

Bath & North East Somerset Council

MEETING:	Wellbeing Policy Development & Scrutiny Panel Committee	
MEETING:	16th May 2014	
TITLE:	Homecare Review 2010 Update	
WARD:	All	
AN OPEN PUBLIC ITEM		
List of attachments to this report: Appendix 1 – Homecare Review 2010 (Update on Recommendations)		

1 THE ISSUE

- 1.1 In September 2009 the Healthier Communities & Older People Overview & Scrutiny Panel (now Wellbeing PDS) agreed the terms of reference for a review of Home Care services tendered in 2006 and subsequently delivered by five (now four) domiciliary care strategic partners. The review raised a number of concerns and made recommendations which were accepted by the then cabinet member, and since implemented with contracted providers and other partner organisations.
- 1.2 At the meeting of the Wellbeing PDS Panel on 17th January 2014, members asked for the panel to re-visit the findings of the Home Care Review 2010, and in particular to check that the findings in the recommendations were still deliverable, and if the service is currently been delivered to the same standards
- 1.3 A sub-group of the Wellbeing PDS Panel comprising Cllrs Jackson, Beath and Clarke received an update from officers during February 2014. Members were provided with a summary of progress to date.

2 RECOMMENDATION

- 2.1 At the Wellbeing Policy Development and Scrutiny Panel on 16th May 2014, the Panel is asked to note this update from the sub-group.

3 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)

- 3.1 None

4 STATUTORY CONSIDERATIONS AND BASIS FOR PROPOSAL

- 4.1 None

5 THE REPORT

- 5.1 Prior to the 2010 review there was a decision, as part of a wider re-commissioning of domiciliary care, to replace the council's in-house Home Care service with a commissioning model. Five providers were appointed as strategic partners, including one organisation which received, under TUPE legislation, the majority of the staff who had been providing the Council's Home Care service.
- 5.2 The 2010 review met the Healthier Communities and Older People (HCOP) Panel's wish that when the in-house service ended in 2007, the new arrangements would be monitored for quality of care, in particular, whether there was an appropriate service, if this met the contracted conditions, whether there was parity of delivery across rural and urban areas and if the service provided value for money.

The review found the service to be generally good. Feedback from service users suggested no significant change in satisfaction rates, and the standard of care had been maintained despite a reduced expenditure and staff being under great pressure to stick to time schedules. No obvious difference in quality was seen between services in rural or urban areas despite the problems of long journeys to clients in the former and parking difficulties for carers in South Bath.

A number of areas for improvement were flagged by the review. First, the interaction between the Community Mental Health team and the strategic partners. Governance issues were also highlighted, in as much as the provider may not be receiving all possible positive and developmental feedback. Councillors, were and are, not entirely clear that relatives understand the system and how to raise their concerns. One of the issues in 2010 was evidence that some clients and their relatives found it difficult to make complaints or simply change their provider. The issue of 30 minute care slots was also raised, notwithstanding that a balance was needed between autonomy versus flexibility. The methods of customer review also encouraged satisfactory assessments, even when there were issues of continuity of care for the recipient.

Whilst the review suggested an increasing demand for homecare (and this care was becoming increasingly complex), the number of clients actually receiving home care was reducing at the time of the report. This was thought to be because of the success of the re-enablement team's work, and other commissioned preventative services. It may also have been affected by the recent introduction of personal budgets, and clients deciding they had other priorities or other ways of meeting their needs. Costing care was considered outside the remit of the Task and Finish Group, but clearly benefit changes impact on clients' ability to pay for what they require.

- 5.3 A meeting of a sub-group of the Wellbeing PDS Panel met with officers, and received an update on previous recommendations. In addition to the briefing provided in the update document (attached at Appendix 1), the sub-group noted the following key points:
- There are four domiciliary care partners who currently provide a service to 458 people. Whilst there is no one reason for a dip in the number of hours taken over the last three years, a greater focus on early intervention and preventative services was thought to be one positive rationale. Officers feel there is a good partnership with the providers and communication has improved.

