

AGENDA ITEM:

SOCIAL CARE & ADULT SERVICES SCRUTINY PANEL

DECEMBER 2009

QUALITY OF HOMECARE SERVICES

FINAL REPORT

PURPOSE OF THE REPORT

1. To present the Panel's Final Report, following the Panel's consideration of Homecare Services.

EVIDENCE GATHERED BY THE PANEL

2. Terms of Reference
 - 2.1 That the Panel considers Home care services in Middlesbrough with specific reference to
 - 2.2 the results of the Homecare services and the issues they raise for the development of the service
 - 2.3 to investigate and consider the challenges facing Homecare services in Middlesbrough
 - 2.4 to investigate and consider the future developments required for Homecare services in Middlesbrough
 - 2.5 to seek the engage with and seek the views of any stakeholders the Panel sees fit
 - 2.6 to prepare a final report on the topic of Homecare Services

Meeting on 12 August 2009

3. In commencing its review into the Quality of Homecare Services, the Panel received an initial briefing from the Head of Performance & Planning within the Department of Social Care.

4. As part of that briefing, the Panel heard that Home Care or Domiciliary Care encompassed a number of care tasks that were undertaken within an individual's home. It was said that such tasks were key to maintaining people's independence and reducing reliance on residential care and covered a range of needs, varying greatly. It was noted that this model of care was very effective and that the size of the care packages offered were measured in hours, ranging from provisions to address very low level needs to very intensive care packages of over 30 hours per week. The Panel heard that the emphasis of the Department of Social Care was very much on providing 'low level' care, and thereby maintaining people's independence.
5. Following enquiry, the Panel was told that there is no guidance in respect of a limit on the total number of hours of Home Care provided to an individual. It was said that the Council would not limit a package of care in cases where the cost of Home Care exceeded the cost of residential care, as the priority was finding the most suitable model of care for the individual. The Panel was informed that some very complex packages of care were delivered in people's homes to help them maintain their independence.
6. The Panel heard that in other Local Authorities, financial limits were placed on the amount of Home Care provided to individuals, but that this was not the case in Middlesbrough. The Panel queried how this was enshrined in Council policy, particularly given the difficult economic times ahead for local government. The Panel felt that some political direction on this point to the Department would be useful in ensuring that such courses of action took place in Middlesbrough. Following a query on the decision making process regarding care packages, the Panel heard complex care packages were presented before a Panel for approval, consisting of a Primary Care Trust (PCT) representative and senior representation from Social Care, to assess the suitability of the care package offered.
7. The Panel was advised that if an individual's needs could no longer be met within their own home, the person would be offered a residential care placement. The Panel queried what would happen if an individual who could no longer live in their own home refused to go into residential care. The Panel was advised that such a scenario had not arisen in Middlesbrough. It was pointed out, however, that the people who were in residential care tended to have very specific needs, which meant that residential care was very much the best place for people with those needs to live.
8. The Panel heard that the type of assistance provided as part of Home Care packages included such practices as:
 - Domestic assistance such as cleaning and shopping
 - washing and assisting general hygiene
 - preparation of meals and drinks
 - assisting with getting out of or going to bed
 - prompting or administering medication
9. The Panel was advised that another form that the service could take, was that of 're-ablement' following, for example, a hospital stay for an operation. Over time the person would be supported to regain their independence and start to become more self-sufficient.

