



meeting	SOCIAL SERVICES STANDING SELECT COMMITTEE	agenda item number
date	20 th April 2004	

HOME CARE IN NOTTINGHAMSHIRE – A REPORT OF THE HOME CARE STUDY GROUP

Purpose of the Report

1.1 The purpose of the report is to inform the Social Services Standing Select Committee of the findings of the Home Care Study Group. A list of the Study Group's meetings, dates and attendees is attached as Appendix A.

2. Scope

2.1 There is a wide range of activity being undertaken across this large and crucial area of service. The Home Care Study Group has focused its attention on the following areas:

- the nature and effectiveness of contractual and operational relationships between the Department and Independent Sector providers, including capacity
- the way in which the Department is attempting to meet service user needs, as well as managing budgets and meeting national targets and the Authority's aspirations for 'top 20' status as reflected in Performance Indicators
- the implications of the developments being considered which expand the roles of Home Care staff into services traditionally provided by Health staff
- the costs and benefits of the introduction of electronic timesheets
- equity of provision.

3. Information and Advice

3.1 Service Delivery

3.1.1 A range of providers from the Independent Sector and Social Services Direct Services deliver home care in the County.

3.1.2 Home Care Services in Nottinghamshire provided on a weekly basis during 2003/04:

	Hours served	Households
Independent Sector	15,448	1,877
Direct Services	11,593	2716
TOTAL	27,041	4,593

3.1.3 The annual budget for 2003-04 was £20.336m. £10.631m was the budget for the in-house Direct Services; the remainder was used for purchasing from the Independent Sector.

Please see Appendix B detailing actual and budget positions for 2001/02 and 2002/03.

3.2 Independent Sector Providers

3.2.1 Existing contracts with home care providers expired at the end of March and new ones have been awarded with effect from April 2004. There will be 21 Independent Sector Home Care Providers.

Details of the providers and the nature of the contracts they have been awarded are attached in Appendix C.

3.2.2 The Department intends also to tender for the provision of a range of specialist services. Those for dementia care and night care are already in place with plans to tender for services for black and minority ethnic communities, and specialist provision for people with physical disabilities in the future.

3.2.3 The Study Group supports and praises the work which has been done to re-structure how contracts with the Independent Sector are awarded and support the move towards 80% of work to be in block contracts and 20% in call off contracts. This will enable some reduction in costs to the Authority and offer greater stability to providers. The Study Group also supported the continuation of the premiums which have been offered to providers for working in the rural, harder to serve parts of the county. They had found evidence that these payments had gone directly to staff as per the agreement and have enabled capacity to be increased in those areas.

3.2.4 The Study Group visited two independent sector agencies and had the opportunity to discuss in detail with the providers about their contracts including care delivery, staff, training, systems and information for service users. The Study Group were impressed with what they saw and felt them to be good quality providers. However it was acknowledged that all providers may not have been of the same standard as the two which had been visited, but that it was hoped that the thoroughness of the recent tendering process will have enabled contracts to be awarded to the best possible providers.

3.3 Direct Services

- 3.3.1 The “niche” for Direct Services is now clearly identified and enshrined in a Service Level Agreement between Commissioners and Direct Services as the provision of short term rapid and initial response services, palliative and dementia care.
- 3.3.2 The arrangements regarding how the delivery of service is organised have been in transition for some while, with progress impeded by the lack of capacity in the Independent Sector and the Direct Service. However, the intention is that Direct Services provide the initial response to new requests for service for a period of up to six weeks, during which time the service user is supported in regaining skills and confidence. A review then takes place, which recommends the support the service user will need on a longer term basis.
- 3.3.3 A more recent development from the initial response arrangement is the Rapid Response Service. It was established initially at Leawood EPH to cover the south of the county as a means of assisting the Department in preventing delays in hospital discharge and is acknowledged as an excellent service. The Study Group are pleased this has now been expanded into Bishops Court Older Persons Home to cover the rest of the county.
- 3.3.4 The Study Group promotes and encourages the service aspiration to expand capacity to sustain the demand to avoid ‘bed blocking’ and also to enable work to be taken directly from the community to assist in the prevention of unnecessary admissions to hospital, residential or nursing care.
- 3.3.5 During it’s visit to the Rapid Response team at Leawood EPH, the Study Group noted that insufficient administrative support is available.
- 3.3.6 The Study Group acknowledged that Direct Services provision is an excellent, well managed service that sets a very high standard for independent sector providers to follow and that it’s staff should be re-assured as to their future. The Study Group, in forming this view was conscious of the feedback from Service Users in a survey last year which covered users of all home care services. This showed a relatively high level of satisfaction and confidence in the Direct Services provision. (Appendix F).
- 3.3.7 The Study Group saw evidence of the work that had been done within Direct Services to re-configure its services and make significant cost savings. Contact time has increased and initiatives are still taking place to further reduce costs and improve contact time.

