

Appendix A (Choice and Care)

How services have been delivered in Barking and Dagenham

As noted above Direct Payments and Personal Budgets have proved popular in our community and officers have worked hard to deliver these.

Following assessment each person who needs community care services is allocated a Personal Budget, depending on their presenting needs, using a standardised formula - the Resource Allocation System. The allocation can be taken as a Direct Payment or a “virtual budget” – where it is managed by a home care agency. People use their Personal Budget to employ a Personal Assistant or they can purchase care from a private home care agency.

The experience of people who have a personal assistant(s) has been significantly more positive than those receiving support from a home-care agency. Many Personal Assistants have previously been employed as homecarers by agencies and they report that this gives them more job satisfaction, because they can be dedicated to their own clients for whom they feel a sense of responsibility, they have more control over their working hours, and the pay is slightly higher, as the agencies are not taking their own management fee and profit margin.

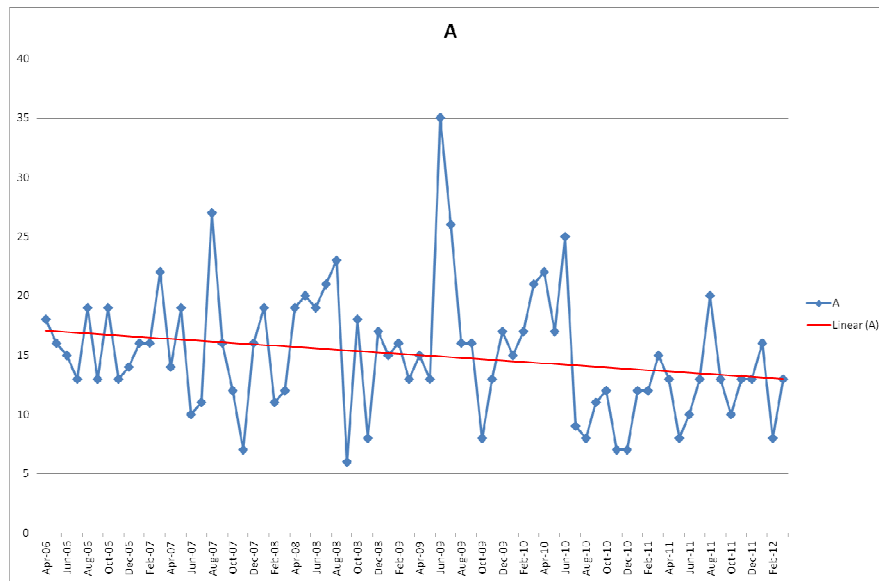
In March 2012 the numbers receiving support in Barking and Dagenham was:

Funding route	No. recipients	Annual Expenditure
Direct Payment	138	1,074,275
Direct Payment supported by brokers	419	3,727,250
Managed Personal Budget *	493	5,033,288
TOTAL	1053	9,834,814

**where the budget is held on the individuals behalf by, usually, a home care agency*

Around half of the funding and long term care provided in the community is through people having control over the money that is used to purchase their care.

The Council also supports 366 people (August 2012) in residential and nursing care homes at any one time, though the trend for admissions is downwards. In 2006 the Council was agreeing 16 new placements each month, in the year to July 2012 this reduced to an average of 12.4 (a 23.2% decrease). The typical placement is about 2 years in duration.



Monthly admissions into care homes 2006-12

The downward trend in residential and nursing admissions has been matched by increasing numbers of people requiring community care services. Although the numbers of older people in the borough have not risen significantly, people are living longer – with significantly more people over 85. Between 2011-2017 the number of older adults in the borough is expected to increase by 6% compared to a national average of 11%. However the number of younger and working age people in the borough will continue exceed the older population at least until 2025 – a stark difference to the national position.

ONS Census 2011	Female	Male	Total
55-59	3884	3843	7727
60-64	3476	3323	6799
65-69	2626	2324	4950
70-74	2401	1925	4326
75-79	2178	1601	3779
80-84	1999	1204	3203
85-89	1418	684	2102
90-94	555	191	746
95-99	157	29	186
100+	26	3	29
Total	11360	7961	19321

Reablement

In 2007, as part of a major restructure of the in-house homecare service, the Council established a new homecare team who could provide support for up to 6 weeks. This was to support people as they regained as much independence as they could before considering their longer term support needs. This approach is called Reablement and was adopted nationally in 2010 with the release of a specific grant and the

government deciding the first 6 weeks of care and support should be provided free of any charge.

People typically present to Adult Social Care following some form of trauma or in crisis, and often following an admission to hospital. They will usually not have considered the need to have care and support provided to enable them to live at home and longer term support will inevitably take some time to organise. It is also true that for many people, following a spell in hospital, after a few weeks of support they can get back on their feet and manage on their own. The provision of focussed support, with advice from an occupational therapist and social workers, was expected to reduce the need for ongoing support and give social workers and families time to organise what was going to be required.

Our experience of reablement has been mixed. Whilst many people appear to have benefitted it is difficult to attribute the gains made in independence to the efforts of the reablement service.¹ However one of the lessons we have learned is that it is important to keep the situation under review as people's needs change rapidly in their first few weeks of needing care and support and usually reduce.

There have also been operational challenges. The in-house team has 23.52 whole time equivalent carers providing a potential 600 hours per week; currently this means we have 28 carers in post. However the service is unable to meet the demands of all referrals. Whilst overall demand is relatively stable, there are peaks and troughs from week to week and even from day to day. Referrals from the hospital late on a Friday afternoon can be for people with complex care needs requiring 2 carers several times a day. As a result there has to be a balance between retaining capacity to respond to urgent requests, which is not cost effective, or having everyone committed and leaving no capacity for these referrals.