10. The Panel was told that palliative care was also provided for people diagnosed with a terminal illness or who were in the final few weeks of their life. Following questions on the matter, the Panel heard that there was no typical routine but generally palliative care included pain relief, administration of medication, maintaining a person's dignity and providing support to their partner. The Panel was advised that a community nurse would be involved in the provision of care and the service provided would be tailored to meet the needs of the individual. The final form of Home Care was the provision of Intermediate Care, which was concerned with either preventing admission to hospital or facilitating discharge. This service was provided on a rapid response basis and usually lasted for a period of up to six weeks.
11. The Panel was advised that Home Care Services in Middlesbrough were provided from a number of sources, including in-house provision as well as commissioned services. The Panel heard that the Department of Social Care contracted with four preferred providers from the independent sector who were delivering 5800 hours of care every week. It was confirmed that the contract with each of the providers was based upon the national minimum standards, as set out in the Department of Health's National Standards for Domiciliary Care¹. It was noted that in order to deliver Home Care Services an organisation had to be registered with the Care Quality Commission (CQC) and that the CQC monitored compliance with the minimum standards. In addition to the monitoring and regulatory regime undertaken by the CQC, it was confirmed that the Council also inspected the contracted providers against the contract. In response to a query, it was confirmed that if contractual requirements were not being met, an action plan was drawn up with the service provider. The Panel heard that if improvements were not made within set time scales and issues pertaining to the quality of services were significant, the Council could de-commission the service. The Panel was informed that one Home Care Services provider had been de-commissioned in 2008 and that the Council no longer contracted with that particular provider, due to concerns over the quality of the services it was providing.
12. Reference was made to the use of Direct Payments to purchase Home Care Services and Members were advised that people in receipt of Direct Payments were able to purchase their own care, either from an Independent Sector Provider or by directly employing someone. Where a Direct Payment was used to employ an individual, there was no requirement for that individual to be registered with the CQC. The person in receipt of a Direct Payment was able to employ a former care worker or someone with no experience in care, for example, a family member or friend. The Panel questioned where the national minimum standards of care came into effect with regard to Direct Payments and how the Council could ensure that the required level of care was being provided.
13. The Department of Social Care acknowledged the gap in terms of the regulatory requirements for the provision of Home Care Services purchased via Direct Payments, but informed Members that there was still a monitoring process in place. An individual in receipt of a Direct Payment would continue to have their care plan monitored to ensure that they received the level of care they needed. It was also noted that under the current regulations, existing Domiciliary Care providers could have a period of three years without receiving an inspection from the CQC. On this point, the Panel felt it important to

¹ Please see

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4083661

highlight that whilst Direct Payments have many positive aspects to them, particularly around promoting a degree of choice and independence, the ability to employ a carer directly does raise certain Safeguarding issues. Individuals who are commissioned in such a manner do not have to go through the same sorts of processes that independent sector staff do, which ensures that they are appropriately trained and of suitable skills to complete the tasks expected of them. With central government having quite strident ambitions to increase the numbers of people in receipt of Direct Payments, the safeguarding of vulnerable adults utilising them will become an even greater issue to consider. The Panel does not question the validity of Direct Payments as a policy tool, as the Panel supports the Direct Payments concept. Nonetheless, the issue around safeguarding and checking the quality of those 'commissioned' through Direct Payments remains a pressing concern to be tackled sooner rather than later.

14. It was said that the Local Authority had a role to play in ensuring that those people who were providing Home Care Services via a Direct Payment, for example a relative or friend, had access to the training required to carry out that role. The Panel was pleased to see that the Department of Social Care had started to take on that work. A mechanism for meeting the training needs of individuals who were providing care to relatives or friends was important and needed to be tied into the Department's workforce development plan. The Panel heard that the Carers Centre was running training packages for family members, which was proving quite successful, although it was agreed that this was probably only a small part of a much bigger task to progress in the coming years.
15. The Panel heard that the local authority also has a significant role in 'managing the market', to ensure that an organised independent sector is locally viable, for those who do not wish to take a Direct Payment. It was said that a 'tipping point' probably exists whereby it was no longer viable for the independent sector to operate within a given environment and it was important for the local authority to keep this in mind.
16. The Panel were keen to expand the debate around the options available for people in need of support, with extra care housing being discussed. The Panel was advised that extra care was somewhere between care in your own home and residential care. The Panel learned that *Pennyman House* was currently the only Extra Care Housing Scheme in Middlesbrough and consisted of 42 apartments, with those living in them having their own tenancies. Home care was provided on site with a generic overnight presence for any issues that came up on an ad hoc basis. The Panel was advised that Extra Care Housing was very successful at stopping people going into residential care, although that came at a price, with such facilities being expensive to build. As an example it was said that *Pennyman House* had cost £5/6 million. The Panel heard that external funding had to be secured. Although extra care did offer a good model of care, it was modelled on provision in the South East of England where property values were much higher and people sold their properties to purchase an apartment in an Extra Care Housing facility. The Panel heard that such a model was more difficult to execute in Middlesbrough, as the value of an average home was substantially lower and made purchasing an apartment in an Extra Care Housing Scheme very expensive.
17. The Panel heard that there was significant extra care provision available in Hartlepool and the Panel discussed the successful work that had been undertaken by Hartlepool

Council, in partnership with the Joseph Rowntree Housing Trust², to provide over 200 tenancies in Extra Care Housing Schemes. The Panel was told by the Department of Social Care that Hartlepool was well known for doing a great deal of work in the area of Extra Care Housing. The Panel was advised that Middlesbrough had submitted numerous bids for external funding to develop additional Extra Care Housing Schemes in Middlesbrough. Unfortunately, to date, these bids had been unsuccessful.

