- 9) Continuity of carers is an issue and some of the factors impacting on this are
- The physical and emotional demands of the job are very high yet the job is relatively poorly paid, and this results in quite a high turnover of staff
 - Worker absence through illness or holidays etc will impact on the stability of teams of carers
 - Requirements to re-tender contracts (including reviews of the in-house service) to secure value for money will cause some changes in providers and even though employment rights of the workers may be protected it is estimated 40% leave to work for other agencies or leave the market altogether
 - Some specialist services are short-term e.g. rehabilitative services
- 10) The Directorate is attempting to address some of these underlying issues through vigorous recruitment campaigns, developing training, robust absence management, and looking at ways to smooth transition arrangements following re-tendering. The implementation of the new electronic time recording system will also assist with rostering calls, transfers between services and overall continuity of care.
- 11) It is fair to say that some of these challenges are not specific to Warwickshire but emanate from a larger national problem related to the level of investment in services for older and vulnerable people.

14 The Cost of Home Care

- 1) There are approximately 3500 service users at any one time, about 600 of whom are in the age range of 18-64 years, the remaining 2,900 people are 65+ with the vast majority being over 75 years.
- 2) The unit cost of home care services for 2006/07 fell within the optimum band of PAF indicators and as the unit cost remained at £13.30/hour, this indicated a reduction in cost in real terms.

Unit cost of home care for adults and older people – average gross hourly cost for home help/care (PAF B17)

	2001-02	2002-03	2003-04	2004-05	2005-06	2006-07
England	£11.90	£12.10	£12.90	£13.60	£14.50	N/a
Shires	£12.30	£12.60	£13.00	£14.00	£14.60	N/a
Group 2	£12.10	£12.10	£13.10	£13.70	£14.60	N/a
Warwickshire		£13.80	£14	£13.60	£13.30	£13.30

Bands 2006-07 –Group 2

Low				High
**	***	****	***	***
£0<£10.09	£10.9<£10.81	£10.81<£14.41	£14.41<£16.08	£16.08+

- 3) There are however big variations in unit costs between the north and south of the county (due to for example higher land prices in the south), which have resulted in a need to reflect local market conditions within Warwickshire.
- 4) There is also currently a large differential in pricing between the in-house and external service, although the information available did not necessarily compare like for like. Ultimately the introduction of tighter online monitoring systems will allow the costs to become clearer.
- 5) It was not always possible to go on the lowest tender price and get the quality, delivery and choice expected by the Council.
- 6) Effective action to control the overall costs of home care has to include action to reduce levels of sickness absence within both the external and internal service through effective absence management strategies. A one percent absence rate in the in-house service is estimated to cost the Council £50,000. Information about the actions being taken to reduce absence levels within the in-house service is set out in Section 16. The current in-house service target is to reduce the rate to 6%, whilst this is a marked improvement this will still cost the Council around £300,000 a year.

- 7) One novel approach by a Coventry Care Home provider is to employ staff for the hours they want to work rather than try to make them fit a particular pattern. This results in large numbers of staff but very low absence levels as people are only working the hours they want to. Whilst this approach may not translate to home care where continuity in teams of carers is an important factor in service user satisfaction it is a different way of dealing with the issue.
- 8) The government expects a certain level of income to be raised through charging service users. The total budget for the home care service (in-house and contracted provision) is £22M and charges to service users for non-residential services are expected to contribute around £4M. The service remains heavily subsidised and charging is an integral part of being able to sustain an affordable service in the future. The Council has recently had to raise the level of home care charges significantly; even with that increase the Council remains one of the lowest in its groups of comparator authorities³. The two major lessons learnt from this process is that
 - Charging policies need to be kept under continual review and a longer-term strategy developed to enable increases in charges to be made on a more regular and incremental basis
 - Service users need to be given more time to absorb planned increases in charges to enable them to organise their resources to meet potential increases and they need clear simple explanations (no jargon) of the impact of the charges on them as individuals

15 Future Strategy

- 1) The development of a coherent in-house service and the future direction of the whole service were inextricably linked. Providing an in-house service was more expensive and the challenge was to justify an in-house service within limited resources.
- 2) A multi-agency group had been set up to look at what was currently available in the market, how best to close the gap taking into account the increase in the older population and dementia and the decrease in resources, and how best to tender for the services needed and shape a service for the future that meets the needs and choices of users.
- 3) The increased needs of users coming into the market at a later stage meant a need for more specialised services.
- 4) Benchmarking data showed that other Local Authorities were providing short bursts of care by highly trained staff with greater independence for users. Warwickshire was working on a number of initiatives such as

³ Appendix 3 contains information about current charging rates around the country from a number of authorities.

the Fast Response Service, the Hospital Discharge Service and social reablement to meet local needs.