In part this is because a shift based homecare service is, by its very nature unsuitable for providing an immediate flexible response unless it has excess capacity. Staff and trade unions have worked with us to meet the service needs as flexibly as possible, however staff need relatively stable shift patterns and regular days off as they are often fitting in other family responsibilities.

In practice, because the in-house service is unable to meet the care and support needs within a reasonable time, almost half the referrals have to be passed on to one of the private homecare agencies where there are a large number of providers and sufficient capacity to meet care and support needs even at short notice.

¹ Evaluation of Reablement schemes by CSED initially showed that care and support costs could be reduced by 60% in the following year, although the cost of running the scheme resulted in minimal net savings. One significant conclusion was that Reablement was not cost-effective for people with long-term conditions.

Reablement service	No. Service users 2011/12	Average no. being supported each week	Annual Expenditure	Hourly Rate	Proportion not requiring support after Reablement
In-house	496	44	854,922	40.30	38%
External	431	75	640,400	17.00	13%
TOTAL	927	119	1,715,375		

The Dementia team

As part of the 2007 restructure referred to above the Council retained a small team to support people with dementia living in the community and their carers. At the time this type of service was not available from independent sector providers. The Dementia Carer Service comprises of a manager and 11 staff offering up to 186 hour/week.

Dementia Service	Number service users	Annual cost	Hourly rate
In-house	21	£351,685	£36.26
External	54	£526,668	£14.00

The service offers up to 20 hours a week to individuals with dementia in the community. There is no room to increase the service so the acceptance of new referrals is based on capacity freed up from other people no longer using the service.

Homecare

Traditional long term home-care services are provided by the independent sector. In Barking & Dagenham we have framework contracts with 4 agencies which are due to finish in August 2013, and another 5 agencies we use regularly.

Independent sector	Agencies	Reablement hours	Total Hours	Rates
Block providers	4	683	4172	£11.45-12.20
Spot providers	5	0	2337	£11.00-12.50

These agencies provide services across north east London to more than one authority. Quality is monitored carefully through regular reviews and contact with service users receiving services and detailed monitoring of complaints and safeguarding alerts. Where there are concerns about service quality we can and do take action to stop new referrals for a period and where services do not improve transfer people to other agencies.

Our neighbouring authorities continue to offer large block contracts to local homecare agencies and for the foreseeable future there appears to be sufficient capacity in the market to meet the needs of local residents who need or want homecare, and we have sufficient safeguards in place to deal with concerns as they arise.

The typical home care agency pays its staff close to the national minimum wage with minimum leave and often no paid time for training. Travel expenses are often not

paid to staff, nor is travel time. This is a key issue as in visiting many different customers each day home care workers can find travelling a significant burden.

The concerns around the home-care provision is that visits are often too short and based on completing tasks, that carers are changed frequently, the terms and conditions for staff are poor and the service is functional at best. The Council devotes significant resources to manage and monitor the services provided, and the regular surveys we undertake indicate a reasonable level of satisfaction with the support received.

Summary

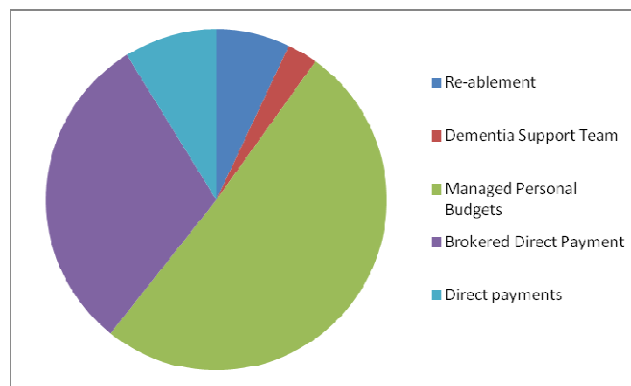


Figure 2 Home-care expenditure by service 2011-12

Service model	Spend 2011-12
Reablement	854,922
Dementia Support Team	351,685
Managed Personal Budgets	6,200,356
Brokered Direct Payment	3,727,250
Direct payments	1,074,275
Total community packages	12,208,488

In figure 2 above the chart shows the breakdown of expenditure in 2011/12 on community services for older adults and people with a physical disability.

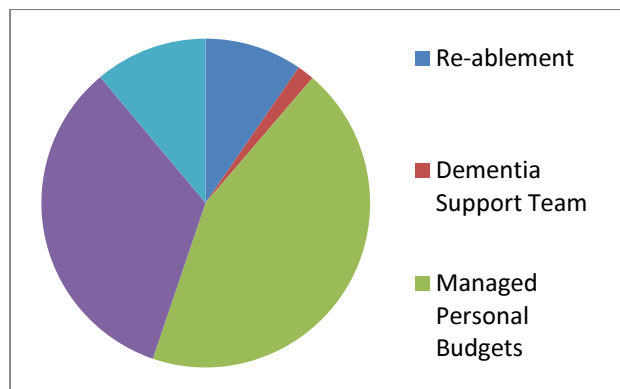


Figure 3 Home care packages by service 2011-12

Service Model	Average activity 1011/12
Reablement	119
Dementia Support Team	21
Managed Personal Budgets	547
Brokered Direct Payment	419
Direct payments	138
Total supported	1244

The second chart shows the number of people receiving support in each of the services in a typical week. It is a snapshot that illustrates the typical activity in the borough.