18. The Panel heard that the size of fee paid for each hour of Home Care was negotiated and agreed locally. The Panel was aware that there had been some lobbying from the United Kingdom Home Care Association for a "Fair Price for Home Care" but as yet, no formally agreed mechanism to calculate this existed as it did for Residential Care. It was said that Middlesbrough had agreed a mechanism locally with its preferred providers and calculated and implemented a Fair Price for Home Care, which had been approved by the Executive in June 2009. The price the Council paid per hour had risen from £10.52 to £10.83, with a further inflationary rise scheduled for October 2009.
19. The Panel heard that a quality assessment element had also been introduced and the results of the assessment determined the rate per hour each provider received. The quality assessment took into account the views of those who received the service, the views of family members / representatives of those who received the service and the reliability of providers, in attending calls at scheduled times and staying for the amount of time allocated and agreed.
20. The Panel was informed that a National Home Care survey was also undertaken on annual basis. The most recent had been undertaken in February 2009 and the results were generally very positive. Each person in receipt of a Home Care service received a copy of the survey and Members queried what issues of concern had been raised in Middlesbrough. The Panel was advised that the issues raised had largely related to the reliability of providers to attend calls at scheduled times. There had been no concerns in respect of safeguarding or people not receiving the help they required.
21. The Panel was advised that people who received Home Care services were required to undergo a means test to establish their ability to contribute towards the cost of providing their care. There was, however, some evidence to suggest that people cancelled receipt of the service on finding out how much they had to contribute. The Panel queried what happened if an individual needed a service but opted out of receiving it, due to the cost. The Panel was advised that that after a period of time the person may have a higher level of need and come back into the service. It was noted that the only service that did not require a financial assessment was day care and that the Local Authority was obliged to charge for all other services.
22. The Panel questioned whether it was the case that the Council had a legal obligation to deliver a service, if an assessment of need had been undertaken. The Panel was advised that where an individual had the mental capacity to make a choice as to whether or not they wished to receive a service, then they were entitled to refuse the service that had been offered. Other individuals continued to receive services for which they had been assessed but failed to make their financial contributions. The Panel heard that there was

² <http://www.jrht.org.uk/>

a significant amount of debt owed to the local authority from people failing to make their contributions, but the local authority was obliged to continue providing the service.

23. The Panel asked for clarification on whether an individual's case remained open to a Social Worker once an assessment had been undertaken and a package of care had been offered. The Panel was informed that cases were reviewed on an annual basis, but that there was not an ongoing relationship. The Panel expressed concerns over individuals who had savings in the region of say, £20,000, and were initially required to fully fund their residential care placement. If the packages of care received by those individuals were not reviewed until one year later, no one advised those people at the point that their savings dropped below the £18,000 limit. Indeed, the Panel noted that by the time the annual review came round, someone could be significantly under £18,000 and there was no way the individual could recoup the money spent. The Panel was informed that people were advised to contact the department once their savings had fallen below the specified limit. The Panel felt that a systematic tool should be in place, so such matters were 'flagged up' automatically and that the burden should not be placed exclusively on the individual.
24. The Department of Social Care acknowledged the Panel's comments and advised that within any financial assessment a level of disregard was assumed. It was said that in terms of expenditure specifically related to a person's disability, an amount of £11 per week was assumed, but that everyone was always offered an individual calculation. Benefit checks were also undertaken to ensure that people were receiving their full entitlements. The Panel was told that welfare rights undertook those assessments and had supported people in Middlesbrough to claim an extra £2.3 million in benefits to which they were entitled. The Panel heard it was possible, however, that should someone receive additional benefits, they may also be asked to pay more towards their social care costs. Members were advised that there was an automatic re-assessment of the individual's care needs on an annual basis as well as an assessment by the Department of Working Pensions (DWP) of their financial entitlements.
25. The Panel heard that individuals were provided with a bank account into which Direct Payments were made and everyone in receipt of a Direct Payment had received a means test. The aim of Direct Payments was to provide the individual with more choice and instead of receiving day care, for example, someone could join a gym or a golf club. Individuals were able to choose what was most appropriate to meet their needs. The Panel was advised that the Department of Social Care accepted that the provision of Home Care by individuals who were not subject to the minimum standards did raise safeguarding risks. It was acknowledged, however, that the person in receipt of the Direct Payment had made a choice for their care to be provided by a given individual. It was noted that the whole direction of Social Care was changing and moving away from risk averse provision of care, to giving people much more choice and responsibility for the care they received.

