

report



meeting **CABINET**

date 21st July 2004

agenda item number (10r_appendix)

REPORT OF THE CABINET MEMBER FOR SOCIAL SERVICES

HOME CARE IN NOTTINGHAMSHIRE – IMPLEMENTATION OF THE RECOMMENDATIONS OF THE SELECT COMMITTEE STUDY GROUP

1. Purpose of the Report

- 1.1 The purpose of the report is to respond to the recommendations of the Social Services Standing Select Committee Study Group on Home Care in Nottinghamshire, which was reported to the Select Committee on 20th April 2004 and Cabinet on 26th May 2004.

2. Advice and Information

- 2.1 The work of the Select Committee is welcomed. The Select Committee has undertaken a comprehensive and refreshing review of the frameworks and services for the delivery of Home Care Services in Nottinghamshire.
- 2.2 They worked closely, constructively and critically with a range of commissioning staff and with staff from several provider organisations, including the Department's Direct Services. Their recommendations are valued and are addressed in turn.

2.3

RECOMMENDATION 5.1

The Direct Services Rapid Response Service continues to be expanded to meet future demands arising from hospital discharges.

Direct Services are presently re-structuring their business to utilise the increased capacity which will become available for senior care assistants when the roll-out of Infocare boxes and the use of the electronic rostering systems begins in the autumn of 2004. A further fifty or so staff will be

trained to the same level as existing rapid response staff. They will work across the range of rapid response and other initial responses, which will substantially increase the pool available to respond to hospital discharges.

2.4

RECOMMENDATION 5.2

The Rapid Response Service be developed to enable response to requests from the community to prevent unnecessary admissions to hospital, residential or nursing care.

When the electronic systems described in 2.3 have been fully implemented and the increased capacity released, further work will be undertaken to explore how appropriate pathways could be developed to enable requests to be taken directly from the community for the Rapid Response service, which is currently based at Leawood in West Bridgford and Bishops Court in Ollerton. This does already happen from time to time, but the proposed work will explore the potential to receive and undertake such work routinely.

2.5

RECOMMENDATION 5.3

The available capacity of the Rapid Response Service should not be diluted in order that its ability to respond to hospital discharges is not compromised.

As explained in 2.3, changes which are presently taking place will enable capacity to be increased.

2.6

RECOMMENDATION 5.4

That adequate administrative support be provided to the Rapid Response service.

The re-configuration related to the introduction of the electronic systems has also involved the re-shaping of administrative support. The business process re-engineering which has taken place and the planned ending of the requirement to process timesheets together allow for different use of administrative staff. It has been possible as a result of this to free up resources to provide adequate administrative support to the work of the Rapid Response staff.

2.7

RECOMMENDATIONS 5.5

Direct Services should not continue with packages of care beyond 6/8 weeks other than palliative care cases or packages supporting people with dementia, or except in exceptional circumstances.

The Select Committee's examination of the work of the Direct Services Rapid and Initial Response Services (i.e. the first six to eight weeks of service for new service users) confirmed that the provision of this stage of a person's home care service was correctly placed as the responsibility of the in-house Direct Services. In order to provide good value for their higher unit cost, Direct Services has developed expertise in dealing with this potentially volatile period in the life of a care package. They are able to respond to the rapidly changing needs of the service user and, using their close working relationships with assessment staff, are able to construct a stable package of care to transfer to long term provision in the Independent Sector. Following this confirmation by the Study Group of this role which has been increasing in recent years, it is now felt to be appropriate to confirm this role as a policy of the Department.

It is therefore, recommended that Cabinet confirms the policy of Direct Services normally providing the initial home care response service, followed by transfer to an appropriate provider of longer term services, which will usually be with an Independent Sector provider, through a block contract.

With regard to the recommendation of the Select Committee concerning the limits to the longer term work which Direct Services should take on, although over recent years, Independent Sector providers have become increasingly significant as providers of long term home care, there remain a significant number of older people who are dependent on long term support from the Local Authority. At this stage there is a continuing need for long term Local Authority support across a range of older people.

2.8

RECOMMENDATION 5.6

A bi-issued newsletter jointly created by the Independent Sector and Direct Services, addressed to staff and service users promoting working together.

Whilst supporting this concept there are ongoing costs attached to this initiative which will have to be considered as part of the budget planning for this and the next financial year.

2.9

RECOMMENDATIONS 5.7

Continued promotion of home care as a long term career opportunity.

Opportunities are taken, whenever possible, to promote home care as a long term career via media releases, job fairs, careers events etc. These opportunities will continue to be taken and will be linked to the departmental workforce plan. Currently, as a result of new rates and pay increases to care staff, Independent Sector providers are not reporting significant difficulties in the recruitment of staff, though this remains a challenge in some areas such as parts of Rushcliffe and Broxtowe. Direct Services have also been much more successful recently, through a range of measures, in being able to retain and to recruit staff.