The higher costs in Direct Services were recognised but it acknowledged that these reflect a range of factors.

Further work is taking place on the unit costs to take account of some tasks undertaken by the Direct Service on behalf of the commissioning service which need to be apportioned elsewhere. Equally, the Independent sector cost does not include the costs of some Departmental services, e.g. contracting and Service Organisers who exist to facilitate the Independent Sector Service.

Other issues in relation to the Direct Service that need to be taken into account are:

- Direct Services has undergone tremendous changes in the last few years to reduce management costs and increase efficiency, including a significant reduction in management posts and process changes. This continues with introduction of the Smart Box during 2004, which will produce electronic timesheets and rostering.
- The role of the Direct Service in providing a Rapid Response service, an initial response service for six to eight weeks, the service of last resort when others cannot provide and some specialist provision (i.e. for people with dementia) does involve a higher cost than other less specialist provision.
- The service is part of a Workforce development initiative to combine health and social care tasks. Elsewhere this has attracted higher salary levels.

In relation to the Independent Sector:

- It is anticipated that the tendering process recently completed will result in increased prices.
- Recently the Department has had to introduce premiums for “hard to serve” areas of £5 an hour.
- The implementation of Minimum Care Standards nationally is expected to increase costs.
- Recruitment issues are impacting on the pay levels required in the Independent sector.

3.4 Cross-sector

3.4.1 Direct Services and Independent Sector providers are ‘Agents’ of Nottinghamshire County Council and therefore, it is necessary to ensure that all are providing good quality services that are meeting the requirements of the National Minimum Care Standards and are a good use of the public purse.

3.4.2 The Department holds regular consultation meetings with providers, which have been found to lead to improved dialogue and service improvements. The Study Group recognised the value of joint working between the Department and providers and emphasised the need for this to continue for the enhancement of service delivery.

3.4.3 The Study Group noted that presently a Service User Record book and a Charging Record book are currently issued by both Direct Services and the Independent Sector which all seem to contain similar information. It was felt that duplication and / or confusion could be created for the service user when service provision passed from one provider to another.

3.4.4 The Study Group raised issues regarding public perception of Independent Sector providers and was keen to promote providers as working on behalf of the authority as a means of re-assuring service users about the quality of service they may expect to receive.

3.5 Performance

3.5.1 Nottinghamshire has historically been a poor performer with regard to the levels of intensive home care which are measured under the National Performance Assessment Framework. The achievement of these indicators is crucial to Social Services in terms of being judged to serve most adults well, consolidating its two star status and also to the authority in reaching 'top 20' status. Targets have been set locally to ensure the indicators are met by 2006.

3.5.2 The estimated cost of additional investment required by 2006 to arrive at overall performance levels of shire counties is £6.5 million for intensive home care and a further £4.9 million for the increased numbers helped to live at home - a total of £11.4 million. With the various efficiencies in the direct service, allocations from the Medium Term Financial Strategy and intended further allocations in the budget plans for the next two years, a further £6.650m is already intended to be allocated between 2002-3 and 2005-6. In this context, the Department is concentrating its plans on increasing intensive home care. However, further investment will come into home care through some specific schemes such as hospital discharge schemes and reductions in spend on residential and nursing care may be recyclable into home care. Performance in this area is relative. The Study Group suggest that the level of investment required to ensure good performance is further reviewed following the publication of 2004/05 performance review.