3 September 2009

26. The purpose of this meeting was to consider, in detail, the results of the Homecare Survey. The Department of Social Care presented a report appended by the results of the most recent Homecare survey. The Panel noted that as a headline figure, the

response received had been fairly positive and only 11 people out of 161 who responded to the survey were *quite* or *very dissatisfied*.

27. The Panel heard that through the survey, over 85% of people had responded to say that their care workers 'always' or 'usually' visited at a time that suited them. This compared with 14.1% of people who had stated that their care worker 'sometimes' or 'never' visited at a time that suited them. The Panel was advised that the nature of the work undertaken by care workers meant that people were prescribed a certain number of hours of care and if something happened at one visit, it would result in a delay for the next visit. Whilst regrettable, it was difficult to prevent this happening at all times. The Panel heard that a clearer picture of the matter would be gained through the electronic monitoring system, due to come online in the near future, as it recorded in real time when a care worker arrived and left an individual's home.
28. When considering how to improve services that are criticised in surveys, the Panel heard that one of the difficulties with anonymous surveys was that it becomes extremely difficult to contact those who are not happy and establish the reasons why. It was also acknowledged that there were a number of different reasons as to why people may give a negative response, although without knowledge of who was complaining and the nature of the case, it was difficult for the local authority to get to the bottom of a particular matter. The Panel understood why surveys were made anonymous, although this remains an unfortunate side effect of anonymous surveys.
29. The panel also learned that 9.8% of people had responded to advise that their care workers 'sometimes' or 'never' did the things they wanted done. Whilst initially concerning to hear, the Panel heard that the difficulty in analysing this response was that there were two very different reasons as to why people may give a negative response. There was the possibility that the care worker may not be delivering what was identified in the care plan and there was also the possibility the person may feel that they needed support with other things that were not identified within the care plan. The Panel heard, however, that 90% of people had stated that their care workers 'always' or 'nearly always' did the things they wanted done.
30. The Panel learned that one of the most important questions for the survey was whether care workers arrived on time, which had been discussed with providers. The Panel heard that the electronic monitoring system that was being introduced would enable the Department to see when care workers were arriving and leaving an individual's home. It was accepted that for providers, managing a mass of work in the morning from 8am to 10am and then again late in the evening was a challenge. The providers were, however, aware that if people were not receiving the care they wanted, those in receipt of home care had the option to get a direct payment and pay someone to come at a time that suited them. The Panel was told that prior to the introduction of the electronic monitoring system the Department was reliant on paper records, which could easily be manipulated.
31. The Panel was initially concerned to hear that 35% of people had stated that their care workers 'sometimes' spent less time with them than they were supposed to. In addition, 9.5% of people had stated that their care worker 'often' spent less time and 4% had stated that they 'always' spent less time with them than they were supposed to. The Panel was told that the introduction of the Domiciliary Care quality checking system, via the HET IT system, would allow the Social Care department to monitor when the care

workers arrived and how long they spent with the individual. The Panel was informed that the electronic system did require the care workers to use the service user's telephone to call the free phone number and everyone in receipt of home care had been advised of the arrangements. It was said that other ways of operating the system had been looked into, but the possibility of providing the service user with a way of advising that their care worker had arrived and left had further financial implications.

