ADULT SERVICES COMMITTEE AGENDA

HARTLEPOOL BOROUGH COUNCIL

Monday 10 February 2014

at 10.00am

in Committee Room B, Civic Centre, Hartlepool

MEMBERS: ADULT SERVICES COMMITTEE

Councillors Fisher, Hall, A Lilley, Loynes, Richardson, Shields and Sirs

1. **APOLOGIES FOR ABSENCE**

2. **TO RECEIVE ANY DECLARATIONS OF INTEREST BY MEMBERS**

3. **MINUTES**

   3.1 To receive the Record of Decision in respect of the meeting held on 6 January 2014 *(attached for information)*

4. **KEY DECISIONS**

   No items

5. **OTHER ITEMS REQUIRING DECISION**

   5.1 Proposals for inclusion in Council Plan 2014/15 – *Director of Child and Adult Services*

6. **ITEMS FOR INFORMATION**

   6.1 Impact of the Care Bill – *Director of Child and Adult Services*

6.2 HBC Approach to Domiciliary Care – Presentation – *Head of Strategic Commissioning*
6.3 Domiciliary Care Report – *Healthwatch Hartlepool*

7. **ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS URGENT**

Date of next meeting – Monday 3 March 2014 at 10.00am in Committee Room B

ADULT SERVICES COMMITTEE
DECISION RECORD
6 January 2014

The meeting commenced at 10.00 am in the Civic Centre, Hartlepool

Present:

Councillor: Carl Richardson (In the Chair)

Councillors: Keith Fisher, Ged Hall, Alison Lilley and Brenda Loynes
In accordance with Council Procedure Rule 5.2 (ii) Councillor Jim Ainslie was in attendance as substitute for Councillor Linda Shields

Also Present:Councillor Geoff Lilley
Edwin Jeffries, Secretary, Joint Trade Unions
Steve Thomas, Margaret Metcalfe, Maureen Lockwood and Judith Gray, Healthwatch
David Brown, Director of Operations, Tees Esk and Wear Valley NHS Foundation Trust

Officers: Gill Alexander, Director of Child and Adult Services
Jill Harrison, Assistant Director, Adult Services
Jeanette Willis, Head of Strategic Commissioning, Adult Services
Geraldine Martin, Head of Service, Adult Services
Neil Harrison, Head of Service, Adult Services
David Ward, Head of Finance (Child, Adult Services and Public Health
Denise Wimpenny, Principal Democratic Services Officer

59. Apologies for Absence

Apologies for absence were submitted on behalf of Councillors Shields and Sirs.

60. Declarations of Interest

None

61. Minutes of the meeting held on 25 November 2013

Received.

62. Review of Contribution Policy for Non-Residential Services (*Assistant Director, Adult Services*)

Type of decision

Key Decision – Forward Plan Reference CAS018/13

Purpose of report

To provide feedback from a consultation exercise regarding the proposed change to the Contribution Policy for Non-Residential Services and to propose that the Committee agree the implementation of a revised Contribution Policy for Non-Residential Services from April 2014.

Issue(s) for consideration

The Assistant Director presented the report which provided background information in relation to the Council's discretionary powers to require adult recipients of non-residential support services to contribute to the cost of their provision.

Over the last 12 months the Council had supported approximately 4,600 people to live in their own homes. Of this number, approximately 1,680 people were eligible for a personal budget, so were financially assessed to determine whether they should contribute towards the cost of their ongoing support. Between 500 and 550 people of this 1,680 were assessed as nil charge owing to their low incomes and this number will remain constant irrespective of any proposed change. Of the 1,680 people assessed, between 630 and 700 would not contribute any more for their care than they did now as they currently contributed to their maximum ability. This meant that between 380 and 430 people could be asked to contribute more if the proposed change was implemented.

A consultation exercise had been undertaken in relation to the proposals, feedback from which was included in the report.

The proposed changes to the Contribution Policy, as detailed in the report, would contribute to the challenging savings target required of the department. Members were advised that further detail regarding how many people would be affected was set out in Appendix 5 and the revised Contribution Policy was attached at Appendix 6.

Members' views were sought in relation to the following options, further details of which were included in the report.

- Option 1 – retain the current policy and continue to subsidise 25% of all care packages

- Option 2 – raise the maximum amount that people contributed based on a financial assessment and the ability to pay from 75% to 95%

- Option 3 – remove the current subsidy of all care packages requiring people to pay up to 100% of the costs of their support based on a financial assessment and their ability to pay

- Option 4 – implement the changes on a phased approach raising the maximum amount the people contributed from 75% to 95% from 1 April 2014 and then removing the current subsidy requiring people to contribute up to 100% from April 2015.

The option recommended by officers was Option 3 and the reasons for the recommendation were outlined.

In the lengthy discussion that followed some members of the public in attendance raised concerns regarding the financial impact on individuals as a result of the proposals. Whilst Members were sympathetic to such concerns and highlighted their reluctance to support the savings proposals relating to Adult Services when they had been considered at the November budget meeting, it was emphasised that difficult decisions of this type had been forced upon the Council as a result of extensive Central Government budget cuts.

A representative from Healthwatch indicated that the impact on social care services was their main concern and provided initial feedback from a recent investigation into domiciliary care which was generally positive. However, Healthwatch was aware of additional pressures in relation to acute hospital services and hospital discharges and, in particular, the additional support required in the community as a result of the drive for people to spend less time in hospital. This was the subject of a further investigation which would be reported to the Committee in due course.

Following further debate on the potential implications of removal of the current subsidy, the majority of the Committee expressed their support in relation to Option 3 noting that it achieved the maximum available saving with no impact on frontline social care services.

Decision

(i) That option 3 to remove the current subsidy of all care packages be agreed.
(ii) That the implementation of a revised Contribution Policy requiring people to contribute up to 100% of the costs of their support based on a financial assessment and their ability to pay be approved from 1 April 2014.
(iii) It was noted that this option would achieve the required saving with no impact on front line social care services for vulnerable people.

63. Strategic Financial Management Report as at 31 October 2013 *(Director of Child and Adult Services and Chief Finance Officer)*

Type of decision

For information

Purpose of report

The report informed Members of the 2013/14 Forecast General Fund Outturn; 2013/14 Capital Programme Monitoring, and provided details for the specific budget areas that the Committee was responsible for.

Issue(s) for consideration

The Assistant Director indicated that the latest report submitted to the Finance and Policy Committee advised Members that there would be an overall underspend in the current year. The report also advised Members that this position reflected action taken by the Corporate Management Team to achieve underspends to help address the significant financial challenges facing the Council over the next few years and to fund one-off commitments not provided for in the approved 2013/14 budget as these items were not known at the time.

Members were advised of the overall budget position for Child and Adult Services by Committee, the reasons for the forecast outturn together with planned capital expenditure, as detailed in the report.

Decision

That the contents of the report be noted.

64. Mental Health Services in Hartlepool - Presentation

(*Director of Operations, Tees Esk and Wear Valley NHS Foundation Trust))*

Issue(s) for consideration

The Chair welcomed the representative from Tees Esk and Wear Valley NHS Foundation Trust who had been invited to attend the meeting as a result of concerns raised at previous meetings regarding the impact of proposals to relocate the place of safety from Sandwell Park in Hartlepool to Roseberry Park in Middlesbrough and to close rehabilitation and crisis beds at Victoria Road. Members were particularly concerned regarding the potential impact on individuals and had also requested information on the future strategic intention for mental health services in Hartlepool

The Director of Operations provided a detailed and comprehensive presentation which included an overview of Mental Health Services in Hartlepool and focussed on the following:-

- Hartlepool Profile/Statistical information of number of people accessing mental health services excluding those receiving psychological therapies
- What currently exists/what has changed
  - early intervention
  - crisis services provided Teeswide
  - new triage service
- Reduction in overall number of Section 136 admissions
- Potential impact of reduction in budget allocations to local authorities.
- Continuing reduction in demand for rehabilitation beds. Plans to support/teach more people in their own homes and increase community services
- Reduce burden of administrative work
- Reduce cost of inpatient staffing – introduced electronic rostering

In the lengthy discussion that followed, concerns were reiterated regarding the proposal to remove further services from the town and to close the place of safety at Sandwell Park given the potential impact on individuals as a result.

A Member suggested that the Trust be asked to reconsider their proposals to transfer the Place of Safety to Middlesbrough and explore the feasibility of adapting the current building to enable the service to be retained in Hartlepool. In response, the Director of Operations indicated that 98.5% of users of the services received services in Hartlepool and only 1.5% travelled outside of the town. In terms of service provision, emphasis was now being placed on community provision and those services provided outside of Hartlepool were very specialist and often provided for the whole of the North East.

