

**BEST VALUE REVIEW
OF
HOME BASED SERVICES**

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Derbyshire County Council
Best Value Review of Home Base Services

Contents

INTRODUCTION	1
Challenge:	2
Consult:	2
Compare:.....	2
Compete:.....	3
SETTING THE SCENE	5
Strategic Context.....	5
National Context.....	5
DERBYSHIRE POLICY AND CONTEXT	6
The Council Plan	6
Mission Statement.....	8
Key Themes	8
Change Management.....	10
Public Service Agreement	10
BASELINE INFORMATION	12
Eligibility Criteria.....	12
Assessment.....	13
Service User Profile.....	16
Population Changes	17
Charging.....	17
Promoting Independence	18
Contact Hours	18
Independent Care Agency Provision	20
Quality Premiums	21
Payment Rates.....	21
Contracts	22
Independent Sector Staff Profile.....	23
Local Authority Provision	24
Seven Day/24 Hour services	24
Profile of Existing Workforce	26
The In-house Home Help Service	26
Contractual arrangements for flexibility	27
Home Help Pay	29
The In-house Home Care Aide Service.....	30
Community Support Workers	30
Senior Home Helps	30
Attendance Management	31
Training	32
Comparison of service patterns between in-house and independent agency home care	32
Direct Payments	33
Laundry Services.....	35
Telephone Timesheets.....	36
CONSULTATION STRATEGY.....	37
Outcomes of the Consultation	38

Derbyshire County Council
Best Value Review of Home Base Services

Access to the Service.....	39
Speed of Response.....	40
Quality.....	41
Reliability of the Service.....	44
Consistency of the Service.....	45
Flexibility of the Service.....	46
Communication.....	48
Charging.....	49
Staff Views.....	50
Summary of Main Themes emerging from consultation.....	50
COMPARISON.....	52
Introduction.....	52
Comparisons of Service Direction with National Trends.....	53
Comparisons of Performance with other Local Authorities.....	54
Speed of Provision.....	56
Comparison with Draft National Minimum Standards for Domiciliary Services.....	57
Learning from Best Practice.....	58
Promoting Independence.....	64
Reliability.....	66
Flexibility.....	69
Partnership Working.....	70
Efficiencies.....	72
Summary of Findings.....	73
CHALLENGE.....	74
Best Value Framework.....	74
Background Factors.....	75
Is there a statutory requirement for the service?.....	75
What are the characteristics of an excellent home care service?.....	76
Fair Access.....	77
Rehabilitation and Reablement.....	80
Staff Availability.....	81
Specialisation.....	81
Process.....	82
Management of the In-house service.....	83
Out of Hours Availability.....	85
Commissioning Strategy.....	86
Direct Payments.....	86
Making Use of Financial Resources.....	87
Inputs - Outputs and Outcomes.....	88
Charging.....	88
Issues from Consultation.....	88
Planning the Future.....	94
Meeting Needs within the Current Structure.....	95
Workforce Matters.....	97
COMPETITION.....	99
Financial Information.....	100

Derbyshire County Council
Best Value Review of Home Base Services

Expenditure by Area	101
Income	102
Cost Comparisons	102
The Cost of Independent Sector Care	104
The Cost of Local Authority Provision	105
Comparison of Costs and Visits	107
Comparison of Home Helps' Weekly Schedule	107
Competition Options	109
Conclusions of competition evaluation	111
OPPORTUNITIES FOR IMPROVEMENT	112
Strategic Intent	112
Maintain More People Within the Community.....	112
Promote Maximum Independence.....	113
Meeting User Expectations.....	113
Working in Partnership	113
Measures of Outcome	114
Implications from Strategic Intent	114
Additional Resources	114
Eligibility For Service	115
Changes To The Way Services Are Commissioned.....	116
Investment in the workforce.....	116
PROPOSALS FOR SERVICE IMPROVEMENT	117
Development of Independence Promoting Services.....	117
Long-Term Home Care	118
Simple Regular Practical Tasks – e.g. Fire Lighting - Cleaning.....	119
Long-term Personal Care	120
Specialist Services	120
Ethnic Minority Communities	122
Laundry Services.....	122
OPTIONS FOR IMPROVEMENTS TO EFFICIENCY	123
Separation Of Assessment And Management Of The Service.....	123
IT Improvements	123
Improve communication	124
Possible Human Resource Changes For Derbyshire County Council Staff ..	124
Improve information.....	125
Improve Choice For Service Users Through Increased Take Up Of Direct Payments	125
Ensure that Provision is Developed to Meet Need	126
Pilot Schemes	127
Improve Continuity of Staff for Service Users.....	128
Improve Flexibility of Services so that People Receive a Service When They Need It.....	128
Improve the Reliability of the Service	130
APPENDICES.....	132

BEST VALUE REVIEW OF HOME BASED SERVICES

INTRODUCTION

The Best Value Review of home based services combines a statutory requirement under the Local Government Act 1999 to review all services over a five-year period, with a commitment to refocus their delivery.

The use of Best Value Performance Indicators allows comparisons to be made between local authorities, and to monitor their progress.

The review examines home care services provided for people in their own homes to support them to remain there, which are funded by the Local Authority.

They include support delivered by way of:

- In-house Home Helps, Home Care Aides, Community Support Workers.
- Services commissioned by Derbyshire County Council from independent and voluntary providers.
- The direct payments scheme.
- Laundry services.

Local authorities have a legal duty under the National Health and Community Care Act 1990 to assess the care needs of anyone who, in the authority's view, may be in need of community care services.

Under the 1948 National Assistance Act, local authorities have a duty and powers to arrange for the provision of community care services. Personal support and care services are covered by the 1970 Chronically Sick and Disabled Persons Act which requires local authorities to provide certain welfare services for disabled people including practical assistance in the home, meals, social work advice, and support.

(Further details of legislative duties, powers, and guidance can be found in appendix 2.)

Derbyshire County Council
Best Value Review of Home Base Services

The process of the review is based on the four main components of Best Value - Challenge, Consult, Compare, and Compete. It has been designed to meet the requirements outlined in the Government's Best Value policy framework.

Challenge:

Provides;

- Baseline information about current service and activity levels
- A framework from which to challenge and compare services
- An assessment of performance against national and local targets
- A range of information about home care provision in Derbyshire
- Information about the challenges of providing services posed by the diverse geography and population density across the county.

Consult:

Demonstrates the views of stakeholders;

- By gathering information about what people want and expect from the service and how they think it is performing
- Through involving and consulting with service users, their carers, staff, independent providers and voluntary agencies, potential service users, health workers and their organisations, District Councils and the wider community.

Compare:

Demonstrates Derbyshire County Council's performance against;

- Other Local Authorities, including members of Derbyshire's 'Audit Family'
- Government performance targets and elements of recognised good practice
- In-house provision, commissioned services and direct payments

And seeks

- Alternative methods of service provision and delivery in a search for best practice from other local authorities, and

Derbyshire County Council
Best Value Review of Home Base Services

- Independent organisations including the Automobile Association and TNT where the aims of these organisations coincide with aspects of home care service delivery.

Compete:

- Demonstrates options that will best meet the needs of local people for care at home
- Seeks to develop an understanding of the market and future demands
- Considers alternative methods of delivery and structures
- Considers how to meet increased future demand and provide services at times of the day or week that match the needs of service users
- Seeks to develop a clear understanding of unit costs and quality.

The home care service has been chosen for review due to the size and importance of the service to the Council. That it has been selected at this time reflects the prioritisation of health and social care in the Council, evidenced by the responsibilities of its portfolio for Health and Social Care in its Cabinet.

The remit of the review is outlined in the Scoping Document. The main focus being;

- How the Authority fulfils its statutory duty to provide home care services
- The cost of the service – identifying any opportunities to provide a greater level of service for the same investment
- How far the home care service meets the aims of supporting people to stay at home
- The role of home care in enabling people to regain practical and personal care skills
- The efficiency and effectiveness of home care services in supporting carers, adults with learning disabilities, adults with mental ill health and children in need, as well as the major service user groups of older people, including

Derbyshire County Council
Best Value Review of Home Base Services

those with mental ill health, disabled people and people who have chronic illness

- The future role of in-house services
- Issues of equity and equality in home care provision, particularly with regard to the needs of minority groups and disabled people
- The potential of new technology in improving service delivery.

Day care, outreach work, and supported housing schemes are outside the scope of this review. Also excluded are Meals on Wheels, Assessment, and Access to Services, which are all intrinsically linked to the provision of home care but have been subject to their own Best Value reviews within Derbyshire.

The review team, made up of representatives from Social Services, Health, Voluntary Sector, Officers and Elected Members of the Council, formed under the leadership of Julia Robinson, Area Social Services Manager, began work in October 2001. Members of the team were chosen from organisations that have interests or experience that relates to supporting people to remain living in their own homes.

(See Appendix 11 for a full list of members)

During the course of the review progress reports were presented to Social Services Senior Management Team and Elected Members of the Council. Service users, staff, and members of the wider community have been informed by means of posters and newsletters, articles printed in the Home Help newsletter and Derbyshire Insight newspaper and posted on the Derbyshire Intranet. Meetings to report progress have taken place with union representatives during the review.

SETTING THE SCENE

Strategic Context

Home care services in Derbyshire operate within the context of Central Government legislation and guidance, local strategy, policy and objectives.

National Context

There have been a number of significant pieces of recent legislation that have, and will continue to have further impact on home care service developments in recent years and the future provision of service delivery:

- **The National Health Service and Community Care Act** raised public expectations in relation to keeping people in their own homes, therefore, in more recent years; home care services have needed to focus more on providing services that meet higher level individual needs.
- **The Modernising Social Services White Paper** highlighted arrangements to assess performance of the County Councils. This framework introduced a series of performance indicators, five of which relate directly to home care. A key objective of the White Paper is the promotion of independence, measured by the provision of intensive home care services.
- **The 1999 Health Act** provides the legal backing for the establishment of Primary Care Trusts (PCTs). It imposes a further duty to implement partnerships between Health and Social Services and for them to work flexibly in the provision of services by way of pooled resources and delegation of functions to facilitate delivery of services from a single managed provider.
- **The National Service Framework for Older People** sets out standards intended to reduce regional variation in services and define service models for health and social care that older people receive. The framework is also

Derbyshire County Council
Best Value Review of Home Base Services

concerned with the mental health of older people and requires health and social care agencies to develop community orientated services and seamless packages of care.

- **The Care Standards Act** established the independent National Care Standards Commission, which identifies standards that will need to be met by the Authority as a provider of domiciliary services.

- **The Human Rights Act** ensures that the Department is charged with ensuring proportionality, anti discriminatory practice and fairness related to service provision.

- **Better Government for Older People** aims to improve public services for older people by better meeting their needs, listening to their views and encouraging and recognising their contribution.

DERBYSHIRE POLICY AND CONTEXT

The Council Plan

Derbyshire's policies unite government legislation and regulation with the needs and aspirations of local people. The Council Plan over-arches departments and outlines the key strategic objectives and targets for the Council. Responsibility is divided among Cabinet Members (Portfolio Holders). The purpose of the Council Plan, which is kept under review, is to determine the shape of future services.

For 2002 – 2005 the Council's 10 Key Goals are to:

- Enhance Community Leadership
- Achieve Best Value in service delivery
- Strengthen the local economy and support neighbourhood renewal
- Improve the health of local people and help them to live independently in their own homes

Derbyshire County Council
Best Value Review of Home Base Services

- Reduce crime and risks to safety
- Improve participation and achievements in learning
- Improve access to leisure, recreation, information and culture
- Improve transport choice and safety
- Protect and enhance the environment
- Raise awareness and understanding of Derbyshire beyond the County.

Of particular significance to this review are the goals of achieving Best Value in service delivery, improving the health of local people, and helping them live independently in their own homes.

These have the objectives and targets of:

- Securing continuous improvement in the quality and efficiency of services
- Developing the efficient and imaginative management of the Authority's assets
- Developing the Council's modernised decision making ensuring accountability to local people
- Reducing the number of children looked after and increasing the level of family support
- Assisting disabled people, those with learning disabilities, or mental health problems to be more independent
- Providing older people and carers with support
- Promoting healthy lifestyles for local people
- To reduce accidents and avoidable harm to people.

These goals need to be seen in the context of the continuing national emphasis on targets and public information on performance. In particular the explicit targets for additional investment, for example the Public Service Agreement (see page 14).

Derbyshire County Council
Best Value Review of Home Base Services

Mission Statement

The Director of Social Services and Cabinet Member for Health and Social Care, have jointly delivered a departmental mission statement that asserts,

“Our goal is to have a safe and sound Department, where innovation and change can flourish, and in which service users, the public, staff, and politicians can have confidence.”

This is supported by a set of guiding principles in meeting local people's needs that states the Department will:

- Make sure services reach the people who need them most, at the time they need them
- Tell people what they can expect if they use our services
- Involve people as fully as possible in decisions which are made about their needs and the services we offer them
- Assist people to stay in their own homes wherever possible
- Make every effort to maintain family and community links when someone has to live apart from their family
- Treat people with respect and value their dignity and privacy
- Plan services in partnership with service users, carers and local communities
- Increase confidence in our services amongst ethnic minority communities.

Key Themes

Integral to the Council Plan the Department produces annually a series of Key Themes for service delivery. These build on core values and cut across issues including community safety, regeneration and environmental sustainability, social inclusion, access to services and service improvement. The 2002/2003 Key Themes document outlines an overall strategic framework for Social Services.

Derbyshire County Council
Best Value Review of Home Base Services

Priorities for development are:

- Increasing the level of intensive support for older people living at home in line with the PSA target and monitor the numbers supported as a preventative measure
- Developing rehabilitation services throughout Derbyshire
- Commencing implementation of the service improvement plans for all completed Best Value Reviews
- Working systematically to ensure compliance with new care standards
- Working with partners to implement the National Service Framework for Older People and develop a single assessment process
- Give specific attention to ensuring that mental health services to older people are integrated and accessible across Derbyshire.

The following **Key Themes** and aims have particular relevance to the provision of services covered by this review:

1. To help more people remain in or return to their own homes in order to prevent avoidable long-term care.

This will be achieved through:

- The provision of intermediate care services, ensuring people do not remain in hospital unnecessarily and providing increased support to people at home.
- The promotion of independence for people living at home and the provision of intensive home support to more people.

2. To improve the quality of service provision and ensure fair access.

This will be achieved through:

- Increasing the cost effectiveness/quality of the home care service, developing the use of management information in home based services, improving the quality and consistency of assistance with medication to vulnerable people living in their own homes, and pilot block contracts for independent home care.

Derbyshire County Council
Best Value Review of Home Base Services

3. To improve the quality of services outlined in Valuing People through:

- Increasing choice and control for users and increasing the number of people using direct payments.

4. To improve access to services (for people with mental health needs) through implementation of the National Service Framework by:

- Supporting more adults to live at home, and improving support for carers.

5. To improve services for carers through:

- Identifying and responding to carers' needs and providing a responsive and reliable range of breaks.

Change Management

Derbyshire County Council has embarked on a Change Management programme to develop the Authority's customer focus – enhancing services, easing access, and delivering savings. This includes the introduction of new technology – computers and MIMS (Managed Intranet and Messaging Service) and continuing a major ICT investment needed to meet the requirements of information for social care and the Government's electronic information objectives.

Public Service Agreement

The County Council has entered into a Public Service Agreement (PSA) with the Government. The Agreement was signed in March 2001 with the intention of further improving the service to local people that Derbyshire County Council will provide. Derbyshire has committed to a series of stretched performance targets linked to a Performance Reward Grant that can be reinvested in services for local people.

Derbyshire County Council
Best Value Review of Home Base Services

PSA targets, which relate directly to home care services, are

- 1) to reduce admissions to residential and nursing care from 107 to 94 per 10,000 aged 65 or over by March 2004, and
- 2) To increase the number of households receiving intensive home care from 10 to 13 per 1,000 population aged 65 or over by March 2004.

Derbyshire County Council
Best Value Review of Home Base Services

BASELINE INFORMATION

The review team sought out information which provides a snapshot of home care services in Derbyshire, to assist with the identification of priority areas for improvement. The information was gathered from a number of sources.

Interviews with officers in the Social Services Department and with a sample of Care Managers and Domiciliary Services Organisers in each area of the County supplemented data provided by the Social Services Department's Management Information Team.

The review took place over a period of 18 months. Information provided in the report is either the most up to date or accurate information available to the review team at the time.

In seeking out information the review team sought to demonstrate:

- How people access home care services and service response times.
- The service users' profile and the impact of population changes.
- An outline of home care provided in-house, by the independent sector, direct payments and laundry services.
- Workforce issues that impact on the skills and stability of the service and its ability to respond flexibly to deliver 7 day 24 hour care.
- Patterns of service delivery
- The ability of the service to promote independence to support people to remain in their own homes.
- Issues of consistency and equity.