32. Members noted that almost 50% of people had advised that their care worker 'sometimes', 'often' or 'always' spent less time with them than they were supposed to. In such cases the Council or the individual was paying for a service that the individual was not receiving.
33. The Panel heard that the HET IT system was purchased at a cost of £120,000, although was likely to generate bigger savings for the Department over time. A bid had also been submitted to the Regional Improvement and Efficiency Partnership (RIEF) for £110,000, which would enable care providers to have access to the system. The Panel heard that if care providers had access to the system, it would enable them to make day to day changes within the care plan, in line with the individuals needs. If, for example, an individual only needed four hours of assistance this week but needed to stock up the extra hours for next week then those changes could be made, which would build in a degree of flexibility for the user. Members noted that it would be of interest to see the difference between the present survey responses and the survey responses once electronic monitoring had been established.
34. The Panel heard that the reasons given by care providers for care workers spending less time with people than they were supposed to, were to avoid the stacking up of calls, care workers would draw back time on one visit to avoid being late for the next visits. The electronic monitoring system would help to address this issue and it was confirmed that reports could be run off for any group of clients at any time. The electronic system was monitored on a daily basis and monthly reports were collated on how many missed calls there had been for each of the providers.
35. The Panel heard that there had been a very positive response to how people felt about the way they were treated by their care worker. Only 3% of people had stated that they were 'sometimes' happy with the way their care worker treated them. All other respondents had stated that they were 'usually' or 'always' happy with the way that they were treated.
36. The Panel was concerned to hear that 12% of people had stated that they found it 'fairly' or 'very' difficult' to find information and advice about support, services or benefits. The Panel heard that the Department accepted that this was an area that required attention in the near future.
37. The Panel heard that when people were asked to indicate how much control they felt they had over their daily life, 9.7% of people had stated that had *some control but not enough* and 4.1% of people had stated that they had *no control*. An issue that was concerning related to one in seven people indicating that they either had 'some worries' or were 'extremely worried' about their personal safety. It was noted that this was a difficult issue to address but that the solution lay somewhere in the social work approach. The Panel was advised that there was insufficient capacity within the Department, for

Social Workers to visit all the 512 people to whom the survey had been sent to discuss this issue further.

38. The Panel queried whether the survey had to be undertaken anonymously and it was confirmed that the Department of Health set the survey and it was a requirement that the survey was anonymous. It was noted that a lot of people worried when they received a survey and were unsure whether they had to complete it. The Panel was advised that the Department had written to all recipients of the survey prior to the survey being sent out to inform people about it. The Panel was advised that if the survey had not been anonymous then there would not have been sufficient respondents to make it statistically significant.

21 October 2009

39. Following consideration of the evidence so far, the Panel was keen to host a roundtable debate with the four preferred providers of Home Care Services in Middlesbrough and the Department of Social Care in attendance to take part in a debate on Home Care Services in Middlesbrough.
40. The meeting was opened with the preferred providers being asked to comment on the results of the latest Homecare survey.
41. The Panel heard that *Evergreen* felt that when looking at the survey results, it was pleasing that a high percentage of people had stated that their care worker *always* or *usually* came at a time that suited them. The majority of the responses from service users were at the top end of the spectrum, although there were some extremely negative comments and it was important to identify reasons for those.
42. The Panel heard that Homecare providers felt that, compared to recent history, Care Workers were much better trained. Staff work through Government directives, Social Care contracts and the Care Quality Commission, with explicit expectations set out in relation to Care Workers and people working on their own in the community. The Panel heard that the role undertaken by Care Workers had moved away from the old 'home help' role and Care Workers were now often caring for profoundly disabled people. It was said that the role was comparable to the old state enrolled nurses in hospitals and the expectations on Care Workers were much higher. People employed as Care Workers were, as a result, better trained to enable them to cope with these expectations.
43. The Panel made reference to the expense and structure required for providing Care Workers with the required training. The Panel was advised that preferred providers were in a better position to offer training to their workforce, as they had the stability of knowing that a certain amount of work had been secured from the local authority. It was advised that a better equipped workforce had completed NVQ qualifications at level 2, 3 and 4 and at present efforts were being made to ensure that all Care Workers had completed the medication unit, which was one sixth of a NVQ. This, however, required time and funding. It was emphasised that the development of Care Workers' skills was one of the positive changes that had happened in recent years.
44. The Panel heard that the Department of Social Care had been involved in numerous face to face surveys, with a consistent message from service users was that they were treated

with dignity and respect. Service users had also commented that the Care Workers spent quality time and interacted with them and that the Homecare Service providers were good at dealing with any complaints. It was felt quite clear that Care Workers had copies of the care plan and were very aware of the tasks that needed to be undertaken to support service users.