The Director of Operations provided clarification in response to issues highlighted in the presentation which included clarification on the requirements of the Mental Health Act, how changes in service provision were being monitored and the reasons such decisions had been taken including the financial considerations. A number of concerns were raised regarding the health and safety implications of introducing twelve hour shifts for staff and the impact on service provision and staff health and wellbeing as a result. Members were advised that whilst changes in working patterns had been introduced as a result of pressures to reduce costs, a number of benefits had been identified including continuity of care. It was highlighted that there was no evidence at present to support the suggestion that 12 hour shifts had a detrimental impact on the quality of care provided.

Following further debate in relation to the removal of crisis beds from Hartlepool and the Director's comments that demand for assessment and treatment beds had diminished and the importance of funding crisis team activities as opposed to crisis beds, the Chair advised that a letter had been submitted to the CCG on behalf of this Committee in relation to this issue to which a response was awaited.

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Decision

That the contents of the presentation and comments of the Committee be noted.

65. Any Other Items which the Chairman Considers are Urgent

The Chairman ruled that the following item of business should be considered by the Committee as a matter of urgency in accordance with the provisions of Section 100(B) (4)(b) of the Local Government Act 1972 in order that the matter could be dealt with without delay.

66. Any Other Business – Potential Charges for Accident and Emergency Services

A Member shared with the Committee a query that had been raised by a member of the public prior to today's meeting that a £10 charge was being introduced for utilising accident and emergency services at North Tees Hospital and the One Life Centre. Whilst the Chair was of the view this was potentially a rumour, he agreed to explore the issue following the meeting.

The meeting concluded at 11.35 am.

P J DEVLIN

CHIEF SOLICITOR

PUBLICATION DATE: 13 JANUARY 2014

ADULT SERVICES COMMITTEE

10 February 2014

Report of: Director of Child and Adult Services

Subject: PROPOSALS FOR INCLUSION IN COUNCIL PLAN 2014/15

1. TYPE OF DECISION/APPLICABLE CATEGORY

Non Key Decision

2. PURPOSE OF REPORT

2.1 To provide the opportunity for the Adult Services Committee to consider the proposals for inclusion in the 2014/15 Council Plan that fall under the remit of the Committee.

3. BACKGROUND

3.1 For 2014/15 a review of the Outcome Framework has been undertaken to ensure that it still accurately reflects the key outcomes that the Council has identified as being important for the future of the Borough. A revised Outcome Framework, to be implemented from April 2014, was reported to Finance and Policy Committee on 18 October 2013. However since the meeting the Public Health Department have reviewed the proposed outcome framework again and, in light of the Public Health Outcome Framework published by the Department for Health, have changed the framework to reflect the objective set in this national framework.

3.2 As in previous years, detailed proposals are being considered by each of the Committees throughout January and February. A further report will be prepared for Finance and Policy Committee on 27th February 2014 detailing the comments/observations of each of the Committees along with a full draft of the 2014/15 Council Plan.

3.3 The Council Plan is still a working document and as such there are areas where information could change. Where this does occur the information will be included and highlighted in the final draft of the Plan that is to be

considered by Finance and Policy Committee on 28 March 2014 and by Council on 3 April 2014.

4. PROPOSALS

4.1 The Assistant Director – Adult Services / Director of Child and Adult Services will deliver a short presentation at the meeting detailing the key challenges that the Council faces over the next year, and beyond, and setting out proposals, from the Child and Adult Services Departmental Plan, for how these will be addressed in adult services.

4.2 The main focus of the presentation will be on the outcome that has been included in the Outcome Framework for adult services and how this will be delivered in 2014/15. The Assistant Director / Director will explain how the outcome will address the challenges faced by the Council and Members will be given the opportunity to comment on the proposals..

4.3 The outcome that falls under the remit of the Adult Services Committee, and will therefore be included in the presentation is: -

- Outcome : Vulnerable adults are supported and safeguarded and people are able to maintain maximum independence while exercising choice and control about how their outcomes are achieved.

4.4 **Appendix A** provides detail on the proposed actions identified to deliver the outcome that falls under the remit of the Adult Services Committee. Officers from across the Council have also been identifying the Performance Indicators (PIs) that will be monitored throughout the year to measure progress and these are also included in the appendix.

4.5 As in 2013/14 it is not possible at this stage to include year-end outturn and future targets as these are not yet available. It is normal practice to use a number of criteria when setting targets, such as current performance, budget information and other external factors such as Government policy changes. Therefore it is normal for targets to be set around year-end when more information is known. Where available, this information will be included in the proposals reported to Finance and Policy Committee in March 2013.

5. NEXT STEPS

5.1 The remainder of the Council Plan proposals have already been, or will be discussed at the relevant Committees between 16 January and 10 February 2014. Comments and observations from those Committees will be added to those received from the Adult Services Committee and included in the overall presentation to Finance and Policy Committee on 27 February 2014.

5.2 The final draft of the Council Plan, which will have considered the points raised by all Committees, will then be considered by Finance and Policy

Committee on 28 March 2014 before being taken for formal agreement by Council on 3 April 2014.

5.3 Progress towards achieving the actions and targets included in the Council Plan will be monitored throughout 2014/15 by officers across the Council and progress will be reported quarterly to Members.

6. RECOMMENDATIONS

6.1 It is recommended that the Adult Services Committee: -

- consider the proposed outcome template (Appendix A) for inclusion in the 2014/15 Council Plan;
- formulate any comments and observations to be included in the overall presentation to the meeting of the Finance and Policy Committee on 14 February 2014.

7. REASONS FOR RECOMMENDATIONS

7.1 The Adult Services Committee has responsibility for Performance Management of adult services issues within the Council Plan.

8. BACKGROUND PAPERS

There are no background papers for this report.

9. CONTACT OFFICER

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2014-15 Service Planning for Adult Social Care

SECTION 1 OUTCOME DETAILS			
Outcome:	14. Vulnerable adults are supported and safeguarded and people are able to maintain maximum independence while exercising choice and control about how their outcomes are achieved.	**Theme:**	Health and Wellbeing

Lead Dept:	Child and Adult Services	**Other Contributors:**	

SECTION 2 ACTIONS		
Action	**Due Date**	**Assignee**
Establish integrated health and social care pathways / services that facilitate people living in their own homes, avoid unnecessary admissions to hospital and enable timely and safe hospital discharges.	March 2015	Jill Harrison
Deliver reablement services that enable people to maximise their abilities and develop the skills and capacity to retain their independence for as long as possible.	March 2015	John Lovatt
Prepare for the implementation of the Care Bill.	March 2015	Geraldine Martin
Strengthen local arrangements for Safeguarding Adults.	March 2015	John Lovatt

SECTION 3 PERFORMANCE INDICATORS & TARGETS

Code	Performance Indicator	Assignee	Targeted or Monitor	Collection Period (e.g. Fin/Acd)	Freq	Targets		
						13/14	14/15	15/16
ASCOF 1C-1 (Was NI 130b)	Social care clients receiving Self Directed Support	Sarah Ward	Targeted	Financial Year	Qtr	80%	90%	N/A
ASCOF 2C-2 (Was NI 131)	Delayed Transfers of Care (attributable to social care)	John Lovatt	Targeted	Financial Year	Qtr	0	0	N/A
NI 135	Carers receiving needs assessment or review and a specific carer's service, or advice and information	Jeanette Willis	Targeted	Financial Year	Qtr	30%	40%	N/A
P051	Access to equipment and telecare: users with telecare equipment	Neil Harrison	Targeted	Financial Year	Qtr	1000	1500	N/A
ASCOF 2A-2 (was P066)	Permanent Admissions to residential care – age 65+	John Lovatt	Targeted	Financial Year	Qtr	900	900	N/A
P072	Clients receiving a review	John Lovatt	Targeted	Financial Year	Qtr	75%	75%	N/A
P087	% of reablement goals (user perspective) met by the end of a reablement package/episode (in the period)	John Lovatt	Targeted	Financial Year	Qtr	N/A	70%	N/A

ADULT SERVICES COMMITTEE

10 February 2014

Report of: Director of Child & Adult Services

Subject: IMPACT OF THE CARE BILL

1. TYPE OF DECISION/APPLICABLE CATEGORY

No decision required; for information only.

2. PURPOSE OF REPORT

2.1 This report provides information on the potential impact of the changes to adult social care proposed in the Care Bill which was published in May 2013.

