

## CABINET

19 December 2012

<b>Title:</b> Choice and Control: Delivering the Vision for Adult Social Care in the Home	
<b>Report of the Cabinet Member for Adult Services and Human Resources</b>	
<b>Open Report</b>	<b>For Decision</b>
<b>Wards Affected:</b> All	<b>Key Decision:</b> Yes
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<b>Accountable Director:</b> Anne Bristow	
<b>Summary:</b> <p>The Council has a long track record in giving Direct Payments to adults and older people so that, with help, they can buy their own care and support. This arrangement is popular with people in Barking and Dagenham. For those who have care provided by a personal assistant (a dedicated carer who works just for them) satisfaction rates are high.</p> <p>However, for many people choice is still limited to personal care provided by private home care agencies. Traditional homecare will continue be popular for some people, but the numbers choosing this option is reducing and we need to offer an alternative.</p> <p>This report seeks agreement to the necessary organisational and staffing changes, and revised contractual arrangements, to deliver a vision where most people have the opportunity of care being provided by a personal assistant.</p>	
<b>Recommendation(s)</b> <p>The Cabinet is recommended to agree:</p> <ul style="list-style-type: none"><li>(i) The vision of most people receiving their care and support by an arrangement with a personal assistant</li><li>(ii) The organisational and staffing changes needed to deliver this vision, the remodelling of the in-house homecare team and the development of a smaller in-house team of personal assistants for those people most at risk.</li><li>(iii) To note that the savings target of £220,000 that has been agreed as part of the 2011-12 Medium Term Financial Strategy for homecare that will be delivered through this approach.</li><li>(iv) That the existing block contracts with home care companies will not be renewed when they expire in August 2013.</li></ul>	

## Reason(s)

This is a key response to the 2012 White Paper: *Caring for Our Future*.

From the Barking and Dagenham Policy House the outcomes it supports are:

- A borough with high quality social care services for those that need them.
- A borough where people with care needs are helped to live the life they want, with real choices about their lives and care.
- A borough where local people come together to make it a better place.
- A borough of rising incomes.

## 1. Introduction

- 1.1 Over time Barking and Dagenham have moved to more and more people choosing the option of a Direct Payment and their care provided by a personal assistant. However the Council has now reached a point where the way people get looked after at home, the way that personal care is delivered, is limited by the service options available. Service provision has reached a plateau where, for too many people, “choice” is limited to a choice of different traditional homecare agencies.
- 1.2 The proposed approach for local residents who need personal care at home will give people more choice, offer better quality and at the same time deliver savings. Delivering the vision will be challenging, and there are significant implications for staff and external contractors. However, at a time when older peoples’ care, in particular, is facing fundamental financial challenges, the Council needs to consider radical changes to the way that care is delivered.
- 1.3 The current arrangements for providing care and support in the home in Barking and Dagenham are a mix of a reablement service delivered by an in-house home care team, supplemented by additional spot purchased home care services; whilst longer term personal care is provided by a mix of personal assistants, traditional homecare, and a small residual in-house dementia homecare team.

## 2. The Proposed Vision

- *All residents who need Care and Support will be offered a Personal Budget which they will receive in the form of a Direct Payment*
  - *Care and Support in the home will then, for most people, be provided by a dedicated Personal Assistant*
- 2.1 The proposed vision for adult social care in Barking and Dagenham is for a major shift away from people receiving services from a traditional homecare service, whether provided by external agencies or an in-house service. Most people will receive a service from a dedicated personal assistant. People who currently receive services in this way prefer it, personal assistants have more job satisfaction, and it is cost effective.

- 2.2 Safeguards need to be built in to ensure that vulnerable people are safe, to make sure there is the right level of support for people who need it to manage a personal budget, and with managing their care and support arrangements.

### **3. Proposal and Issues**

- 3.1 The proposal is to encourage the use of personal assistants and further develop the infrastructure and in-house arrangements to support this.

#### ***Reablement***

- 3.2 The Council currently has an in-house reablement team, created after a major review of homecare in 2007.
- 3.3 The experience of reablement has been mixed. The Council has invested heavily in a service to provide the first six weeks of care. The service has not been able to meet all the demand for urgent domiciliary care, nor is there specific evidence that it has reduced the long term need for care. (See **Appendix A**).
- 3.4 It is proposed that the reablement service is disbanded, and the capacity in the home care agency market is used to meet any urgent needs for care and support. This will create time to set up a personal budget, which will be used to employ a personal assistant. Social workers will continue to keep the level of service required under review for the first few weeks, because experience shows that most people regain some independence after a spell in hospital and will need less care and support in the longer term.