Eligibility Criteria

Eligibility criteria apply to all adult services provided by Social Services, and is applied to all people seeking home care provision.

Derbyshire County Council
Best Value Review of Home Base Services

Eligibility criteria are required because the number of people who could qualify for services is often very high and can exceed the capacity of Social Services to deliver. In line with Government Guidance, the Social Services Department works to a set of standard eligibility criteria. The criteria make sure that those people with the greatest needs have those needs met.

When needs are assessed, decisions are made about the risk to a person's current or future independence if those needs were not met. There are four risk bands: critical, substantial, moderate and low. Needs and risks are considered from the point of view of a person's health and safety, autonomy and control over their environment, management of daily routines, and their social and economic circumstances. Currently, people are eligible for assistance if their needs fall within any of the first three risk bands. Needs which Social Services believe present a low risk to independence cannot generally be met at this time. Details of the eligibility framework for social care services are shown in Appendix 3.

Assessment

Local authorities are required to assess the needs of people who they think may require community care services and to decide which, if any, services they should provide to meet those needs. The Carers' (Recognition and Services) Act 1996 reaffirms the duty to consider the needs of carers and to offer separate assessments of their needs.

The assessment process considers the views of service users, families, and carers and other professionals to help identify the needs and strengths upon which care packages are based.

Within the Department, workers with a different range of responsibilities – Domiciliary Services Organisers (DSOs) Care Managers and Social Workers, undertake assessments for home care.

Derbyshire County Council
Best Value Review of Home Base Services

Some referrals go directly to DSOs, who manage teams of Home Helps, Home Care Aides, or Community Support Workers, to provide in-house home care services. The Joint Review of Derbyshire Social Services in 2000 suggests that this can lead to service led assessments rather than broader, more holistic assessments because of workers combining assessment and resource management responsibilities.

Under the current structure, referrals for help with low level, practical tasks - especially for service users already known to them - are channelled to DSOs rather than being passed to Care Managers or Social Workers. DSOs are also involved in undertaking re-assessments for people with complex needs. At the point where a DSO feels in-house services can no longer meet a person's needs, the case may be passed to a Care Manager for re-assessment.

Referrals indicating higher level or more complex needs are allocated to Care Managers or Social Workers. Their assessment and subsequent care planning considers a range of care options including both in-house and independent home care provision, direct payments and if appropriate, residential and nursing home care. These different assessment routes can lead to very different outcomes for service users.

Care management teams based in each of the areas of the County make front - line decisions about which provider to use. A strategic objective is to consider service user choice of provider and best value but, in practice, location and availability of care staff will largely determine whether services are commissioned from the in-house provider or an independent care agency.

This review has not considered assessment in detail because it has been reviewed separately and will be addressed as part of the arrangements for Single Assessment. Nonetheless, this review has liaised closely with the "Adult Assessment Implementation Team".

Derbyshire County Council
Best Value Review of Home Base Services

The Best Value Review of adult assessment has made recommendations for improvement which will impact on the delivery of home care services. These include separation of assessment and provision. Throughout the course of the review the team has been actively discussing the degree to which the assessment and service provision roles can be appropriately separated. At the time of writing pilots in Bolsover and Erewash are about to commence and are in line with the direction the review would support.

Management Information on Adult Services Quarter 3 1/4/01 – 31/12/01 displayed in figure 1 below records response times from referral to first visit as:

Average Response Times	Care Management (days)	Domiciliary (days)
Older people 65+	7.9	6.2
18–64 physically & sensory disabled	10.5	4.9
18–64 learning disability	16.5	10.4
18-64 mental ill health	20.4	9.5
Average	13.8	7.75

Fig. 1

Derbyshire County Council
Best Value Review of Home Base Services

Service User Profile

At 31 December 2001 Management Information on Adult Services for quarter 3 records the number of people in Derbyshire receiving home care services funded by the authority as:

Type of service user	Actual number of people	Number of people shown as a percentage
Older people	15,765	89.8%
Disabled under 65	1,422	8.0%
Learning disability	186	
Mental-ill health	207	1.2%
<i>Children *</i>		
TOTAL	17,580	

Fig. 2

*During the week 13.04.02 – 19.04.02 the Home Help telephone timesheets system recorded 426 hours coded to service users under 18 years old. Actual numbers of service users are not recorded. This probably under-represents work done with children because it may be recorded against their parents or other adults in the household.

Figures recording the ethnicity of service users in receipt of home care in March / April 2002 show

White British	13,397	White Irish	28
White Other	318	Mixed White/Black Caribbean	1
Mixed any other background	2	Asian or Asian British – Indian	13
Asian or Asian British – Pakistani	6	Asian or Asian British – Other	2
Black or Black British – Caribbean	13	Black or Black British – African	2
Black or Black British – Other	2	Not Stated	42
Pending	531		

Fig. 3

(Five categories including Chinese had nil counts.)

Derbyshire County Council
Best Value Review of Home Base Services

The figures in Fig. 3 equate to 0.29% of service users having ethnic minority backgrounds. County population figures taken from the 2001 Census record people from ethnic minority backgrounds as 1.5%. This may indicate a degree of under-use by members of ethnic minority communities. At present we lack sufficient detail about the age profile of service users from minority communities to determine whether these figures represent under-use or different levels of need.

Population Changes

Older people currently represent 89.9% of the users of local authority funded home care in Derbyshire. “Derbyshire in Figures” states that:

- Over the 25 year period, 1991–2016, the population of the County is expected to grow by 60,000 or 8.5%.
- The working age population is expected to rise by 5% whilst the retirement population is expected to grow by 27%.
- Between 2001 and 2016 the number of people aged 85 and over is expected to rise by 33%.

Charging

Derbyshire County Council’s only charge for home care is £1 per collection for laundry services. Where a service user is in receipt of care related state benefits they are invited to make a voluntary contribution towards the cost of their care. This has been reviewed independently of the Best Value Review in the light of the Fairer Charging policy. The Council had to satisfy itself that it is working within “Fairer Charging” before the completion of this review.

Following a review of the existing policies and after extensive consultation with service users and the public, the Council has decided that home care services will continue to be free for everyone and laundry charges will remain the same. Prior to this decision voluntary contributions generated £184,705.77 in 2001/02.

Derbyshire County Council
Best Value Review of Home Base Services

Promoting Independence

Across the county there is an established pattern of providing home care support to 'do for' people. This approach has the risk of creating long-term dependence on the service, whereas providing help to 'do with' people is known to help promote independence and reduce levels of dependency.

Whilst gathering baseline information the review team learned that many DSOs tended to provide services to 'do for' because of limited time available on their rotas: it being much quicker for their staff to perform a task than to supervise service users. Similarly, many Care Managers also tended to commission help to 'do for' and noted difficulties they felt they had in monitoring the performance of agency staff using current systems. DSOs also voiced concerns about the responsibility for acceptable and appropriate levels of risk.

In some areas of the County there are a small number of pilot schemes staffed by Home Helps, linking closely to other agencies, which focus on re-skilling and promoting independence. They include the development of the enabling role of home care staff in Chesterfield, a dedicated flat in a sheltered housing scheme in South Derbyshire and a re-ablement project in High Peak. (See Appendix 14 for further details of current pilot schemes)

There is a 'Promoting Independence' training programme for all Home Helps and DSOs which is being developed and implemented across the County. A target has been set for 20% of all Home Helps, along with their DSOs, to receive training in 2003/04.

Contact Hours

Department of Health figures for 2000/01 show that in Derbyshire:

- The average number of contact hours per household receiving help is 4.2
- Of these households 38.4% received less than two hours per week
- 8.4% received six or more visits and ten or more hours a week.
- 1% of households received help from more than one sector

Derbyshire County Council
Best Value Review of Home Base Services

- Average gross weekly expenditure per adult and older person receiving home care in 2000/01 was £45.16.

The Joint Review of Derbyshire Social Services in November 2000 raised concerns about whether the arrangements for supporting older people in the community are appropriate. It commented that “Giving wide coverage for home care has appeal and may provide some support that improves the quality of life for many people. This should not be done in such a way that it limits the opportunities for the more vulnerable elderly people to remain in their own homes”.

During a sample two week period in February/March 2001 36.7% of service users received a Home Help call on only one day whilst, 8.4% had a call on all 14 days.

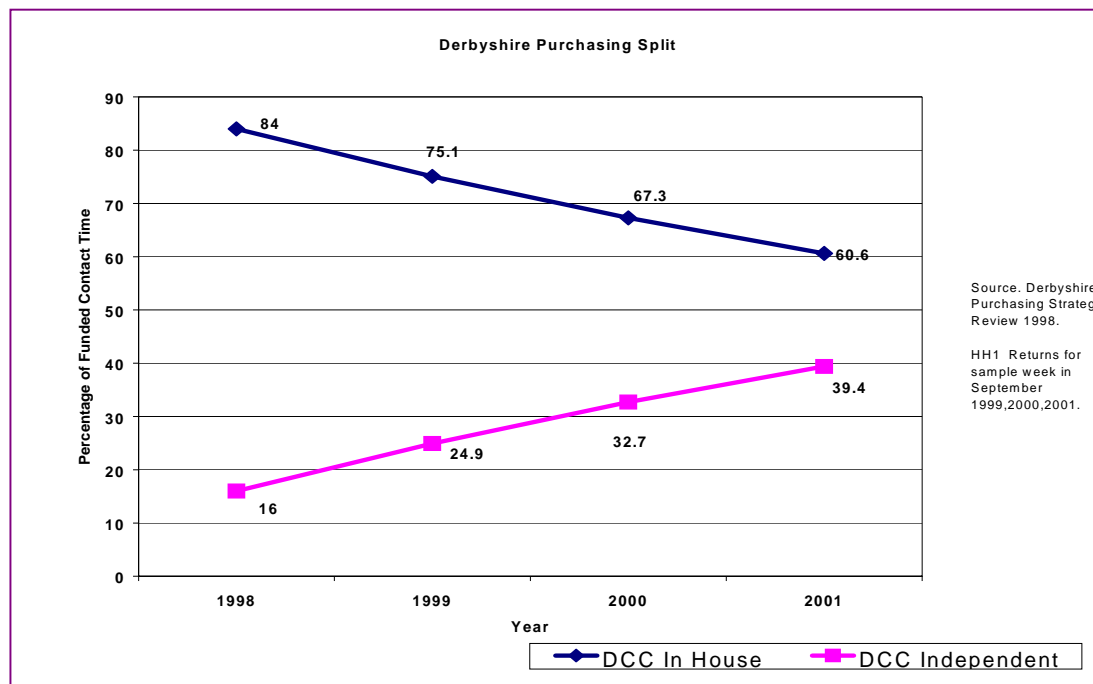


Fig. 4

The HH1 returns for September 2001 show that 60.57% of contact hours – time spent with service users – are provided in-house whilst 39.43% is provided by

Derbyshire County Council
Best Value Review of Home Base Services

independent agencies. The Derbyshire County Council Purchasing Strategy Review lists figures of 84% in-house and 16% independent for an average week in 1998/1999. See Fig 4 above.

Independent Care Agency Provision

The local authority funded home care market developed after 1993 using Special Transitional Grant funding to expand into the independent sector whilst creating new areas and methods of care provision. Before this time all Local Authority funded home care services were delivered by the in-house provider.

- In 2001/02 contracts with independent agencies were valued at £6,140,393.
- In December 2001 the Local Authority had 768 contracts with 47 agencies equating to 12,245 hours a week. (see fig 5 below)
- By October 2002 the number of agencies holding home care contracts with the Council had increased to 50.
- Of these, 25 were eligible for Quality Premium payments. (see page 25)

459 older people, 205 disabled people under 65 years old, 65 people with a learning disability and 39 people with mental ill health received services from independent care agencies (see Fig. 5)

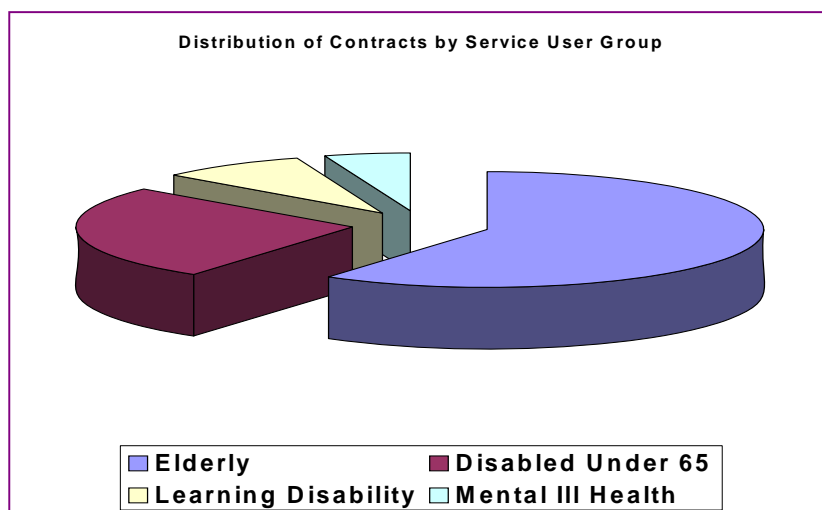


Fig. 5

The county's commissioning arrangements were established in conjunction with Derbyshire Home Care Association in 1994. Terms and conditions of service

Derbyshire County Council
Best Value Review of Home Base Services

remain largely unchanged but higher travel rates for rural areas have been introduced in response to concerns raised by providers. There has been annual percentage inflation/cost of living increases and a recent adjustment to sitting and sleep-in rates to recognise increased employment costs and responsibilities.

Quality Premiums

As part of an accreditation procedure a Quality Premium payment (additional 4%) has been introduced as a way of stimulating improvements in quality and preparing agencies for the National Minimum Standards for Home Care.

Providers are eligible to claim a higher premium standard payment if they can:

- Confirm 25% of their staffing hours are trained to, or are in the process of being enrolled for, NVQ level 2 by the end of December 2002
- Confirm that 30% of supervisor time is trained or enrolled on NVQ level 3 or NVQ Assessors' course before the end of December 2002
- Provide confirmation that all staff has received instruction in safe moving and handling techniques.
- Agree in principle to the introduction of the telephone timesheet system currently used by the in-house Home Help service.

The authority's contracts state that all providers should meet the cultural, religious, and ethnic needs of people but there is an expectation that all individual needs are included in the care plan, which forms part of the legal contract.

Previously, Social Services Inspections Unit inspected accredited agencies. The National Care Standards Commission now oversees standards.

Payment Rates

Derbyshire purchases home care through 'Spot' contracts. Fixed rates are paid depending on the time of day or week and there is a separate lower rate paid for sitting services. A decision was made that the purchasing team would not use tenders in order to avoid providers setting costs too low to be able to meet

Derbyshire County Council
Best Value Review of Home Base Services

required quality standards. Per-visit travel costs are paid at three different rates according to location, and enhancements are paid for work on public holidays.

(See appendix 4.)

Most agencies set a minimum length of half an hour or one hour for individual calls. The review team found that some agencies were unable to get staff willing to work for less than one hour although some agencies would do two half-hour calls if they were reasonably close together.

The majority of commissioned home care is provided at standard rates. Some services are also commissioned from providers offering highly specialised/skilled workers, with individual unit costs agreed by the Purchasing Section at County Hall depending on the level of need and levels of skill required from the staff. Such arrangements have been made with Deafblind UK and the National Autistic Society.

Contracts

Derbyshire has contracts with a range of home care agencies varying from small, very localised providers through to large national companies with local representation. In High Peak two small locally based agencies have recently been taken over by a large business that operates across several counties. In the south of the County an agency has given notice of its intention to end all its contracts with Derbyshire in order to concentrate its business with a neighbouring authority which pays higher rates.

Pilot schemes are being developed using block contracts for fire lighting and for general care provision. These contracts will be put out to tender nationally when the details are finalised.

In South Derbyshire a series of linked spot contracts have been developed where there is insufficient business to make true competition economically viable. By

Derbyshire County Council
Best Value Review of Home Base Services

mutual agreement local agencies have been linked to particular villages or areas and are offered any new work in locations where they already have staff working. This aims to improve the availability of staff and consistency of service.

Comments recorded on questionnaires returned by some independent agencies indicate feelings that they are being asked to cover a disproportionate level of evening and weekend calls.

Through using spot contracts the Authority doesn't commit to hours not required. Spot contracts can limit an agency's workforce planning abilities and staff retention where they cannot anticipate demand. Block contracts enable the authority to be more proactive when planning budgets and can enable agencies to better meet the demands of the commissioning local authority.

