

**EFFICIENCY IMPROVEMENT AND
TRANSFORMATION PROCESS**

BASELINE REPORT

CHILDREN EDUCATION AND SOCIAL CARE

IN HOUSE HOME CARE SERVICES

06.07.2009

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1. DESCRIPTION OF CURRENT SERVICE

1.1. Who provides the service?

The service is provided by the Local Authority following an assessment of need by a Care Manager.

1.2. How was the service formed and why does it exist?

The service has evolved from the original concept of a Home Help service whereby clients would be supported through domestic and shopping services on request or by referral. Over time the amount of domestic support reduced and the personal care element increased. The move to Home Carers rather than Home Helps was a pivotal step in the evolution of the service.

The numbers of clients increased and the service was meeting the care needs of more than 14,000 people across Cleveland County.

With the introduction of the Unitary Authorities Stockton-on-Tees rationalised the service into 4 geographical areas with a manager and Senior Care Assistants co-ordinating the service and overseeing staff.

Since 1996 the service has become more streamlined and the entire service is now managed by one person with two Co-ordinators and 50 Home Care Assistants.

The service exists to provide care and support to clients living in the Borough of Stockton-on-Tees who have been assessed as requiring a specific level of care in their own homes. The service has historically undertaken the role of safety valve for failures in independent provider businesses and also to undertake the care of clients who present difficult or challenging care needs and have not been accepted by independent providers. It has also been used as an emergency short term option while more permanent care is arranged for a client. The incidence of being used to address crisis situations has diminished with the introduction of contract compliance and service standards with preferred providers but as a Local Authority service it would still be prepared to act in an emergency situation.

1.3. How is the service provided?

A service order is generated and a referral made to the service of choice following an assessment of client need by a Care Manager. The In House service had been designated as the service of choice when initial care packages were of 10 hours or more. This was following a joint review of services in 2000 when it was recommended that in recognition of the high unit cost and expertise of the service, complex care was to be the core business and smaller cases below 10 hours were to be directed to preferred independent providers.

Client referrals ceased in 2006 due to the need to reduce costs and client contact hours, from 2200 per week to 2000. This was achieved through natural wastage over the following months but as a result of inflexibility within the workforce the hold on referrals had to continue since the ability to meet increased need from the existing client group was impaired.

Currently there are 54 clients remaining and they require approximately 950 hours of care per week. Following consultation with staff, managers, Trades Union and HR, a new flexible working pattern was introduced on Monday 4th May 2009. This revision will enable client care to be addressed at all times of day, 7 days a week. It would also enable the service to take future referrals if and when this is appropriate, and with the necessary authority.

On an individual basis, Home Care Assistants visit each client on their programme in their own homes, and deliver personal care, domestic support and shopping as per their assessed needs. Increases/decreases in care provision are facilitated through review and re-assessment as necessary.

1.4. What influences impact on the service?

Political

The service is strongly supported by Members. Central Government support the concept but not necessarily the delivery by any specific provider.

Social

The In House service has enjoyed continued popularity and support from clients and carers. Users of the service do not routinely ask to change providers.

Economical

The costs of this service are extremely high and prior to the introduction of the new working patterns in May 2009 were disproportionately high. A period of assessment is now underway to monitor costs and reassess unit cost. In terms of value for money, it is likely that clients would support the service but in this economically constrained environment, savings have to be evident. High levels of sickness absence have been proactively addressed and this had reduced considerably overall, although has risen in the past 2 months. It is considered that the implementation of the new flexible working pattern is responsible for this and is currently being addressed.

Technological

The In House service is not technologically comparable to independent providers who use computer generated work sheets and service monitoring. These processes are still carried out individually by Co-ordinators and the manager on a paper based system. However their competency rate in covering client calls is 100%. New computers have recently been installed in the service and the manager and each Co-ordinator now has access to electronic communication. The introduction of a technology driven programming package is currently under review.

1.5. How does the service perform and what does inspection tell us about the service?

The service was registered under the Commission for Social Care Inspection (now the Care Quality Commission) in 2004. Since that time annual inspections have been broadly positive. Grading of the service was undertaken in 2007 when it was given a 2 star rating as good overall. Service delivery problems reduced this rating to only one star 'adequate' in 2008 however, under new management and increased emphasis on problem areas, this rating is anticipated to have been restored to two star 'good' earlier this year and is working towards three star excellence for 1010. The service has performed within budget but this is

primarily due to the gradual reduction on contact hours provided and natural wastage of staff leaving the service.