#### ***The dementia homecare team***

- 3.5 The number of people with dementia who need some form of personal care is growing. About a third of people over 75 are considered to experience some form of dementia. Services for people with dementia need to be provided as a mainstream service, rather than as specialist provision for smaller numbers of people.
- 3.6 The twenty-one people who currently receive a service from the in-house dementia home care team could have their needs met by a personal assistant. This service would be provided from either the in-house personal assistant (PA) service, described in paragraph 3.18 below, or by assisting them to employ their own personal assistant.

#### ***Personal Assistants***

- 3.7 In May 2012, 314 people were having their care provided by one or more personal assistants, staff employed directly to meet their care and support needs.
- 3.8 A review of the way personal care is provided in the home has considered whether this really does provide a better service than traditional homecare, by talking to service users, personal assistants and staff involved in supporting these arrangements. The review considered the barriers to more people using a personal assistant, looking at recruitment and support arrangements. Whilst the Council does not technically recruit personal assistants directly, Adult Social Care plays a

crucial role in putting prospective personal assistants in touch with people who are looking for someone to provide their care and support.

### 3.9 During the review personal assistants said:

- Most people had heard through “word of mouth” and personal contacts – many of the personal assistants already knew each other through having worked together previously, being parents with children in the same class at school, or as friends and neighbours
- Some personal assistants already knew the individual needing support – “the old chap down the road or round the corner”.
- Most of them were used to juggling a number of caring responsibilities – most had children or grandchildren
- They were unlikely to respond to a borough wide recruitment campaign
- They all make active use of social media – to keep in touch and to find out what is going on
- Many personal assistants had previously been home carers employed by agencies – they enjoyed caring for people, but didn’t like the scheduling and short visits – they wanted to look after one or two people, and form a relationship with them, rather than be part of a service
- They would go out of their way to make sure the people they cared for had what they wanted to eat, had decent clothes, and took the right tablets.
- They expected to visit the people they looked after if they had to go into hospital, make sure they were looked after properly and take things in for them
- If they were going on holiday or had a crisis where they couldn’t visit, they would make sure someone else (another personal assistant they knew and could trust) could cover
- They get paid a bit more per hour, because the agency isn’t taking a cut of the hourly rate, but this was seen as a small perk rather than a major incentive.
- Overall they felt they provided more hours of care and support than they would have done as a home carer

### 3.10 At the time of the review it was estimated that a further two hundred personal assistants might be needed to satisfy demand. As a result the focus has been on local recruitment – for example by putting adverts in local shop windows.

## ***Infrastructure***

- 3.11 Some people will need a lot of help from the Council to manage a Personal Budget; and recruit and manage a personal assistant. Other people will be able to manage this themselves, or have help from family and friends to do so.
- 3.12 The Council needs to make sure the following areas of support are available:
- Recruitment facilitators
  - Employment advice (initial and ongoing)
  - Terms and conditions for staff (employment contracts, expenditure recording etc)
  - Payroll providers
  - Brokers (offering support with designing care packages, managing agency invoices or managing client income and expenditure)
  - Banking services

There needs to be good quality information for people about the options available and how they might access the support they need.

## ***Ensuring Services are of good quality***

- 3.13 Nationally traditional homecare provided by private agencies is frequently criticised. There have been a number of high profile scandals reported in the media, and a number of national reports identifying serious concerns. The CQC (the Care Quality Commission) is moving to “light touch” regulation of home care agencies, with a visit every three years, and restricting its judgement to whether the service is compliant with minimum standards. Although it is an externally regulated service, in practice the model of traditional homecare does not provide assurance that people receive a good quality service.
- 3.14 The quality of traditional homecare relies on the Council taking a proactive approach to contract management, following up complaints and concerns, and safeguarding alerts. Members can be assured that residents in Barking and Dagenham are generally satisfied with the service they receive from local agencies, and that concerns and complaints are followed up quickly and responded to effectively by the Council.
- 3.15 Personal assistants are not regulated by CQC and an important element of the proposals is to develop a Council accreditation scheme for personal assistants providing services to vulnerable residents. This would ensure:
- They have attended essential training
  - They have a current CRB certificate
  - The Council is not aware that the person has acted inappropriately in the past.
- 3.16 In addition The Council will bring in a local system to support people employing personal assistants to ensure consistency of provision, support for people acting as employers for the first time and co-ordination and support for the personal assistants themselves. This will include:

- Arrangements being in place so that personal assistants can get CRB checks undertaken.
- A programme of training for personal assistants that keeps them up to date with practice developments, as well as training in dealing with conditions like dementia.
- Coordination for personal assistants, so they can be supported in what can be a stressful role. This would include regular forums, social networking, and named officers who would be responsible for providing individual support.
- Provision of specialist OT assessments and training with some items of equipment (hoists etc.) where these are required for safe moving and handling. These are specific to the individual circumstances of the service user.