- Officers were not aware of any safeguarding issues with current domiciliary care partners. Providers have the means of raising safeguarding issues to both Sirona Care & Health and Avon & Wiltshire Mental Health Partnership NHS Trust (AWP). They also attend safeguarding strategy meetings when necessary in order to participate in multi-agency safeguarding planning. The Safeguarding Team monitors and discusses referrals at strategic partnership meetings. Issues can also be monitored through contract and performance management, and discussed with the CQC at liaison meetings. If appropriate, alerts can be formally investigated and taken to a subsequent safeguarding strategy meeting.
- If concerned about someone, GPs can liaise with domiciliary providers or social services. People with long term health conditions will now have a named G.P. lead for their care. A record-book/file is maintained in the person's home to ensure communication between different carers.
- Providers are using a new computer system to organise staff rotas, plan visits and prevent double booking of staff and are working hard to update people if carers will be arriving later than expected. A new single integrated team model (similar to extra-care) is being piloted in the Chew Valley area to try and address issues that are related to providing services in this location, including travel distance between individual service users and some difficulties in recruiting care workers to work in this rural location. Councillors were made aware of staff going beyond the call of duty to ensure provision of care in adverse weather in rural locations.
- People who choose to self-manage their Personal Budgets are able to access information about the quality of service offered by potential service providers through quality monitoring (including reports published by the Care Quality Commission), and be supported in arranging the package of care, funded through a Direct Payment form of Personal Budget, by organisations such as the Shaw Trust.
- Information on independent living topics is promoted through community hubs, libraries and the Independent Living Service.
- B&NES is reported to be one of only four local authorities who are paying over the UKHCA recommended hourly rate for home care. Officers use the UKHCA toolkit to assess what a fair and true unit cost for providing home care is.
- Mental health services continue to be commissioned through B&NES. A Community Psychiatric Nurse offers mental health awareness training to domiciliary care staff.
- B&NES Officers have briefed partners on key information governance issues – particularly in relation to the secure transfer of personal data as this is not always possible through normal e-mail, including between some public bodies. The council continues to work with other organisations to ensure secure transfer of sensitive data, when necessary.
- Officers are able to monitor training of domiciliary care staff through contract management processes.
- Sirona Care & Health and AWP both undertake assessments of a service user's needs and entitlement to adult social care services. The domiciliary provider will also do their own assessment to ensure, as the proposed service provider, it can

meet the individual's assessed needs as this is a requirement of each provider's registration as a Care Quality Commission Regulated Service.

- A hospital discharge service (hospital social work) operates 7 days per week to help avoid delays in hospital discharge and ensure continuity of care.

5.4 The sub-group agreed that no further fresh scrutiny would be taken at this time. Councillors did want to reserve the right, however, to review this topic again in the future. The Home Care review 2010 was still seen as a positive reference point for any future ad-hoc work. Officers extended an invitation to any Councillor of the sub-group to attend a future strategic partner meeting.

5.5 Subsequent to the sub-group meeting, Councillors attended such a meeting of service providers. There may be an update from this activity at the PDS panel meeting.

6 RATIONALE

6.1 The Wellbeing PDS Panel asked a sub-group to re-visit the findings of the Home Care Review 2010, and in particular to check that the findings in the recommendations were still deliverable, and if the service is currently been delivered to the same standards. The aim of this report is to update the wider panel on findings of this sub-group.

7 OTHER OPTIONS CONSIDERED

7.1 None

8 CONSULTATION

8.1 The Council's Monitoring Officer (Divisional Director – Legal and Democratic Services) and Section 151 Officer (Divisional Director - Finance) have had the opportunity to input to this report and have cleared it for publication.

9 RISK MANAGEMENT

9.1 A risk assessment related to the issue and recommendations has been undertaken, in compliance with the council's decision making risk management guidance.

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Background papers	Minutes to Wellbeing PDS Panel Meeting January 17 th 2014: http://democracy.bathnes.gov.uk/ieListDocuments.aspx?CId=460&MId=3888&Ver=4 Homecare Review 2010: Terms of reference, report and cabinet response http://democracy.bathnes.gov.uk/ecSDDisplay.aspx?NAME=Home%20Care%20Review%20%282009-2010%29&ID=424&RPID=6983890&sch=doc&cat=13202&path=13202

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