Independent Sector Staff Profile

A number of independent care agencies from across the County agreed to complete a questionnaire about staffing levels and service delivery patterns to provide information for the review. Responses to these questionnaires did not permit reliable analysis to compare with local authority levels.

- Three agencies indicated employing staff over sixty-five years old and, of the respondents, less than 1% have staff from ethnic minority groups.
- Information received from agencies suggests most care staff are part time, female and are employed on nil hours contracts with no guaranteed wage.
- No information was provided from independent agencies in Derbyshire to indicate levels of staff turnover.
- During the review some members of Derbyshire Home Care Association indicated that recruitment and retention was a problem for some agencies but they have been unable to supply hard data to support this.

Derbyshire County Council
Best Value Review of Home Base Services

Local Authority Provision

Local authority in-house care is provided in all areas of the County although staff interviewed during the course of the review indicated that levels of provision - especially at weekends and in the evenings - differ from area to area and patch to patch. Home Helps provide the bulk of home care, which is supplemented by Home Care Aides and Community Support Workers.

Demand for services is reported as having peaks at certain times of the day, for instance with help getting in and out of bed, with dressing, washing and help with meals. DSOs face an ongoing challenge to deliver timely and appropriate levels of support. In order to maintain suitably timed cover for staff absence to all high priority calls, DSOs in most areas either reduce the length of calls to share the time around or temporarily drop some lower priority calls. Home Helps can work extra hours above their contract hours but this may not provide help at the required time of day.

We contacted DSOs in different areas of the County to check what arrangements were in place to cover for absences and found that there is no standardised practice. In some areas it is common for staff to take time off other calls – referred to by one DSO as “skimming time from calls”. In other areas Home Helps without regular programmed calls are employed flexibly to cover for sickness and holidays.

Seven Day / 24 Hour services

The review team learned that in some areas DSOs have ongoing difficulty in getting a sufficient number of Home Helps to work evenings and weekends - especially to cover for absent colleagues at short notice: they often felt in a position where they couldn't put any more calls on the rotas. These calls are currently covered by those staff that are willing and able to work at weekends.

Derbyshire County Council
Best Value Review of Home Base Services

Information from telephone timesheets in April 2002 shows an average of 3202 Home Help calls made each day on Saturdays and Sundays across the County. In-house staff only provide 35% of the number of visits at weekends compared to the level of visits during the week.

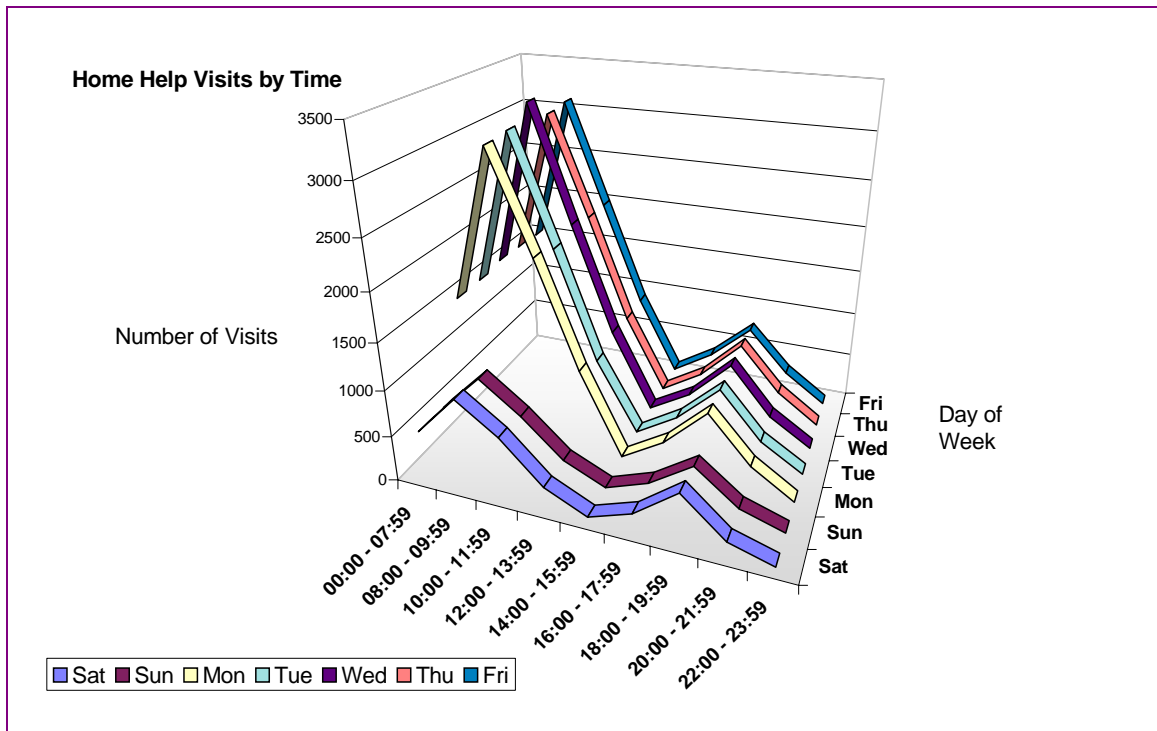


Fig. 6

Fig. 6 shows the pattern of Home Help visits by start time during a sample week in April 2002.

The provision of weekend care is managed through staff working within contractual agreement/arrangements or being asked to work additional hours. Work is taking place within the Department to ensure that all staff employed on flexible contracts adopts flexible working patterns, which include weekends and evenings.

Commonly, where in-house provision isn't available at evenings and weekends, independent providers are approached to cover the calls or people make private arrangements.

Derbyshire County Council
Best Value Review of Home Base Services

DSOs working hours are mainly Monday to Friday 9am to 5pm, although within some teams staff work outside these hours. Under localised arrangements:

- Some DSOs told us their staff could contact them from 7am via a mobile phone.
- Some DSOs can be contacted at home in emergencies.
- Some Resource centres provide out of hours support for staff working on the area. This may include arrangements for staff reporting safe arrival at home following evening work.

Profile of Existing Workforce

Local authority staff benefit from nationally as well as locally agreed terms and conditions of employment. They have contracts with guaranteed minimum hours and minimum wages.

Staff Profile

- 98% of Local Authority home carers in Derbyshire are female
- 65% are between 36 and 55 years of age
- 98.8% are white
- 55% have been employed by the Authority for more than five years
- 20% will be eligible for retirement over the next five years
- 2% are aged twenty-five or under
- less than 1% are disabled

In 2000/2001 Derbyshire Home Helps and Home Care Aides had an annual turnover of 14.2%.

The In-house Home Help Service

- Derbyshire employs 1804 Home Helps who make 48,000 visits a week.

Derbyshire County Council
Best Value Review of Home Base Services

- In 1996 a flexible contract was introduced including a commitment to work some evenings and weekends, within generally prescribed parameters, where need demands.
- Home Helps provide help with a range of personal care and domestic tasks. They work in patch based teams.
- Home Helps also undertake work that is commissioned by Care Managers but continue to receive day to day management from their DSO.

Contractual arrangements for flexibility

79.3% of DCC Home Helps are employed on flexible contracts known as 'Contracts 96' – the year of their introduction. They require Home Helps to work any five days in seven and to be available, by agreement, to work some evenings and weekends, as demand requires, unless personal circumstances prevent this. There are wide variations in both the number and frequency of weekend days worked by individual Home Helps. The 'minimum availability for work requirement' under the flexible contracts is to work one day at the weekend in every four weeks and three days at Bank Holiday every year.

Flexible contracts were introduced as a way of preparing the Home Help service for the changing demands for home care support – especially to provide increasing amounts of help in the evenings and at weekends -, to reduce the demand on relief staff and to consolidate more of the hours worked into a contractual guarantee. Staff on the more flexible contracts are paid a basic rate of five pence an hour more than those working on older contracts plus any time related enhancements.

Monthly averaged hours were agreed in the new contract, though not implemented, as was the principle of monthly pay.

During a 50 week period ending in June 2002 76% of all Home Helps undertook some work at a weekend. The number of weekend days worked by individual Home Helps ranges from one to 99. (See Fig 7)

Derbyshire County Council
Best Value Review of Home Base Services

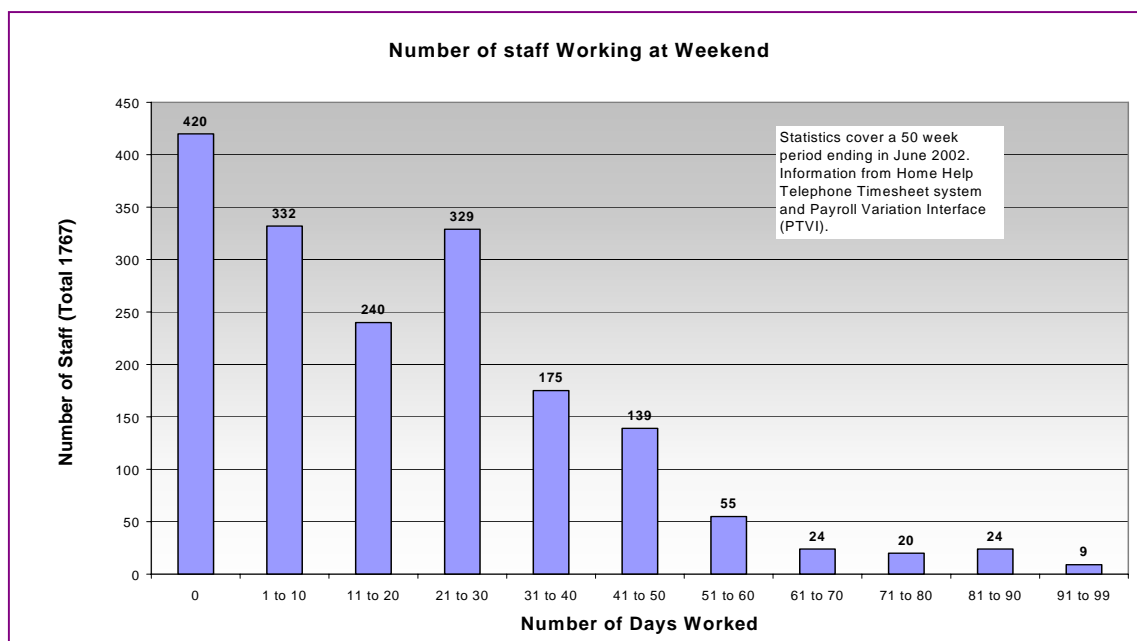


Fig. 7

An analysis of weekend and Bank Holiday working by Home Helps employed under contracts '96 for a 43-week period between April 2001 and January 2002 shows that out of 1374 staff:

- 22 Home Helps recorded an element of Bank Holiday or weekend work in All 43 weeks
- 135 Home Helps recorded NO weekend or Bank Holiday work for 40 or more of the 43 weeks they worked.

Current deployment patterns and availability of staff at weekends and evenings suggests greater flexibility is still required. Figures from the Central Personnel Records System in December 2002 show 1802 Home Helps working for 103 established DSOs/patch teams. This gives a notional ratio of 17.5 Home Helps per DSO, although the actual distribution of staff and the level of demand for weekend calls are unevenly spread within areas and teams across the county.

Derbyshire County Council
Best Value Review of Home Base Services

Under current arrangements DSOs use a core group of staff who are willing to work at weekends (and in the evenings) in order to provide cover within given budget and resource limitations. The challenges of providing a service 365 days a year means that DSOs also have to manage replacement cover for four or five weeks annual leave for all Home Helps and a long-term sickness rate running at more than 7%. Additional factors affecting provision, workloads and planning include the unpredictable demand for care packages and the varied geography and travel requirements across the county.

There are still around 300 Home Helps employed on the older contracts but this number is reducing as all new Home Helps are employed on flexible contracts. An audit of work patterns undertaken by the Human Resources section using information from the telephone timesheet system has shown that some Home Helps on older non-flexible contracts regularly work evenings and weekends.

Home Help Pay

Home Helps are paid weekly. They are employed on a variety of contracted hours – with guaranteed minimum hours - up to a maximum of 37 hours a week. Travel time and costs are paid in addition to hours worked. Although there is no set requirement for Home Helps to provide transport, by December 2002, 969 Home Helps had Casual User car allowances and an additional 155 claimed Public Transport rates. In many cases the job is no longer manageable without using a car to travel between calls.

Information from a 50 week period ending in June 2002 shows an average of 6245 hours a week paid to Home Helps working over their contracted hours: For the same period 1944 hours were paid to Home Helps working below their contract hours. It is common for the same Home Helps to be paid for hours both above and below their contract hours within the space of a few weeks.

The In-house Home Care Aide Service

- Home Care Aides were originally introduced to provide support with intensive personal care – to work flexibly and at unsocial times. They are managed by DSOs and often work in the same teams as Home Helps.
- Initially the role was specialised and complementary to that of the Home Help. Changes to the Home Help role have eroded much of the difference.
- Terms and conditions of employment have some differences from those of Home Helps; for example they are monthly paid.

Home Care Aides are paid monthly and employed on minimum hours contracts that include travel time. Travel costs are paid in addition. It is a requirement that they provide transport for the job. Like Home Helps, they are paid enhancements for weekend and evening working although the rates differ from those paid to Home Helps.

Community Support Workers

Community Support Workers have minimum hour contracts. They too are monthly paid but on a higher basic hourly rate instead of a series of enhancements linked to day and time of work. They continue to attract enhancements for Bank Holiday and overtime working. (Examples of how these different payment rates affect the cost of care packages can be found in appendix 10)

Senior Home Helps

Senior Home Helps were introduced under 'pilot schemes' in four areas of the county in 1993. These schemes have been updated and are still running in three areas but have not been rolled out across Derbyshire. The schemes have recently been re-evaluated as part of an exercise to consider separating the assessment and provider roles undertaken by DSOs.

Senior Home Helps assist and support the DSO with the day to day practicalities of running patch based teams; ensuring services are flexible, direct, and

Derbyshire County Council
Best Value Review of Home Base Services

responsive. Senior duties are performed in addition to ordinary Home Help work. Payment is based on current rates plus 10% on a flexible five in seven day working pattern.

Attendance Management

In April 2001 the Department introduced an Attendance Management programme with targets to reduce both short and long-term sickness absence at all levels.

Benefits from higher attendance have been identified for all stakeholders.

Positive impacts include:

- A consistent level of service and regular carers – especially important for service users with dementia and those undergoing rehabilitation.
- More manageable workloads with a fairer split of less favoured activities.
- More stable rotas that allow time for planned leave and training.
- Time savings achieved through less rescheduling
- Reduced budget overspends and opportunities to develop services rather than 'putting out fires'.

The average sickness rate for home helps from April 02 to November 02 is 9.7%: long-term 6.9% and short-term 2.8%. Home Care Aide sickness rates between April 01 and February 02 are 9.5%: long term 7.3%, short term 2.2%. All these figures are lower than those recorded for previous years. The introduction of the telephone timesheet system in 2000 has enabled more accurate recording of sickness and attendance patterns. (See Appendix 6 In-house staff absence rates)

There has been a yearly reduction in time lost from work due to moving and handling related injuries, particularly absences of over three days. Over the past five years accidents involving moving and handling have halved. For the last three years all Home Helps have received moving and handling training before actually starting work as well as first aid, food hygiene and basic care.

Derbyshire County Council
Best Value Review of Home Base Services

Training

The Authority has an ongoing programme of in-service training for all staff within the Department. Some training courses such as Adult Protection are offered to all staff whilst other courses may be more specifically targeted to front line workers or managers. Training for Home Helps and Home Care Aides includes NVQ level 2, moving and handling techniques and basic food hygiene. The percentage of Home Helps and Home Care Aides who had achieved or registered for NVQ level 2 has risen from 27% in February 2002 to 69% in June 2003. (See Appendix 7)

There is no requirement for DSOs to hold a professional qualification although they are offered a range of in-service training courses. Some courses are mandatory including NVQ level 3 and management courses. Attendance on others, including direct payments training and welfare rights courses are encouraged. (See appendix 7)

The Authority's moving and handling training is available to independent agencies by arrangement.

Comparison of service patterns between in-house and independent agency home care

Information from the Home Help telephone timesheets shows that for a sample week in April 2002 evening visits by start time (after 8.00pm) are 3.3% of the number of daytime visits. Independent agency contract information (December 2001) records elements of evening work as 49% of the daytime level.