3.17 The Council would remain responsible for undertaking reviews of all people in receipt of funded care. This is a core duty that enables social workers to assess the ongoing needs of the individual and also the quality of the care being provided. There will be a need to take a more flexible approach to setting timescales for face to face reviews, ensuring the most vulnerable people, particularly those without regular visits from families and friends, receive more regular checks.

### ***Safeguarding the most vulnerable – in-house Personal Assistants***

3.18 For the most vulnerable people the Council will need to be assured that people who challenge services are receiving the care and support they need. The proposal includes the development of an “in-house” team of between ten and twenty Personal Assistants who would provide this service directly. The level of support will be based on individual needs and managed as a case-load rather than the current approach of giving people rigid hours, schedules and levels of support. It may be possible over time to move some of these to an individual personal assistant when situations improve or stabilise.

3.19 These staff would have direct access to professional support, and will be able to call on direct help and intervention when this was required. The Council has a team of Community Support Workers who perform a similar function for people with lower level support needs, and by reviewing these roles we can increase capacity to provide a larger more flexible pool of Personal Assistants.

### ***Implementation***

3.20 The number of Personal Assistants has increased since 2006 and the infrastructure in place is at capacity. The developments required will be in place as changes are implemented. There will be no requirement for additional funding for this

3.21 The current block contracts for traditional homecare services will not be re-tendered when they expire in August 2013. There is sufficient capacity in the market for spot purchasing to succeed, and people already receiving a service from the providers will continue to do so at the current rates unless they wish to the new style of service.

3.22 Given the natural discharge rate of services it is anticipated that within two years personal assistants will be supporting a substantial number of people who need personal care.

3.23 If the proposals are agreed the changes would be implemented from June 2013 subject to the outcome of formal consultation with staff and trade union representatives.

#### **4. Options Appraisal**

1.1 Option 1: Maintain the current services – This would retain the current mixed market approach based on providing people with specified care for specific activities. As the demand increases from demographic changes in the community the cost of care will continue to increase. There are concerns about the ability of the current approach to deliver quality care whilst resources continue to be restricted.

Option 1 would result in little change in the way that support is offered and will not release the planned savings of £220,000 without a service reduction.

1.2 Option 2: Increase the share of the independent home-care agencies. – This option includes ceasing to provide the in-house Reablement team and Dementia Homecare team with the hours being tendered to the independent agencies. This would see an 8.5% increase in the independent sector provision.

Option 2 would realise the planned savings of £220,000, although there is no indication that this will result in an improvement in the quality of services or the satisfaction of service users. Given the current level of monitoring required from the Council there is a concern as to how long this can be maintained if the volume of external contracts were to increase.

1.3 Option 3: The proposal in this report to increase the use of personal assistants – This would see the appointment of 200 personal assistants, ceasing the in-house teams and a reduction in the use of independent agencies.

Option 3 not only delivers the required savings, but also offers an increase in quality and satisfaction for the service user. There needs to be a new support infrastructure developed from existing community resources and a service available for those who are considered vulnerable and who have limited community support.

#### **5. Consultation**

5.1 The overall vision was subject to consultation with Members in October 2012.

5.2 The vision was developed following a consultation event in July 2012 with people who currently employ a personal assistant. The views of people receiving traditional home care have been researched nationally, see also the White Paper *Caring for our Future*, and verified through local networks.

5.3 Formal consultation with staff affected by the proposals will be undertaken following the Council's agreed procedures.

## **6. Financial Implications**

Implications completed by: Faysal Maruf – Group Accountant, Finance

- 6.1 The move to the use of personal assistants, and the reduction in in-house services, is intended to realise savings of £220,000 identified in the 2011-12 budget process to be delivered between 2012-13 to 2014-15 (ref ACS/SAV/03). This takes into account the required enhancements to support the infrastructure described and the necessary steps to ensure personal assistants are supported to provide a good service to adults with their individual care needs.
- 6.2 The Council allocates funding to individuals for their care according to the Eligibility Criteria set out by the Council and by applying the Resource Allocation System (which allocates resources according to the level of individual need). These arrangements are not being changed by the proposal.