3.5.3 There is widespread acknowledgement that workforce development is key to the modernisation agenda for older people's services. Local Development Plans in both the North and South of the County identified workforce issues as potential risks to delivery of the targets relating to older people.

3.5.4 Because of the ongoing difficulties in recruitment in the care sector the Study Group has expressed its concerns about the ability to spend the extra money that has been allocated.

3.6 Staff Recruitment, Retention and Training

3.6.1 The recruitment and retention of staff in the social care sector is recognised as a continuing challenge to enable sufficient capacity to be available.

3.6.2 The Study Group supported the continuation of work to promote the status of care workers and of care as a worthwhile and meaningful career.

3.6.3 Direct Services and some Independent Sector Providers show excellent examples of opportunities for career progression which assist in attracting and retaining good quality staff.

3.6.4 Independent Sector Providers are finding the training targets set by the National Minimum Care Standards very challenging and have asked for

support from Social Services to consider ways of assisting them in meeting these targets.

- 3.6.5 The Study Group felt that there were potential benefits in considering the training of Direct Services and Independent Sector staff together. As the Homecare service develops there may also be opportunities to include Health staff where appropriate.
- 3.6.6 Staff Development Unit are about to begin a feasibility study about the establishment of an NVQ Assessment Unit which could also offer a resource across the care sector.
- 3.6.7 The capacity of Direct Services home care to deliver the necessary level of service is dependent upon the recruitment and retention of staff. The Study Group heard of the strenuous efforts that have been made to recruit and retain staff. The level of pay is currently the subject of Job Evaluation across the County Council. It is hoped that the implementation of the previous Delegated Decision (SS/2003/00112 – Appendix E) to reducing the impact of loss of protection following changes to terms and conditions in 2000, will help to avoid high vacancy levels until the outcome of Job Evaluation is known.
- 3.6.8 The Study Group recognise clear benefits of uniform and consistent training to the quality of service delivered.

3.7 Workforce Development

- 3.7.1 Health and social care partners in the County have agreed to join with the Modernisation Agency's Changing Workforce Programme (CWP), to explore the potential for improving services through role re-design. This approach was agreed by the Nottinghamshire Health and Social Care Partnership Board at its meeting on 6th January 2003.
- 3.7.2 As a result of the work generated at a toolkit event, the Steering Group agreed to develop work on the following four roles:
- Generic health and social care worker
 - Health and social care support worker in mental health services for older people
 - Support worker within intermediate care
 - Service Adviser working across health and social care.

The full report is attached as Appendix D.

3.8 InfoCare Units and Cards

- 3.8.1 A project was established by Direct Services in February 2002 to seek a solution to replace paper timesheets by collecting information about service delivery electronically.
- 3.8.2 Negotiations were started with the preferred company in May 2003, but were terminated in August, due to the supplier being unable to meet the contractual terms and requirements. However, it was possible to enter into a further

period of negotiation with their sub-contractors, which has resulted in a successful contract award.

3.8.3 The system which was selected through the tender process, provides a means of collecting data from within the service users' home and was therefore suitable for use by all homecare providers. It was therefore decided that the scope of the project should be extended to include use of the system by the Independent Sector.

3.8.4 Consultations have continued throughout this process with Direct Services Home Care staff, Commissioning and Independent Sector Providers, in order to ensure maximum benefits from the system. These benefits will be reflected in the quality of service delivery and the accuracy of information available to the public.

3.8.5 InfoCare units will achieve savings in administrative costs making good use of the public purse, and will assist in the organisation and planning.

3.9 Equity

3.9.1 Please note table below of 2003/04 budget as adjusted for Equity.

3.9.2 The Study Group felt that resources should be allocated by Locality rather than by District to increase flexibility.