2.2 The Care Bill reforms and modernises the legal framework for adult social care including powers to make regulations and statutory guidance. The Bill is currently working its way through Parliament and the detailed impact on local authorities cannot be considered until regulations have been made.

2.3 This briefing sets out a summary of the most likely significant implications for local authorities based on what is currently known and suggests those areas of greatest local impact. Implementation of the Bill will be in 2015 and 2016. An implementation plan focusing on key areas of work will be brought to the Adult Services Committee in 2014 for approval together with an estimate of the increased resources required to implement the new social care provisions.

2.4 Many clauses in the Care Bill are new in law but not in policy so the relative scale of challenge associated with implementing the reforms will differ across local authorities in line with their current local practices. Hartlepool Borough Council's current practice reflects the 'reforms' in many areas. It is therefore envisaged that the impact for this Council will not be as onerous as on those authorities who still operate a more 'traditional' model of social care and who have not kept up with best practice aligned to modernising policies.

3. BACKGROUND

3.1 The Government's White Paper Caring for our Future: reforming care and support (July 2012) set out a programme to reform adult social care. The vision is for a modernised system that promotes people's well being by preventing or postponing the need for care and support and puts them in control of their own lives to enable them to realise their full potential. The Care Bill is a fundamental step in delivery of this vision.

3.2 Part One of the Care Bill takes forward the recommendations of the law Commissioners' report on adult social care. The Bill also responds to the recommendations of the Dilnott Commission on the funding of care and support. Part One of the Bill brings existing care and support legislation into a single statute and includes:

- General responsibilities of local authorities (wellbeing, prevention, integration, information and advice, provision of a diverse market and high quality provider services);
- The individual's journey through the system (assessment, eligibility, charging, care planning, cap on care costs);
- Safeguarding adults at risk of abuse or neglect;
- Provider failure and market oversight;
- Transition for children to adult services.

3.3 In summary, the Bill does the following:

- Modernises 60 years of law into one statute;
- Clarifies entitlements to care and support to inform people;
- Develops national eligibility criteria;
- Treats carers as equal to the people they care for in terms of the law;
- Reforms how care and support is funded and creates a cap on the care costs which people will pay to protect them from catastrophic costs;
- Rebalances care and support to promote wellbeing and prevents or delays needs in order to reduce dependency rather than only intervening at crisis point;
- Provides new guarantees and reassurances to people who require care to support them to move between areas or if their social care provider fails;
- Simplifies the care and support system and processes to provide the flexibility needed for local authorities and professionals to integrate with other local services to innovate and achieve better results for people.

3.4 The Bill is based on the principle of:

- People's wellbeing at the heart of every decision.
- Carers' rights enshrined in law.
- Flexibility and freedom to innovate and integrate.
- Prevention/delaying the need for support.
- Personal budgets: choice, control, independence.
- Information and advice on the care system for all citizens.
- Promoting a diverse market that is based on quality and personalisation.
- New guarantees to ensure continuity of care.

- Equity of funding.

3.5 Subject to regulations being agreed, from April 2015 local authorities will have:

- New duties on wellbeing and prevention;
- New duties on the provision of implementation and advice (including advice on paying for care);
- New duties on market shaping;
- National eligibility criteria (substantial and critical need);
- New duties regarding assessments for carers and self-funders;
- Statutory requirements in respect of personal budgets and support plans;
- Statutory requirement to offer deferred payment agreements.

3.6 From April 2016 the funding reforms will be introduced:

- A capped charging system;
- Introduction of Care Accounts to include self-funders;
- An extended means test.

4. IMPLEMENTING THE REFORMS

4.1 <u>Advice and Information from April 2015.</u>
Councils have a key role in ensuring good quality advice is available locally and that they can signpost people to independent financial advice. Independent advocacy should be provided to support people where they would otherwise be unable to be involved in assessing and planning their care.

Key tasks:

- Review existing advice and information services to ensure adequate funding and capacity;
- Review advocacy and brokerage services;
- Ensure good quality independent financial advice is available.

4.2 <u>Commissioning from April 2015.</u>
Councils have a key role in developing the quality and range of services people want and need. The services commissioned must promote choice and control for people and ensure optimum outcomes. Integrated commissioning with key partners such as health and housing is essential to ensure quality and value for money.

Key tasks:

- Review commissioning arrangements: capacity, skills, leadership;
- Develop market position statement;
- Review engagement with providers and users of services;
- Use the Better Care Fund to promote co-ordinated health and social care which focuses on early intervention/prevention and avoids duplicated processes.

4.3 Additional Assessments and Changes to Eligibility from April 2015.
Councils have a new duty to carry out a needs assessment for all carers irrespective of the amount of care they provide. Councils will also have a new duty to provide advice and information for all people who do not meet the eligibility criteria. There will be a duty to assess young people and carers of children who are likely to have needs as an adult to ensure a smooth transition into adulthood. The new national eligibility threshold will be substantial and critical which reflects Hartlepool Borough Council's current criteria. Councils will have to, from 2015, expand their assessment capability to cope with increased demand.

Key tasks:
- Estimate the volume of additional assessments and the cost;
- Review assessment processes to ensure they are focused on wellbeing and outcomes;
- Deliver effective partnership working across adult and children's services during transitions and update procedures and training;
- Ensure the workforce has the skills and capacity to meet the demand and legal duties;
- Consider how assessments will be carried out for self-funders.

4.4 Deferred Payments from April 2015.
Everyone in a care home who meets the eligibility criteria will be able to ask for a deferred payment regardless of whether the Council pays for their care. Councils will be able to charge interest on loans to ensure they run on a cost neutral basis. Hartlepool Borough Council has implemented deferred payments since 2003 but may see an increase in the numbers of people with deferred payments.

Key tasks:
- Estimate likely increase in requests for a deferred payment;
- Review existing arrangements for deferred payments assessments in respect of workforce, capacity, IT and finance.
- Estimate any implementation costs (average length of stay in residential placements, average client contribution).
- Estimate related costs (properties subject to deferred payments are exempt from council tax).

4.5 Funding Reform (cap on costs) from April 2016.
Local authorities must, from 2016, introduce a cap on the costs of meeting eligible needs for care and support (this cap will be set at £72,000 for those of state pension age and above) including personal budgets and care accounts. The cap will be adjusted annually as will be the amount people have accrued towards the cap. The cap will be lower for people of working age and will be zero for people who have care needs when they turn 18.

Local authorities will be responsible for:
1) Any further reasonable care costs once a person reaches the £72,000 cap; and

2) Financial help for people with their care and or general living costs if they have less than £17,500 in assets and they do not have enough income to cover their care costs.

There is currently no safety net to protect people moving into a care home from losing almost everything they have saved over the years. 16% of older people will have care costs of more than £72,000 and one in five people will have no care costs at all. The Care Bill provides for new financial help for people with 'modest wealth' and will ensure that people with the least money get the most support. Currently only people with less than £23,000 in assets and low incomes receive help from the state with their residential care costs. The Care Bill introduces a new capital threshold of £118,000 for people to start to receive financial support if they move into a care home.

People will be responsible for their care costs, as financially assessed by local authorities up to the £72,000 cap if they can afford it. They will also be responsible for their general living costs (if they can afford it) of approximately £12,000 a year as well as any 'extra' care costs.

People who are eligible to have their care needs met will be given a Personal Budget (PB). If a person has eligible needs but does not receive support from the local authority (either from choice or for financial reasons) and they fund their own care, local authorities must offer them an Independent Personal Budget (IPB). This will be the equivalent to what the local authority would pay for that person's care and support. Both the PB and the IPB will show the rate at which people progress towards the cap. Local authorities will have to translate the costs of meeting the needs (as set out in the PB and IPB) into Care Accounts for people. The Care Account will show how a person is progressing towards the financial cap. The capped cost system will be reviewed every 5 years by the Secretary of State.

Local authorities will need to ensure that robust financial and IT systems to establish and monitor Care Accounts as well as arrangements to assess all self-funders who request a Care Account are in place by April 2016.

*Key task*s:

- Identify local self-funders;
- Set up financial and IT systems to establish and monitor Care Accounts;
- Develop the assessment process for self-funders who request a Care Account;
- Estimate time needed to assess self-funders ahead of April 2016;
- Estimate the cost of meeting care costs for self-funders;
- Identify impact on workforce: skills and capacity;
- Consider ways of delivering proportionate assessments (self-funders will increase the volume to a certain extent) including via a third party or self-assessment process;
- Calculate the cost of implementation (excluding costs of the cap which will be underwritten by government);
- Review financial processes, information/ advice and the IT systems;

- Initiate a conversation with local providers about any potential impact of the reforms.