The level of weekend visits by Home Helps is 35% of the weekday total; whilst agency contracts information records elements of weekend care at 77% of elements of weekday care (calls after 8.00pm at weekends are recorded simply as weekend work on independent contracts). The same sample week records Home Helps providing 3,999 hours of domestic assistance over 6,158 visits with

Derbyshire County Council
Best Value Review of Home Base Services

an average task length of 39 minutes. There were 16,090 hours of personal care over 33,095 visits with an average task length of 29 minutes. Check calls amounted to 620 hours over 2,464 visits for an average of 15 minutes per call.

The local authority has no contract or service level agreement with the in-house provider.

Direct Payments

- Direct Payments were initially introduced in 1996 under permissive legislation and were offered to disabled adults aged under 65 who needed 15 hours or more care a week. Direct Payments have since been extended to include carers aged over 16, disabled children and to people with parental responsibility for 16 and 17 year olds. The upper age limit was removed in 2000.
- Direct Payments are able to bring about improvements to the quality of life of people who would like to manage their own support.
- Cash payments are made in lieu of services. Support is offered to users to help manage the scheme. The service is monitored through care management reviews and receipt of monthly financial returns.
- Department of Health guidance suggests that a local authority should not make a Direct Payment unless it is at least as cost-effective as the services they would otherwise arrange. Any consideration of cost effectiveness should consider long term best value.

Derbyshire direct payments rates are based roughly in line with independent sector home care pay rates accounting for the fact that the independent sector has a profit element in its hourly rates. This allows for administrative costs, such as the costs of using a payroll service, for people who employ their own staff. In the document “Key issues for Local Authority Implementation of Direct Payments” Hasler, Zarb, Campbell (PSI March 1998) estimate that total on-costs add between 25% and 30% to the basic wages of Personal Assistants.

Derbyshire County Council
Best Value Review of Home Base Services

In Derbyshire service users can use direct payments monies to employ Personal Assistants or use agency staff. Direct payments can be used to pay for daytime and night-time care, sitting services, sleep-ins and live-in carers.

In February 2002 there were 88 recipients of a Direct Payment in Derbyshire comprising:

- 64 'disabled people under 65, people with mental ill health and people with learning disabilities'
- 21 'older people'
- 3 carers.

Of these 88 people, 60 employed Personal Assistants, 27 used agency staff and one person used both Personal Assistants and agency staff. The total financial commitment in February 2002 (for 2001/2002) was £683,004.86. By May 2002 the number of users had risen to 100 and had further risen to 124 by December 2002.

Users of direct payments do not need to use approved or registered providers. Personal Assistants are not regulated or inspected by the Care Standards Commission.

Fig. 8

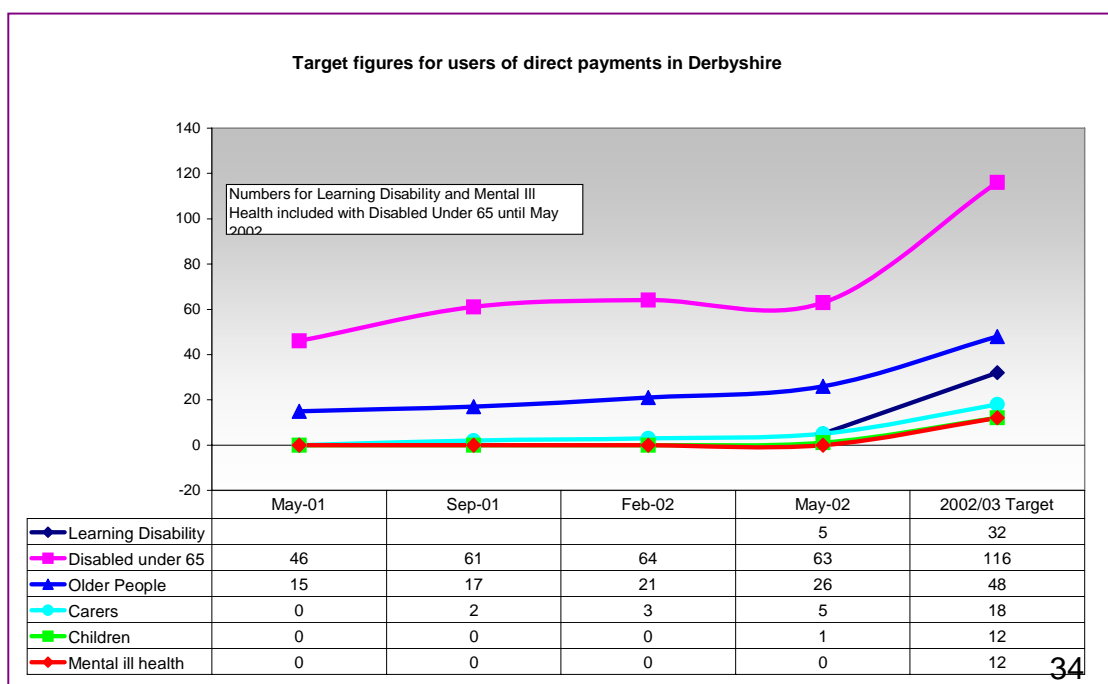


Figure 8 shows trends in the take up of direct payments and targets for different service user groups.

Departmental targets have been set for an increase in numbers of people using direct payments in 2002/2003 (since May 2002 figures for learning disability and mental ill health have been separated from those for disabled people under 65).

Laundry Services

There is no statutory duty placed upon local authorities to provide a specific laundry service. The system used by Derbyshire was chosen as a cost-effective way of providing help to a large number of people.

The laundry service is currently contracted out to one supplier, selected through a tendering process. The current contract for laundry services runs until 30 September 2003, after which time it will be put out to tender.

Laundry is collected from service users' homes and then returned washed, dried and ironed. DSOs and Care Managers undertake assessments for the service, which is available to all service user groups. Satisfaction levels were reported at a consistently high level of between 95% and 97% in both February and September 2001.

Data for October 2002 shows 2768 people receiving the laundry service. The gross cost to the Local Authority in 2001/2002 was £328,328. Costs and charges to the Department, set when the current contract was let in 1999, are based on a standard weekly collection of a minimum of six items (£3.42 gross) with a further cost (48p) for each additional item. Irrespective of the number of items, service users pay £1 per collection using laundry stamps bought from the Post Office, which are attached to the collection list. Income from laundry stamps is paid to the Council each month by the Post Office. In 2002/03 the Department will pay

Derbyshire County Council
Best Value Review of Home Base Services

the Post Office a projected commission of £8425.00 for handling collection charges.

Cost savings to both the service user (£1 per fortnight) and the council (50p per fortnight) have been identified through moving from six items per week to ten items per fortnight where this reduction will still meet the service user's needs. Between July 1998 and January 2003 the number of people receiving a fortnightly service rose from 45% to 72.5%.

The contracted laundry service is augmented by small amounts of laundry done in service users' own homes or laundrettes. In some areas of the County, the health service operates an incontinence laundry service to which people with appropriate needs should be referred to, although the Social Services contractor will deal with wet and soiled incontinence laundry by arrangement.

Telephone Timesheets

The introduction of the telephone timesheet system to the independent sector is now imminent. This will bring 'Quality Premium' independent agencies in line with the in-house Home Help services in providing information about the levels and nature of work undertaken for the department.

The In-house Home Help service uses a telephone timesheet system in place of paper timesheets. The system relies on individual workers accurately entering coded information via the keypad on the telephone in service users' homes when entering and leaving. This information is recorded centrally and used to calculate wage levels. In addition, information about attendance and the task and nature of work undertaken during the visit is also collected, thus enabling the detailed evaluation of county-wide performance levels.

Derbyshire County Council
Best Value Review of Home Base Services

CONSULTATION STRATEGY

Consultation with relevant stakeholders is an acknowledged requirement of any best value review. For the purposes of this review, it was decided to draw together the views of three groups: - a) Service Users and Carers, Potential Users and the General Public, b) Staff and Providers, c) Commissioners and Organisers. In addition, we talked to our partner agencies, including Health and District/Borough Councils (for a complete list of groups consulted see Appendix 12).

A range of methods was used to gain information from groups and individuals, including questionnaires, focus groups and telephone interviews. Over 1000 recipients of Derbyshire's home care services were asked to fill in a comprehensive questionnaire. 800 of these had their services provided by the in-house service and 200 people received home care commissioned by Social Services from the independent sector. Comments made by service users involved in the survey are expressed throughout this chapter

In addition to the above, the views of the general public were gained from the Health Panel in North Derbyshire and a Citizens Panel in South Derbyshire. An article inviting views from the public was placed in Derbyshire "Insight". Members of the review team have also visited five groups of potential users to discover their views.

Staff were consulted at a workshop which used the framework developed by the European Foundation for Quality Management (EFQM) as well as in focus groups and were further invited to comment through newsletters sent to their homes or offices and published on Dnet. The views of staff were also considered in the Audit of Area Practice carried out in January 2002. (For more information on the consultation methods used see Appendix 12).

Derbyshire County Council
Best Value Review of Home Base Services

Identified aims of the consultation were to:

- Discover what existing and potential users require of the service now and in the future;
- Challenge the approach and deployment of the existing service;
- Listen to and capture the views of all stakeholders and to feed these back into the Best Value Review process to inform the development of a range of models for the future;
- Explore the range of views expressed by stakeholders including older people who receive the service;
- Question whether the existing configuration satisfies the needs of current and potential users of the service.

Outcomes of the Consultation

Service users expressed high levels of satisfaction with regard to both the service provided directly by Derbyshire County Council and that commissioned in the independent sector. This expression of satisfaction is particularly aimed at the quality of the Home Helps themselves and is made especially by many people who have high dependency needs and receive more intensive services.

There were many positive comments expressed about the high standard of care provided by the Home Helps themselves and the high level of skill they exhibited when carrying out their work. There was however concern expressed by some service users who received their care from independent sector providers that the level of skill exhibited by the home care workers was not as high as it should be.

The questionnaires did indicate some areas for improvement. For example many service users felt that the Home Helps needed more time to carry out the tasks they were given and some said that they needed more help than they were allocated. Many said they would like more help with cleaning and shopping. More comments from service users are expressed further on in this chapter.

Derbyshire County Council
Best Value Review of Home Base Services

Focus groups and forums were able to discuss issues surrounding the home care services and their responses tend to be more critical.

Comments received indicate that the service is seen as vital in enabling vulnerable people to remain in their own homes and that this is a primary desire for service users and carers.

Responses received can be grouped together into the following 7 categories: - Access to the service, Speed of response, Quality, Reliability, Consistency of the service, Flexibility of the service and Communication.

Access to the Service

Accessing Home Care in Derbyshire presents a mixed picture.

Most referrals are received from staff in other agencies and they have a good knowledge of where and who to contact. Whilst the general public are generally aware of Derbyshire's Home Help Service, there is less understanding about how to access the service directly. For example, of 16 older people who attend a lunch group, none knew how to access the nearest Social Services office 10 miles away. They didn't know where to get information and advice about services and thought that all referrals had to go through their GP.

As the Department moves towards greater specialisation, confederations have been formed in learning disabilities and in mental health. From within these there are calls for specialist home care services.

Some child care managers felt that children and families would be better served by moving towards specialist home care. They wanted to have greater budgetary control and the ability to purchase care in the independent sector. Some wanted to have DSOs working in child care teams with groups of specialist Home Helps.

Derbyshire County Council
Best Value Review of Home Base Services

- Carers (family and friends) especially felt unsure about where and when to contact Social Services and felt that the ability to access services out of hours is important, but not currently available except in an emergency.
- Other providers, especially the independent sector, said that it was relatively easy to contact the service within office hours. But they also feel that it is important to be able to contact out of hours so that non-emergency issues can be resolved quickly.
- The ability to contact the Department out of hours was also felt to be important by some ethnic minority groups consulted and it is clear that it is not just an issue of initial access but one of being able to contact someone who can resolve a local problem quickly and efficiently. Carers in particular wanted to feel confident that they could contact someone who had knowledge and expertise in providing the service and understand the issues they face.
- Some groups felt that the service was not accessible because it does not provide for their particular needs. Groups concerned with children felt that the needs of children were low priority for the service and that in any case the service was not geared to deliver services to children and families.
- One ethnic minority group said that there needed to be more awareness of customs and cultural practices including dietary needs for the service to be accessible to them.
- The Carers User Reference Panel thought that improved information about the service would enable carers to access services better.

Speed of Response

The standards for speed of response are clear with assessment being carried out within 48 hours of the referral being received and the service being implemented within 14 days of assessment.

Very high priority referrals should be assessed and the service implemented within the same day.

Derbyshire County Council
Best Value Review of Home Base Services

The service is generally good at meeting these response times; however the general perception of those consulted is that responses are slow or at least dependent on a variety of factors.

- Some Wardens felt that it depended on which DSO is approached and thought that the response times were slow, especially for new cases.
- Some carers felt that responses were slow in complex cases involving a variety of agencies, especially where there is disagreement between them. Other delays are caused by having to wait for equipment to be installed or when crucial staff are unavailable because of leave or training commitments.
- DSOs felt that improvements in duty systems would ensure better screening and information gathering and that this would, in turn, improve their ability to respond more quickly.

Quality

A large proportion of people in receipt of home care felt a high degree of satisfaction with the service they received. More than 89% said that the help they received from their Home Help was excellent or good. There was very little difference between the results in the independent sector and those in the in-house service.

This is mostly reflected in high satisfaction with the staff providing the care and 85% of service users felt that the Home Helps possessed all of the necessary skills to carry out their tasks. Home Helps are seen as caring and 67% of service users said that they were willing to do things for them that were not in the care plan. Workers in the independent sector are seen as equally willing to help.

It is clear that the quality of the relationship that service users have with the worker who attends is of the highest importance and from that point of view high levels of satisfaction were expressed in the survey.

Derbyshire County Council
Best Value Review of Home Base Services

Less satisfaction was expressed by those people assessed as needing services at the lower end of the spectrum, such as cleaning calls often made only fortnightly or weekly. Again, whilst these people were happy with their Home Help, they felt that the level of service they received did not meet their needs, especially as it was all too often cancelled when staff were absent or had to be redirected to work of higher priority.

The Local Authority is committed to installing copies of care plans in all service users' homes. Of those receiving in-house services, 37% said they had received a copy of a care plan whereas 80% of those who received services commissioned by Social Services from the independent sector said they had received a copy. This difference may be as a result of the paperwork used at the time of the survey.

The documentation relating to in-house services was called a service agreement whereas documentation used by Care Managers when they commissioned home care was headed "care plan". This system has now been changed so that care plans are used by all workers.

Of the 700 service users who returned the questionnaire, 41% reported that the manager of the in-house service had never contacted them to check on their satisfaction with the quality of their care. This compares with 23% in the independent sector.

DSOs felt that their ability to provide a quality service had become unmanageable, and should be reviewed. Home Helps feel that their role has become too wide and that they have to be all things to all people. Some specialist groups feel that the quality of the service provided to them is not good. Children's groups in particular expressed this. Some other groups however, did not agree and people with learning disabilities said their Home Helps were friendly and expressed high levels of satisfaction with the quality of the service

Derbyshire County Council
Best Value Review of Home Base Services

they received. The majority of respondents who had learning disabilities said they would not change anything.

Generally, staff feel that quality would be improved by giving greater focus to the service. There is tension between the more intensive services provided and lower level or preventative services. Staff at all levels identify clearly with intensive services and are clear about its objectives and what constitutes quality. Lower priority services are seen as always being subject to lower quality because higher priority work tends to take resources away. This leads to many complaints from service users who have had to have their cleaning call removed (again) to resource a higher priority case. Staff want to provide a high quality service across the board but feel that the quality of lower level services will always suffer under the current system.

- ☉ *“I don’t see how a better service to me is possible – I am most satisfied”*
- ☉ *“The regular carer I receive is a huge asset to the Social Services Department and provides a professional service in a sensitive and thoughtful manner”*
- ☉ *Does not need to improve skills an excellent worker”*

- District Councils across the county expressed concern that a concentration on high level needs left a gap in provision at the lower end. Some expressed an interest in providing services that could fill this gap.
- Some carers felt that the service provided social contact and stability for the person cared for.
- The Afro-Caribbean Association felt that the service actively encouraged service users to live independently.
- Some Wardens felt that joint training between DCC home care staff and staff from other agencies would improve the quality of services overall.

Derbyshire County Council
Best Value Review of Home Base Services

- Some service users with high levels of need expressed dissatisfaction with the skill levels of the staff provided by the independent agencies. It could be suggested therefore that Social Services staff are better trained than those from the independent agencies.

Reliability of the Service

The issue of reliability was raised by service users as the one that gave the greatest concern.

It is seen as a strength that the service sets out to indicate to users, in writing, whom will arrive, at what time and on what day. However, on occasions Home Helps in our own service are unable to meet those times.