- 5) Hospital discharge targets were being met, but there were still some issues, particularly in Warwick Hospital, but these were mostly not social care issues. Delays were often due to patient choice. 91% of care packages were delivered within 4 weeks.
- 6) Service level agreements with in-house services will be used to direct the in-house provision in more effective, economic and efficient ways to maximise both the financial and human resources available to meet demands, and provide a complementary range of services within the local social care market.
- 7) Specialist services need to be developed around rapid response, specially trained hospital discharge teams, and the workforce needs to be skilled to provide social reablement, for those people motivated and able to benefit from this type of service. In addition there should be greater focus on dementia care services, to meet local demand and or demographic need, with a greater range of services to support carers within their communities.
- 8) The in-house service level agreement will be aligned to the joint commissioning strategies for older people, people with a learning disability, and people with mental health needs. It will also need to be aligned to support future findings of the current accommodation review.
- 9) The introduction of electronic management information and work allocation systems, and electronic home care recording system, will provide the following two outcomes; a) greater efficiencies, improvements in quality of service via the in-house service, and b) significantly improved ability, through the electronic home care recording systems; to manage the market effectively, and more economically, to make sure that contract compliance, consistency, quality, and improved service to users, are all managed with much greater robustness, security and confidence.
- 10) Freeing up supervisors from time intensive administrative tasks will allow them to spend more time in communities. Not only with service users to assess more accurately satisfaction levels but also in supporting the locality agenda through working with trading standards, police, district/borough councils etc on personal security and personal protection systems.
- 11) It is currently estimated that the Council may be paying for more hours on a planned basis than the actual hours delivered. The current indication is that the discrepancy may be around 5% although the business case for the new electronic home care systems is based on 2%. The table below gives an indication of the potential saving depending on the level of the discrepancy over a four-year period from

2007/08. The net savings/efficiencies figure is the projected savings/efficiencies after the necessary reinvestment to maintain and roll the new systems countywide.

	Year 1 07/08	Year 2 08/09	Year 3 09/10	Year 4 10/11
Work Programming (costs)	£118,430	£21,000	£21,000	£21,000
Electronic Visit Recording (costs)	£87,200	£113,100	£173,100	£162,000
Savings/Efficiencies -				
At 2%	£55,000	£303,500	£457,000	£457,000
At 5%	£55,000	£453,500	£697,000	£697,000
At 8%	£55,000	£603,500	£937,000	£937,000
Net Savings/Efficiencies –				
At 2%	-£150,630	£169,400	£262,900	£274,000
At 5%	-£150,630	£319,400	£502,900	£514,000
At 8%	-£150,630	£469,400	£742,900	£754,000

- 12) An increase in transparency and closer contact with service users and carers may highlight dissatisfaction with some elements of service provision which will require further investment to improve the quality of the service over and above the reinvestment levels above.
- 13) Work is also currently underway to explore ways of increasing capacity particularly in rural areas of the south e.g. Shipston where the availability of care workers is poor. The next round of tenders is not planned until the financial year 2008-09, when it is hoped that new electronic home care monitoring systems can be introduced across all providers to secure better value for money and quality outcomes for service users.
- 14) Issues such as regulation, quality and protection will need to continue to be monitored and may impact on price. The increase in Direct Payments and greater choice for users will influence how the market develops in the medium-term and there will need to be greater flexibility and a broader range of care options in the long term. Ultimately people are looking at systems that can facilitate changes in care packages on a day-to-day basis, but this is still some way in the future.
- 15) The original round of tendering had been largely based on price alone, but the Service now had some discretion and had a process to better assess best value and quality points per pound. One option for the future could be to specify the pot of money and request options for what best could be provided at that price. The next round of external home care contracts need to be let by end of March 2009.
- 16) The current contractual arrangements for the generic home care service are felt to be inappropriate by many people, in particular because they do not focus on what the service user wants. There is a

need to build more flexibility into future arrangements to enable more choice. This does require the development of a greater level of 'trust' between the Council and its contracted providers to do what is necessary to ensure the safety and welfare of the service user whilst remaining within the Council's overall cost parameters. WIDCA have made a number of suggestions, along with others, about the use of new technology to support the future delivery of care and the development of better relationships between independent sector home care providers with residential and nursing homes, other facilities or specialist services to reduce the bureaucratic burden. We also note that any radical changes should be phased in order to allow the market to respond to new ways of working and enable the recruitment of appropriate staff into the social care sector.

The Council will need to decide what is affordable and sustainable in terms of service provision and proactively manage people's expectations in terms of the choices that are then available.