'*Having a good understanding of the volume of self-funders will underpin the planning and preparation for significant parts of the Care Bill as well as inform an understanding of the overall costs of implementation locally.*' (Local Government Association)

5. IMPACT OF THE REFORMS ON COSTS/ACTIVITY

5.1 An initial analysis indicates that the following areas carry the potential to make the most significant impact on costs and activity for Hartlepool Borough Council:

1) **Cap on Care Costs**. A cap of £72,000 will be set on the costs that people of state pension age will have to pay to meet their eligible needs. The cap will be lower for working age adults and zero for people who turn 18 with eligible care needs. This will reduce the income that a council may receive from client contributions.[1]

2) **More people eligible for financial support**. People in residential care will be eligible for support from a threshold of £118,000 rather than £23,250. People entering a care home with assets less than this value will not have to pay the full cost of care as they do at present. Lower thresholds and thresholds for other services will also change and result in more people potentially receiving funding support. It should be noted however that people will be expected to contribute £12,000 a year towards their living expenses (hotel costs) which will also be means-tested and this will reduce, to a certain extent, the impact of the cap.

3) **Increased numbers of social care assessments**. There will be an incentive for people to request an assessment of their eligible care needs to trigger the start of their Care Account recording, i.e. their contribution towards the cap on care costs. People who are fully funding their care up to the point where they reach the cap can also request the Council to arrange their care on their behalf (although the Council could charge for this service and recover the full cost of the provided services). The Council would then have to monitor the Care Account and would have a responsibility to review the service user if their needs changed. These additional assessments will place a potential requirement for additional resources.

4) **Carers**. Carers will have a legal right to receive support if they meet the eligibility criteria. This could potentially put additional pressure on budgets although Councils would have the power to charge under a mean-tested regime for any support provided directly to the carer. Hartlepool Borough Council has historically resisted charging for services to carers.

[1] It is estimated that it will take a person in the North East on average 5.7years to reach their cap (www.londoncouncils.gov.uk).

5) **National Eligibility Criteria**. This will be set at substantial and critical so will have no immediate impact on Hartlepool Borough Council because it reflects its current criteria level. It does however limit the Council's discretion in future to consider addressing budgetary pressures through raising the threshold to critical-only service.

6) **Ability to consider other forms of delivery for assessment services**. Under current legislation (S47 NHS and Community Care Act 1990) the statutory assessment function can only be carried out by a local authority or by an NHS organisation on behalf of a local authority through an agreement under S75 of the National Health Services Act 2006. The Care Bill introduces the power for local authorities to delegate these and other functions to bodies other than an NHS organisation. In effect this enables local authorities the freedom to market test and outsource, if appropriate, most adult social care functions with the exception of safeguarding, integration with health and charging for services.

5.2 The government has said that it will make £335 million available to local authorities in 2015/16 to support them to prepare for the introduction of the funding reforms from 2016. This is a one-off sum and is made up of £110 million to cover the costs of introducing universal deferred payments and £165 million to cover the capacity building and early assessments required for transition to the capped care cost model as well as £10 million for an information campaign and £50 million for capital investment including IT systems.

5.3 The spending round settlement has taken account of the costs of other reforms set out in the Care Bill with £130 million in 2015/16 for the new duties for assessment and support for carers, implementing adult Safeguarding Boards and setting eligibility criteria. This funding is wrapped up in the Better Care Fund that is being used to drive forward the integration of health and social care services across the country.

6. MODELLING THE IMPACT FOR ADULT SOCIAL CARE

6.1 The reforms set out in the Care Bill need to be understood in detail to assess the implications for the Council, the budget and the workforce. Detailed financial and activity modeling as well as assessment of the changes required to information systems, financial assessment processes and the care management process is required. An early requirement will be to determine the number of self-funders in Hartlepool. The Association of Directors of Social Services (ADASS) are currently working on a model for Councils to use to assess the impact of the cap on care costs and this will be available in early 2014. Consideration will also need to be given to the local adult social care workforce (both Council staff and providers' staff) in respect of training, capacity and reconfiguration.

7. PROPOSAL

7.1 It is proposed that this modeling and analysis activity will be completed over the next 6 months with a further detailed report coming to the Adult Services Committee in late summer 2014. This report will set out:

- Detailed analyses of projected future activity levels – including the impact of demographic pressures;
- Financial modeling of the impact of the Care Bill;
- Options for the redesign of the care management function to address the requirements for additional assessments;
- Resources required and training needs identified for staff;
- Analysis of changes needed to information systems as well as a review of the current information system and options for the future;
- Timetable for implementing the changes.

7.2 Completing this identified programme of work in 2014 will allow the required reforms to be implemented from April 2015.

8. RECOMMENDATIONS

8.1 The Adult Services Committee is requested to:

a) Note the proposals for the future of adult social care services contained in the Care Bill and the potential implications for services and budgets from 2015, although the detail of this is not yet known;
b) Note the requirement for detailed financial and activity modeling of the implications of the Care Bill for Hartlepool Borough Council.
c) Receive a further report in autumn 2014 to allow options for the future delivery of social care to be considered.

9. REASONS FOR RECOMMENDATIONS

9.1 The Care Bill sets out a range of reforms which will impact on both the way adult social care services are delivered as well as potentially on the budget in terms of funding pressures.

9.2 The Council should start to prepare and explore the detailed implications of these reforms which will be implemented from April 2015.

10. CONTACT OFFICER

Geraldine Martin
Head of Service
Adult Social Care

ADULT SERVICES COMMITTEE

10th February 2014

Report of: HealthWatch Hartlepool

Subject: Domiciliary Care Report

1. PURPOSE OF REPORT

1.1 The report outlines findings from a recent examination of the delivery of domiciliary care services in Hartlepool which was undertaken by Healthwatch and makes recommendations regarding future service delivery.

2. BACKGROUND

2.1 HealthWatch Hartlepool is the independent consumer champion for patients and users of health & social care services in Hartlepool. To support our work we have appointed an Executive committee, which enables us to feed information collated through our communication & engagement plan to form the strategic vision. This ultimately should lead to influence of all services within the borough. Further information relating to the work of Healthwatch can be viewed via www.healthwatchhartlepool.co.uk

2.2 This investigation of domiciliary care services came about as a result of several issues regarding some aspect of service delivery being raised with Hartlepool LINK and subsequently Healthwatch Hartlepool by services users of domiciliary care services and their family members and carers. The report focuses on the services provided by care providers Care Watch and Care Line as well as in-house service provision which is delivered by HBC staff.

3. PROPOSAL

3.1 Established under the Health and Social Care Act 2012, the requirements set out in the legislation mean HealthWatch Hartlepool will be expected to:

- Obtain the views of the wider community about their needs for and experience of local health and social care services and make those views known to those involved in the commissioning, provision and scrutiny of health and social care services.
- Promote and support the involvement of a diverse range of people in the monitoring, commissioning and provision of local health and social care services through membership of local residents and service users.

- Make reports and recommendations about how those services could or should be improved.
- Provide information to the public about accessing health and social care services together with choice in relation to aspects of those services.
- Represent the views of the whole community, patients and service users on the Health & Wellbeing Board and the Hartlepool Clinical Commissioning Group (locality) Board.
- Make the views and experiences of the broad range of people and communities known to Healthwatch England helping it to carry out its role as national champion.
- Make recommendations to Healthwatch England to advise the Care Quality Commission (CQC) to carry out special reviews or investigations into areas of concern (or, if the circumstances justify it, go direct to the CQC with recommendations, if for example urgent action were required by the CQC).

3.2 The conduct of the investigation into domiciliary care service provision in Hartlepool and the information contained within this report are all fully compliant with the defined legislative objectives of Healthwatch organizations' as outlined above

4. EQUALITY & DIVERSITY CONSIDERATIONS

4.1 HealthWatch Hartlepool is for adults, children and young people whom live in or access health and/or social care services in the Borough of Hartlepool. HealthWatch Hartlepool aims to be accessible to all sections of the community.

5. RECOMMENDATIONS

5.1 That members of the Adult Services Committee note the recommendations contained within this report **(Appendix A)**

6. REASONS FOR RECOMMENDATIONS

6.1 All recommendations are based on due consideration of findings made during the course of the investigation.

7. BACKGROUND PAPERS

7.1 None

8. CONTACT OFFICERS

Stephen Thomas
HealthWatch Development Officer
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Domiciliary Care Investigation

December 2013

MISSION STATEMENT

"Healthwatch Hartlepool has been established in a way that is inclusive and enables involvement from all areas of the local community. We wish to involve those who are seldom heard."