Some service users reported that sometimes, their Home Help did not turn up and no explanation was given. This is often experienced by people who receive a low-level service, and when the Home Help is not replaced when they are absent through sickness or when they have had to be redirected to a service user with higher level needs.

Derbyshire County Council
Best Value Review of Home Base Services

This does not recognise the importance of the service to people who have low-level needs.

- ⊗ *“They haven’t let me know why, but I haven’t had a home help worker for at least 5 weeks”.*
- ⊗ *“Main concern with the service is that there is no cover when a helper is on holiday, day off and sickness”.*
- ⊗ *“More cover needed for absences”.*
- ⊗ *Users of respite care services said “Sometimes a bit late”, “Can’t guarantee it, it could be different people”, “Sometimes up to 2 hours late”, “When it was regulars, they were on time.”*

- Service Managers said that reliability would be improved by a combination of more effective absence management, shift pattern working and a wholesale review of the workload of the service.

Consistency of the Service

Research collated by the University of York shows that the relationship between the worker and the service user is the key to satisfaction with the service.

It is understood within the service that service users become attached to their Home Helps and develop trust and a rapport with them. This is especially important to people who are receiving intensive and intimate personal care. Its importance should not be underestimated for people who receive relatively low-level services.

Frequent changes are, as far as possible, avoided but Home Helps undertake training, take leave, take sick leave or leave the service altogether. In addition, DSOs constantly seek to make the service as cost efficient as possible by rationalising travel patterns. All this can lead to service users having their Home Help changed sometimes at very short notice.

Derbyshire County Council
Best Value Review of Home Base Services

Of the 800 service users contacted who receive in-house services, 33% had seen their Home Help changed 3-5 times. Of the 200 people who receive home care commissioned from the independent sector, 24.4% had seen their Home Help changed 3-5 times.

- ⇒ *“Because it’s always the same personnel, when my needs change they learn to adapt to my requirements – continuity is the word”*
- ⇒ *“Having the same team of people (4 carers) all the time”*
- ⇒ *“I think it is important to retain a Home Help for as long as possible so that the client and the carer build up a relationship with one another”*
- ⇒ *“Too many different Home Helps”*

- DSOs said there are problems in providing the same Home Help for the same call on a regular basis
- Some carers felt that there were too many staff changes.

Flexibility of the Service

Service users both actual and potential expressed the view that the home care service should, as far as possible, be flexible in two main ways.

1. Service users want to choose the times when visits are made to suit them not the service.
2. Service users want to have greater control in choosing the tasks undertaken by Home Helps on a day to day basis.

DSOs do, as far as possible, try to ensure that service users receive visits at times that most suit them. They also try to ensure that helping people up in the morning or assisting them to bed in the evening is done at a reasonable time, recognising that there is a tension between providing flexibility for service users and a reasonable job for staff.

Derbyshire County Council
Best Value Review of Home Base Services

Much activity is squeezed into those parts of the day and, especially at times of staffing pressures (holidays, sickness etc.) this means that some service users at some times are having to get up or go to bed at times that are clearly unacceptable.

There is recognition of the complexity of organising care at those crucial times, but there is evidence that some service users are having to wait until 10.00am to get up and others are being put to bed as early as 6.00pm. This therefore, is not just an issue of choice but also one of maintaining an individual's reasonable quality of life.

In addition to this many service users wish to have some element of control over what tasks are undertaken during a Home Helps visit. Many people felt that their Home Help was willing to undertake tasks that were not written down in the care plan. Others found that their Home Help felt only able to carry out duties identified within the care plan.

The small number of people who receive direct payments felt that this was a clear advantage of the scheme although some found the paperwork associated with it difficult.

Some service users felt that being charged for the service would tend to give them greater control over the way it is provided.

There was a generally supported view that there needed to be a much fuller and better-organised evening and weekend service.

- Some carers said that home care services should be more flexible. The service user should have more say in what they need. They may not want to go to bed at 8.30pm or get up at 7.00am just because this fits in with the timetable of the worker. Everyone feels there should be more flexibility with regard to times.

Derbyshire County Council
Best Value Review of Home Base Services

- Care Managers said that services need to be more flexible to fit around people's lives. It is felt that the delivery of the service needs to be more flexible with some autonomy given to Home Helps.
- The Afro-Caribbean Community Association said that where possible the home care services should provide an evening and weekend service.
- A group representing some people with learning disabilities said that they have found that the home care service tends to be inflexible, and that time allocated to individual clients is based more on budgetary and personnel constraints rather than on client need.

Communication

In a complex service such as home care, communication issues arise at a number of levels: -

- Between service provider and service user.
- Between commissioners and service providers.
- Between agencies.
- Between managers and staff within agencies.

Although most service users are contacted most of the time about service changes many stakeholders felt that improvements in communication were needed at all levels.

Being notified about changes made to the service was highlighted by a significant number of service users. 17% said that they were never notified about changes to their in-house service. This compares with 10% of people who receive services from the independent sector.

Some service users felt that they should see more of managers and DSOs to discuss the service they receive. They felt that the 6-month review pattern was not adequate.

Derbyshire County Council
Best Value Review of Home Base Services

- ⇒ *“The only problem is over a bank holiday when staff who should attend to help with the evening meal didn’t arrive”*
- ⇒ *It is important “always to be kept up to date with any changes”*
- ⇒ *“I would like to be given notice when they are off work and when they return”*
- ⇒ *“More information should be given to the worker about the health of the service user before being sent in”*

- Some carers felt that improvements were needed in general planning and information for users about which staff will be providing the care
- Independent providers felt that communication between Social Services and themselves is good. In addition they said they received sufficient information on service users
- Some independent providers expressed concern that the Department has no commissioning policy
- Some DSOs felt that sometimes the quality of the information they receive from referring agencies is not adequate
- Some staff said that they want to be told how well the service is achieving its targets. They want more feedback on their performance and that of the service as a whole
- Many DSOs expressed concern at running two management information systems, one paper based and one using information technology.

There are a number of issues that came out of the consultation, which do not fit easily with above groups: -

Charging

In the consultation as a whole, there was found to be less resistance to charging than might be expected. Some service users told us they are already making a voluntary contribution to their care and in some cases the amount is substantial.

Derbyshire County Council
Best Value Review of Home Base Services

Those in receipt of services at the lower end of the spectrum felt that if they paid for the service they would be able to exercise greater control over it.

The majority of potential service users did not think that charging would improve services (46%) but a significant number felt that it could (30%).

Staff Views

Staff felt that there is much to be proud of in the Home Help service and expressed the view that it is innovative and forward thinking. Home Helps in particular felt that their role had developed greatly in recent years and gave examples of health and safety awareness, patch meetings, supervision and information technology as positive progress within the job. There are calls for a change of name and a review of the role of the Home Help, with a sense that this is too broad and the name does not reflect properly the work that is done.

DSOs recognise many of the areas for improvement identified, especially in terms of reliability and access. Some described the need for an out of hours management of the service and improved information technology to assist programming and streamline the deployment of staff. Above all however, they felt that greater focus of the role of the service was essential to make it more efficient. In addition, DSOs felt that they needed more time to carry out reviews especially of those people receiving low level services.

All staff indicated that they would like more information on how well they, their team and the service as a whole are achieving targets. They saw the feedback contained within the Home Help Newsletter, the team brief and Key Themes reports as a positive development.

Summary of Main Themes emerging from consultation

1. High level of satisfaction with Home Helps
2. High level of satisfaction with the laundry service

Derbyshire County Council
Best Value Review of Home Base Services

3. Concern about perceived gaps in services at the lower end of the spectrum
4. Recruitment of home care staff is becoming difficult in many parts of the county for both DCC and independent providers in line with national trends
5. More information for service users if their carer is late or has been cancelled
6. A more reliable service needed
7. More flexibility needed
8. More acceptable times for assistance with getting up and/or going to bed
9. Better out of hours support
10. More cleaning/preventative tasks
11. Better communication and co-ordination
12. Better skills in the independent sector
13. Better assessment and responses to cultural issues
14. Most people want to stay in their own home
15. Less paperwork for direct payments
16. An independent sector commissioning strategy
17. Greater clarification of the role of the service
18. More time for reviews
19. Improved information technology
20. Better care plans and service agreements

COMPARISON

Introduction

The review team undertook a variety of benchmarking and comparison activities with the joint objectives of identifying how well the Council's home care service performs and how best practice from other organisations, both within and outside local government, can help it perform even better.

In seeking out best practice the review team focused on those areas identified by the baseline assessment and the consultation as having some room for improvement, namely:

- Commissioning
- Promoting independence
- The reliability to deliver services when promised and inform people about changes
- The flexibility to provide services at a time that people need them
- Working in partnership with health
- The efficient use of resources

(Appendix 8 gives details of the "compare" strategy)

The comparison activities have demonstrated many strengths in current practice within the Council's home care service. There was also much elsewhere that was of use. A Primary Care Trust has developed systems for commissioning for outcomes, some local authorities have organised better to improve the relationship with, and the performance of, independent agencies and some have developed specialist services for promoting independence. One local authority has reduced home help sickness rates from 11% to 7.9%. Within other industries the review team saw how businesses which depend for their success on delivering a service on time have created information technology and personnel systems to achieve their objectives. Outside the UK the benefits of close working between health and social care have been to reduce duplication and gaps

Derbyshire County Council
Best Value Review of Home Base Services

between workers and deliver the right skills to each situation. The review team has sought to transfer learning from best practice into the recommendations of the review.

Comparisons of Service Direction with National Trends

Laing and Buisson, in their analysis, “Domiciliary Care Markets 2002” identify a number of trends in local authority funded home care:

- Higher intensity of home care at the expense of help with practical tasks. They say “low dependency consumers and those whose needs are for domestic rather than personal care, do not receive any home care visits in many local authority areas”
- Tighter eligibility criteria – indicated by a large drop in the number of households provided with home care.
- A continued shift towards independent sector care: They say “the transfer of provision from in house teams to... the independent sector...has allowed more care to be purchased for the same cost”. They cite two examples of local authorities whose in-house home care has been transferred to an independent trust. Somerset County Council was contacted by the review team and reported satisfaction with service delivery several years after the change to a wholly independently provided service. Laing and Buisson report that the London Borough of Bexley created an independent trust in May 2000 and anticipated savings of £600,000 a year. The review team contacted Bexley who clarified that the savings would be achieved over a 10-year period with a gradual transfer from an in-house service to the independent trust.

Derbyshire County Council’s home care service is based on a different strategy. Its use of independent sector care is still relatively low at around 40% of contact time although this in itself represents a considerable shift. It continues to provide help with practical tasks at the same time as striving to meet intensity targets in line with its public service agreement. Derbyshire County Council is also unusual in not having a formal charging policy for its home care service. The following

Derbyshire County Council
Best Value Review of Home Base Services

table (Fig 9) demonstrates its significant difference from other local authorities in its income from fees and charges. Some caution is necessary in interpreting the information, as some local authorities have not deducted their associated administrative costs when supplying the information.

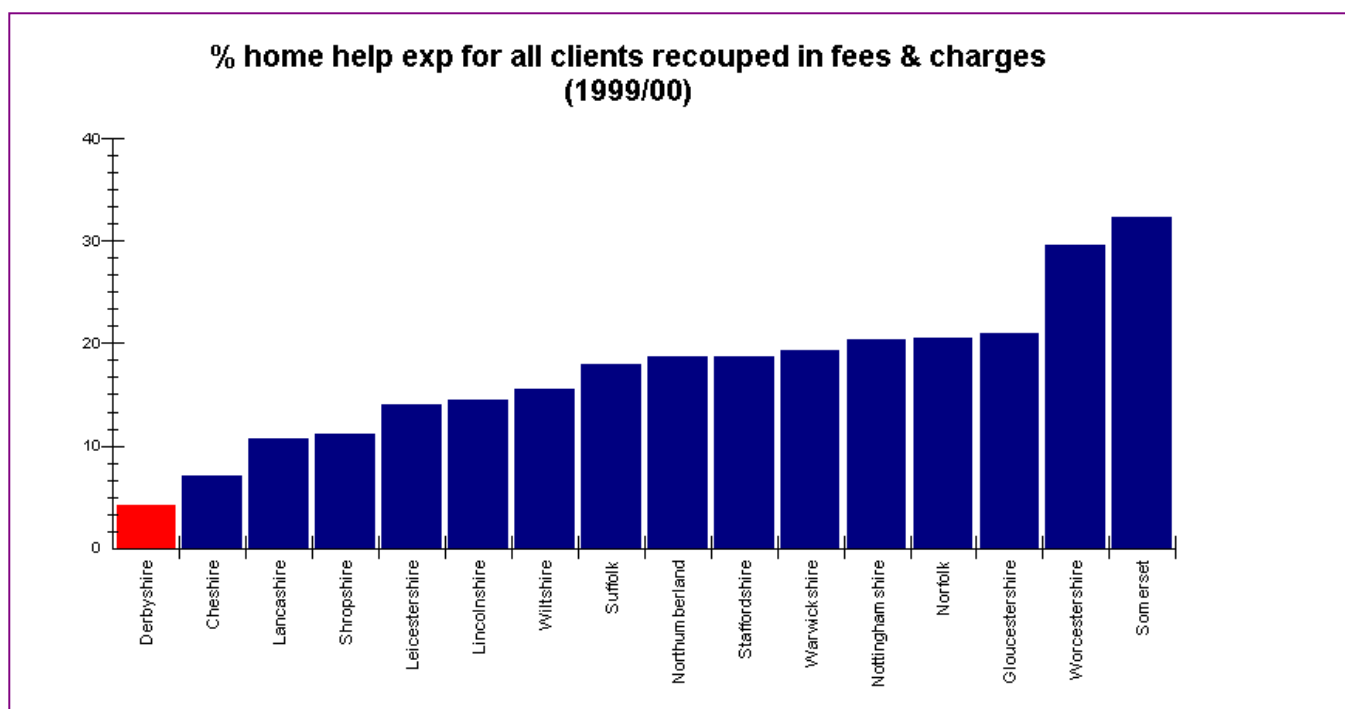


Fig. 9

The review team looked at a number of charging policies as part of its comparison activities but was aware that many were about to change in light of the guidance on fairer charging. Of interest to the team was the experience of Cumbria Social Services who introduced charging in October 2002. In December 2002 it was too soon for them to have made a full analysis of the impact of charging but they did report a fall in demand for home care.

Comparisons of Performance with other Local Authorities

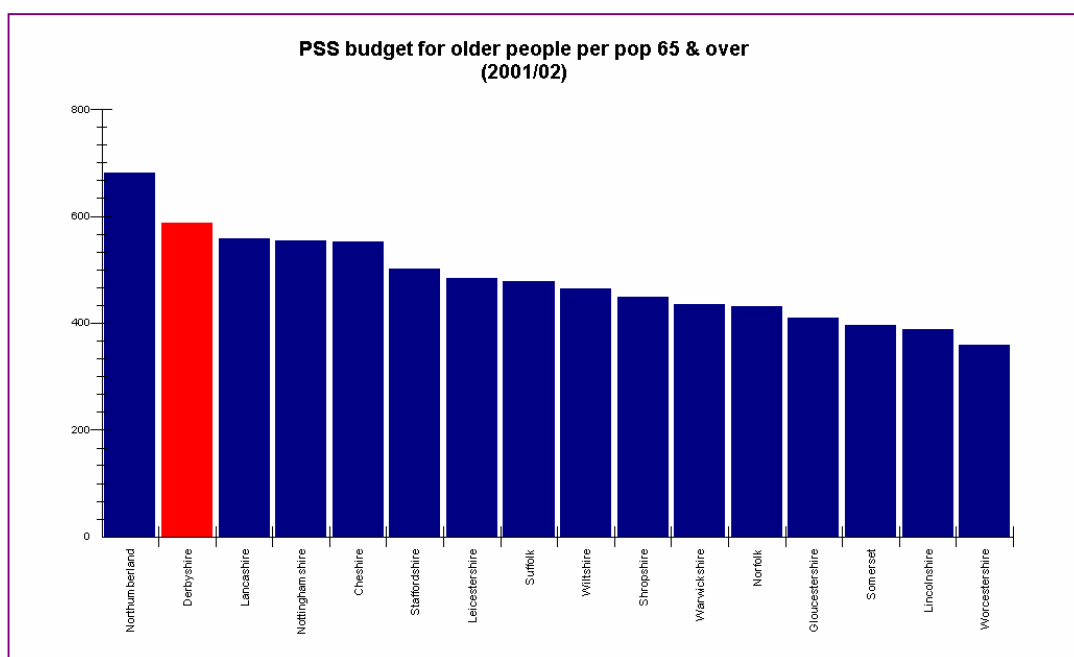
The Performance Assessment Framework (PAF) and Key Information Graphical Systems Information (KIGS) have been used to provide information about the Council's performance.