16 Recruitment and Retention of Staff

1. There are problems in recruitment –social care is seen very much as a 'Cinderella' service and there is a need to change public perception. The recent development of the Care Ambassadors scheme to 'sell' a career in social care to school leavers is seen as a welcome development
2. John Dunster, the Chair of WIDCA reported that he had implemented a programme 3 years ago within his own agency designed to 'value staff' – through this scheme he had managed to improve retention rates from 50% 4 years ago to 98% today.
3. Absence management has been the subject of a number of reports to the Adult & Community Services Overview and Scrutiny Committee. High levels of sickness absence are costly for the in-house service and the independent sector. It is estimated 1% absence in the in-house Home Care service was equivalent to approximately £50,000, although there were hidden costs involved. The current target for the service was 6%. The Directorate had put in place a number of arrangements to improve absence management i.e.
 - (a) Providing the managers with the tools newly developed in March/April, allowed them to target issues where they arose. The new system also allowed information such as seasonal absence, age profile, and reasons by age etc to be explored.
 - (b) Managers were all held to account on a weekly basis, having to report on each individual episode on the front line, giving reasons for all absences and to have an action plan in place.

- (c) 50% of absences were currently specified as “unknown” reasons and work was being carried out to clarify these more accurately.
 - (d) Sharing the outcomes of the Healthy Workforce Group, in particular relating to management and health and safety.
 - (e) Significant training had been carried out on back care and the prevention of back problems.
 - (f) Unison were using a national questionnaire with questions on how staff felt absence was challenging, suggestions for improvement, impact on staff turnover etc.
 - (g) Where Home Care staff had to cover extra clients on a long-term basis, physical health, mental health and quality of service deteriorated. The Fast Response Service could alleviate short-term sickness by ensuring there were enough hands to pick up work and if all people within teams were accountable to each other and there were policies in place, managers would be in a better position to support individual staff members and their teams as a whole.
 - (h) Where staff were suffering from an infection, it was important to get the balance right when returning to work, to reduce risks to themselves and other staff. The return to work interview was crucial to this and was also a challenge for Home Carers who did most of their work unsupervised.
- 4 The Service was looking to benchmark with other provider services to assess whether 6% was a realistic target. Teams in North Warwickshire had lower attendance figures than the rest of the county but these had also shown reductions and it was noted that Nuneaton & Bedworth faced different challenges to the other areas in the county around health inequalities. A high turnover of management sometimes impacted on attendance with a lack of effective support of staff.
- 5 One of the big challenges is the ability to recruit appropriate BME staff locally. In 2006 Satkaar were commissioned by social services to report on current approaches to recruiting and retaining black and minority ethnic care staff in Warwickshire. The report called 'Bridges & Barriers' made a number of observations and recommendations. There were no quick fixes to the recruitment of BME workers but some action could be taken to improve the current approach. Cultural issues may impact on the hours some BME staff can work and some of the tasks they can undertake. Not surprisingly the report indicates awareness and understanding of cultural issues needed to improve.
- 6 There were a number of good practice initiatives identified e.g.
- A local care home employing a number of BME staff had made links with the local college to have on site English language training
 - A social services supervisor ensured there was a translator available in supervision sessions
 - BME - buddy mentoring scheme

- Cultural training -tailored training in partnership with local communities to raise cultural awareness of home care staff
- Establishing a Black Workers Forum

17 Training - Warwickshire Quality Partnership

- (a) The Warwickshire Quality Partnership (WQP) was set up 3 years ago as a partnership initiative between the statutory and independent sectors, to support care providers in all settings to access training support grants and organise training.
- (b) WQP supports the development of social care staff and services within the independent sector. This covers older people within residential care or nursing homes, domiciliary care, learning disabilities and mental health. It provides a link between the independent and statutory services and funds joint training. It is a point of contact for all matters relating to staff development and links with the national, regional and sub regional agendas. It provides a link with other funding and support from Coventry & Warwickshire Partnership for Care (CWPC) and Skills for Care and is a voice for Warwickshire service providers, users and carers.
- (c) The WQP team attended five libraries in June and July promoting careers in care. They were supported by local providers who could talk about working in social care and also had the opportunity to promote their vacancies. Recruitment materials from the Department of Health and Skills for Care were used. As a result of this initiative, work is in progress to develop the Silver Surfer web pages to promote career opportunities in social care.
- (d) CWPC has trained 66 Care Ambassadors from approximately 30 agencies including Warwickshire County Council and Coventry City Council. Twelve schools are engaged and 3 careers events have been attended. People who use services have been included in the training and some Care Ambassadors are being used to assist in a training session for teachers and social care.
- (e) Work experience mentor training provided by CWPC has been attended by 22 people from 10 organisations. The aim is to make a work placement a positive experience for both student and mentor. A service user who lives independently is willing to offer a work experience placement. People in Action is demonstrating good practice with this initiative.
- (f) CSCI –Conditions and Variations of Registration take effect from 1st June 2007. This will be a 12-15 month process involving all registered services. The role of the registered manager is to ensure that the Statement of Purpose clearly reflects the service provided.
- (g) General Social Care Council – Registration of domiciliary care workers and domiciliary care managers is the next phase to be registered and is