Contents of the Report

1. Introduction

1.1 In May 2013 Healthwatch Hartlepool approved an examination of the provision of domiciliary care services as part of its outline work plan for the coming year.

1.2 This arose as a result of several issues being raised by service users and their family members with Hartlepool LINk and subsequently Healthwatch Hartlepool.

1.3 Domiciliary care, also known as homecare, is the delivery of a range of personal care and support services to individuals in their own homes. “Domiciliary is derived from the Latin “domus” which means home. The care delivered can range from 15 minute checks to ensure a person has taken prescribed medication through to longer and more intensive personal care provision.

1.4 Domiciliary care can be self funded, part self funded or fully funded through the Local authority. Local Authorities now largely provide services by either paying a domiciliary care provider directly or by providing Direct Payments to the service user thus enabling them to pay for the care of their choice. Care can be provided to children, young people, adults and older people with a wide variety of care and support needs. Many care providers specialize in providing services to specific age groups or to individuals with particular care needs as a result of a specific disability or illness such as a learning disability or mental health diagnosis. Care is usually non-medical although some care workers may be trained to administer medication and undertake tasks such as peg feeding. Domiciliary care providers work in partnership with other Health and Social Care providers and consequently an individual may receive both personal and medical care at home through a group of coordinated services.

1.5 Care may also be delivered by individuals' families and friends on an unpaid and informal basis, and the range of care delivered and time involved can be very extensive and demanding.

1.6 Domiciliary care usually refers to care which is delivered in the home but care workers also undertake duties which take them outside of the home. These duties may include acting as an escort for a service user attending a hospital appointment, social event or shopping on behalf of or with a service user.

1.7 This report has focused on the provision of domiciliary care services which are both commissioned and provided directly by Hartlepool Borough Council to meet the needs of adults whose care requirements are predominantly a result of disability and/or their age.

2. Domiciliary Care Service Provision in Hartlepool

2.1 The domiciliary care services which are the focus of this report were tendered and commissioned by Hartlepool Borough Council in 2010 and a retendering process is due to take place in 2015.

2.2 The contract for domiciliary care service provision in the North of the town was awarded to Care Watch with the contract for services in the south of the town provided by Care Line. An in-house team provides a range of more specialised support in the following areas –

- Intermediate Care
- Re-ablement
- Telecare
- Carers emergency respite services
- Longer term care (limited)

2.3 Both Care Watch and Care line provide care services to over 300 people, and have offices in Church Street and Cornwall Street respectively. Both employ over 100 staff, the majority of whom are care workers who are supported by supervisory/management structures. The Hartlepool Borough Council team which operates from the Centre for independent Living (CIL) which is located on Havelock Street consists of 43 care workers the majority of whom are employed on 20 hour flexible contracts.

2.4 Care Watch were formed over 20 years ago in Brighton and are now a national care providing organisation. Care Line were formed in 1988 and are also a national care provider and have offices in Newcastle, Northumberland, South Tyneside and Middlesbrough as well as in Hartlepool.

3 Methodology

3.1 The project was undertaken by Healthwatch Hartlepool volunteers who received ongoing support from the Healthwatch Development Officer and was conducted through the summer and autumn months of 2013.

3.2 The first phase of the project was conducted by means of a questionnaire which was sent out to around 500 service users in Hartlepool and focused on their experiences of receiving care services. Those who received the questionnaire were also invited to contact Healthwatch Hartlepool if they wished to provide additional information or needed help with completing the form. The form was also available via Survey Monkey but no one chose to use this medium as a means of completing the questionnaire.

3.3 158 questionnaires were returned which is around 32% of those sent out. Statistically this figure represents a reliable sample size. Key findings from the survey are highlighted in Section 4 of this report and a full summary of the responses received is contained in appendix 1.

3.4 The second phase of the project was conducted in two parts. Firstly a questionnaire was developed and forwarded to the three care provider organisations (Care Watch, Care Line and Hartlepool Borough Council). The questionnaire focused on issues such as operational practices, staffing levels, staff training and development and key service delivery issues. This was then followed up through separate meetings with the managers of all three organisations. These meetings focused on the responses received in the care provider questionnaire and the key themes which emerged on analysis of the responses contained within the service user questionnaire.

3.5 Information was also provided by Hartlepool Borough Council regarding the general operation and management of domiciliary care services and the requirements of the contracts over the course of the project.

4. Findings – Care Service Users

4.1 Overall the responses received from care service users were positive. Questionnaires were received from 158 people of which 96 (61%) were aged over 80.

4.2 115 (73%) of those responding were female and 43 (27%) male.

4.3 70 (44%) of those who responded received their services from Care Line, 66 (42%) from Care Watch and 22 (14%) from Hartlepool Borough Council.

4.4 Respondents identified a range of services which were provided by their care workers with 90 (57%) receiving assistance with showering or bathing, 73 (46%) receiving assistance with dressing, 65 (41%) receiving assistance with washing and 42 (27%) receiving assistance with getting up and going to bed.

4.5 Other services received included taking medicines, sitting service, shopping, and cleaning and pad changes. Full details can be found in appendix 1

4.6 Almost everyone who responded received care services at least once a day with the most frequent period of care per visit being 15 -30 minutes which was reported by 76 people (48%)

4.7 111 (70%) of those who responded reported that their care worker was usually someone who they had met before. The main problem reported with regard to this issue related to holiday and sickness periods and the comments below reflects a widely held desire from those receiving care for continuity of carer –

"All carers I have had have been nice, but it would be good to have the same carers so I know who is calling" and

"A few less different carers would suit mum's needs better"

4.8 When asked whether they were always kept informed of any changes to their care routine 84 (53%) said yes and 58 (37%) answered no. The figure of 37% answering no is surprisingly high and typical comments included –

"Carers have been very late on occasions and we have not been told" and
"My only complaint is they are always changing the carers and you don't always get a list of who is coming"

4.9 When asked whether they felt they were always treated with dignity and respect the vast majority (141) responded "yes" and nobody responded "no".

4.10 When asked whether they felt care workers are allocated enough time in order to complete care tasks 138 (87%) responded "yes" with only 13 (8%) responding "no". However a number of people did say that they felt that care workers were not allocated enough time to travel between jobs and typical comments included –
"Carers are not given enough time to travel between patients resulting in patient time being reduced and care being rushed" and
"Mum does not get full 30 minutes as care worker does not get travelling time between clients. Therefore client does not get full time they have paid for"

4.11 When asked whether they felt listened to when raising issues or concerns with their care provider organisation 131 (83%) responded yes, with those who responded no making comments such as –
"Nothing gets followed up"
and
"Issues reported several times, supposedly passed to manager, but never any change or feedback"

4.12 When asked whether they were satisfied with the overall standard of care, 130 (82%) answered yes, with problems raised tending to focus around changes to regular carers and routines during holidays and sickness and pressures on time allocations.

4.13 Overall, responses were very positive from the majority of those who responded with comments such as –

"Excellent service" and "Very satisfactory care"

The majority of respondents were very appreciative of both the standard of care and of the hard work and dedication of the care workers who provided their care services.

4.14 However three main areas of concern did figure quite frequently and these were often raised in the final "any other comments" section of the questionnaire even though positive responses had been given elsewhere in the questionnaire. These were –

- Problems with continuity of care provision when a regular carer was on leave or sick
- Travel time between jobs impacting upon the time carer workers spent delivering care services
- Communication issues and in particular response times when issues have been raised with Care

4.15 Finally, it was also, noted that when questionnaires were completed by a family member or carer there was a greater tendency that problems or issues would be reported.

5 Findings – Care Service Providers

5.1 During the course of the project, questionnaires were sent to the managers of the three care provider organisations which asked for details about staffing levels, training provision, supervision and management and several other key operational issues. These were then followed up by means of a meeting with each of the service provider organisations at which a small team of Healthwatch members discussed in detail the responses contained within the questionnaires. Full details of the responses contained within the questionnaires can be found in Appendix 2.

5.2 Staffing levels were found to vary across the three care delivery organisations with Care Watch employing 86 Care Workers, Care Line 123 and Hartlepool Borough Council 43. Hours worked by Care Workers vary considerably and can change from week to week as a result of holidays, sickness and work pressures.

5.3 Supervisory arrangements and probationary periods differ across the three organisations but all have team meetings, individual supervision sessions and "on the job" observations. All three service providers said they had "open door" policies and staff were encouraged to talk to managers if they had issues or concerns about any aspect of their work.