Derbyshire County Council Best Value Review of Home Base Services

(Detailed information from PAF and KIGS is shown in Appendix 9)

Over the last three years Derbyshire is one of the 15 consistent best performing authorities. According to the PAF, it is also one of the 5 best performing authorities in the country in providing services to adults.

KIGS information confirms that DCC has one of the highest levels of investment in older people's services (See Fig 10). A considerable portion of this money is used within home care services. Data tends to suggest that Derbyshire uses a greater proportion of its home care budget upon low spectrum users than many Authorities, and despite extensive refocusing work in recent years, does not provide as many intensive packages of care as many other comparator



authorities. (See Fig 11) Home care services also play an important role in supporting higher than average levels of people with physical and learning disabilities within the community.

Fig. 10

Derbyshire County Council
Best Value Review of Home Base Services

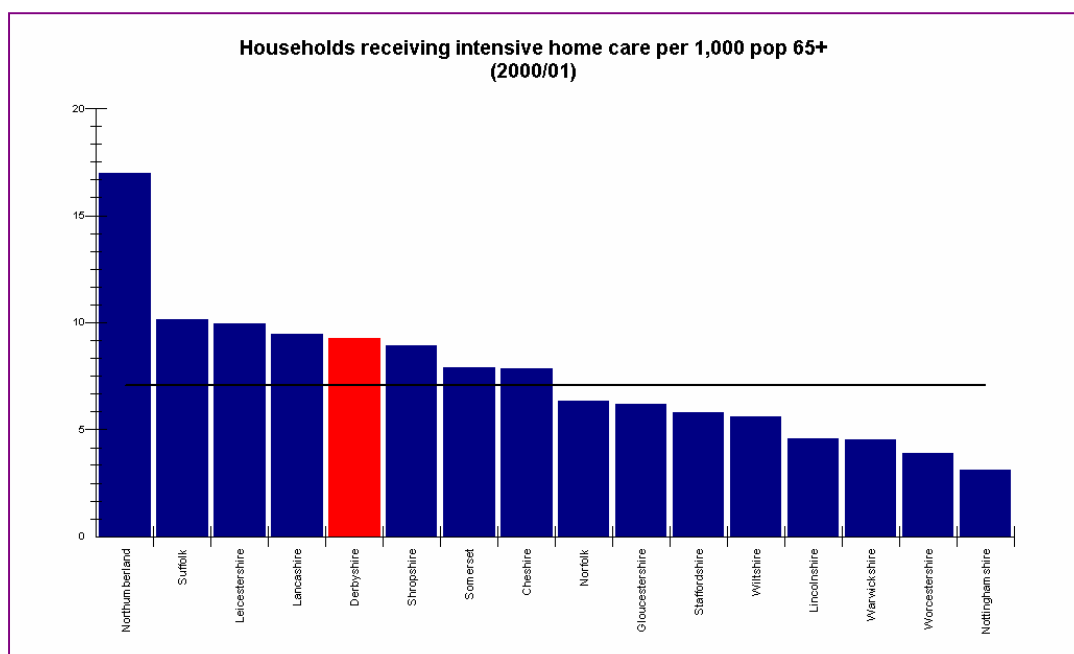


Fig. 11

Despite the relatively high expenditure on supportive and preventative home care services, Derbyshire County Council uses a higher than average number of residential places per 1000 for 75+ population.

Comparisons indicate that unit costs are very modest. This will partly be as a result of the economies of scale that a large service provides, but also possibly reflects the low costs in the independent sector.

Speed of Provision

The table (see Fig 12) indicates that the provision of services is not delaying hospital discharges. Whilst the commendable figures which Derbyshire enjoys are partly related to the speed with which residential care is also provided, we are clearly ensuring older people’s home care services are not needlessly keeping them within hospital. Leicestershire has found the use of brokers helped to speed up the commissioning process.

Derbyshire County Council Best Value Review of Home Base Services

(Fig.12 shows Derbyshire's position on delayed hospital discharges in 2000/01 in relation to other local authorities within the comparator group)

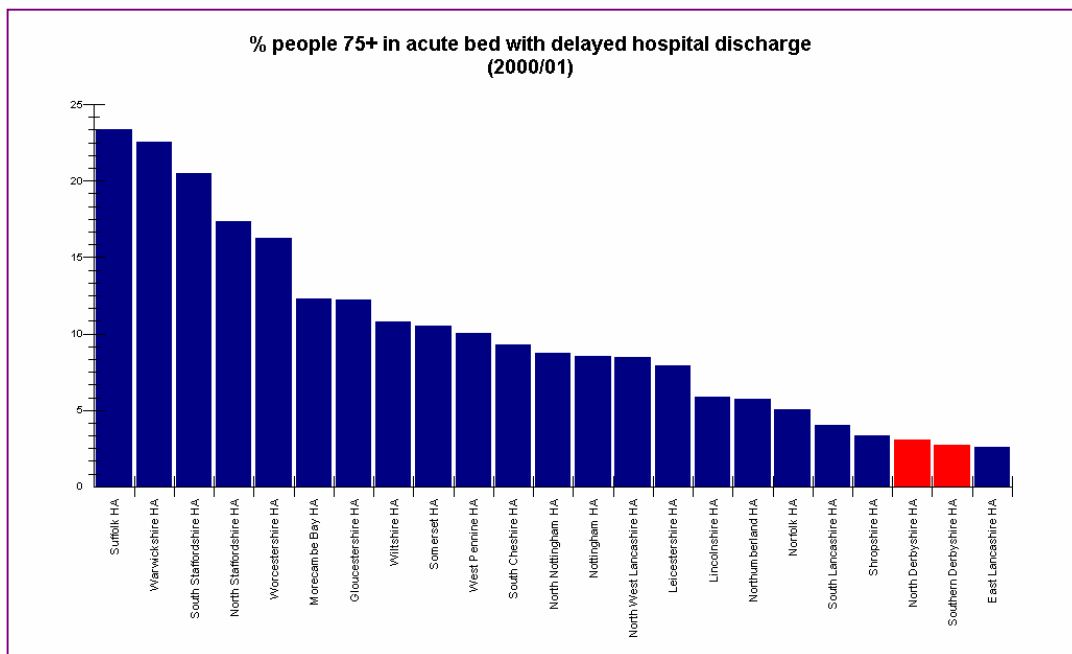


Fig. 12

This was also confirmed in recent user experience surveys. However, the preventative approach to service provision in Derbyshire does not lead to generally low levels of hospital admission for falls and hypothermia. Our local hospitals experience much higher levels of emergency admission than comparators. It should also be noted that despite the quickness of hospital discharge services, this is seen against a backdrop of high levels of hospital admission - a proportion of which will be readmission.

Comparison with Draft National Minimum Standards for Domiciliary Services

In August 2002 an exercise was undertaken with DSOs to establish how far the in-house home care service meets the draft Minimum Care Standards. On the whole it was felt that many of the standards are currently met and several others are well on the way to being met through new initiatives and changes in practice.

Derbyshire County Council
Best Value Review of Home Base Services

Standards relating to confidentiality, undertaking comprehensive assessments of need, consulting with service users about care plans and assistance with medication were felt to be met. It was common for Home Helps to have personal development plans, attend regular patch meetings and receive health and safety training including safe moving and handling procedures.

Areas for improvement in order to achieve the draft standards were felt to be:

- Better reliability and consistency
- Better communication with service users about changes to care arrangements
- More timely reassessments/reviews
- Care planning which maximises independence
- More Home Helps with the skills and time to carry out tasks with service users, not for them
- Ensuring risk assessments are in place before a service begins
- More use of daily home support records
- Better training records
- Annual appraisals of a worker's performance

The national trends and standards have shaped the learning we gleaned from our compare visits.

Learning from Best Practice

Commissioning

a) Models of Commissioning

In all the local authorities we contacted the assessment function was undertaken separately from provision. The team saw different models of commissioning from the in-house provider, which had the objective of clarifying expectations and role. Portsmouth Social Services has set up its in-house service as a business unit and it may be expected to tender for business in the future. Nottinghamshire is setting up service level agreements with its in-house provider.

Derbyshire County Council
Best Value Review of Home Base Services

The team also saw different models of commissioning from independent agencies. Local authorities contracted either entirely on a spot contract basis or a combination of spot and block or cost/volume contracts. Nottinghamshire's model undertook a large tendering exercise in 2001 and now has 5 block contracts in addition to their spot contracts. Their preference was to develop smaller/medium-sized agencies to avoid a monopoly. The advantage of block contracting, as well as price, is to give more certainty of business to independent agencies, so aiding recruitment and retention of staff. They have also found it easier to monitor and control standards.

In the four neighbouring authorities in the East Midlands that we contacted, the dominant practice is to include travel costs within the unit rate. Authorities have found efficiency savings through simplified administration and commissioning processes. Fixed travel rates are paid with an expectation that agencies will balance the overall travelling costs and expenses of longer and shorter distances between service users' homes.

Derby City has found further efficiency savings through the use of flat rate payments, which leave the agency responsible for adjusting rates of pay for Bank Holiday work. The standard rate includes a small amount to cover these variations. The authority reports satisfaction amongst providers who no longer have to generate variation invoices and submit them for payment.

Caution needs to be exercised in awarding block contracts. Both Nottinghamshire and Leicestershire experienced agencies being unrealistic about their capacity. The review team contacted Birmingham Social Services to learn from their expansion of the external market. Their experience is that it has been crucial to build capacity in the independent sector, with joint planning, joint training and a clear commissioning process across both in house and independent sector provision. With these elements in place, as well as improved

Derbyshire County Council
Best Value Review of Home Base Services

management information systems and the right level of commissioning posts, it has worked well. Without them the capacity was not there for the independent sector to deliver.

The review team visited TNT Express. TNT was chosen for its expertise in providing up to date information for time-sensitive deliveries. It delivers parcels and packages on a promise of “next day or sooner”. TNT has won a number of awards including the Queen’s Award for Enterprise 2000 and it was the European Quality Award winner in 1998. About 30% of their business is undertaken by private contractors. They have encouraged smaller contractors to take advantage of TNT “Alliance” in order to maintain the corporate identity and core values of the company. In the “Alliance” TNT’s purchasing power assists the contractors with buying vans and equipment. Contractors also have access to some of TNT’s training. In return they use TNT livery for their vans and their staff wear TNT uniforms.

b) Commissioning for Outcomes

Turnover of staff and more than one agency providing care can impede the desired outcome of achieving continuity of carer for the service user. Both Nottinghamshire and Leicestershire have experienced difficulties in finding one agency to provide care given difficulties in recruitment and hard to serve locations such as rural areas. Having provided the infrastructure with its block contracts, Nottinghamshire has set targets to reduce mixed packages i.e. the number of care packages which have more than one provider. Leicestershire is also planning to change its method of block contracting.

Nottinghamshire has a target of no more than 5% of mixed packages

Leicestershire has zoned its home care areas along Parish Council boundaries and Primary Care Trust borders. This has simplified the commissioning process and agencies, knowing they have staff working locally, are in a better position to meet commitments

Derbyshire County Council
Best Value Review of Home Base Services

North Bradford Primary Care Trust (PCT) was chosen in the review team's search for best practice as it won the Health Service Journal's Primary Care Award in 2001 and has developed particular expertise in commissioning for outcomes, as well as achieving national renown for capacity and demand management. The review team discovered that the key to its commissioning success and to its ability to improve quality within budget was due in part to it

- Being clear about the patient focused outcomes to be achieved
- Collecting data on activity and success against outcomes; interpreting the data and using it both to encourage success through incentives (usually financial) and to shame poor achievers into improvement through wide dissemination of the data.
- Using data collection to establish what works and what doesn't and sharing this learning with providers

Following this model, to reduce deaths from coronary heart disease (CHD), factors were identified which can influence this outcome e.g. prescribing statins and use of aspirin for people with known heart disease. GP practices were measured against targets. Sharing information between practices about changes in the number of deaths from CHD is a powerful persuader and the PCT used investment available to it to provide incentives to the best performing GP practices.

The collection and analysis of data also had the advantage of helping the PCT to manage the market, as they knew what to commission and from where. When the local acute hospital told the PCT it needed to purchase more beds in a particular speciality it was able to counteract that demand by producing data which showed it actually needed to purchase fewer beds, not more.

The experience of a PCT may seem removed from that of Social Services. The PCT's view is that it is an understanding and application of the processes involved which produces results. It is now beginning to plan how its learning from

Derbyshire County Council
Best Value Review of Home Base Services

commissioning with hospitals and GPs can be introduced to provide incentives for quality improvements in nursing homes.

c) Structures for Effective Commissioning

A number of local authorities that were contacted structured their teams in a way that made the best use of skill mix to ensure timely assessment, re-assessment and review of service as well as efficient monitoring and improved contract compliance. This is achieved by using administrative workers (brokers) and unqualified staff to take on some of the roles and leaving qualified staff to undertake assessments and complex cases.

Leicester County Council

- All referrals go to Access teams for assessment
- If long term home care is needed an administrative worker (Broker) finds the provider, arranges the service and sets up the contract
- Responsibility for re-assessment and review is passed to a review team of unqualified workers or a specialist service team (e.g. older people) depending on the complexity of the case

Advantages found by local authorities that have adopted this role are

- Better knowledge of the market
- Better relationships with independent agencies
- Better opportunities for contract monitoring
- Improved response times.

Derbyshire County Council
Best Value Review of Home Base Services

d) **Direct Payments**

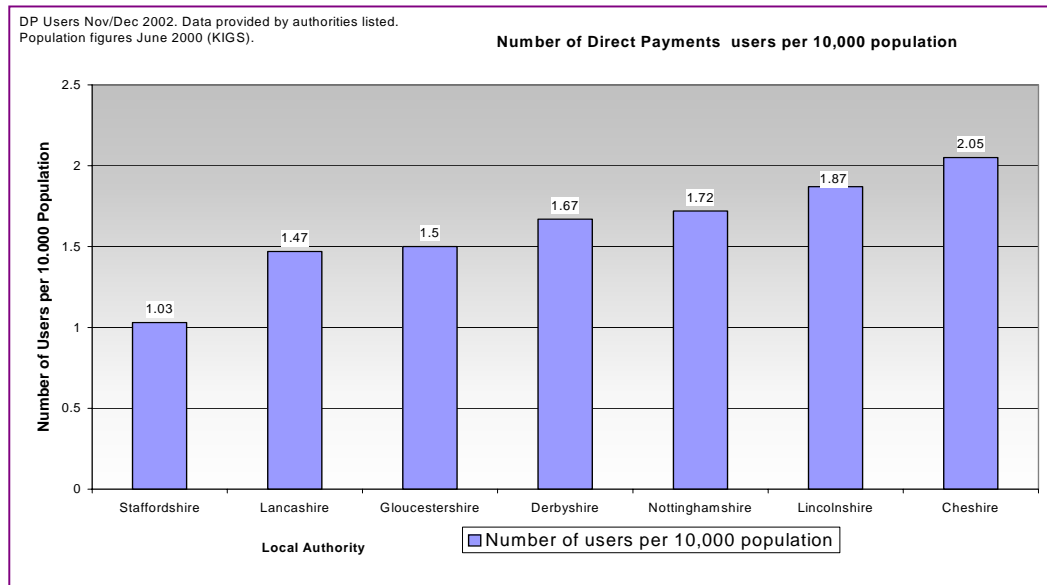


Fig.13

The take up of direct payments in Derbyshire has been increasing throughout the period of the Best Value Review. In February 2002 there were 88 recipients. In May there were 100 and by November 2002 there were 124 recipients.

Comparisons with other local authorities' take up rates are difficult in such a developing area, although telephone contact with other local authorities within the audit family suggests that Derbyshire's rate is about average.

(Fig.13 shows Derbyshire's position in relation to some members of its Comparator group)

The review team visited two local authorities outside the audit family where there are significant differences from Derbyshire. Hampshire has a very much higher take up rate than other local authorities that we contacted with 558 direct payment users when the review team visited in July 2002. Their highest users were disabled people (402), with older people (86) being their next biggest group. Manchester runs direct payments schemes for neighbouring authorities as well as itself and has been successful in using direct payments to increase the use of home care services by its ethnic minority communities.

Derbyshire County Council
Best Value Review of Home Base Services

Key features of Hampshire's scheme with its high take up are:

- A lighter touch with monitoring of direct payment users with 3 monthly financial returns
- An independent agency for direct payments whose support workers/independent living advisors guide people through the system and offer advice on employment matters
- Well publicised with a comprehensive web-site
- User involvement in its management and development
- A commissioning officer for independent living employed by the local authority

Many of Hampshire's support workers are themselves direct payments users.