due to commence in January 2008. There will be a fee of £20 per individual, which will be the responsibility of the individual registering not the employer. Whilst this may potentially place an additional economic burden on either providers or individuals it does provide a basis for recognition of social care workers as professionals and may help to raise the profile of the service in the employment market.

- (h) All previous learning, experience and qualifications can be recognised as long as it is relevant and current (generally within the past five years although there is no hard and fast rule). This process is known as accreditation of prior learning, experience or achievement. Where courses are not accredited but an attendance certificate is provided, a care worker can ask for the course to be taken into account in the assessment. They are asked to write on the back of the certificate what knowledge was covered. An assessor will then cross reference with the standards and may ask knowledge questions to test whether the candidates have learned any of the knowledge covered and ask for evidence of the knowledge being applied in the work place. Formal recognition of the value of such learning, experience or achievement again helps towards professional recognition. CWPC has developed a CPD Care memory stick on which courses can be recorded to help workers keep track of the training received.
- (i) The Alzheimer's Society made the following observations
 - There is not enough training in working with people with dementia, many agencies do not have specific training in dementia, and it should be identified as a key part of carer training.
 - There was anecdotal evidence that some carers did not know what dementia was.
 - The Alzheimer's Society does 'qualify' trainers but not the local branch. The training is approximately 1 day. It would be useful to make links with the Warwickshire Quality Partnership
 - The County Council does have awareness training sessions for in-house staff and has contracted with Guideposts to provide social work staff with some more in-depth training.
- (j) WIDCA reported that the independent sector found it very difficult to source training in dementia. It was also important to find the 'right people' to provide care for those with dementia. It also confirmed that there was anecdotal evidence that some care workers did not understand what 'dementia' was.
- (k) WQP comment that a joint funded Learning Advisor -Dementia has been appointed for 2 years. It is expected to train 600 people in 2007/8 to add to approx 350 trained in 2006/7. Training undertaken so far includes

2005-2006	47 programmes
2006-2007	42 programmes
2007-2008	74 programmes planned

A Dementia workbook has been updated and is being reprinted. The Dementia Care Select Committee has identified the need to skill the whole workforce in this area and a WQP scoping exercise is being carried out regarding the needs for in depth training in this area.

- (l) The success of this post has led to the decision to fund a Learning Advisor for Vulnerable Adults and the Mental Capacity Act. In addition WQP has joint funded a Vulnerable Adult Workbook and Managers Guide and this has been cascaded through awareness raising sessions throughout Warwickshire.

WQP Joint training offered 2006/07 and planned for 2007/08

- (m) Social care registered providers who are members of WQP receive a monthly newsletter which advertises the training available. The following underpinning knowledge courses were offered by WQP through the Workforce Development Service.

- *Accreditation of Medication*
- *Adult Protection Awareness Raising*
- *Recording Skills for Direct Care Workers*
- *Responding to Disclosures*
- *Recognising and Responding to Abuse and Neglect – Workbook Launch and other Adult Protection courses*
- *Managing People Workshops*

New courses planned for 2007/08

- *Parkinson's Disease*
- *Stroke awareness*
- *Managing performance and change*
- *Dementia*

Home Care Pilot

WQP have been approached by NHS West Midlands to offer free 2 hour training to domiciliary care providers in the North of the County as a pilot. WQP is currently ascertaining numbers and arranging venues.

Additional courses offered by CWPC and advertised by WQP 2006/07

- Infection control
- Challenging Behaviour
- Introduction to complementary therapies
- Medication

New courses planned for 2007/08

CWPC run bi-monthly CPD Care Network meetings in four locations in Warwickshire and one in Coventry. This provides an opportunity for training providers and care providers to learn together. A networking session is held at the beginning before the delivery of a piece of

training. In addition, five whole days training is offered in the interim months. Subjects to be covered are:

- *Employment Law*
- *Mental Capacity Act*
- *Medication*
- *Investors in People*
- *Retention and Reward*
- *Direct Payments*

These sessions are certificated and can be recorded on the CWPC CPD Care memory stick.