5.4 All three organisations operate structured induction programmes which new starters are required to complete before starting work. Some areas of training such as manual handling, food hygiene, first aid and adult safeguarding are mandatory across all three organisations. However dementia awareness and equality and diversity are optional modules at Care line and disability awareness is optional at all three organisations. Care staff are not required to have any specific qualifications when they are recruited but must possess a Level 3 qualification in order to administer medication. Hartlepool Borough Council also ensures that staff attend periodic refresher training in areas such as adult safeguarding and moving and handling.

5.5 All of the provider organisations insist that staff complete a Data and Barring Service check, before they are appointed. Care workers at Care Watch and Care Line are required to pay personally for the check (approximately £50) but Hartlepool Borough Council covers the cost of DBS checks for care workers which it employs.

5.6 Rates of pay of care workers were around minimum wage at Care watch and Care Line but at Hartlepool Borough Council rate hourly rate paid to care workers is around £8.65 an hour. Care workers at Care Watch and Care Line are generally required to reclaim mileage and other expenses against their tax allowance, although mileage is paid by Care watch if care workers are required to travel to outlying villages. Staff at Hartlepool Borough Council submit monthly mileage claims which are paid by the local authority.

5.7 Rotas are set weekly and as far as possible all of the care providers try to ensure that there is continuity with regard to service delivery. However, all providers reported that it can be difficult ensuring that the same care workers/s always visit but every effort is made to ensure that as far as possible people receiving care know the individuals who will be visiting them but it was acknowledged that this is not always possible.

5.8 Good working relationships were reported between care providers and social workers and O.T's with regard to ongoing planning and delivery of care. However all organisations have experienced problems around hospital discharge and all three reported that there have been occasions when they have not been informed that a person who they provide care for has returned home after a stay in hospital.

5.9 All three care providers said that they have their own internal arrangements for cover and do not use external bank staff. In such circumstances persons providing cover would have been appropriately trained and have been the subject of a DBS check.

5.10 Information about how to make complaints and give compliments is given out in the body of documentation that individuals receive when they start to receive their care package. All three care providers also said that complaints and issues are treated very seriously and followed up.

6. Conclusions

6.1 Overall, a favourable impression was gained of the quality of domiciliary care service delivery in Hartlepool. On the whole those who returned the service user questionnaire responded positively about the services they received and the way in which they are delivered and all three service providers appear to provide a good general standard of care.

6.2 However some concerns were identified and these predominantly related to three key areas –

- The impact of travel time on care service delivery.
- Continuity of care provision during periods when regular care providers are absent.
- Communication and information flows between care providers organisations and service users.

6.3 These areas of concern correlate closely with findings made at a national level by the CQC and all can have a significant impact on the effectiveness and quality of day to day delivery of care to service users.

6.4 Healthwatch Hartlepool feels strongly that service users should receive their full care time allocations and that as far as possible there should be continuity of service delivery. We appreciate that services operate within financial constraints but this should not in any way detract from the needs of those receiving services being fully and properly met in line with care plan requirements.

6.5 Healthwatch members also feel strongly that as far as practicably possible care service users should always know the care workers who visit their homes and that when changes to routines occur replacement care workers should be properly introduced to service users whenever possible.

6.6 Healthwatch members also believe that the ongoing training, support and development of care workers are fundamental to the provision of good quality care by enthusiastic well motivated staff. All staff should receive a full induction which includes issues such as Disability Awareness, Dementia Awareness and

Equality and Diversity as core elements along with areas such as Adult Safeguarding and Manual Handling. Members were particularly impressed with the Induction Programme operated by Hartlepool Borough Council and their commitment to providing key issue periodic refresher training.

6.7 Communication is also of fundamental importance if care service users are to be kept informed of changes to routine and are to have confidence that when they raise issues or concerns that they will treated seriously and dealt with quickly. Healthwatch welcomes the recruitment of additional care supervisors which took place over the course of our investigation and feel that this will help to ensure that communication processes function effectively at all times.

6.8 Healthwatch members noted with concern the disparity that exists in the pay and service conditions of care staff at the two external provider agencies and Hartlepool Borough Council. HBC pay and service conditions are noticeably superior to those enjoyed by care workers at Care Line and Care Watch and this must have a positive effect on the recruitment and retention of care staff at HBC.

6.9 Finally, Healthwatch members noted the greater willingness of relatives and carers to express concerns about the quality and standard of care received by care users which emerged during analysis of the service user questionnaires and believe that they represent an important source of valuable information regarding ongoing service delivery issues.

7 Recommendations

7.1 Regular checks should be made to ensure that care time allocations are spent fully with service users in order to ensure that individual care plan specifications are properly delivered. Adequate travelling time must be provided to ensure that care workers can get from job to job without eating in to allocated care time.

7.2 Mandatory training programmes across all three service providers should include Dementia Awareness, Disability Awareness and Equality and Diversity. Key modules such Adult Safeguarding and Manual Handling should be the subject of mandatory refresher programmes across all three service providers to ensure skills and understanding are up to date.

7.3 Every effort should be made to ensure that as far as is practicably possible there is continuity of care provision and that robust communications systems are in place to ensure that service users are always informed when changes to care workers and routines take place.

7.4 Consideration should be given to ensuring that care staff service conditions such as payment of DBS fees are unified in line with HBC provisions.

7.5 Consideration should be given as to how opportunities can be maximised for carers and family members to input into ongoing monitoring and future service user survey processes.

7.6 Minimum supervision and support provision for care workers should be no less than four formal supervisions and one appraisal meeting each year across all three of the service provider organisations. In addition to this staff meetings and briefings should be held regularly in order to keep workers briefed and up to date with developments, changes etc. Direct observations should also be carried out regularly as part of ongoing service quality assurance.

8 Acknowledgements

8.1 Healthwatch Hartlepool would like to place on record its appreciation of the efforts of the vast majority of care workers who provide vitally important care services in a kind, dedicated and professional manner.

8.2 We also wish to thank staff of Hartlepool Borough Council, Care Watch and Care Line for the co-operation and assistance they have given and all those who completed and returned the service user questionnaire, without which this report would not have been possible.

Stephen Thomas
Healthwatch Development Officer

healthwatch Hartlepool

HARTLEPOOL HOME CARE SURVEY
SERVICE USER/CARER QUESTIONNAIRE
Summary Sheet

Are you?	Male **43**	Female **115**

How old are you?	< 40	**2**
	40 – 49	**2**
	50 – 59	**7**
	60 – 69	**10**
	70 – 79	**37**
	80 – 89	**65**
	90 +	**31**

1) How is your home care funded?

Personal Budget **53** Self Funding **35** HBC **18** Part Self/HBC **13** Part PB/Self **2** Part PB/HBC 1 Other **15** Don't Know **8**

2) Who provides your home care service?

Carewatch **66**
Careline **70**
Hartlepool Borough Council **22**
Other **1**

3) Please put a tick next to any of the care services listed below which you receive from your home care provider.

Washing **59**	Taking Medicines **30**	Dressing **73**
Sitting Service **18**	Shopping **16**	Meals **65**
Showering or Bathing **90**	Getting up/going to bed **42**	

Cleaning **8** Pad Changes **7** **Outings 1**
Applying Cream/Ointments **5**

4) How often do you receive support from your home care provider?

Daily	**47**
2 times daily	**33**
3 times daily	**19**
4 times daily	**24**
More	**7**
Other	**15**

Average length of stay of your home care worker?

Up to 15 minutes	**20**
15-30 minutes	**76**
30-45 minutes	**24**
45-1 hour	**21**
More	**7**

5) Did you decide what help you need from your home care worker?

Yes **120** No **31**

If no, why not –

They decides what I need	**1**
Family decided	**2**
Warden decided	**1**
Hospital decided	**1**
Social Worker decided	**12**
Care Worker decided	**3**
Another Agency decided	**4**
Family/Social Worker	**4**

6) Is your care worker usually someone who you have met before?

Yes **111** No **23** Sometimes **12**

If no, why not? -

Changes due to sickness/holiday	11
Different every day	2
Evenings Vary	4
Carers work on a rota	2
Change regularly	3
Weekdays yes, nights no	1

Comments

- Permanent carer day time but different at night, am unhappy with this.
- I get lots of carers over the course of a week so I am unable to get to know them as I would wish.
- Things change if my regular care worker is absent or is substituted at the last minute. When this happens the replacement is usually someone familiar.

7) Are you and your carer/family always kept informed of any changes to your care workers times, routines etc?