## **6. Legal Implications**

Implications completed by: Shahnaz Patel, Senior Solicitor Safeguarding

- 6.1 The proposal set out to expand care and support to be provided through the use of a personal assistant promotes the government's vision as set out in the White paper "Caring for our future: reforming care and support" July 2012. It reinforces the key role of local authorities in a modern care and support system, where people will have choice and control over how their needs are met.

## **7. Other Implications**

### **7.1 Risk Management**

- 7.1.1 The substantial majority of people receiving a personal budget are considered to have legal capacity; they can make decisions for themselves without intervention. There are a small number of people who are vulnerable because of age or infirmity for whom it will be necessary to arrange services. Regardless of the level of care and support required, analysis in the borough shows that 65% of people have substantial support from family and friends. No changes to individual care and support arrangements will be made until better alternatives are in place. In the interim people will continue to receive support through Managed Personal Budgets, as they do at present.
- 7.1.2 There is a concern that as the ultimate funder the Council could be considered to retain a residual liability for care arrangements. Specifically this is related to employment arrangements using funds made available by the Council and ensuring that the support provided is adequate and appropriate. This is managed through:
  - facilitating an employment infrastructure
  - ensuring that appropriate training and accreditation for personal assistants is available in the borough, and
  - providing a flexible and robust reviewing framework..



## 7.2 **Contractual Issues**

7.2.1 The contractual liability is the transfer from block contracts, with some home care agencies, to a spot-purchase framework that is already in place.

### ***Implications for external contractors – the Homecare Agencies***

7.2.2 The domiciliary care agency market is volatile both nationally and locally. Some of the smaller providers have gone out of business, often at relatively short notice, and services have had to be reallocated to other providers. The remainder of the agencies have always managed to cover the additional work, and they have consistently met demands that the in-house reablement service has not been able to do.

7.2.3 Adult Commissioning will continue to quality assure the care and support in the home market. This quality assurance includes regular telephone spot checks. Spot checks have taken place with 280 service users, between January and November 2012. Visits to service users and home care agencies will continue to be carried out by Council staff.

7.2.4 Neighbouring councils are committed to having large contracts with homecare agencies in north east London. For example one neighbouring authority has recently awarded a large block contract to one agency. There is sufficient capacity to meet the urgent needs for care whilst personal budgets and assistants are organised.

7.2.5 Some people will prefer to have their care delivered directly by an agency paid for from their Direct Payment. There are currently about 243 people who do this, but this is expected to reduce over time as the use of personal assistants to provide care and support becomes mainstreamed and public awareness and confidence grows.

7.2.6 Whilst it is anticipated that most service users will use personal assistants, some will not choose this option so it will be ensured that options are available for service users who want traditional home care or do not have capacity to recruit personal assistants. There will be an approved provider list of home care agencies, which will offer service users reassurance that minimum standards have been met.

7.2.7 The current spot purchase arrangements are sufficient for the Council to be able to access care and support, when required, for the people who need it. The changes indicated in the report will happen slowly over time and the volume of care and support purchased from the independent sector will change slowly as new cases come forward.

## 7.3 **Staffing Issues**

7.3.1 These changes would affect approximately 45 staff, including 39 front line home carers who work varying hours and shifts. In addition the changes would involve a review of the role currently undertaken by Community Support Workers, this would affect nine members of staff.

7.3.2 Approximately fifteen new posts would be created, including the in-house PA service. It is envisaged that recruitment to the new posts will initially be from the pool of affected staff following the Council's procedures.

#### **7.4 Customer Impact**

7.4.1 The proposal seeks to improve community cohesion by increasing the interaction between individuals at a neighbourhood level. Whilst individuals isolated in communities supported by an agency have little interaction with their community, the involvement of a personal assistant enables people to leave their homes and access community resources as well as having real links with a support network.

7.4.2 The choice of a personal assistant is primarily based on the networks available to the individual. In this way it better reflects their lifestyle and their social and cultural position in the community. The ability to choose a personal assistant gives the individual a choice they would never have with a home-care agency.

#### **7.5 Health Issues**

7.5.1 Early indications are that people who have long-term conditions and attend hospital regularly on an unplanned basis do experience a reduction in such visits. This appears to be because the personal assistant offers greater continuity in support, which ensures that people attend medical appointments and comply with treatment.

### **Background Papers Used in the Preparation of the Report:**

- The White Paper: <http://www.dh.gov.uk/health/2012/07/careandsupportwhitepaper/>
- Linked information: <http://caringforourfuture.dh.gov.uk/>

### **List of appendices:**

**Appendix A:** How the Council has been delivering services