18 Recommendations

- 1) That the Council be advised that we support the continuance of a mixed economy of care and advise that the future direction of the in-house home care service should be focused towards the provision of specialist services and the provision of a fail-safe generic service to provide cover in the event of market failure.
- 2) The Council should work in partnership with the independent sector to ensure that we make the optimum use of resources and ensure there are regular meetings between commissioners and the independent sector to enable the effective implementation of new service-developments. New ways of working require greater levels of trust to develop between the Council and its contracted providers.
- 3) That the Council should explore with the Warwickshire Independent Domiciliary Care Association the best way to build closer links with care and nursing homes and specialist home care services, whether through the development of protocols or otherwise.
- 4) That the Council when commissioning new home care contracts in the next tendering round should move towards providing more flexibility and choice for the service user in how the allocated time is used. This should be approached on a phased basis to allow the market time to respond to new ways of working and the Council should consult relevant stakeholders on the appropriate balance between the new and more traditional style contracts and how best to phase in new types of contracts. Consideration should be given to the amount of time required by the independent sector to recoup any capital investment when determining the length of future contracts

- 5) That any new style contracts for home care should wherever possible take advantage of the benefits offered by new technologies to reduce the bureaucratic burden and if considered feasible should incorporate the ability for the home care provider to make appropriate changes to the care plan to meet the needs for the service user within any overall cost parameters set by the Council. This could include for example the ability
 - (a) To make arrangements for planned respite care
 - (b) To respond in emergencies
- 6) That the Council reviews the scope and capacity of the current specialist home care services with a view to assessing the feasibility of
 - (a) Adapting the services to meet a wider range of needs
 - (b) Ensuring equity of access to those services countywide
 - (c) Closer integration with the generic home care service
- 7) That the Council should consider how best it could supplement its current services to make them more appropriate for BME communities. This should include consideration of whether it would be feasible and affordable to provide additional support through a 'duty social worker model' or whether other means would be more cost effective.
- 8) The national policies continually emphasis more choice and control for people in receipt of social care services, however there is very little mention of the potential cost impact. Whilst new technologies and innovation in service delivery can unlock some resources the changes in demographics pose significant challenges over the next 10 years. The Council needs to be clear about what is affordable and sustainable in terms of local service provision and proactively manage people's expectations in the light of the choices available within the agreed envelope of resources.
- 9) The potential offered by new technology such as telecare etc should be an integral part of any future review of services to ensure that the Council can maximise the opportunities to develop services in a cost effective way.
- 10) Sickness absence is a problem for both the Council and the Independent sector. Whilst there are no quick fixes the Directorate has made strides in reducing levels of sickness within the internal service although more still needs to be done. Not only to unlock the resources deployed in covering absence but also to improve levels of staff morale and job satisfaction. As employers the Council and the independent sector should share good practice and different approaches to reduce levels of sickness across the whole sector.

- 11) That the Council should seek to implement a system of 'Individual Budgets' (based on the experience of the pilots) to enable service users more choice and control as a complementary initiative to the direct payments scheme.
- 12) That the Council should explore with the Warwickshire PCT and the local district/borough councils the feasibility of introducing a Fast-track equipment/adaptations service in Warwickshire including the potential for making savings. This should include whether a proportion of any projected savings could be invested in a pooled budget to support the new service on a sustainable basis in the future.
- 13) That the Council be advised that we support the new pilot for a dementia care service in Stratford and the proposed pilot for a 24/7 home care service in North Warwickshire. There should be a cost/benefit analysis of both pilots within 12 months of operation and an assessment of the viability of providing the service countywide.
- 14) That the Council should develop in conjunction with relevant partner agencies a local care pathway to ensure continuity of care and the provision of seamless services.
- 15) That the Council should review with relevant partner agencies the co-ordination and management of information and advice services with a view to avoiding duplication and improving the signposting of services for the public and other professionals.
- 16) The Council should keep the charging regime under continual review to allow for more regular and incremental increases in charges in future years. It should develop a longer-term strategy that allows people to plan for increases and avoids instability in the home care market. Communications need to be in clear plain English and avoid jargon with sufficient time to allow people to absorb and understand the impact on their personal circumstances.
- 17) There were particularly low levels of compliance, in the figures reported by CSCI, with the national minimum standards for the administration of medication, risk assessment and safe working practices. Whilst we were pleased to see the significant improvements in overall levels of compliance by the in-house service and that the Warwickshire Quality Partnership future training programme was paying particular attention to standards with low compliance levels, these standards bear directly on safety and well-being of service users. They need to be proactively monitored and action taken to ensure that standards across the whole sector are raised.
- 18) There is a need to raise the profile of social care workers in the employment market. We were pleased to hear of the initiatives being taken but would stress the need for continued and sustained promotion of the service.