Yes **84** No **58** Sometimes **3**

8) What notice are you given of any changes to your home care provider?

1 Day	**7**
1 Week	**5**
2 Weeks	**1**
1 Month	**1**
Very Little	**8**
Varies	**11**
Always on time	**3**
Plenty	**1**
None	**30**

9) Do carers always wear a uniform and carry identification card/badge?

Yes **147** No **1** Usually **1** Uniform but no badge **1**

10) Does your care worker treat you with dignity and respect?

Yes **141** No **0** Some **3** Usually **3**

Comments

- Some have been rough or unsympathetic while giving personal care and unhygienic when preparing food. Usual cares do, put in ones don't always (CL)
- Some can be forward and nosey (CW)
- Some more than others (CL)
- Nearly all of the time, one or two new carers are in and out (CL)

11) Do you feel that your care worker is allocated enough time with you in order to complete all of the tasks required?

Yes **138** No **13**

Comments

- Not always, depends on what I have to eat (CL)
- Often care worker does not get travelling time and leaves early to make up (CW)
- No time to chat (CL)
- Pushed to get to next job, no time allocated for travel between jobs, particularly for carers who walk. Some just lazy, just a job, they don't want to be helpful. (CW)
- Can't cook a meal in 30mins, dishes always left. (CW)
- Some just rush in and rush out. (CL)

12) Are you satisfied with the standard of care you receive from your home care provider?

Yes 130 No **13** Mostly **6**

Comments

- No. So many reasons space not big enough. (CL)
- They could wash me down more often. (CL)
- Some carers are very good, others are not. But overall are good, goes to pot on holiday. (CL)
- My mother was obviously in a confused state of mind but continually wrote "all ok" in daily record. They don't phone to say cover will be late which leaves mother confused as to whether carer is going to attend. (CL)
- Bad time keeping. (CW)
- My regular carers are excellent but during holidays you can go through as many carers as days in the week. It is the same with sickness and some are just not upto standard. (CL)
- Carers are not very well trained, some are a credit and some lack basic common sense and listening ears. (CW)
- They put false information in the book. (CW)
- They always seem in a rush to get away, only concerned about white book. (CW)
- Satisfied with some carers but not others. (CL)
- Cleaning service is not satisfactory as another member of staff has to re-do work. (CW)
- Only when regular one is there (CL)

13) Do you feel that you and your carer/family are listened to if you have any issues or concerns?

Yes **131** No **13** Mostly **4**

Comments

- I have put in a written complaint about the number of different carers who come when my regular carer is on holiday. 15 and more in a week is not acceptable. (CL)
- Have complained several times on various issues. The main one is running out of tablets for a week at a time, but no improvement. Have to call and ask what time carer will arrive, as not there at time specified. (HBC)
- We phone often because carers are not given time to walk between calls and are late. (CW)
- Mum doesn't get full 30 minutes as care worker does not get travelling time between clients. Therefore client does not get full time they have paid for. (CL)
- Appear to listen and very pleasant, but do not always carry out what they have said they will do. (CL)
- Nothing gets followed up. (CW)
- Only sometimes, I asked for appointment with manager but only carer came. (CW)
- Issues reported several times, supposedly past to manager, but never any change or feedback. (CW)
- I don't feel that they treat me properly, it's my legs that are bad not my head! (CW)
- People who make the rota do not always send a carer at the requested time. Times can be very variable and carers are changed without notice. (CW)
- Yes, now that I am in contact with Christine Wittingham. (CL)

14) Do you know how to make a complaint or compliment regarding the services you receive from care workers?

Yes **135** No **16** (CW 10 CL 4 HBC 2)

Comments

- Spoke to social worker as standard of cleaning was poor, they complained on our behalf. (CL)
- Complained when carer was saying they had done things when they hadn't, such as making coffee and toast and not doing it. (CW)
- It took over 2 hours for them to answer emergency number. (CW)
- Most complaints receive an apology but sometimes that does not fit the bill. (CL)
- Complained twice recently, told it would be passed to relevant person, but no feedback, no call to discuss issues, subsequently no change – dire. (CW)
- Not a lot ! Have found if I ring it is ignored, if I ask carers to have a word with Christine on my behalf can be more successful. (CL)

- Have had problems in the past but resolved. (CL)
- I mislaid three diamond rings at home, unhappy police were called and they interrogated the care workers as I am forgetful and do lose things at home. Found the rings at home later. (CW)
- Rang manager and issue resolved immediately. (CW)
- Pleased with the help I received when making a complaint. (CL)
- Only made compliments, do a great job. (CW)
- X who attends six days a week is very good and really understanding of Y's needs. Y has very little speech and it is upsetting for Y when gets all these different carers particularly very young ones to do personal care. (CL)
- Daughter knows how to complain and deals with everything. (CL)
- I have made a complaint when medicines were found on the floor from a new carer who didn't administer needs properly. I complained to HBC and said carer should not return. (HBC)
- Have made a compliment, pleased I haven't had to complain. (CW)
- I am a carer for X and on Saturday X is showered. Last week they spilled a commode of urine on the carpet and used put our towels down and said sorry running late for next call and left for me to clear up. (CW)
- Complaints have always been dealt with to my satisfaction. I compliment when I think it is needed. (CW)

15) Is there anything else you wish to tell us about any aspect of the home care service you receive?

Comments

- Carers are not given enough time to travel between patients resulting in patient time being reduced and care being rushed. (CW)
- Wish different care were not sent each day. To have the same care worker two or three days a week instead of having to go through the procedure would be less hassle and better use of time. (CW)
- Too many changes to visiting times. (CW)
- A few less different carers would suit mums needs better. (CL)
- Excellent service. (CL)
- Carers travel time does not always relate to the distance they travel in villages. (CW)
- Always good care. (CW)
- Some care workers go the extra mile and stand out. (CL)
- Very satisfactory care and working well. (CW)
- There are good and bad but only good so far. (CL)
- Care would be better if mobile carers were allocated districts to travel around instead of criss cross town. (CW)

- Happy with care I am getting. (CL)

- I am very happy with all my care workers. (CW)
- My carers do an excellent job. (CL)
- Not all carers have a good attitude, some give the impression of just wanting a quick turnaround. (CL)
- I wish to say my carers are very good and I am happy with them. (HBC)
- The service commenced in March and I have not had continuity of care worker, so it has not been possible to work out a routine. Each visit has necessitated them being shown around and starting afresh. (CL)
- Carers do a good job when there, but timekeeping could be better. (CW)
- The home care service has greatly improved over the last couple of years and I am presently very happy with the service provided. (CL)
- My only complaint is that they are always changing the carers and they don't always give a list of who is coming. (CL)
- Much appreciated. (HBC)
- How can I comment on a service I don't really get? Workers don't do anything, never get full time allocation. (CW)
- Regular carers should be set up sooner, rota should always be supplied for week ahead. (CL)
- Could do with more male carers. (CL)
- Care call time can vary by upto one hour either way, should be 9am but has been 8am or 9.50am. (CW)
- Not knowing who is arriving is confusing and upsetting. We need continuity. (CL)
- Carers very nice. (CL)
- Carers have been very late on occasions and we have not been told. (CW)
- Very satisfied. (CL)
- I would like my morning visit to be earlier. (CL)
- Excellent needs. I have complex needs and they are very professional and caring. (CW)
- We are really satisfied with the care and carers who come – no complaints. (CL)
- All carers I have had have been nice, but it would be good to have the same carers so I know who will be calling. (CL)
- Carers are good but don't stay the full 30 minutes. (CL)
- I am quite satisfied with the care I receive and they praise me for what I can do at my age! (CW)
- Regular older cares are very friendly and helpful some young carers are not so good. (HBC)
- Care Watch give a good service and are responsive to complex needs. (CW)

- Carers are very helpful. (CL)
- During the week I have no problems as they arrive on time, but on weekend I never know when they are coming, they never ever ring to let us know.

Stephen Thomas
Healthwatch Development Officer

Appendix 2 (i)

healthwatch Hartlepool

Healthwatch Hartlepool Domiciliary Care Questionnaire
Service Provider Questionnaire
Careline

1) How many staff do you employ to provide domiciliary care services in Hartlepool? Please list by position and were possible please provide copies of job descriptions and person specifications.
1 x Registered Manager
1 x Office Manager
3 x Co-ordinators
2 x Floating Support
1 x Admin
123 x Care Assistants
2) What are the minimum qualifications that you require your domiciliary care staff to have when recruited, and are all staff subject to a DBS check prior to employment?
Care staff are not required to have any qualifications prior to recruitment as full training is given on induction, however we do carry out functional skills tests (numeracy and literacy) which have a minimal pass mark. DBS checks are completed prior to the shadowing process.
3) Please identify from the list below, training programmes which are made available to staff either on a mandatory or optional basis.

