Independence, Personalisation and Prevention in Adult Social Care and Health

A report to the Health, Adult Social Care & Social Inclusion Policy and Accountability Committee, 17 November 2014

FOR INFORMATION

1. Introduction and summary

1.1 This report explains Adult Social Care's plans for a new home care service. It focuses on seven questions about home care and the wider health and social care system:

(i) Why does home care need reform?
(ii) How will LBHF's reforms improve home care?
(iii) What is the procurement process and timetable for the new service?
(iv) How were residents involved the development of the new service?
(v) How does home care work with Personal Budgets and Direct Payments?
(vi) What is the role of the voluntary and community sector in home care and in prevention?
(vii) What part do Telecare and Telehealth play home care and prevention?

1.2 Care at home is an important part of the community health and social care system. Its job is to help people who cannot manage with the ordinary tasks of daily life, like bathing, dressing and eating. People who use home care are more likely to become unwell and suffer injury requires unplanned hospital care and might leave them unable to manage at home. Responsive care keeps people safe and well. It reduces the risks that cause people to need more expensive care in hospitals and care homes, so it has financial benefits to the NHS and Adult Social Care.

1.3 Most people agree that there is more to good home care than doing things for people that they cannot do themselves. A good home care service does not encourage people to depend on it more than they need. Good home care helps people keep their independence, stay in touch with their community and, whenever possible, regain skills and abilities that were lost to illness or injury.

2. The current provision of home care

Annual budget	£6,471,000
The number of customers using homecare care each year	1,046
Number of hours of care commissioned each year	549,448

2.1 Twenty-five home care providers currently work under Council contracts awarded via the West London Alliance in November 2010 and lasting until October 2014. Care UK, Health Vision, BS Home Care and Saga Care provide most care with additional capacity from the Mears Group.

2.2 The Contracts Team routinely monitors the four main providers' contracts. They address problems with availability, practice, staffing and concerns about safety. The Healthwatch Dignity Champions are currently surveying the service. Dignity Champions are volunteers who are trained and managed by Healthwatch. The survey asks home care customers about their experience of services. Healthwatch produces a report on their findings and makes recommendations for improvement. Later in this report, we explain their involvement in the development of the new home care system.

2.3 The West London Alliance contracts expired in October. The service will now be provided on spot contracts. Spot purchasing will continue until new home care contracts are let.

3. Reasons for reforming home care

3.1 Nationally and in most local authorities the home care market has caused concern for some years. It has not seen scandals like those that affected some hospitals and residential care homes; but there is plenty of evidence from across the country that standards in home care are not good enough. It is not ready for the next decade, which promises growing numbers of people with increasingly acute and complex needs and tight budgets.

3.2 There is a growing consensus that better home care needs a skilled workforce. Pay, terms and conditions of employment, recruitment, retention and training play a big role in the quality of care and outcomes for customers. If this is true then any strategy of improvement in home care must improve the pay, conditions and

skills of the workforce and attract two or three times more people to the work in home care by the end of next decade.

3.3 As the healthcare needs of a growing older population grow, the NHS will depend more and more on community services to control the demand for hospital care. If home care is to play its part helping people stay out of hospital, and to leave hospital as soon as they are medically fit, it will need to work more closely with community health services, like GPs, district nurses and therapists. The Better Care Fund (BCF) includes plans to make sure that home care is better joined-up with these other services and to have home care do some simple "low-level" tasks, like giving some kinds of medication.

4. A new service in Hammersmith & Fulham

4.1 The new home care service is designed to meet the challenges that face the service we have now and to prepare the home care system for the challenges of the rest of the decade.

4.2 The key elements of the new service are:

- a local "patch" approach that helps agencies ensure that customers consistently see the same care worker and that their care worker knows about the place where they live
- a move away from time-and-task service towards personalised care that helps people live as they wish
- an "enabling" service that helps and encourages people to look after themselves and provides safe, quality care when they cannot
- an integrated approach with Health that is better coordinated, more efficient and supports the growing number of people with complex health needs
- better day-to-day monitoring to make sure people have the right care all the time
- an emphasis on workforce development, including recruitment and training. (Dignity in care will be among the most important areas of development.)

4.3 The new service asks a lot of providers in a market that has already felt the consequences of declining local authority budgets. So the new contracts give incentives to invest: predictable volumes of business; long contract-terms; and realistic hourly rates.

4.4 While these are not block contracts with guaranteed hours, they give providers predictable business in three contract-areas, serving the north, centre and south of the Borough. The providers will be expected to take all referrals from Adult

Social Care; and we will use these contracts for home care whenever customers choose to use their Personal Budget for home care. (We explain other ways of using Personal Budgets later in this report.)

4.5 The contracts have five-year terms, with a provision for limited extensions. This gives providers that investment in staff and systems at the beginning of contracts will be repaid in the long term.