- 19) One of the key issues for the Council in developing services for the future is to ensure that it listens to what people say and what they want in terms of service provision. It is essential that we engage not only current users and carers but also people who may access services in the future if we are to design and develop services which are fit for the future. The Local Government and Public Patient Involvement Act 2007 requires the Council to establish a Local Involvement Network, this could if properly supported provide a robust way of ensuring the views of the public are heard on the future direction of health and care services in Warwickshire. The Council should seek to maximize the opportunities this presents.
- 20) That the Commission for Social Care Inspection/Department of Health should be asked to
- (a) Explain why there has been a delay in reviewing the national minimum standards for home care and when the review is likely to commence.
 - (b) Review their apparent policy to withdraw support from local provider groups and commissioners, at a time when there are national concerns about the fragility of the sector and asked to reinstate regular meetings with local providers and commissioners.
- 21) The Council in conjunction with relevant partners should develop an action plan to respond to these recommendations. The proposed action plan to be reported to the March 2008 meeting of the Adult & Community Services Overview and Scrutiny Committee with a further progress report in 12 months time.

Standards 1–6	User Focused Services
Standards 7-10	Personal Care
Standards 11-16	Protection
Standards 17-21	Managers and Staff
Standards 22-27	Organisation and Running of the business

Standards 1–6 User Focused Services

1. Current and potential service users and their relatives have access to comprehensive information, so that they can make informed decisions on whether the agency is able to meet their specific care needs.
2. The care needs requirements of service users and their personal or family carers when appropriate are individually assessed before they are offered a personal domiciliary care service.
3. Service users, their relatives and representatives know that the agency providing their care service has the skills and competence required to meet their care needs.
4. Each service user has a written individual service contract or equivalent for the provision of care, with the agency, except employment agencies solely introducing workers.
5. Service users and their relatives or representatives know that their personal information is handled appropriately and that their personal confidences are respected. In the case of standards 5.2 and 5.3, these do not apply to employment agencies solely introducing workers.
6. Service users receive a flexible, consistent and reliable personal care service. In the case of standards 6.3 and 6.4 these do not apply to employment agencies solely introducing workers.

Standard 2 is the key standard to be inspected.

Standards 7-10 Personal Care

7. The care needs, wishes, preferences and personal goals for each individual service user are recorded in their personal service user plan, except for employment agencies solely introducing workers.
8. Service users feel that they are treated with respect and valued as a person, and their right to privacy is upheld.
9. Service users are assisted to make their own decisions and control their own lives and are supported in maintaining their independence.
10. The agency's policy and procedures on medication and health related activities protect service users and assists them to maintain responsibility for their own medication and to remain in their own home, even if they are unable to administer their medication themselves. In the case of standards 10.8 and 10.9, these do not apply to employment agencies solely introducing workers.

Standards 8 and 10 are the key standards to be inspected.

Standards 11-16 Protection

11. The health, safety and welfare of service users and care and support staff is promoted and protected, except for employment agencies solely introducing workers.
12. The risk of accidents and harm happening to Service Users and staff in the provision of the personal care is minimised, except for employment agencies solely introducing workers.
13. The money and property of service users is protected at all times whilst providing

the care service, except for employment agencies solely introducing workers.

14. Service users are protected from abuse, neglect and self-harm, except for employment agencies solely introducing workers.

15. Service users are protected and are safe in their home, except for employment agencies solely introducing workers.

16. The health, rights and best interests of service users are safeguarded by maintaining a record of key events and activities undertaken in the home in relation to the provision of personal care, except for employment agencies solely introducing workers.

Standards 11, 12 and 14 are the key standards to be inspected.

Standards 17-21 Managers and Staff

17. The well-being, health and security of services users is protected by the agency's policies and procedures on recruitment and selection of staff.

18. Service users benefit from clarity of staff roles and responsibilities, except for employment agencies solely introducing workers.

19. Service users know that staff are appropriately trained to meet their personal care needs, except for employment agencies solely introducing workers.

20. The personal care of service users is provided by qualified and competent staff, except for employment agencies solely introducing workers.

21. Service users know and benefit from having staff who are supervised and whose performance is appraised regularly, except for employment agencies solely introducing workers.

Standards 17, 19 and 21 are the key standards to be inspected.

Standards 22-27 Organisation and Running of the business

22. Service users receive a consistent, well-managed and planned service.

23. The continuity of the service provided to service users is safeguarded by the accounting and financial procedures of the agency.

24. The rights and best interests of service users are safeguarded by the agency keeping accurate and up-to-date records.