1.6. What resources and assets are used to deliver the service?

The service has approximately 55 Social Care employees. 37.81wte The budget set for 2009/10 is £1,414,297 The service is operated from a small suite of offices above the library at Roseworth in Stockton. Home Care assistants use their own cars or bicycles to travel from client to client although there are still a third of staff walking or using public transport. All care workers are equipped with circuit breakers, protective clothing and torches.

1.7. Are there any limitations or barriers affecting the delivery of the service?

There are greater demands placed on Home Care Assistants' skills and knowledge than at any other time in the history of the service. Extended, formal training courses are mandatory and this is severely testing some employees who are close to retirement age. It has also been identified that some employees find the demand for literacy and numeracy skills to be of a specific level, a problem. A proportion of longer serving employees had only statutory education and have not necessarily developed these skills since leaving school.

As stated above there is an increased demand for greater flexibility in the delivery of services and reaching the level of flexibility needed has been a difficult struggle. When the new working patterns are embedded there will be increased opportunities to develop the service in new ways.

The hold on client referrals since 2006 is having the effect of creating geographical pockets of no demand and disproportionate demand in others. As the Home Care Assistants live across the Borough they are increasingly having to travel longer distances to deliver the care than they had done so previously. This is particularly problematic for employees who do not have independent transport and walk between client calls.

1.8. If the service is outsourced or provided by a third party, how are service standards monitored?

As with current independent preferred providers. Tenders are invited for block contracts for specific geographical areas for a predetermined number of years. Once accepted as a preferred provider, service level agreements and contract compliance standards are implemented with regular monitoring of performance being carried out by the Commissioners. As a registered service the agencies are also subject to CQC regulations and inspections.

1.9. Could the service be provided through a different mechanism?

Home Care in the community can be provided through, direct payments, independent providers, personalised budgets or Independent Living Fund (ILF). Current clients have been given the option of the first two options but uptake has been slow in relation to direct payment and there has been no voluntary move from the In House provision to the independent sector. ILF is widely used to enable clients who are in receipt of high packages of care to access additional funds to meet their needs in a way that is tailored to their requirements. Personalised (self directed) budgets have not yet been introduced but the frailty of the clients in the In House service is such that any change in service provision at this stage would need to follow the recognised format.

2. CUSTOMERS

2.1. Who are the customers and what are their needs now?

Adults (over the age of 18) who are living in the Borough of Stockton-on-Tees and have been assessed as requiring the services provided by Home Care. Clients may be elderly, frail, disabled, sensory or mentally impaired.

Current clients may require one or more of the following, personal care, assistance with mobility, food preparation, medication, domestic support, shopping, communication and daily living skills.

2.2. How are service users consulted and how do their views shape delivery?

Client and carer surveys are conducted regularly and at least annually. An analysis of the findings is used to develop services. The survey covers all aspects of the service delivery.

Clients and carers are encouraged to raise any service issues they are concerned about, with the Manager, Co-ordinator's or Home Care Assistants at any time by letter, telephone or e-mail.

Where the Manager has to seek approval for some changes or recommendations the outcome will be made known to clients and carers as soon as possible but in most instances the manager will respond promptly by following the policies and procedures that regulate the service.

Clients and carers are made aware of the complaints procedure and are supported to make a complaint if this is their preferred action.

2.3. How satisfied are the customers?

Analysis of surveys for the past 12 months show a high degree of satisfaction over a number of service specific areas. Minor problems related to the delivery of the service are addressed by the Manager wherever possible.

2.4. Communication

Collective communication is through letters to clients and carers if information needs to be circulated to everyone. Telephone communication is used if appropriate to individuals, and where relevant, e-mail. Home Care Assistants will also act as communicators for their clients in passing and receiving information.

2.5. How is this service promoted or marketed?

Details about the service are held on the Stockton web site. This information is currently being updated. Due to the hold on client referrals since 2006 this is largely irrelevant at the moment but will be reviewed when/if new referrals are accepted again. This will include the development of a Welcome Pack explaining to potential clients and carers what the service aims and objectives are, who the staff are and what to expect from the service.

2.6. What do Viewpoint Surveys/internal audit reports tell us about the service?

Internal audit identified areas where improvements could be made in terms of recording client information and assessing contributions. These recommendations were implemented as part of the action plan for the service.

2.7. Are there customers who could use the service but don't?

Yes there are.

Requests for the service are intermittently made to Care Managers from clients and carers who wish to change from an independent provider to the In House Service. Similarly new clients have asked to be referred to the In House Service in preference to independent alternatives.