4.6 We expect that hourly rates will suffice to pay living wages, to recruit and retain staff and invest in training.

4.7 We must make sure that these incentives are repaid with good services. The new system includes controls that ensure that our investment goes to improve care. Adult Social Care Operations is developing a new Home Care Management Service serving all three boroughs. It will ensure that new customers get services promptly; that the service is reliable and consistent; and we keep up to date with customers' needs and circumstances so we can respond quickly to problems and to opportunities for improvement. Later on in this report, we explain how Personal Budgets give providers further incentives to provide good care.

4.8 The Better Care Fund (BCF) includes plans to make sure that home care is better joined-up with health services. GPs and community health services will have better links with the new providers. There will be better discharge process from hospital and intermediate care services to care at home. And the home care providers will be allowed to perform some simple health tasks, like giving some kinds of medication.

5. Procurement timetable

5.1 Procurement of the new service is well underway. Thirty-seven organisations applied to pre-qualify (PQQ). PQQ establishes providers' financial security and begins our evaluation of their current service provision. The pre-qualifying phase is complete. A shortlist of twenty-four providers will be invited to tender. The North and Central patch have five bidders and the South patch has four.

5.2 Providers were involved as part of the design process for the new service to ensure our ambition could be delivered. Through questionnaires and workshops they confirmed their interest in a greater focus on people who use the services, greater partnerships with health services, and an improved system that helped to better recruit, train, support and reward the workforce. The organisations that have been invited to tender have reported that they are already working on these areas.

5.3 During the tender, providers are asked to give a price and to explain how they will meet the service specification. Healthwatch has been involved in agreeing key areas of enquiry, especially those relating to quality. Cabinet Members have also seen recent drafts of the specification.

5.4 The price element of the procurement will ask providers to give the hourly rate that it will charge the local authority and the hourly rate it intends to pay care workers.

5.5 The competition balances costs and quality. It combines the provider's price and their score in our evaluation of their response to the tender questions. We want to be clear that the pay of care workers plays a part in quality of care.

5.6 The draft timetable for the procurement is as follows:

1. Invitation to Tender: mid-November 2014
2. Return of tenders: end of December
3. Evaluation: January 2015
4. Completion of Recommendation of Award Reports: February
5. Award governance: March/April
6. Implementation: April-June
7. Contract starts: July/August 2015

5.7 Implementation of the new service will take place in phases over several months to make sure that customers who may transfer to a new provider do so properly and safely, with good support from the Council's social work teams. It also helps providers to develop their service at a manageable pace. This is especially important for providers who do not have significant business in the borough.

5.8 The three boroughs' procurement governance processes are different and have different timetables. This allows us to manage the procurement and implementation in stages. LBHF has a longer process so it is likely to implement the new service last, towards the end of summer 2015.

6. Engaging with customers

6.1 The commissioning team worked with customers and carers from the beginning and throughout the development of the service. Healthwatch is a key partner. Earlier in this report we mention that they help us with routine quality assurance of existing home care service. They have also helped us help design and

develop the new service. They make sure customers' and carers' voices are heard and that their wishes feature in the design.

6.2 This relationship with Healthwatch was established in 2012. A Healthwatch homecare sub-group meets regularly. Staff from commissioning and contract management staff attend their meetings.

6.3 Healthwatch has:

- Made sure customers and carers were consulted and involved in the specification of a new service
- Raised priorities on behalf of customers and carers for the new service
- Specified questions for providers in the Invitation to Tender

6.4 Healthwatch is undertaking dignity champion work with home care customers and will continue to do this with the new service.

6.5 We expect that Healthwatch will be more involved in the new contract monitoring regime, and will be the main representatives of customers and carers that we work with. Healthwatch are keen to continue this work.

6.6 Other related reforms in Adult Social Care also work with closely with customers to understand what they would like to be improved. 'Customer Journey' began with focus groups that asked 120 customers, including carers and family, in spring 2014. They told us about their experience of services—health, social care, housing—and told us very clearly what matters to them. Customer Journey is now working with customers and staff to design services that work better in the areas that matter most. Among those improvements is a Homecare Management Service that will organise and monitor home care and help us ensure that customers get a quality service.

7. The role of the voluntary sector

7.1 The new home care system tries to move away from the idea that regulated care services are the only way to achieve good outcomes. The new contracts are designed to create better links between the customers, the voluntary sector and care agencies. The new providers are expected to find out about and work closely with local voluntary organisations, as part of their role will be putting customers in contact with people and organisations that can help meet their needs and keep them in touch with their community. For example, if a customer is lonely we expect the agency to know about local services to help them meet other people, like befriending schemes.

7.2 The commissioners are in touch with voluntary organisations that work in the Borough. Besides supporting customers, this feature of the new service will also create business for local enterprises who want to develop care and support services. Voluntary sector providers are being encouraged to use the People First website to advertise their services.

7.3 The Borough also funds the London Care and Support forum (LCS), where both private and voluntary providers of both statutory and non-statutory care and support services meet. LCS is already involved in supporting providers in the home care procurement and can be used as facilitators for future contact between organisations as needed.