25. The service user's rights, health, and best interests are safeguarded by robust policies and procedures which are consistently implemented and constantly monitored by the agency.

26. Service users and their relatives or representatives are confident that their complaints will be listened to, taken seriously and acted upon.

27. The service is run in the best interests of its service users.

Standards 22 and 26 are the key standards to be inspected.

NB. Scoring of Outcomes

4 Standard Exceeded (Commendable)

3 Standard Met (No Shortfalls)

2 Standard Almost Met (Minor Shortfalls)

1 Standard Not Met (Major Shortfalls)

"X" in the standard met box denotes standard not assessed on this occasion

"N/A" in the standard met box denotes standard not applicable

NB. Key Standards are inspected at least once a year

HOME CARE WORKING GROUP -TERMS OF REFERENCE - Appendix 2

Background Information
<ul style="list-style-type: none"> • Time to Care - National Report published by CSCI October 2006 • White Paper -Our Health, Our Care, Our Say • Living Well in Later Life –A review of progress against the National Service Framework for Older People (Audit Commission March 2006) • State of Social Care in England 2005-06 • Joint Inspection of Services for Older People (Warwickshire 2007) • A new Vision and Strategy for Adult Social Care (Warwickshire) • Older People's Strategy (Warwickshire) • Social Care Improvement Plan (Warwickshire) • Joint Commissioning Strategy (Warwickshire) • Better Outcomes-Lower Costs (DWP May 2007) • The costs and benefits of Independent Living (DWP May 2007)
Rationale
Key area for performance improvement for the local authority
Key Lines of Enquiry
<p>How home care fits within the overall continuum of care and its relationship with other social care services and other services which promote independence.</p> <p>Current range, scope, pattern and capacity of home care provision for older people, people with learning difficulties and people with physical disabilities in Warwickshire</p> <p>What users, carers and stakeholders say about our current services and the changes/improvements they would like to see</p> <p>Identification of future needs for these client groups and the options available to deliver sustainable services in the future</p> <p>Identification of inequalities and/or gaps in service provision, north/south divide and areas for improvement/change</p> <p>Identification of innovation in service provision and best practice which promote choice and independence</p> <p>How performance and standards of care in Warwickshire compare with other authorities.</p> <p>How robust are our quality assurance arrangements and what safeguards are in place to ensure that services are delivered by an appropriate method?</p> <p>Assessment of the current cost effectiveness of services, the factors which impact on that in relation to both in house and contracted services and opportunities for efficiency gains</p> <p>Our commissioning practices/intentions and how they may need to change</p> <p>What is the optimum role of the in-house service to meet future needs of clients</p>

Methodology							
Review of relevant literature Analysis of surveys and performance information Briefing Papers Discussions with the various stakeholders, user groups and carers. Site Visits to view innovative practices e.g. Telecare in action Visits to services/relevant forums Select committee style sessions/ round table discussions with the Working Group							
Potential Contributors							
Portfolio Holder for Adult and Community Services Adults, Health and Community Services Directorate Commission for Social Care Inspection Warwickshire Quality Partnership Warwickshire Independent Domiciliary Care Association	Age Concern Alzheimer's Society Warwickshire PCT District/Borough Councils Best Practice Authorities						
Objectives/Outcomes/Critical Success Factors							
<ul style="list-style-type: none"> ➤ Clear picture of the current range, scope and pattern of provision in Warwickshire and how it currently meets the needs of users and how it will need to change to meet future needs ➤ Clear picture of current performance in Warwickshire ➤ Clear understanding of the economics of providing home care services ➤ Identification of areas for improvement and areas for change ➤ Identification of different/innovative ways of providing services which promote choice and independence <p>Formulate recommendations relating to</p> <ul style="list-style-type: none"> • The desired future direction of home care services • The relative cost effectiveness of services • The optimum role of the in-house service • The improvements/changes that need to be made to enable the delivery of sustainable services in the future <p>Longer Term</p> <ul style="list-style-type: none"> • An action plan to deliver the agreed changes in services • Demonstrable improvement in performance 							
Timescale and Meetings							
<p>Overall Timescale for Review: April to October 2007</p> <p>Reporting to Adult & Community Services Overview and Scrutiny Committee meeting on 17 October or 20 November 2007</p> <p>Scheduled Meetings of the Working Group: 9.30am to 12 noon on Friday</p> <table> <tr> <td>4 May 2007</td><td>3 August 2007</td></tr> <tr> <td>1 June 2007</td><td>7 September 2007</td></tr> <tr> <td>6 July 2007</td><td>5 October 2007</td></tr> </table>		4 May 2007	3 August 2007	1 June 2007	7 September 2007	6 July 2007	5 October 2007
4 May 2007	3 August 2007						
1 June 2007	7 September 2007						
6 July 2007	5 October 2007						