45. The Panel enquired as to how easy it was to ensure that continuous training was provided. The Panel was told that knowing that there were a number of funding streams available to help towards putting people through NVQs was helpful. The funding available, however, did not cover all the statutory and ongoing professional development that was required and therefore large providers were placed at an advantage, having the capacity to cope with such a pressure. The Panel noted that providers were constricted as to when they could access training. In addition, there could be issues when Care Workers were needed at short notice, as there were a number of steps that needed to be completed before a Care Worker could undertake any duties.
46. It was confirmed to the Panel that Care Workers are regulated by the Care Quality Commission and contractually through the commissioners. Before a Home Care Worker could start work, reference checks and CRB checks had to be undertaken, a 4 full day training course, which covered lifting and handling, food hygiene, understanding service users needs and basic first aid had to be completed. Care Workers were then subject to a 12-week period of monitoring during which they were supported in their role. Following this, there was then a further requirement for them to be supervised every 12 weeks.
47. The Panel heard that when recruiting Care Workers, a difficulty was that it was beneficial for Care Workers to have access to a car, although this was often not the case in Middlesbrough. Many of the people working as Care Workers were also in receipt of benefits and were therefore only looking to work for a maximum of 16 hours and did not have access to their own transport. As a result there was a mixture of car drivers and walkers who provided Homecare and it was necessary to build up a workforce in each area within the town, which was another issue that needed to be considered when recruiting new members of staff.
48. The Panel heard it was important to remember that in the past, people with any form of disability went into a council home. The practice of Social Care had changed considerably over recent years and the emphasis was now on supporting people to stay in their own homes for as long as possible. Care Workers were therefore providing care for vulnerable people with complex needs.
49. The Panel was interested to discuss areas where Homecare Services could be improved on what was currently being provided. The Panel heard that the results from the recent PSS survey had shown that Care Workers were not always staying with the service user for the duration of time specified. An electronic monitoring system was now in place to monitor when Care Workers were arriving and leaving, which would provide a more accurate record. However, the Panel was informed that following the results some face to face surveys had been undertaken with service users, as part of the council's quality assessment, service users had stated that they did not mind if their Care Workers left once the tasks had been completed. The Panel heard that the Department would therefore be reviewing the service users needs to see if individuals needed the amount of time that was currently allocated. It was queried as to whether moving to a task

orientation rather than a specific amount of time, would result in a reduction in the amount paid to the providers. The Panel was advised that Social Worker intervention would be required prior to their being any reduction in the level of care that was provided to an individual. The Panel was advised that time tolerances were already built into the contract and that the electronic monitoring system, which had recently been introduced, would help identify cases where individuals were regularly receiving less time than was contracted.

50. The Panel was advised that a key issue from the Department of Social Care in need of addressing was around the personalisation of services, so that all service users received a visit from their Care Worker at times that suited them. The Panel heard that this represents a challenge for both the Department of Social Care, as commissioners, as well as the providers of services. It was agreed that staffing models and costs needed to be reviewed, as otherwise a significant threat to the service was that people could opt to receive a direct payment and purchase the service from elsewhere.
51. If this happened, the Department of Social Care would lose a degree of control and people would be employed directly by the service user, and would not be subject to any form of CRB check or possibly not as rigorously trained as preferred providers' staff. The Panel heard that the Department of Social Care's next piece of work would not be focussed specifically on the quality of the service per se, but on the delivery. The Panel heard that the providers needed to ensure that there were sufficient Care Workers available to support getting people up on a morning and putting them to bed at night at a time that suited all service users.
52. The Panel enquired about the level of flexibility from the providers' to respond to requests from service users, to change the time that their arranged visit was scheduled. It was said that the providers' always tried to be as flexible as possible. The Panel heard that if a request was received to change the time of a visit on a particular day, the service user might be advised that their regular Care Worker might not be available to visit at that time, but another Care Worker would be available. It would then be up to the service user to make a choice as to whether they wished to change the time of their visit. The Panel heard that it would never be the case that a service user would be advised that the time of their visit could not be changed. It was said that efforts were always made to cover all eventualities and if changes needed to be made these would be raised with the manager, who would then make the arrangements for the changes to be made.
53. The Panel was interested to hear whether there were any duties that Care Workers would not undertake. The Panel was advised that Care Workers would not undertake any invasive medical procedures. The Panel was advised that generally Care Workers listened to the needs of the client and tried their best to accommodate any requests. The majority of Care Workers did over and above what they were required to do and did undertake domestic duties and visit local shops for their clients. It was emphasised to the Panel that Care Workers were more highly trained than previously, which was evident in their attainment of NVQ's and completion of some medical training. It was acknowledged that although many of the tasks had not changed the demands on carers were now exceedingly high.
54. The Panel heard of the day to day scenarios that Care Workers were faced with and explained that service user needs could change on a day to day basis depending on how

