

**ADULTS, WELLBEING AND HEALTH OVERVIEW AND SCRUTINY COMMITTEE:  
MEMBER-LED REVIEW OF HOME CARE SERVICES**

*To:* **Cabinet**

*Date:* **6<sup>th</sup> March 2012**

*From:* **Adults, Wellbeing and Health Overview and Scrutiny Committee (OSC)**

*Electoral division(s):* **All**

*Forward Plan ref:* **N/a** *Key decision:* **No**

*Purpose:* **To present the findings and recommendations of the Adults Wellbeing and Health OSC member-led review for consideration.**

*Recommendation:* **Cabinet is asked to:**

**a) Consider the review**

**b) Support the recommendations set out in the report.**

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## **1. BACKGROUND**

- 1.1 Cambridgeshire County Council's Adults, Wellbeing and Health Overview and Scrutiny Committee conducted a member-led review of home care services between August 2011 and January 2012. The review group consisted of County Councillors Kevin Reynolds, Sue Austen, Gail Kenney, Simon King, Simon Sedgwick-Jell and Caroline Shepherd and Huntingdonshire District Councillor Richard West. Officer support was provided by Jane Belman, Scrutiny and Improvement Officer.
- 1.2 The reasons for undertaking the review were:
- The nature and quality of home care has a crucial impact on people's quality of life, dignity, choice, safety and ability to retain independence
  - It is a key component of the Council's adult social care services and a major factor in the Council's ability to support people to live at home, reduce unnecessary stays in hospital, and develop integrated and personalised care
  - It is a major area of Council expenditure.
- 1.3 It is intended that the review findings and recommendations will inform the framework specification being developed for the retendering of home care contracts which will take place later this year.
- 1.4 The objectives of the review were to
- Obtain an understanding of the user experience of home care services
  - Identify the extent to which the current home care services
    - Provide a high quality service for individuals
    - Use resources effectively
    - Promote a personalised approach
    - Support the objectives of reablement and timely hospital discharge
    - Are part of a well co-ordinated system of health and social care
  - Make recommendations for improvement in relation to the above.
- 1.5 Evidence was obtained from people who used home care services and those who worked with them; care staff; home care agencies; GPs; Cambridgeshire Community Services; and County Council officers.

## **2. MAIN ISSUES**

- 2.1 The review found considerable variation in the quality and consistency of care that people experienced. Main issues related to continuity of care staff, their level of understanding of people with dementia, staff arriving at the wrong time or being rushed, medication, dignity and variation in the quality and competence of individual workers.
- 2.2 This was linked to considerable variation in the quality of staff training, support and supervision; difficulties in recruiting and retaining sufficient staff of the right quality to meet demand; staff pay, working conditions and opportunities for career development.

The shortage of staffing in the Cambridge area is delaying arrangements for care provision, particularly for people in the community.

- 2.3 It is essential that there is sufficient capacity within the Council to undertake effective and ongoing monitoring, including unannounced visits to service users, to ensure that agencies were delivering a safe and high quality service. Given the reluctance of some service users to complain, there also needs to be mechanisms to ensure that the Council was made aware of issues affecting individual users.
- 2.4 A specific concern is the level of information and safeguarding for people who arranged their care privately.
- 2.5 Improvements are needed in interagency working particularly in relation to hospital discharge; communication between care agencies and primary care, especially around medication and end of life care; and dealing with urgent situations.
- 2.6 There is potential for home care services to make a much greater contribution to personalisation, end-of-life care, falls prevention, admission avoidance and reablement.
- 2.7 Members support the proposal set out in the Council's Integrated Plan to purchase a single electronic call monitoring system, which would enable improvements in the quality and cost effectiveness of the service.
- 2.8 The review findings and recommendations are consistent with those of the Equalities and Human Rights Commission report 'Close to Home', which recommends actions that local authorities should take to promote and protect the human rights of older people in the way that they commission services and the way that contracts are procured and monitored.

## 2.9 **Recommendations**

### 2.9.1 **A human rights approach**

#### **Recommendation 1**

The Council explicitly promotes and protects human rights in the way that it commissions home care services, and procures and monitors contracts, and report back to the Adults Wellbeing and Health OSC how it has implemented the recommendations of the EHRC Close to Home report.