Charging Rates –Other Authorities

Appendix 3

Local Authority	Home Care per Hour	Day Care per Day	Maximum Weekly Charge
Barking and Dagenham	£8.50	£0.00	None
Bolton	£10.40	£0.00	£181.65
Brent	£16.00	£3.50	£380.08
Brighton	£18.00	£19.00	£600.00
Calderdale	£7.94	£9.74	£100.00
Cardiff	£10.00	£14.80	Full Cost of Package
Cumbria	£11.00	£10.00	£175.00
Dorset	£15.00	£0.00	None
Durham	£10.70	£0.00	£295.00
East Riding	£9.46	£19.92	Full Cost of Package
Enfield	£16.00	£31.15	None
Gateshead	£7.90	£7.90	£100.00
Gloucestershire	£13.46	£15.54	£325.00
Greenwich	£8.50	£2.10	£44.00
Hampshire	£13.68	£0.00	£395.64
Hertfordshire	£11.80	£29.60	£326.00
Hounslow	£15.20	£1.50	None
Merton	£15.48	£6.50	£375.00
Middlesbrough	£11.63	£0.00	£213.00
Milton Keynes	£13.00	£13.00	£250.00
Newcastle	£8.40	£11.50	£120.00
North Somerset	£7.90	£0.00	None
North Tyneside	£8.00	£0.00	£90.00
North Yorkshire	£12.00	£3.40	£245.00
Northumberland	£12.88	£0.00	£60.00
Pembrokeshire	£5.45	£0.00	£109.00
Rotherham	£11.67	£0.00	£200.00
Sandwell	£7.00	£7.00	None
Sheffield	£8.50	£5.50	£100.00
Shropshire	£10.76	£0.00	£120.00
South Tyneside	£9.50	£6.00	£273.00
Southend	£12.85	£5.15	£138.00
Stockport	£10.40	£29.70	£231.00
Stoke on Trent	£12.00	£0.00	£120.00
Suffolk	£14.85	£0.00	None
Sunderland	£10.00	£10.00	£100.00
Sutton	£11.50	£23.00	None
Swindon	£14.00	£10.50	
Torfaen	£10.50	£27.00	£150.00
Wandsworth	£13.50	£20.00	£321.00
Warwickshire	£8.70	£5.00	£348.33
Wiltshire	£13.30	£0.00	None
York	£15.00	£3.30	None

Local Authority Disabled Facilities Grant allocations for 2007/08

Region/ local authority	2007/08 Allocations (£'000s)	Allocation as % of Assessed need (DFGI) ¹	Allocation as % of LA bid 2	Percentage change in allocation compared with 2006/07	(£'000s) Council	(£'000s) TOTAL
West Midlands	Government					
North Warwickshire	151	84%	79%	5%	106	257
Nuneaton and Bedworth	330	88%	90%	5%	220	550
Rugby	195	100%	81%	5%	130	325
Stratford-on-Avon	226	94%	100%	0%	150	376
Warwick	180	69%	100%	25%	120	300

Column one is the maximum amount of cash that the government will hand over (as a 60% subsidy on what an authority actually pays out in a given financial year on mandatory DFG, not on what they have committed to spend). So for WDC, the £180,000 is the maximum subsidy. That amount would be paid to us if we pay out a total of £300,000 on mandatory DFG work because it is 60% of £300,000. If we pay out less than £300,000 then we get 60% of the amount we pay out.

The second column shows that the £180,000 subsidy agreed by the government is 69% of the amount that they would be prepared to pay if WDC were to ask for more. The government uses several indicators of need to determine what might be a reasonable sum for a housing authority to spend on DFG, but those indicators are very crude. One of them is the number of claimants of Attendance Allowance in the authority's area. WDC area has a high number of AA claimants and taken in isolation that suggests to the government that there could be a high demand for mandatory DFG.

Consequently, in principle the government would be prepared to give WDC a subsidy of up to approx £260,000 (based on assumed mandatory DFG expenditure in the private sector of approx. £433,000). However, in practice the need for that large sum does not actually exist. Firstly, many of the AA claimants in WDC area are well-off enough to get ruled out by the grant means test, and secondly many AA claimants do not actually need house adaptations. In addition, there is a limit to how many cases WDC can actually handle in one year, and also a financial constraint that no matter how much the government is willing to give by way of 60% subsidy, WDC still has to find the other 40% from other sources (e.g. capital receipts from sale of council houses - now a declining source of funds for most councils).