Training Course	Mandatory	Optional
Manual handling	/	
Food Hygiene	/	

Health and Safety	/	
COSSH	/	
Dementia Awareness		/
Equality and Diversity		/
First Aid	/	
Adult Safeguarding	/	
Disability Awareness		/
Induction Training	/	
Hoists and Equipment	/	
Medication	/	
Other (please specify)		
Fire Awareness	/	
Infection control	/	
Nutrition		/
Catheter and stoma		/
Dignity in care		/
Palliative care		/
Outcome focus		/

4) How are the activities of care workers monitored and do you have regular supervisory or team meetings at which work related issues are discussed?

Care workers receive observed supervisions (carried out by floating support) 6 monthly. New starters receive one observed supervision per week for their first six weeks. Further observed supervisions may be carried out if staff have any problems or any concerns arise. Office based supervisions are carried out three monthly, however this may also be done more often if any issues arise prior to supervision due date. Appraisals are completed annually and staff meetings are done three monthly to relay relevant information to all staff.

5) Do you have input into the development of individual car plans and how are changes in the level/type of patient need recorded?

This information is given to us from social services however individual details such as daily routines are agreed with the service user and family when we carry out the initial visit. This information would be listed in a personalised care plan. Any changes to the care would be reported to social workers where necessary otherwise smaller details such as change in

Routine would be changed in the personalised care plan
6) Are you informed if a person you support is admitted to hospital and are you made aware of subsequent discharge dates and changes to the individual's care package?
We would be informed of a hospital admission by either care staff,
family or social workers. We only accept hospital discharges
from social services, however sometimes this can be difficult
on weekends especially if family or friends bring them home.
in this situation we would report this through EDT.
7) Please explain how your complaints and compliments procedures work and how patients are made aware of them? If you have a complaints/compliments leaflet, please provide a copy.
We have a complaints policy which is attached. Service users
are made aware at initial commencement of care as they are
given a service user guide.
8) Do you ever use bank staff and if so, how are they briefed and monitored and what training, experience and qualifications do they have?
We have around five staff who do not have permanent rotas.
They are all trained to the same level of other care staff.

Thank you for taking time to complete the Questionnaire.

Appendix 2 (ii)

Healthwatch Hartlepool Domiciliary Care Questionnaire
Service Provider Questionnaire
Careline

1) How many staff do you employ to provide domiciliary care services in Hartlepool? Please list by position and were possible please provide copies of job descriptions and person specifications.

86 support workers male & female

2) What are the minimum qualifications that you require your domiciliary care staff to have when recruited, and are all staff subject to a DBS check prior to employment?

Some support staff have no qualifications when applying for domiciliary care. We as a company will provide all mandatory training all staff are DBS checks prior to employment.

3) Please identify from the list below, training programmes which are made available to staff either on a mandatory or optional basis.

Training Course	Mandatory	Optional
Manual handling	/	
Food Hygiene	/	
Health and Safety	/	
COSSH	/	
Dementia Awareness	/	/
Equality and Diversity	/	
First Aid	/	
Adult Safeguarding	/	
Disability Awareness	/	/
Induction Training	/	
Hoists and Equipment	/	
Medication	/	
Other (please specify)		
Q C F	/	
Infection Control	/	
Varies distant Learning	/	

4) How are the activities of care workers monitored and do you have regular supervisory or team meetings at which work related issues are discussed?		
The activities are monitored by supervisors regular team meetings are at least every 8-12 weeks. We are just in the process of recruitment of another 4 supervisors. We also have an open door policy.		
5) Do you have input into the development of individual car plans and how are changes in the level/type of patient need recorded?		
All Care Plans are of individual clients NEEDS. Communicate with the professionals and clients involved.		
6) Are you informed if a person you support is admitted to hospital and are you made aware of subsequent discharge dates and changes to the individual's care package?		
We as a company follow the protocol of discharge as issued by HBC. Sometimes not always told of discharge.		
7) Please explain how your complaints and compliments procedures work and how patients are made aware of them? If you have a complaints/compliments leaflet, please provide a copy.		
Complaints/compliments are part of a care plan in the clients own home. These are explained at the time of care to start signed and dated.		
8) Do you ever use bank staff and if so, how are they briefed and monitored and what training, experience and qualifications do they have?		
We do not have Bank staff waiting for work or stand by. All our staff have hours of work.		

Thank you for taking time to complete the Questionnaire.

Appendix 2(iii)

Healthwatch Hartlepool Domiciliary Care Questionnaire
Service Provider Questionnaire
HBC

1) How many staff do you employ to provide domiciliary care services in Hartlepool? Please list by position and were possible please provide copies of job descriptions and person specifications.
There are presently 43 care staff who are employed to provide domiciliary care job descriptions and person specifications are attached staff breakdown is provided below
39 x 20 hour posts (flexible)
1 x 25 hour post (flexible)
1 x 35 hour post (flexible)
1 x 16 hour post (weekend)
1 x 20 hour post (stable, days)
They all have the same job description and person specifications it is just the hours they work and when that are different
The team provide support in five main areas. **Intermediate care** -staff support people who have generally been discharged from hospital with personal care, meals and medication. This support is provided for up to 6 weeks. **Long term care**- staff provide ongoing care to a small number of people, supporting them with personal care and medication. **Re-ablement**; staff provide support which will help people live a more independent life the emphasis is on people acquiring skills rather than having tasks done for them i.e. meal preparation. **Telecare**; this part of the service use assistive technology combined with a response service from the direct care and support team to support people with falls and personal care. **Carers Emergency Respite Care Service** (Cercs); this part of the service provides emergency support for people registered on the scheme. The support is provided to people they care for and is generally for personal care meals and medication.

2) What are the minimum qualifications that you require your domiciliary care staff to have when recruited, and are all staff subject to a DBS check prior to employment?

All staff require a DBS check before they start work. This has to be renewed every three years.

There are a number of requirements staff have to meet before they will be interviewed for the post (see person specifications). Staff will also need an NVQ Medication award or a commitment to complete this award.

Before new staff can start work they undergo a six week induction course which covers Moving and Handling, Health and Safety, Equality First Aid etc (see attachment)

3) Please identify from the list below, training programmes which are made available to staff either on a mandatory or optional basis.

Training Course	Mandatory	Optional
Manual handling	X	
Food Hygiene	X	
Health and Safety	X	
COSSH	X	
Dementia Awareness	X	
Equality and Diversity	X	
First Aid	X	
Adult Safeguarding	X	
Disability Awareness		X
Induction Training	X	
Hoists and Equipment	X	
Medication	X	
Other (please specify)	Safer Driving Information Security	

4) How are the activities of care workers monitored and do you have regular supervisory or team meetings at which work related issues are discussed?

Staff receive four formal supervisions and one appraisal each year. In addition to this we hold two full staff team meetings and monthly telecare meetings.

Staff also have to ‘report into’ the office at the start of each shift to discuss the rota (schedule) and any changes or concerns regarding there rota and are required to ‘phone in’ before administering medication to check that it is the correct medication and been given at the correct time

Observation of staff practice are also carried out by supervisors to try and improve the quality of care and support that is delivered.
5) Do you have input into the development of individual care plans and how are changes in the level/type of patient need recorded?
Care plans, contract specifications, D2 referrals and Medication risk assessments are all completed and amended by the social worker/care manager or reablement officer. However staff will inform social workers etc if they feel a plan does not meet a persons needs which may result in it being amended.
6) Are you informed if a person you support is admitted to hospital and are you made aware of subsequent discharge dates and changes to the individual's care package?
Social workers/care managers and notify the team when people are admitted to hospital. However we are occasionally not informed when people are discharged from hospital.
7) Please explain how your complaints and compliments procedures work and how patients are made aware of them? If you have a complaints/compliments leaflet, please provide a copy.
We use the departmental complaints/concerns/compliments procedure. Information is supplied in the service user file about how to make complaints etc.
8) Do you ever use bank staff and if so, how are they briefed and monitored and what training, experience and qualifications do they have?
Presently we have eight casual staff and they have all had to meet the minimum requirements in the (job description) person specifications before they were interviewed for the post. All casual staff had to complete the 6 day induction training and receive supervision by the supervisors.

Thank you for taking time to complete the Questionnaire.