8. A local workforce

8.1 This report began with some reflections on the current home care system and suggested that we need a bigger workforce that is better trained and rewarded. Home carers helps people who are unwell and often vulnerable live an independent life at home. It should be recognised and valued accordingly.

8.2 The new home care contracts are also designed to encourage a local workforce. Home care workers who live near the people their customers are more likely to know local people and local services who can help with things, like travel, companionship or emotional support, that home care does not provide. Local workers spend less time and money travelling to and from work, which in London is a significant cost.

8.3 Procurement practice does not allow us to specify targets for local employment. But we can encourage providers to recruit a local workforce. There are financial advantages for home care workers. Less travel makes the service more efficient and resilient against problems with the transport network. It benefits the community, care workers and customers and helps to meet some expectations of the Social Value Act.

8.4 There is some work underway with the Head of Economic Development as part of a wider project, identifying local residents who might be suited to work in care. This will also ensure people with the right values are recruited.

9. Personalisation

9.1 Personalisation is sometimes taken to mean the use of Personal Budgets (PBs) and Direct Payments (DPs). These are important tools because they help people

plan their own care in their own way; and they help people use services that local councils cannot buy directly. It is hard to imagine personalised care that does not allow these freedoms. But there is more to personalisation than giving Personal Budgets to those who have council-funded care. Personalising health and care services should benefit all customers, including those who chose not to take a Direct Payment and those who will pay for their own care. Personalisation begins with an assessment and planning process in which the customer's desires and needs are central. From the moment when a customer asks for help, our approach should be flexible and person-centred.

9.2 A personalised system is equitable. It supports people in the way they wish to be supported. We believe that this principle, and the requirements of the Care Act, means we should provide two equally good routes to flexible, personalised care. In this system, all customers have a Personal Budget and a Support Plan, as required in the Care Act. They may then choose care from an organisation that is commissioned by the Council, like the home care providers; or they can take a Direct Payment and buy care from the wider market. In either case the customer has support from the council to find and manage their service and to achieve the outcomes that are written in their Support Plan. In this approach, customers can enter or leave the home care service as they wish. Our home care providers will have a strong incentive to treat their customers well lest they decide to take a Direct Payment and arrange their own care.

9.3 How in practice would adult care manage home care and Direct Payments to achieve these ends? We mention below that the Customer Journey project is designing a new Home Care Management Service (HCMS). The design includes an option to extend the HCMS to support customers who use other care services, including those who use Direct Payments. A report on this proposal will follow when the design of the new service is clearer.

10. Assistive Technology in independence and prevention

10.1 Assistive Technology is the name of devices or systems that allow people to perform a task that they would otherwise be unable to do, or increases the ease and safety with which the task can be performed. Most people accept that, with good monitoring, Telecare may reassure families and friends who worry about the safety of a loved-one. In all three cases, Assistive Technology helps people live at home with less help from others.

10.2 Telecare refers to basic pendant alarms, but also more sophisticated devices such as remote bed and chair sensors, flood, temperature, fall, and movement sensors. Telehealth devices include blood pressure monitors, pulse oximeters,

weighing scales and blood glucometers. Telehealth allows for remote consultation between health professionals and patients, which reduces response times and travel time.

10.3 offers a means of supporting older or disabled people to maintain live at home for longer; delay or reduce the need for expensive and unwelcome care or admission to hospital; help them leave hospital and go home sooner; and support to carers. Telecare is prevents the problems that cause people to need care; and it substitutes for some kinds of care. These benefits of Telecare reduce costs in other areas of health and care and help make savings for Adult Social Care and the NHS without compromising quality of life.

10.4 Care professionals play an important part in the effective use of Telecare. They must understand how equipment works and the part it plays in customers' Support Plans. Our emerging plans for Telecare therefore include plans to train our front-line and our care agencies in the proper use of Telecare.

10.5 Evidence shows that Telecare has a preventive role if people use it before they need care. This means we need a means of providing Telecare before they are referred for long-term care. The new Community Independence Service (CIS) has an important role here. They work with people, often at the first stage of illness when the opportunity to delay the progression of need is greatest. These are customers who might benefit from a simple, preventive Telecare service before more intensive health and care services.

10.6 Work is underway on the new way of providing support through the use of Assistive Technology. This is being designed around the people who use services and will help us meet the challenges of increased demand and customer expectation. It will be delivered through partnership working between Adult Social Care, Health and Housing.

10. Conclusion

10.1 This report provided updates on a number of important new services for people who live in the community.

10.2 It also explains the part these services play in a system of care and support for people with complex health conditions and social care needs. The system is designed to help people live at home, with a good quality of life, for longer. It is more joined-up. It will make more sense to the people who use it and the professionals who work in it. Investment in prevention and personalised care that helps people live independently mitigates the greater cost of intensive services in hospitals and care homes.

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