

REPORT TO: Executive Board
DATE: 16 October 2008
REPORTING OFFICER: Strategic Director-Health and Communities
SUBJECT: Home Care Services

1.0 **PURPOSE OF REPORT**

1.1 To inform Executive Board of the proposal to develop a re-ablement service.

2.0 **RECOMMENDATION**

RECOMMENDED: That

i) **Executive Board agree the outcome of the consultation and approve option 4 and the next steps.**

3.0 **SUPPORTING INFORMATION**

3.1 Adult Social care Services are increasingly establishing re-ablement services as part of their range of home care provision. Typically, home care Re-ablement is a short-term intervention, provided free of charge, that aims to maximise independent living skills.

3.2 The evidence suggests that the use of short-term re-ablement care has achieved an overall 28% reduction in the number of long term domiciliary hours subsequently commissioned which equates to financial savings on the number of long term hours commissioned. In addition, qualitative evidence from service users suggests that re-ablement care can make a significant difference to their lives.

3.3 The current in house home care service consists of two teams, one in Runcorn and one in Widnes, and delivers care and support to approximately 80 service users at any one time, (890 direct care hours).

3.4 Currently a Principal Manager provides overall management to the service, with a Registered Manager for each team. In addition each team has 210 hours of senior care assistants, 7 staff, to manage the rota system from 07.30 hrs to 2300hrs. Overnight 1 senior care assistant manages the shift, with a total establishment of 55.25 hours. There are 4 whole time equivalent administration support posts and approximately 80 care staff.

3.5 The In House Home Care Service in its current format is not viable, unit costs are too high and the staff rota is too inflexible to meet the

needs of the service users and we need to modernise quickly to keep a pace with change but also to be more efficient. An options appraisal was therefore, completed to consider the potential future provision of services. A process of consultation with the home care teams and Trade Unions was then completed.

4.0 **THE CONSULTATION PROCESS**

4.1 A series of team and staff side briefings were held. Following the briefing session's staff were requested to feedback on the options presented by completing a questionnaire, email, letter or telephone.

4.2 Some groups of staff requested additional meetings with managers and staff side to discuss the options further; the Principal Manager facilitated these groups.

4.3 A meeting with Unison and Personnel was arranged on the 1st August 2008, following a letter from Unison indicating some areas of concern from staff following the initial consultation meetings. These issues were addressed and an agreement reached to hold a facilitated workshop to support staff in responding to the consultation.

4.4 The facilitated workshop was held on the 7th August 2008. The teams worked in small groups, which were facilitated by the Management Team, personnel and unison. Notes from the groups were collated and utilised to feed into the consultation outcome.

4.5 A further meeting was held with the teams on the 21st August 2008, to present the outcome of the consultation and clarify feedback received was a true reflection of the meetings.

5.0 **OUTCOMES OF THE CONSULTATION**

Option 1:

Generally the teams agree that option 1 – to continue as we are now, is not a viable option. The teams do recognise that the rotas are too inflexible to meet the needs of the service and that unit costs are too high. Some staff did suggest that if we changed the rotas – could we not continue with the service in its current format.

Option 2: amendments to the rota.

Benefits:

- No job losses
- Would not need to cross the bridge
- Maintain both the End Of Life Service and the Dementia Service
- Maintain the jobs and roles of the non-drivers

Areas of concern:

- Savings are not sufficient
- Unit costs do remain fairly high

Option 3: to merge the two teams at Runcorn and Widnes:

Benefits:

- Less fragmentation across the two teams
- Financial savings on the existing service
- Improved rotas and increased flexibility
- Improved outcomes for service users
- More efficient service

Areas of concern:

- Transport and travel across the bridge
- Increased travel time

Option 4: Re-ablement Service.

Benefits:

- Improved outcomes for service users, to support them to remain independent in their own homes
- The teams do have a number of core skills required to deliver this service option.
- Finance savings
- Improved rotas
- More efficient service and lifespan
- Reduction in management

Areas of concern:

- Transport and travel across the bridge
- Increased travel time
- Job losses
- Reapplying for own jobs
- The potential loss of the End Of Life and Dementia Service

Option 5: Contract with the independent sector

The teams strongly rejected this option and at this time the Independent Sector do not have the skills and experience to operate a service of this nature. In addition, the Council has already commenced a very detailed renewal of the existing contract and the inclusion of this service could significantly complicate the process e.g. TUPE matters etc. It would also elongate the tender process and could lead to the delay in efficiencies anticipated in the new contract in 2009. This can be re-visited at a future date.

6.0 **RECOMMENDATIONS**

6.1 It is recommended that the Council implement Option 4, (re-ablement service).

During the consultation exercise a number of areas of concern and suggested changes have been identified within each option. These are mainly in relation to staff terms and conditions, a similar theme is evident throughout a number of the options, e.g. transport, travel, office base, rota.

6.2 When considering the recommended option, the views and suggestions identified by the teams have been taken into consideration, and amendments to the initial option have been made. (Appendix 1), in addition the service specification has been amended slightly (Appendix 2).