### 2.9.2 **Contracting for quality**

#### **Recommendation 2**

Agencies bidding for contracts should be required to provide evidence of how they will be able to achieve what is expected of them, and deliver a safe high quality service. This includes how they will ensure that:

- They have the capacity to deliver the service throughout the year, including holiday periods and periods of high demand
- They have the capacity to provide urgent care

- They have the management capacity and processes to underpin a high quality service
- Staff are trained to a level that enables them to meet the assessed needs of the clients that they care for, including those with dementia and other specialised needs.

Agencies should be required to set out what staff should expect from the agency, and what the agency should expect from staff in order to achieve this.

### **Recommendation 3**

The contract should clearly specify what is expected of the agency in terms of ensuring personal safety for staff, and the agency should evidence how it will address this.

## **2.9.3 Training and Development**

### **Recommendation 4**

The Council works proactively with agencies, training providers and partners to ensure that:

- Care agencies can access appropriate and affordable training for their staff, including training provided by the Council, which will enable them to meet the needs of the clients that they care for. This includes:
  - Generalist training. which should include adequate training in personal safety
  - Specialist training, including end of life-care; caring for people with dementia and caring for people with mental health issues.

This includes working with the NHS to ensure the availability and provision of specialist dementia training.

- Care agencies have easy access to information about what accredited training is available e.g. through a Council website.

## **2.9.4 Staff pay**

### **Recommendation 5**

The Council:

- Ensures that every agency it contracts with pays at least the minimum hourly wage including time spent travelling
- Works proactively with agencies as far as legally permissible to encourage them to pay at least the national living wage.

This should be linked with an open book approach, in which agencies are asked to provide a breakdown and explanation of their costs, including overheads.

### **Recommendation 6**

The Council works with agencies, as far as is legally permissible, to identify and implement pay strategies that recognise the need for differential pay in different parts of the County, are realistic about mileage costs, and that rewards

staff who increase their skills and qualifications, and undertake more skilled work.

This includes identifying where agency contracts with staff need to be changed in order to ensure there are sufficient staff of the right quality to provide the services required, for example guaranteed hours rather than zero hours contracts.

#### **2.9.5 Payments under the contract**

##### **Recommendation 7**

The Council:

- Requires agencies to give a clear breakdown of their costs
- Examines this information to identify whether the rate the Council pays to agencies needs to be changed, and/or differential rates paid for different types of activity or for services in different parts of the County, in order to meet the assessed needs of service users
- Allocates resources in the light of the above.

#### **2.9.6 Staff recruitment and retention**

##### **Recommendation 8**

The Council works with agencies to develop career pathways for staff, including the opportunities to develop and utilise specialised skills.

##### **Recommendation 9**

The Council works with agencies to actively promote care work as a career. This could be, for example, by arranging recruitment events, liaising with colleges, or facilitating recruitment from other EU countries.

#### **2.9.7 Service monitoring and safeguarding**

##### **Recommendation 10**

The Council ensures there is sufficient monitoring officer capacity to review and provide evidence of the quality of care provided by all agencies on an ongoing basis, including visits to individual users, thus ensuring that issues can be identified and addressed at an early stage, and that standards of care are maintained. This would enable the Council to build on the focused monitoring work undertaken with providers during 2010-2011.

##### **Recommendation 11**

The Council reviews its safeguarding arrangements for home care users to ensure that they are as robust as possible.

##### **Recommendation 12**

The Council works more systematically with partners and with voluntary organisations to ensure that concerns about quality of care are identified and communicated back to the Council.

##### **Recommendation 13**

The Council works with independent organisations to develop mechanisms by which service users and carers, including those who arrange their care directly,

can easily feed back concerns to the authority or to an independent body, and have support in doing so.

#### **Recommendation 14**

The Council works with independent organisations to ensure that Individuals who arrange their own care have easy access to information that will enable them to make informed choices, know what to do if problems arise, and have access to support if quality or safeguarding issues arise.

#### **Recommendation 15**

Agencies should be required to actively promote and pay for flu jabs, and other inoculations as appropriate, for their staff, and ensure that staff do not come to work while sick.

### **2.9.8 Electronic call monitoring**

#### **Recommendation 16**

The Council takes forward its proposal for electronic call monitoring, incorporating the comments made in Section 11 of the report, working with agencies to promote best practice in the development and use of the new system.