BREAKDOWN OF THE COMMUNITY CARE SUPPORT BUDGET (CCSB) BY DISTRICT

	INDEPENDENT SECTOR	DIRECT SERVICES	TOTAL	EQUITY April 2003	ADJUSTED BUDGET
	<u>Budget 03/04</u> £ 000's	<u>Budget 03/04</u> £ 000's	<u>Budget 03/04</u> £ 000's	<u>%</u>	£ 000's
Ashfield	1,556	1,594	3,150	15.51	3,154
Bassetlaw	1,326	1,602	2,928	15.38	3,127
Broxtowe	1,440	1,484	2,924	13.47	2,739
Gedling	1,598	1,517	3,115	13.99	2,846
Mansfield	1,138	1,461	2,599	14.39	2,926
Newark	1,461	1,524	2,985	14.69	2,987
Rushcliffe	1,186	1,449	2,635	12.57	2,557
TOTAL	9,705	10,631	20,336	100	20,336

4. **Conclusion**

- The Study Group welcomes the reduction in Direct Services costs and the increase in contact time
- It would like to acknowledge the work and commitment of Direct Services staff and Trade Unions in achieving the changes which have taken place
- The Study Group would like to thank Direct Services, At Your Service and Lindum Care for their input.

5. **Recommendations**

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

3.3.3 in main report

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

3.3.4 in main report

5.3 The available capacity of the Rapid Response Service should not be diluted in order that it's ability to respond to hospital discharges is not compromised

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

3.3.5 in main report

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

3.3.2 in main report

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

5.7 Continued promotion of home care work as a long term career opportunity

3.6.3 in main report

5.8 An 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.

3.4.4 in main report

- 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
3.6.5 in main report
- 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
- 5.11 To continue with the development of the generic worker role in order to provide a more seamless service for service users
3.7.2 in main report
- 5.12 Continue to increase numbers of 'intensive' homecare packages which not only assist the performance indicator targets but increase customer satisfaction
3.5.2 in main report
- 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 providers and the desire to provide an excellent service for all users
- 5.14 Resource allocation should continue to be by equity formula on a District basis, with Locality Managers moving resources through 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
- 5.15 The creation of a joint Service User Record book and a Charging Record book issued by both Direct Services and the Independent Sector working in partnership
3.4.2 and 3.4.3 in main report
- 5.16 This report be referred to Cabinet, and a response to be bought back to Social Services Standing Select Committee by July 2004.

6. Background Papers Available for Inspection

- Minutes of the Home Care Study Group – 28th January 2004
- Rapid Response Service Report - 28TH January 2004
- Minutes of the Home Care Study Group – 14th January 2004
- Comparative Costs of Local Authority and Independent Sector Home Care – 14th January 2004 (EXEMPT REPORT – INFORMATION ONLY FOR MEMBERS OF THE SOCIAL SERVICES STANDING SELECT COMMITTEE)
- Breakdown of the Community Care Support Budget by district – 14th January 2004
- Summary of Home Care Providers Call-off Contracts – December 2003
- Nottinghamshire County Council Block Contract Summary – January 2004

- Home Care Budgets for 2003/2004 – January 2004
- Configuration of new home care and carer's support block contracts – 14th January 2004
- Equity Formula – 14th January 2004
- Rates Paid to Independent Sector – January 2004
- Minutes of the first meeting of the Home Care Study Group – 18th November 2003
- Study Group Work Programme – 18th November 2003
- Workforce Development – A Joint Approach (report and presentation) – 18th November 2003
- Minutes of visit to Leawood – 8th October 2003
- Rapid Response User Survey – summer 2003
- Pre-hospital Care/Intermediate Care – extract from Health Service Journal – February 2003
- Protocols - East Midlands Ambulance Service – 18th November 2003
- Minutes of meeting with Independent Sector– 3rd September 2003
- Minutes of meeting with Head of Service Direct Services - 3rd September 2003
- Minutes of Member's meeting with the Trade Unions – 2nd October 2003
- Minutes of Member's visit Lindum Care Service – 30th October 2003
- Minutes of Member's visit to 'At Your Service' – 5th November 2003
- Home Care Services report - 18th November 2003
- Starfish report - Elusive Cost of Home Care February 2002
- DRAFT Block Contract – April 2004 – March 2008
- Letting of Home Care Contracts – delegated decision SS/2003/00134 - 10th October 2003
- Direct Services Home Care Unit Costs for 2003/2004 Budget – 18th November 2003
- Flyer – Review of Home Care Provision – October 2003
- Home Care Study Group Powerpoint Presentation – July 2003

COUNCILLOR C. BARON
Chair of the Home Care Study Group

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