well, or unwell, the person was. It was stated that the initial assessment was only ever as good as the day it was written and the care co-ordinators relied on the Care Workers to provide any update. The Panel heard that the aim of care providers was to achieve a positive outcome for every service user. It was felt that the recently introduced electronic monitoring system allowed for that degree of flexibility. It was reaffirmed to the Panel that the aim of the electronic system was to move away from assuming that everyone required the same amount of time to undertake a specific task, i.e. 30 minutes for breakfast or 30 minutes for a bath. It was acknowledged that there was still a lot more work to be done, to move away from thinking about care packages as the provision of task centred care and moving towards supporting and encouraging individuals to do things for themselves where possible.

55. The Panel was keen to ask the providers for their views on the likely challenges facing the sector over the next three to five years, against the backdrop of an ageing population. The Panel heard that the delivery of services was becoming more complex, as people with high level needs were living at home for longer. In addition, the number of people with dementia was set to increase by 20 per cent in the next ten years. As a result, more training and more services would be required, but the question remained as to where the funding for these services would come from. In addition, the Panel was advised that the average age of a Care Worker was between 40 and 50 years old and that one of the other challenges the sector faced was attracting younger people and convincing those young people that it represented an attractive work option.
56. The Panel was advised that there had been a notable market shift over the last five years, with less and less reliance on residential care and a huge growth in home care. The number of hours of domiciliary care that was purchased by the Department of Social Care had increased significantly and there was a much greater reliance on the preferred providers for delivering Homecare Services. It was also noted that increased competition would be introduced into the market, with such developments as Personalisation and Direct Payments. People in receipt of a personal budget would make their own arrangements and would have a choice as to whether they paid a friend or neighbour to deliver their care or whether they purchased their care from a professional agency. It was confirmed to the Panel that the Government intention was for 30 per cent of all Social Care clients to be in receipt of a personal budget by 2012.
57. The Panel questioned what was happening at present from a commissioning / service user perspective. The Panel was advised that some local authorities were further ahead with personal budgets and therefore local providers had started to go through that process and were already working towards the further development of personal budgets. The Panel queried how the Department of Social Care was shaping the market, with the Panel hearing that the Council was developing a more strategic relationship with providers. A Fair Price for Care had been introduced based on a quality assessment, which incorporated the views of those people who received the service.
58. The Panel was curious as to what personalisation may mean for those in receipt of a personal budget. The Panel was advised that at present, someone could be attending day care as well as receiving domiciliary care. A personal budget would enable that person, for example, to pay their domiciliary care provider to provide someone to escort them to the bingo rather than attending day care. Many people with learning disabilities were already in receipt of a personal budget and were choosing to attend the theatre or

the football in place of attending a day care centre. Older people would in the future become much more aware of the choice available to them and lots more would opt for a personal budget. The Panel emphasised that the anticipated increase in direct payments would and should be reflected in relevant commissioning strategies.

59. The Panel made reference to the Care Home Brochure for Older People, which had been produced by the Department of Social Care, to provide people with information about Care Homes in Middlesbrough. The Panel queried whether a similar brochure was available on Home Care Services in Middlesbrough. The Panel heard that the Department of Social Care was currently in the process of producing a brochure and the judgements reached through the quality assessment would be included. The Panel queried whether guidance was provided to people in respect of receiving direct payments, given the concerns that had been raised in relation to the potential for safeguarding issues to arise when an individual was employing someone directly to provide their care. It was confirmed to the Panel that guidance was provided and that the Department did assist people with recruitment, as well as with the issuing of contracts of employment. The pattern of expenditure was also monitored and the Department of Social Care had strengthened safeguarding arrangements and was developing new approaches.
60. The Panel was advised that the number of people in receipt of Direct Payments had increased markedly in the last four years, with Middlesbrough being in the top quartile for the last two years. The Panel was advised that individual budgets did include Direct Payments and that the new national indicator, which required 30 per cent of people in receipt of social care to receive a personal budget by 2012, would result in a significant increase in the take up of personal budgets. It was queried whether this would result in an increased pressure on the Social Care budget. The Panel was advised that a relatively cautious approach had been adopted in relation to personal budgets but that a pilot scheme was currently running and an evaluation report would be produced.
61. In terms of managing the budget in light of the ever increasing ageing population, the Panel was advised that projections across all client groups had been made and the anticipated increase in demand was reflected in the Medium Term Financial Plan for the next four years. It was noted that the Department of Social Care was looking at efficiencies to meet that increased demand as no increase in Government funding was expected.