2.8. Are there customers using the service who should not?

As the service was specifically designated for clients requiring 10 or more hours each week, any client who falls below this number is potentially misplaced in the In House Service. Asylum Seeking personnel who have to have escorted shopping services are referred to the In House Service for this intervention. These clients have an hour each per week.

2.9. Who are the customers of the future and what are their needs?

Customers of the future can only be determined by service development. The Domiciliary Care currently provided through the In House service is not specialised as anticipated by restricting the service to 10 hours or more. It is basic, however good, and independent providers are delivering comparable care to clients in excess of 10 hours and have been for some time.

If the service is to maximise on its popularity and experience, it may need to diversify and look at niche markets which are emerging or are currently underprovided.

2.10. What is likely to impact on demand for these services in the future?

Reduction in demand due to:

Raised FACS banding

High cost of contribution

Alternative provision and funding: personalisation type initiatives

Political will for change.

Increase in demand due to:

Inability for family to take on caring role

Mental frailty in older age as people live longer

Demographic trends

Customer satisfaction

Reduction in availability of alternative care

2.11. What do complaints/compliments tell us about the service?

There have been 2 formal complaints regarding the service in the past twelve months. One was carer dissatisfaction with one Home Care Assistant. The second one was for removing a carer the client wished to retain.

There have been 5 compliments/commendations for the services in the past twelve months.

3. AIMS AND OBJECTIVES

3.1. Is the service required by statute and is there a statutory level of service?

The Local Authority has a legal duty to meet assessed needs of clients living in the Borough of Stockton-on-Tees under the NHS and Community Care Act 1990. This requirement is subject to the criteria applied through Fair Access to Care. All intervention with clients and carers must take account of Human Rights legislation Articles 1 to 14. The service can be commissioned and provided by an alternative source if necessary. The level of service is determined by demand from both needs assessed and independently funded clients

3.2. Is the service responsive, proactive or both?

With a hold on new referrals the service is unable to generate new interest.

Responsivity is restricted to the level and frequency of service delivery in that an increase or adjustment to the initial service order may be recommended if a client requires additional care or support, and this is conveyed to the Care Manager for action.

3.3. Is the service needed?

A strong independent provision exists and is well established. Direct payments have not impacted significantly on the uptake of services and the personalisation agenda has yet to be introduced. The aspect of being a specialist service or a safety valve for crisis situations is a strong driver but continuation of the service in its current vogue is questionable.

3.4. What would happen if the service was not provided either in part or in whole?

If Local Authority provision was reduced or withdrawn, independent or voluntary providers would increase their contract with the Local Authority for block placements. Unit costs for this alternative are lower than those provided by the Local Authority but the absence of an In house alternative would potentially weaken the Local Authorities negotiating position.

Development of alternative services or funding sources such as personalisation will increase innovative methods of delivery constrained only by the imagination of the client and the flexibility of providers.

3.5. How would the service react to new pressures and what capacity would be required to deal with additional/new demands?

As with all resource provision, the concept of change and development is not new or unique. Services have adapted to deal with crisis situations at comparatively short notice.

The pressure of an increase in demand would necessitate a full review of current clients to remove those who had lower level needs or who had been in hospital in excess of 6 weeks with no prospect of imminent return. Flexibility is now built into the staff structure to allow for fluctuations and to respond to service requirements.

Longer term increase would necessitate an increase in staff and budget.

In terms of new demands, if these were amendments to the basic service they would be addressed through the normal change management systems. Radical changes would need to involve consultation and careful planning taking account of financial, human and material resources.

3.6. Who provides a similar service to this using a different delivery mechanism?

Although there are a number of independent service providers for domiciliary care they are similar to those provided by the Local Authority and apply the same delivery characteristics.

4. RELEVANCE/CONTEXT

4.1. How does the service fit with the overall aims of the Council?

The service promotes community based service delivery. It reduces the need for longer term care and or permanent residential care. It is cost effective in relation to other forms of care i.e. permanent residential care provided the care package is not excessive. It enables clients and their carers to live their lives in a way that they prefer in their own homes and with input at a level they are comfortable with.

It reduces the risk to vulnerable clients and monitors their health and well being under a preventative agenda.

4.2. How does the service contribute to key policy areas?

Reduces the need for permanent residential care.
Promotes client choice and independence.
Monitors client protection from abusive situations.
Supports Carers
Prevents unnecessary hospital admission
Promotes timely discharge from hospital

4.3. What policies, plans and strategies impact on the service?

Care Quality Commission requirements
Protection of Vulnerable Adults
Older People strategy
National Service Framework for older people
Our Health our Care our Say
Health and safety
Putting People First

Employees work to recognised policies, procedures and practice guidance of Stockton-on-Tees Borough Council and Children Education and Social Care specifically.