6.3 A number of staff working groups will be established to ensure full staff involvement in the changes required.

6.4 The new service, will enable us to deliver a more intensive approach to re-ablement, which is currently restricted due to historical working practices, rotas and staff terms and conditions e.g. home based workers, staff who walk between clients. This will mean considering using new technology and satellite working. In the medium term this may enable us to work differently and deliver further efficiencies.

6.5 The management structure has been reviewed, with an overall reduction in management posts, from 1 principal manager and two registered managers to 1 registered manager only. The role, function and number of senior care assistants have been reviewed with a reduction from 475.25 hours (16 staff) to 240 hours (8 staff), and a change in role and function from senior care assistants to re-ablement coordinators, whose main role is the assessment and planning for the provision of re-ablement care, in addition they will provide supervisory support to the re-ablement assistants (approximately 60 staff).

6.6 The current night service and Dorset Gardens will continue to be provided. An evaluation of the current End Of Life Service will be completed, which will be presented to the PCT, to enable them to make a decision on the future commissioning of the service.

6.7 The use of short-term re-ablement care can achieve a number of improved outcomes for service users:

Better Health

- Advice and support about keeping healthy
- Improvement in the persons health
- People only go to hospital when they need to

- People who go to hospital will be supported to return home as quickly as possible

Improved quality of Life

- Support to have choice and control in their lives
- Improvement in the persons quality of life and confidence
- Support will be provided at the level the person needs, and work flexibly to meet that persons needs
- Support people when they first need it

Making a positive contribution

- Supported to take part in their community
- Involved in planning their own care and supported to define the outcomes they want from the service

More choice and control

- Plan of care is developed with the person.
- Supported to remain as long as possible independently in the community if that is their wish, and prevent unnecessary admissions to long term care
- The service will work with the person to identify longer term needs and support to access appropriate services

Economic well being

- Helping people when they first need it and supporting people to remain independent, means there will be fewer care costs in the future for the individual and the authority.

Personal dignity and respect

- People are supported to be clean and comfortable and get the support they need with personal care.

7.0 NEXT STEPS

7.1 Phase 1

The Implementation of option 4 requires a number of actions and the involvement of the teams and staff side are essential to this process. An implementation plan has been completed (Appendix 3).

7.2 Phase 2

The future provision of this service could include more developed technology support systems to improve efficiency. In preparation for this we need to address the learning and development needs of the

staff group, this has commenced with access to skills for life training.

8.0 **POLICY IMPLICATIONS**

8.1 Option 4 is consistent with existing Department Of Health guidance

9.0 **FINANCIAL/RESOURCE IMPLICATIONS**

9.1 The proposed re-ablement service would continue to produce savings on long-term care expenditure and reduce the budget for the homecare service.

9.2 It is estimated that approximately £450,000 savings can be delivered.

9.3 In the absence of the true costs of premium pay the costs identified are estimates.

10.0 **IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

10.1 **Children & Young People in Halton**

Re-ablement can allow elderly carers for example to be able to regain physical strength and function and continue to offer support in parenting and grand-parenting roles.

The service is currently expanding its criteria to include young people 18 plus.

The development of the role of the new service and key skills of staff will start to look at developing intergenerational activity.

10.2 **Employment, Learning & Skills in Halton**

To support older people remain in/return to work (or volunteer), training or education to enhance their skills, within the context of full equality of opportunity for all.

Develop the skills of the staff teams to enhance their career prospects, and improve basic literacy and technological skills. The care sector is a key area of growth within the Halton economy over the next few years. Skills and learning programmes developed here will be used to strengthen the opportunities available to the whole health and social care sector.

10.3 **A Healthy Halton**

To improve the quality and range of short term re-ablement care services ensuring that the services provided are relevant to the health, social care and cultural needs of the local population and support people to remain as independent as practicable through a

rehabilitative and enabling approach to care delivery.

10.4 **A Safer Halton**

Promote the protection of vulnerable adults through awareness raising, training for staff and participation in strategy meetings and investigations as appropriate.

Ensure all staff have attended equality and diversity training and are encouraged to raise issues in relation to responding incidents of abuse, neglect and victimisation through team meetings and supervisory processes

10.5 **Halton's Urban Renewal**

11.0 **RISK ANALYSIS**

11.1 The risks identified within this option have been addressed during the consultation process.

11.2 Staff side negotiations on changes to terms and conditions may result in delays on planned timescales.

11.3 The new service and rotas have not factored in premium pay as this has not been resolved within the Council. Therefore, should premium pay be negotiated it may impact upon future rotas and the savings achieved may increase, however, they may also reduce dependent upon final negotiations.

11.4 The service has operated with vacancies and short term posts in preparation for the proposed changes, therefore, reducing the impact of any potential redundancies.

12.0 **EQUALITY AND DIVERSITY ISSUES**

12.1 Equality Impact Assessment completed. No adverse impact and positively promotes social inclusion of older people.