Manchester Social Services is similar in that its direct payments unit is independent of care management, although unlike Hampshire it is still part of Social Services. It also has a light touch with the financial monitoring of direct payment users.

Manchester Social Services monitors financial returns 3 monthly at first and then annually after 12 months of trouble free use. It is planning to offer its users assistance from a finance officer in the early stages of direct payment use.

Manchester Social Services has high take up of direct payments from its Somali community. This in turn has provided employment for that community.

Promoting Independence

The review team contacted a number of authorities that were attempting to tackle the challenge of changing the culture of their home care service from being long term and creating dependency, to a predominantly short term enabling culture. The review team also found that the development of home care services, which

Derbyshire County Council
Best Value Review of Home Base Services

promoted independence, was a predominant theme of other Local Authorities' Best Value Reviews of home care.

Some of Leicestershire's Home Assessment and Re-ablement Teams' home care service users asked for a badge or certificate to recognise what they had achieved for themselves.

To follow up a Social Services department's experience of implementing a re-ablement service following a Best Value review, the review team visited Leicestershire. Here the plan was to change the focus of the in-house service to assessment and re-ablement only, with the long-term aim of all continuing home care being provided by independent home care agencies. Leicestershire has begun by creating a Home Assessment and Reablement Team (HART) in one area of the county with a view to further roll out across the county.

Features of the new team are that:

- Its staff are trained in report writing, goal setting and rehabilitation techniques
- Its service is provided short term only
- It uses a social, not a medical model of reablement
- It is about "doing with", not "doing for"
- It works towards goals set with the service user
- It can react quickly to put in or withdraw a service
- It is committed to high standards of case recording
- It is able to contribute to the first review and adjust the care plan

Leicestershire Social Services told us that between November 1999 and February 2002 there were 136 users of HART services. 93.38% of care plans showed a reduction at first review and similar results have continued. De Montfort University carried out an independent evaluation of the home assessment and re-ablement team.

Derbyshire County Council
Best Value Review of Home Base Services

An independent evaluation of Leicestershire's Home Assessment and Reablement Team (HART) by De Montfort University showed		
Reablement Team Service Users	Matched group of service users	
Average Care Package at the start	8 hours	5.6 hours
Care discontinued at first review	62%	5%
Care decreased At first review	26%	13%
Care increased At first review	2%	11%
Care maintained At first review	10%	71%

Reliability

Information Technology solutions

Throughout the course of the review the review team has sought IT solutions which improve reliability and communication. The team learned of systems that can:

- Flag up late or missed calls
- Deploy staff
- Assist with predictive analysis of peak demand times
- Track service delivery electronically in real time

The team visited the AA (Automobile Association) which has developed a computerised scheduling system. This has freed up office staff to focus their efforts on customers, not workers. Call centre staff receive calls for help. Details are entered onto the computer, which allocates the nearest person on patrol with the skills for the job. Arrival at the customer's vehicle is then entered on a mobile

Derbyshire County Council
Best Value Review of Home Base Services

data terminal in the patrol vehicle. The arrival then shows on screen back at the office. Another group of office staff focus on troubleshooting where there are priority calls (e.g. lone female) or where the patrol vehicle is delayed, making sure the customer is kept informed of any changes to the promised time of arrival. This has the advantages of improved customer satisfaction and of making it more likely that the customer is still with the car when the patrol vehicle arrives. Features of the system are:

- Late calls are flagged up on screen
- Dedicated staff are charged with managing delays and keeping customers informed
- Automated deployment of staff
- Staff rotas are located within the system
- There is an option to re-programme for sickness
- GIS (geographical information systems) locate both the customer and patrol vehicle on screen

The AA and TNT Express both use IT systems to assist with predictive analysis of peak demand times in the day, week and year so that they can shape their staff rotas. At the AA, patrol staff work twice as many shifts in the winter as in the summer. At TNT there are times of the year when leave cannot be taken so that reliability is not forfeited.

TNT Express's business depends on customers knowing that their parcel or package has arrived on time. Most of its customers are themselves businesses. At each stage of the journey the parcel is tracked on screen from its collection, through the depot to its delivery. TNT's drivers enter details of the delivery as soon as it is made on PDAs in their vehicles. That information is immediately available on screen and can be accessed by customers either by phoning the call centre or logging on to the TNT website.

Elements of the above practices are very relevant for home care. In particular:

Derbyshire County Council
Best Value Review of Home Base Services

- Predictive analysis of peak demand in order to match capacity to demand.
- Personnel practices which dovetail with that objective.
- IT solutions that
 - Flag up missed calls
 - Assist with scheduling
 - Show in real time that a service has been delivered
 - Can be accessed by carers, partner agencies and home care providers that a service has been delivered as planned

The review team contacted a number of local authorities that are using computerised scheduling systems to see if any had the above features and to seek the local authorities' views about their usefulness.

A number of systems on the market are geared towards invoicing. Dumfries and Galloway appear to have the nearest combination of systems to produce the advantages experienced by the AA and TNT, though the review team did not locate a local authority which used a system that combines all the advantages.

Human Resource Solutions

In order to have sufficient drivers to ensure reliability, TNT employs peripatetic staff who have contracted hours but who only cover for sickness and holidays. Because information about absence levels is accurate it is rare for such a worker to be idle.

Recruitment and retention of staff is an important aspect of reliability. In "People Need People" the Audit commission and Social Services Inspectorate note that 76% of local authorities have difficulty with recruiting home care staff and that 38% have difficulty retaining them. Derbyshire compares favourably with the national average turnover of home care staff of 32%. Its turnover in 2000/2001 was 14.2%. Nevertheless in-house home care managers in Derbyshire are

Derbyshire County Council
Best Value Review of Home Base Services

reporting severe difficulty in recruiting staff in particular geographical areas. Local independent agencies also report problems. The age profile of the in-house workforce also suggests that turnover may become more of an issue in the future.

The review team saw examples of successful recruitment campaigns by Hampshire and Portsmouth local authorities. The key to success in recruiting staff ready to accept the challenges of a flexible home care service were:

- Information which highlights a positive and accurate image of home care
- A comprehensive sustained campaign
- Access to a substantial advertising budget

Portsmouth Social Services lost staff when it changed terms and conditions. A rigorous recruitment campaign with articles in the press, adverts on the radio and on supermarket till receipts, posters on buses and displays in shopping centres has brought the service back to its full strength and has allowed improved service flexibility.

Flexibility

One of the major challenges for the home care service in Derbyshire is moving from times of working which are more popular with staff to a service delivered at a time when service users most need it. The review team looked to other local authorities and to the AA, with its 24-hour service, for innovative ideas for achieving the balance of the right number of staff working at the right time

Patterns of demand for the AA has changed over time with fewer staff now needed in the morning and more in the evening and night time, and as mentioned earlier, many more are needed in winter than in summer. Changes have been difficult to introduce and the AA has made efforts to meet staff needs as well as service needs. Service fit is pre-ordained centrally for managers.

Derbyshire County Council
Best Value Review of Home Base Services

“Lifestyles” is a computer-based programme that allows for rotas to accommodate staff’s preferences, but also recognises variations in demand at different times of the day and year.

AA patrol staff work annualised hours with 5 shifts in the summer and 10 in the winter. Little overtime is worked or necessary. AA call centre staff are required 24 hours a day. At recruitment, staff can apply for one of seven different contracts, ranging from totally fixed hours and days to totally variable hours and days with a 17% difference in pay. The manager knows how many staff are needed with totally variable contracts to achieve a fit with service needs and recruits accordingly. This system allows recruitment from a broader range of people, as it does not assume that all of its staff can be as flexible as each other.

Features which make flexibility successful are:

- Clear guidance to managers on service fit, following accurate predictive analysis of demand
- A range of contracts to achieve greatest flexibility
- Schemes to allow staff to fit work patterns to their lifestyle as long as service fit is achieved.

Contact with other local authorities showed that it was more likely that all staff had the same terms of conditions with expectations about flexibility explicit. In Leicestershire, for example, all staff are expected to work every other weekend.

Partnership Working

The review team took advantage of a private visit by a team member to learn about the advantages of partnership working between health and social care workers in Uppsala in Sweden. Of interest to the team was:

- How working together has improved the speed of hospital discharge

Derbyshire County Council
Best Value Review of Home Base Services

- How partnership working can reduce duplication of effort and gaps in service
- How partnership is effective in getting the right skills to the service at the right time.

In Sweden community health and social care is run by one organisation, the Municipality, and hospital care by another, the County Council. A similar system of reimbursement for hospital discharge exists to that which is being introduced in the UK. In Uppsala much has been done by the County Council's hospital to maximise the Municipality's opportunities for speed. It has introduced:

- "Prator" an IT system which alerts the responsible community nurse to a discharge by fax, email, pager or text message
- An immediate simple needs assessment completed by ward staff outlining levels of help required
- A discharge ward, available at a lower price to the Municipality, when capacity problems arise

The community nurse role is key to the assessment of need prior to discharge from hospital, which is undertaken jointly with a care administrator. The role is also key to the provision and support of a care package even when part of that support is the role traditionally taken in Derbyshire by District Council warden services. Of particular note is:

- There is one assessment of need by the nurse and care administrator
- Advice and assistance from a nurse is available to home care staff 24 hours a day
- Home Helps report their concerns about a service user to a qualified nurse, rather than their manager, thereby getting immediate professional help for people cared for
- GPs do not commonly undertake emergency home visits therefore the nurse's role assumes a greater importance. A pilot scheme of emergency GP visits has been introduced in Uppsala to reduce hospital admission.

Derbyshire County Council
Best Value Review of Home Base Services

- There is no warden service. The community alarm service is run within rather than separate from, the community health and social care system. It is home care staff who respond to the community alarm calls.
- Information held on central computer control for the community alarm service is inputted by the care administrator and includes up to date medical details, provided by the nurse
- Provider teams have therapy as well as nursing staff

It is more common in the UK, certainly in Derbyshire, to find home care, community nursing and warden services run separately from each other. Each collects data from service users and has its own organisational and administrative systems. There is evidence of change. In Derbyshire there are pilot examples of DSOs based with GPs and multi disciplinary teams providing specialist care e.g. intermediate care and dementia care so that the advantages to the service user of professional advice to home care staff are possible. Contact with other local authorities gave other examples of integrated specialist teams being planned following Best Value reviews. In Portsmouth Home Helps work in patches linked to GP clusters and in Cornwall assessors are attached to GP practices.

Efficiencies

The review team contacted Portsmouth Social Services primarily to discover how it had reduced the unit cost of its in-house home care by £2.50, its wastage (under contract and overtime working) from 14% to 1.9% and its sickness rate from 11% to 7.9%. Changes in terms and conditions had produced much of the savings as follows:

- Staff have an annual contract, paid monthly
- Hours can accrue and overtime is only paid if workers are in credit
- Enhancements have been reduced. Bank Holiday work is paid at plain time, except for Christmas Day as part of the contract

Derbyshire County Council
Best Value Review of Home Base Services

- There are two rates of pay, one for Monday to Friday, one for weekends and bank holidays
- Pay is reduced during the first week of sickness absence

Unit costs have also reduced as a result of a substantial reduction in DSO and DSO manager posts.

Reducing unnecessary travel is an efficiency that has been addressed at TNT Express using GIS systems to plot the most efficient route for drivers. Regular routes are reviewed every 6 months locally with centrally analysed information from GIS. The review team came across one local authority, Dumfries and Galloway which is piloting GIS in home care for the same purpose, although results of the impact are not yet available.

Summary of Findings

The compare element of the review showed that, overall, Derbyshire performs well. However this may not continue to be the case as demography changes demand and new organisational and funding arrangements impact. The compare exercise demonstrated key areas within which options for improvement need to be considered:

- Commissioning arrangements
- Workforce planning, including scheduling and enhanced contract flexibilities
- The spectrum of home care provision and prioritisation

CHALLENGE

The Best Value Review was conscious of the need to ensure that challenge was a robust process. From the outset, it was recognised that the team had to ask searching questions. Consequently, in addition to the perspectives introduced by members of the Review Group, the use of an external consultant also gave extra impetus to the process. The team also had a specific "challenge day" in April 2002.

The review group recognises that the process of challenge can appear to be negative. It is also acknowledged that the current service is in many respects a very good one. However, even excellent services have room for improvement. This chapter, as a matter of necessity, provides constructive criticism, and to some extent measures services against the ideal.

Best Value Framework

The Corporate Best Value Framework requires that each review should consider the following issues as part of the challenge process.

"Should the service continue to be delivered in the current way, in a different way, by another provider or not at all?"

This chapter will examine these questions but from a number of differing standpoints.

The review was conscious of the need to critically reconsider all aspects of the service, and look again at priorities, to reflect and ask, "why are things done in certain ways"? The review also recognised the need to seek other ways of delivering services, but also be conscious of the need to have realistic targets and priorities, and use challenge as a way of understanding the process. However, the review team was overwhelmingly concerned to recognise that the

Derbyshire County Council
Best Value Review of Home Base Services

challenge process should have the emotional, caring and human characteristics of the service as critical elements of provision.

Background Factors

The process of challenge recognised that new models of service would have to take account of the increasing age and numbers of people needing to use the service along with increasing levels of frailty and dependency.

Challenge needed to meet the expectations of carers and government. It also needed to recognise there was currently a mix of provision from both in-house providers and the independent sector that showed that there were cost differentials between the two. The review needed to address the question about what was the most effective, efficient and economical way of providing a service. The process also needed to recognise that challenge would come from the comparison, consultation and competition aspects of the review.

This section asks a number of questions:

- Why is a service provided?
- What should be provided?
- Is the service as it is by design or accident?
- How can the home care service meet the raised expectations from Health, the public and carers?
- How can the right service be delivered to the right people at the right time?

Is there a statutory requirement for the service?

Strictly speaking there is no legal requirement to provide a home care or Home Help service as such provided that the local authority can meet its legal obligations to ensure the necessary care and assistance required by the people who need it. In practice, a home care support service is an essential and practical element of any community care service. This section could indulge in

Derbyshire County Council
Best Value Review of Home Base Services

semantic argument, but if we accept that people have a right to be supported in their own homes, then the service becomes essential.

Currently, in-house provision accounts for 60% of the service available, in terms of client contact time. Nonetheless there is no legal reason why a service has to be provided by a local authority directly. In fact the review came across other authorities that have ceased to have any in-house service altogether.

The review took the view that its most important role in the challenge section was to highlight what service was needed, rather than who should provide it, and in what proportions. This question was left to the competition phase of the review.

What are the characteristics of an excellent home care service?

The review group considered what it believed to be “critical success factors” with respect to a service. The following list is the broad conclusions of the group.

The Home Care Service should: -

Provide Fair Access

- Clear and understandable eligibility for service
- Clarity on charging
- Address equality of access for people (e.g. for minority communities, combating age discrimination, considering access for people with sensory loss, poor mental health)

Be Commissioning Led

- Take account of local people’s views
- Be specified on the basis of need
- Keep people at home

By providing independence

By offering an intensive service

By providing services when people need them (over 7 days a week, evenings, night time)

Derbyshire County Council
Best Value Review of Home Base Services

- By achieving the outcome of fewer people requiring residential care
- By linking with partner agencies' strategies, e.g. Health (intermediate care) and Housing (supporting people), for enabling people to live at home

Provide a High Quality Service

- By setting and meeting standards
- By responding to user and carer satisfaction
- By addressing the workforce issues required (recruitment, retention, skill levels, terms and conditions which can respond to user and services needs)
- By identifying and managing risk

Make use of its Financial Resources

- By achieving the service which most meets the above factors for the least cost.

Fair Access

Results from the home care questionnaire, from citizen panels and health panels, show that the home care service in Derbyshire is a very popular one. It commands public confidence from both current users and potential users. In general terms, the public has a sense of what services are provided. However, there appears to be lack of clarity about the detail of what the service does and does not provide and when it will be provided.

Departmental staff in the EFQM workshops echoed this theme. They were clear about the direction of service but felt a lack of clear guidelines on assessment, lacking published criteria and a consistent central message about targeting the service.

The review has not considered charging in any detail because it needed to be addressed within the fairer charging policy, which needed clarification before the review was concluded. Undoubtedly the current policy in Derbyshire does not appear to deter the public from applying for services. However, the voluntary

Derbyshire County Council
Best Value Review of Home Base Services

contribution policy is not applied or interpreted consistently throughout the County.

Consultation with minority communities clearly demonstrates that they would wish to engage in dialogue about other models of service. The data available to the team would tend to indicate that numbers of recipients of service from ethnic minorities is less than one would expect from the population as a whole (see page 20).