4.4. Are there any political judgements or decisions involved in determining the level of service?

Following the hold on referrals and the subsequent re-structure of staff working patterns, the service is now equipped to provide high quality care in a flexible way. The future of the service is under review and political opinion will be integral to any decisions regarding direction.

5. FINANCIAL AND RESOURCE CONSIDERATIONS

5.1. What are the costs of the service

The current budget for 2009/10 for the In-house homecare services is £1,414,297.

As new working arrangements and have been put in place in the homecare service in May09 further work is required to calculate the unit cost. The unit cost for 2008/09 based on outturn expenditure and actual contact hrs during the year is £25.35.

Please note that when calculating unit costs capital charges and overheads are added to the current budget to obtain the overall cost of the service.

Based on information from the PSSEX1 form for 2007/08 the average gross hourly cost for home help/care for Stockton Borough Council is low in comparison to our statistical neighbours – see information below.

Average gross hrly cost For home help/care Provided by LA

Stockton on Tees	15.6
Bolton	N/A
Doncaster	20.2
Oldham	13.3
Rochdale	23.0
Rotherham	24.2
Wakefield	18.9
Walsall	43.0
Darlington	N/A
Derby	23.6
Middlesbrough	31.9
Peterborough	19.0
Telford and Wrekin	N/A

5.2. What is the Council's commitment to contracts or other arrangements?

The council also provides a homecare service through Independent Providers. Block contracts for an agreed number of care hours are given to the Independent providers who are geographically based across the authority. A small number of Spot contracts are also given. The unit cost for Independent homecare providers is £10.76 per hour which is significantly lower than hrly rate for the in-house provision.

5.3. What is the charging policy?

The power to charge is given to local authorities under Section 17 of the Health and Social Services and Social Security Adjudications Act 1983 (HASSA Act 1983) and guidance on the exercise of this power is issued by the Secretary of State under Section 7 of the Local Authority Social Services Act 1970.

Stockton Borough Council has a charging policy for non-residential clients which is governed by the Fair Charging guidance published by the Department of Health. The council makes an assessment of ability to pay charges for non-residential social services. The assessments are carried out by staff in the Client Financial services section within CESC Adult services. Charges for non-residential services are calculated by the accountancy section at the beginning of each financial year.

Services which are charged at an assessed rate:

- Personal Care
- Transport
- Direct Payments
- Supporting People Payments
- Day Care
- Telecare

All clients will have their financial assessment reviewed annually one year after their initial assessment.

Clients will be informed at the initial assessment that they must report any changes of circumstances which may change the assessed contribution.

Clients can request a financial assessment review at any time if they believe their circumstances have changed

The cost to clients for homecare services through the charging policy is £12.24. The unit cost is calculated based on an average cost of the in-house and independent sector homecare service costs.

5.4. How have Gershon efficiency savings impacted on the service and how is the service planning to meet future Gershon efficiency targets?

Supplies & Services budgets have remained at 2008/09 prices in order to meet budget pressures in 2009/10. There is also efficiency of £382,000 within Adult services which has to be achieved during 2009/10. Planning is ongoing as to how these savings will be met.

One of the Gershon savings that has been identified is the transfer of In-House Home Care provision to the independent sector. The budgeted hours in 2008/09 were 1600hrs and this has now reduced to 1375 budgeted hours in 2009/10. This means 225hrs of budgeted In-House provision has been transferred to the independent sector creating savings to the council of around £100k. Further savings are anticipated as contact hrs have now reduced to an average of 910 hrs per week and also has a result of the new working arrangements recently put in place.

6. SERVICE DRIVERS

6.1. What do we need to change and why? What are the main drivers of change?

Provide a more flexible service

Service delivery was limited due to previous employee contractual restrictions. This has been addressed, and a more appropriate, flexible approach to service delivery is now possible

Client Base

If the service is to continue as it has in the past, new referrals will be required and a clear definition of what the limitations of the service are. If not the costs will become disproportionate as client numbers fall and redundancy of staff is required

New Options

Now that the service is comparatively small it is an ideal time to review its purpose by assessing its strengths and utilising them more effectively. Basic care is already provided by independent agencies and the experience of current Home Care Assistants needs to be utilised in the most effective way.

Personalisation

Self directed budgets have impacted on services in areas where this initiative has been introduced. Home Care Services will be required to respond to changing needs and choices of clients if they are to be a significant provider in the future.

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