2.10

RECOMMENDATION 5.8

The exploration of means by which it could be demonstrated that Independent Sector providers are working in partnership with Nottinghamshire County Council by appropriate use of logos etc. on printed material, identity badges etc.

The concept and practice of working in partnership with Independent Sector providers are already strongly supported, as is the positive message this initiative will convey to users of home care services. Work will be undertaken with corporate and Departmental publicity and information staff and the Independent Providers to determine how to achieve this.

2.11

RECOMMENDATIONS 5.9

That a Project Officer be established to assess the projected health and social care training needs over the next 3/5 years, with a view to providing joint training across the social care sector and health staff where appropriate.

This proposal is certainly supported in principle. This will be subject to further consideration as clearly the appointment of a Project Officer post would have budget implications and would need to be carefully considered. The option of looking at current staff who might be released to undertake this work will be pursued. Opportunities to draw in other sources of funding to assist in this will also be pursued where possible.

2.12

RECOMMENDATION 5.10

An evaluation of the costs and benefits of developing a training and NVQ assessment unit to meet the training needs of staff across the sector and health staff where appropriate.

This analysis could be done as part of the role of the work undertaken by the Project Officer - see 2.11.

2.13

RECOMMENDATION 5.11

To continue with the development of a generic worker role in order to provide a more seamless service for service users.

Work continues through a steering group and project manager to examine the potential for social care staff to undertake some tasks which have traditionally been undertaken by health staff. The work is complex, but continues to make steady progress.

2.14

RECOMMENDATION 5.12

Continue to increase the numbers of 'intensive' home care packages which not only assist the performance indicators but increase customer satisfaction.

The Department does continue to try to increase the numbers of intensive home care packages; targets have been defined for Localities and progress is monitored monthly. Given the current pressures on the home care service through high levels of demand against the available capacity, it is proving challenging to achieve substantial levels of growth in larger packages.

2.15

RECOMMENDATION 5.13

Harmonise working relationships between Direct Services and Independent Sector providers to underline the Study Group's view of a long term future for all and the desire to provide an excellent service for all users.

The home care contracts for the next 4/5 years are now awarded and new providers have attended their first provider forum. Work will continue within this forum to develop the respective roles of providers and engage providers in service development in a spirit of partnership.

2.16

RECOMMENDATION 5.14

Resource allocation should continue to be by equity formula on a District basis with Locality Managers moving resources by virement within their Locality as required to meet exceptional levels of need, and the Assistant Director retaining the authority to reallocate resources between Localities in exceptional circumstances.

The allocation of resources by application of the equity formula continues to be the fundamental intention behind budget allocation. As part of continuous budget management, the Assistant Director and Locality Managers will be actively involved in moving resources to maximise their benefits, as needs and demands fluctuate.

2.17

RECOMMENDATION 5.15

The creation of a joint Service User Record Book and Charging Record book issued by both Direct Services and the Independent Sector working in partnership.

A proposal will be made to the Provider Forum that a sub-group be created to look at how this joint record can be developed, taking into account the information which will be collected by the electronic systems. The cost of production of such a record book will be considered as part of budget planning in this, or if necessary, next year.

3. Statutory and Policy Implications

- 3.1 This report has been compiled after consideration of implications in respect of finance, equal opportunities, personnel, crime and disorder and those using the service. Where such implications are material, they have been described in the text of the report. Members' attention is, however drawn to the following:

3.1.1 Personnel Implications

The report reflects the changes in the functions, staff roles and administrative arrangements that have been developing in Direct Services Home Care.

3.1.2 Financial Implications

As indicated in the report, any matters requiring significant financial investment will be considered very carefully in line with the budget position of the Department.

3.1.3 Implications for Service Users

The recommendations should assist the continued efficient and quality development of home care services.

4. **RECOMMENDATIONS**

4.1 It is recommended that Cabinet

- (a) approve the response to the recommendations of the Select Committee by the Cabinet Members for Social Services
- (b) with regard to paragraph 2.7, it is recommended that Cabinet confirm the policy of Direct Services normally providing the initial home care response service, followed by transfer to an appropriate provider of longer term services.

5. **Legal Services Comments** (DLS - 06/07/04)

- 5.1 Consideration of the report is within the authority of Cabinet carrying out the responsibilities of the Social Services Committee. Cabinet may accept the proposals or provide for a different response to any of the recommendations of the Select Committee. There are no other legal issues arising from the report that require specific comment.

6 **Director of Resources' Financial Comments** (PC – 01/07/04)

- 6.1 As indicated in the report, any proposal requiring financial support will have to be considered in light of the Social Services budget and be subject to the appropriate approvals.

7 **Background Papers Available for Inspection**

- 7.1 None.

8 **Electoral Division(s) Affected**

- 8.1 Nottinghamshire.

COUNCILLOR ANTHONY
Cabinet Member for Social Services
(com-CAB)cab183