Conclusions

- 1) On the basis of the evidence considered by the Panel, Homecare Services in Middlesbrough are performing well, with high rates of satisfaction amongst users of the services.
- 2) Middlesbrough Council's monitoring of the preferred providers in Homecare services seems to be effective in ensuring that requisite quality standards are met. The fact that the Department of Social Care has previously decommissioned one preferred provider, over concerns over the quality of their service, demonstrates this point.
- 3) Homecare services face a challenging and somewhat contradictory future. On one hand, Homecare services are much more complex than they have been historically, with people with greater levels of disability being cared for at home and the role increasingly developing

away, from a traditional 'home help' model. On the other hand, an increase in direct payments and the personalisation agenda means that more and more people can 'commission' their own services. This leaves the, as yet unanswered, question that if direct payments and personalisation become the most popular option for people in need of services, does this leave a viable marketplace for organisations with preferred provider status? This is of particular interest when it is considered that there will probably always be a cohort who do not particularly want to take up Direct Payments and are happy to choose the preferred provider option.

- 4) In addition, the Panel would like to highlight that all care staff from preferred providers go through extensive training to develop their skills, whilst CRB and reference checks are standard procedure, before they start working with service users. Such standards are not applied to those 'commissioned' by individuals under Direct Payments. This raises the question as to how, therefore, vulnerable adults are adequately safeguarded under the direct payments framework. This is a point, which the Panel has not found an answer to, as yet.
- 5) The local authority is placed in a difficult position, which requires a particularly skilful balancing act. There is a perfectly clear expectation from central government that local authorities will increase the take up of direct payments. Yet, local government also has a responsibility to ensure a viable market for Homecare services, as a proportion of people will always want that sort of service and not want the responsibility of direct payments. As such, the Department of Social Care should take a lead in establishing the nature of the market it would like to see and take steps to stimulate the market accordingly.
- 6) The topic of Homecare Services is inextricably linked to the national challenge of an ageing population. As a result, the Homecare debate leads into an even bigger area of debate, relating to how services will cope with the greater demands that an ageing population will place on them. Whilst it is to be expected that the Department of Social Care leads the local authority's thinking on the matter, it is a topic of such significance, that the whole of the local authority should be involved in discussing the ramifications of an ageing population on services. It is the Panel's view that Elected Members should lead this crucial debate.

Recommendations

- 1) That Department of Social Care establishes and publicises a strategic vision for how it wishes to develop Homecare services in the next 3 to 5 years. Following the establishment of that vision, the Department of Social Care should take the necessary steps to stimulate the market to bring about the realisation of that vision. The Panel would like to be involved in discussions about developing that vision.
- 2) That the local authority and specifically Elected Members, commence a debate around the future of Homecare services and specifically the additional pressures that an ageing population will bring about. The Panel considers it absolutely vital that such a crucial topic around future growing demand of local authority resources, is fully and frankly debated within the political domain.
- 3) That the Panel is updated on a regular basis of the progress of the implementation and the accompanying data produced, of the Electronic Monitoring system for ensuring that clients receive the amount of Homecare that has been assessed as necessary.

- 4) That the Department of Social Care continues to develop thorough and extensive training courses for people commissioned via Direct Payments, in an attempt to ensure that minimum standards can be applied and thereby increasing the quality of services given to those utilising direct payments. Those people receiving Direct Payments should be made explicitly aware of such courses and encouraged to send their commissioned help on such courses

BACKGROUND PAPERS

62. Please see agendas and associated papers of Panel meetings on 12 August, 3 September and 21 October 2009.

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