### **2.9.9 Interagency working**

#### **Recommendation 17**

The Council works with care agencies and partners to improve co-ordination and joint working in relation to

- Hospital discharge arrangements
- Primary care, including arrangements for medication
- Rapid arrangements for urgent care.

#### **Recommendation 18**

The Council works with care agencies and GP leads to develop the working relationship between agencies and primary care commissioners, at both County and locality levels.

### **2.9.10 Personalisation**

#### **Recommendation 19**

The Council works proactively with agencies to develop their capacity to provide more personalised and outcome focused services, tailored to what people wanted, such as going on outings or taking part in activities. This includes

- Using the tendering and contractual process to commission a wider range of services
- Building flexibility into the care plan, for example by allowing for variation in the times when services are provided, where this accords with user choice.

## **2.9.11 Service Development**

### **Recommendation 20**

The Council:

- Proactively explores with agencies, GPs and other partners ways in which care workers can play a greater role in developing integrated care, particularly in relation to end of life care, admissions avoidance, and falls prevention.
- Works with partners and agencies to take forward service development initiatives in relation to the above, by developing and evaluating locality based pilot projects.

## **2.9.12 Efficiencies**

### **Recommendation 21**

The Council works with agencies, and encourage them to work with each other to identify efficiencies, with particular reference to:

- Rationalising staff rotas and travel times
- Shared purchasing.

## **3. ALIGNMENT WITH PRIORITIES AND WAYS OF WORKING**

### **3.1 Supporting and protecting vulnerable people when they need it most**

All the recommendations will contribute to this priority by improving the quality and availability of home care services provided to older people and others with ill-health or disability, including those needing end of life care.

### **3.2 Helping people live healthy and independent lives in their communities**

All the recommendations in this report will contribute to this priority by improving the capacity of home care services to provide a personalised service, enable people to live independently in their own homes for longer, and reduce hospital admissions.

### **3.3 Developing the local economy for the benefit of all**

There are no significant implications for this priority.

### **3.4 Ways of working**

The recommendations will contribute to:

- Making sure the right services are provided in the right way – by improving the quality of home care services, and their capacity to meet assessed needs and to provide a personalised service.
- Investing in prevention – by ensuring that home care services work effectively in providing the support that maintains people's independence and promotes their wellbeing, and that home care services are partners with

other agencies in initiatives around falls prevention and admissions avoidance.

- Working together – by improving interagency communication and working relationships in relation to hospital discharge, primary care, and urgent care, and by developing joint approaches particularly in relation to end of life care and prevention.

## **4. SIGNIFICANT IMPLICATIONS**

### **4.1 Resource and Performance Implications**

All the recommendations should have a positive impact on the performance of adult social care services in relation to the quality and accessibility of the service, user satisfaction, and enabling people to live at home.

Recommendations 4 (training and development); 5 - 6 (staff pay); and 10 -15 (service monitoring and safeguarding) may have resource implications. However these should result in improvements in the quality and effectiveness of the service, which are likely to reduce or delay the need for more expensive interventions.

Recommendation 16 (investment in electronic call monitoring), which is already included in the Council's Integrated Plan, has resource implications, but is likely to improve the cost-effectiveness and quality of the service.

Recommendation 7 will enable the Council to clearly identify what changes if any are needed in the payment arrangements for home care services, and allocate its funding in a way that ensures that services are provided in the most cost-effective way. Recommendations 17 and 18 (interagency working) and 20 (service development) are likely to result in improved value for money.

Recommendation 21 focuses specifically on efficiencies.

### **4.2 Statutory, Risk and Legal Implications**

There are no significant implications.

### **4.3 Equality and Diversity Implications**

Implementation of these recommendations would have a positive impact on the quality of life of older people, people with disabilities, and people who are in poor health who would benefit from home care services.

### **4.4 Engagement and Consultation**

Members obtained the views of people who used home care services, voluntary organisations and other agencies that work with them, and care staff in compiling this report



Source Documents	Location
Draft review report and minutes of Adults Wellbeing and Health Overview and Scrutiny Committee 8 <sup>th</sup> February January 2012	Jane Belman, Room 116, Shire Hall, Cambridge