There is no evidence that age or disability prevents people from using the service. Derbyshire has higher levels of recorded disability than many authorities – possibly due to its historical industrial base. However service tends to be provided to people at a younger age. For instance provision for the 65 – 74 age group is much higher than average - but provision of service for the 85+ population is about average. Admission to residential care also tends to be in greater numbers than we would like and at a slightly younger than average age.

Other Derbyshire Best Value reviews have indicated that high on the list of precipitating factors leading to admission to residential care is the level of ability of community services to manage risks in the community. Carers recognise that residential care removes the fear factor and many of the risks posed by community living. They fear that their relative may be vulnerable to a range of hazards, including service failure in the community. Areas of particular concern are services to deal with mental ill health and high levels of physical frailty. This is particularly true of emergencies. Rapid response teams are not yet deployed throughout the County. Neither is rehabilitation available as extensively as may be required to meet the demands of increased availability of community based service.

Commissioning Led Services

The review recognises that the size of the in-house service relative to independent sector provision has a significant impact upon the service as a whole. Consultation with both the users and providers of service recognises that there are aspects of service that are provider driven rather than customer driven. This is particularly true in terms of communication with the user and aspects of choice e.g. when the service is delivered, or whether services continue when staff are sick or get moved to higher priority work. This is of course relative to the priority of the circumstances.

The public's need for services became referred to within the review as the "spectrum of need". Some users need modest levels of service because either they have relatively mild levels of disability, or often because their carers provide a high level of care. Others need greater levels of support due to their degree of disability, and because their support network is insufficient to meet their needs. The amount of service the individual requires is not always directly related to their level of disability. This is influenced by other factors such as housing, levels of isolation, mental health and the potential positive impact that a "bit of help today can stop the need for a lot of help tomorrow". From this point on in the report we will refer to "low, medium, or high spectrum need users" to reflect their balanced assessed needs.

Nonetheless the review would pose general questions.

- Given that a relatively high proportion of our home care service is provided to low spectrum need clients - why does this not translate into reduced levels of admission to residential care?
- Are resources not sufficiently targeted to those who need them most?
- If low spectrum users are to be provided with a service, how do we address the issues of continuity of service when their service has to be temporarily diverted to deal with higher priority work?

Derbyshire County Council
Best Value Review of Home Base Services

- If continuity is likely to be an issue should it be made clearer to service users that this will be the case – or alternatively, should it not be provided in the first place?
- Should the commissioning of services be more closely related to the specific tasks? For instance, should specific contracts for cleaning or fire lighting be considered?

The baseline information in the review would suggest that some provision is not always related directly to what is needed. The Best Value review of assessment pointed to a tendency within domiciliary care to provide on the basis of availability rather than need. In-house providers recognise the difficulty in providing services at weekends and in the evenings. This is partly due to the fact that it is more expensive to employ in-house staff at evenings and weekends, and partly related to recruitment difficulties, sickness levels, and not all staff working to the conditions of contracts '96.

Rehabilitation and Reablement

The Best Value Review of Residential Care acknowledged the lack of facilities and opportunities to allow people to return to the community from hospital or residential care, and proved the need to increase them.

Undoubtedly home care services must play a part in this general thrust of service provision. Presently services are generally provided on the basis of doing things for people rather than assisting them to do them for themselves. For example: - in the short term dressing someone may be quicker than helping them to re-acquire lost skills. Nonetheless it is counter productive in the long term and may even lead to deterioration.

The Home Help service has generally been delivered on the basis of “once you receive a service it is likely to be for the rest of your life” whereas we know that many people recover after major illness and life trauma. Similarly, rehabilitation requires a set of skills that we don't currently require, or train for. The review

Derbyshire County Council
Best Value Review of Home Base Services

feels strongly that the service should have an underlying culture that says, “In principle our services are provided on a short term basis – or only as long as you need them” and “We will attempt to help you to regain the skills you may have temporarily lost”.

Staff Availability

It may well be unrealistic to expect that sufficient numbers of suitably qualified staff will be available to provide a service with the flexibility that the customer requires. Most staff are female and work part-time and many have to juggle with complex home/work situations that will make the degree of flexibility required difficult to provide. It also begs the question – is it reasonable to expect that all workers will have the wide range of skills required for the many jobs that are expected of them? - And even if they did, staff may deal better with some types of work than others. Lastly, not all staff have the level of mobility or access to transport that a county such as Derbyshire requires, and even where transport is available car allowances are not universally available. Staff have indicated that they could be more flexible if they were able to work to a planned shift system that would allow them to balance home/work pressures more easily than the current, more open ended commitment.

Specialisation

The review group feels that it might be appropriate to consider some degree of re-specification, which recognises that for some situations specialisation may be required. This is particularly evident in terms of promoting independence and re-ablement work, responding to emergency provision and specialist work related to some client groups, including people with mental ill health, children and families. The review feels that the degree of expertise and training required for emerging trends within the work will make it impractical and uneconomic to train everyone to do everything.

Derbyshire County Council
Best Value Review of Home Base Services

However, whilst specialisation has advantages, this has to be balanced with the practicalities of providing a meaningful service in all parts of the County. Derbyshire is characterised by having a large number of dispersed small communities. Giving a meaningful service to rural areas would be impossible if the service were fragmented into small discrete specialisms. The incidence of need, for some services, would not provide a sufficient critical mass of work to provide a viable service.

Process

It will be important to track progress of the Adult Assessment Best Value implementation plan, which seeks to add greater degrees of separation of the assessment and management function within the in-house provision. The current system leads to duplication of effort. See process map in fig. 14 below.

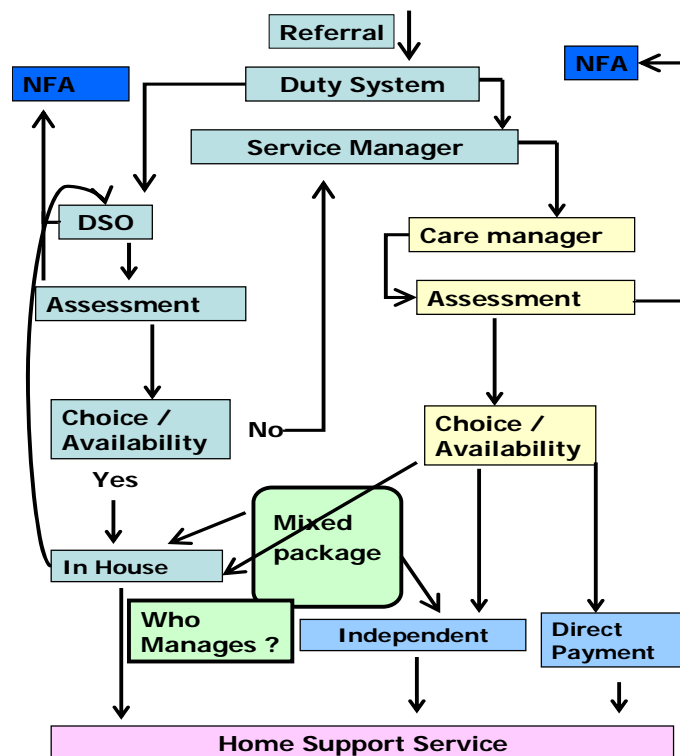


Fig. 14

Derbyshire County Council
Best Value Review of Home Base Services

Referrals can be dealt with very differently depending on who they are allocated to. The review would challenge whether this approach is sufficiently client centred.

Nonetheless the review team feels that close working relationships with colleague agencies are also important, particularly in terms of preventing admissions to residential care and hospital. The task of promoting independence and the prevention of unnecessary admission to hospital or residential care requires a team approach, particularly at times of crisis. The review feels that there are strong arguments for placing staff alongside health colleagues in these circumstances. To some degree crisis response services have begun to explore this model. However, the review team feels that if significant numbers of people are to be diverted away from residential care, then a team approach which includes all members of the health and social care community will be the most likely to succeed.

Management of the In-house service

The Department has decided to examine alternative models for the assessment and review of service users, and to separate the assessment process from management of staff. This decision came out of the work of the Best Value Review of assessment. However, this review also feels that it may also be appropriate to examine the way in which Home Helps are managed on a day to day basis.

The needs of the service have changed significantly over the last 10 years. The service has massively increased the range of tasks expected of the Home Help. We expect them to work across seven days. Increasingly a service is needed that can prevent hospital admission and promote early discharge. At the same time we want to promote good levels of customer service by providing continuity and minimising disruption to the service. Despite these changes and increased demands, the approach to service administration, management and organisation

Derbyshire County Council
Best Value Review of Home Base Services

has not changed significantly over the last 10 years or so. We believe that the needs of the service and the potential for improvement, demand that the service improvement plan should examine what opportunities are available.

Currently, DSOs carry out a very wide range of tasks; they rota, they deal with customer problems, they manage all the staff personnel tasks. They also have to be available to deal with emergencies, staff and service user sickness, re-routing staff, managing staff holidays, training, team meetings and service quality.

Presently **all** DSOs do **all** of these tasks in a geographic area. Even after a new division of assessment and management, the managing DSOs would be responsible for all the service and all the staff.

Many tasks are done manually, and completely rely upon the Manager's memory and skill to juggle and reconcile. In reality they manage with the use of judgement and experience rather than precise information. For instance, when a new case comes in, the DSO does not instantly have to hand details of staff availability. Or, when a client with a complex care package is rushed to hospital they have no readily available means of seeing what impact that will have on their staff's contract hours. Nor do they have readily available information on who is the nearest member of on-duty staff in an emergency, particularly if the emergency is in an area adjacent to a neighbouring patch. The review feels strongly that these manual systems are wasteful of time, lead to duplication of effort in some respects and do not maximise the use of resources.

- Does technology allow us to look at these problems differently?
- Could scheduling software significantly reduce current administrative demands?
- Could that administration be done more efficiently if centralised?
- Could integrated IT and Geographical Information Systems make important time savings?

Derbyshire County Council
Best Value Review of Home Base Services

Undoubtedly, adoption of a more streamlined and centralised administration process will potentially have negative aspects to it – like matching the user and the worker, ensuring the user gets a worker with the appropriate skills, local knowledge of the area. However there is no reason to believe that these cannot be built into the systems. Additionally the new approach could lead to freeing DSO time for more staff and user contact. Currently, DSOs are driven by the need to manage the schedule at the expense of day to day management of their staff.

Out of Hours Availability

The review also challenges the degree to which services are available outside usual office hours. Home Helps are, of course, working at these times – but often without the management support they may require. Additionally the public and other referral agencies are limited by their ability both to make referrals, and to speak to management staff outside these hours. The review group feels that a full out of hours service needs to become available.

Any out of hours service will benefit from extensive use of new technology. Information technology developments mean that better use of staff time is a realistic option, given suitable investment. Significant improvement may be possible through the use of scheduling software and Geographical Information Systems (GIS) technology. The degree to which these possible developments are compatible with telephone timesheets will need to be explored. The review team has seen live examples of how this type of approach has benefited TNT and the AA. The approach gives managers real-time information, which is also available on the Internet. This would mean that managers would know immediately when critical visits had been made. Internet technology would allow carers to have that information also.

Derbyshire County Council
Best Value Review of Home Base Services

Currently DSOs find that they have to use a complex mixture of electronic and paper based systems. These are poorly linked to other applications and lead to considerable time being wasted.

Commissioning Strategy

The review group also feels that the current focus on promoting the in-house provider can distract attention away from needs led provision. Innovation is in-house dominated and this possibly limits the role of the independent sector. The independent sector is better developed in some areas than others and is characterised by small agencies that work in small, localised areas of the county. There is evidence that this is changing. The group asked itself “does the high profile of in-house provision restrict creative thinking in commissioning?” The review feels that a broad, long-term strategy that recognises “one size may not fit all services” is needed.

Direct Payments

Consultation shows the popularity of direct payments with those people who have chosen to use them. The scheme’s strength lies in its potential to give users greater control of their lives, however for some people the administration is too daunting to contemplate. Therefore we need to ask, “how can we promote the advantages of direct payments without the current shortcomings?”

The current Derbyshire system places great emphasis upon strict audit trails, which in turn lead to complex administration for the user. The review would pose the questions – is this necessary, and is it counter productive? All the other authorities we contacted who have higher take up rates report less bureaucratic administrative systems. Similarly, the Benefits Agency does not track expenditure in this manner.

The Department assesses, allocates resources and supports the direct payment recipient. An alternative model would be to commission an independent,

Derbyshire County Council
Best Value Review of Home Base Services

countywide organisation to administer the service on behalf of the Authority. Comparison work indicates that this could concentrate expertise and lead to an increase in take up rates.

Currently users of direct payments are prevented from using the money to purchase in-house services. They can only either set up their own care arrangements or buy the service in the independent sector. The review considers that this is an uneven arrangement. We have therefore asked our legal advisors if our new flexibilities would allow this directive to be challenged.

Making Use of Financial Resources

Using Resources Effectively - Efficiently – Economically

In many respects the service is a very good one. Response times to new referrals are impressive; people are discharged from hospital quickly, and the service supports a lot of people in the community. On the other hand, hospital admissions (some of which are re-admissions) are quite high, as are statistics for the numbers of people experiencing falls and hypothermia. Additionally, the numbers of people who are admitted to long term residential care are higher than we would like.

The review recognises that the service has what appears to be incompatible objectives in the sense that it has to meet carers needs, has to provide prevention, meet the increasing demands of growing workloads and meet public expectations that the need for residential care be reduced wherever possible.

Work from the compete phase of the Best Value Review shows that there are some differentials in terms of in-house service costs relative to the independent sector - these are specifically referred to in other parts of the review. These are not as great as we had anticipated. In fact there are a number of instances where the in-house service is much cheaper. Therefore this section of the report

Derbyshire County Council
Best Value Review of Home Base Services

will concentrate upon asking, “what service is needed?” before asking who provides it.

Inputs - Outputs and Outcomes

The review team recognises that much of the debate within home care services centres around issues related to inputs. The review feels that it is important to challenge some of that thinking. DSOs put considerable efforts, for instance, into reducing travel time, ensuring that Home Helps are not unnecessarily crossing each other in the street etc. Whilst not wishing to minimise the importance of these matters, the review feels that there should be greater concentration on outcomes. Users having greater choice of when they receive a service leads to reduced numbers of people requiring residential care or hospital admission. To some degree this will require the Department to adjust its perspective and acknowledge that input and output measures are far less important than outcomes. This change of perspective will, we suspect, be difficult, yet vital to the change process.

Charging

The review recognised that the Government’s Fairer Charging Policies will ensure that this issue is likely to be resolved prior to the completion of the review. The Review Team recognised that charging was an important issue. However, we felt that the issue of “to charge or not to charge” was not the most important matter. Our overwhelming view being that if charging exists, it should be equitable – understandable – and consistently applied.

Issues from Consultation

The review team used the consultation phase to gather customer views about how the service could be improved from their perspective. Many people were very complimentary, but a number of themes emerged.

Reliability - Flexibility - Consistency

The most important message coming out of consultation is the user feels that the most important service improvements are:

- **Reliability**

Users, particularly low spectrum users, feel that they are sometimes unsure if they will get a service – will the worker turn up? will they be diverted elsewhere? – will I get a replacement? – and will someone always let me know?

- **Flexibility**

Will the Home Help give me the service when I want it and need it? Will they do the jobs that I believe are important?

- **Consistency**

Will policies be applied consistently? Can I be told precisely what I can expect of my worker?

Care Plans

At the time of the survey care plans were not routinely distributed to users. Recipients of in-house services usually had a document with a different name that told them what service they would receive. Since then, care plans have been issued to in-house home care users like any other service recipient.

Communication

Users requested that they be kept better informed - be told when a service would not be provided, when staff were off sick, or when staff were transferred to more urgent work at the last minute. Users also wanted home care managers to keep in regular and informal contact with them to check how “things were going”.

Independent Sector Issues

Independent sector providers believe that there are two principle issues that need resolution. They feel that there is a lack of commissioning strategy, or more

Derbyshire County Council
Best Value Review of Home Base Services

precisely, a single document describing the direction of home care services. They feel that they would be better able to meet needs and plan services if they could better understand our future intentions. They also feel the current system of spot contracting makes it difficult for them to plan their business particularly in terms of staff recruitment and training.

The Department, as a matter of deliberate policy, has in recent years increased the volume of independent sector contracting in real terms. However, the review recognised that some areas of the county had more fragile independent sectors than others. Clearly this is unsatisfactory.

As the review team visited some areas they received contrasting pictures of the quality of independent sector provision. In some areas staff spoke highly of the quality and reliability of provision. Others were very critical, and spoke of being let down at the last minute, or providers picking and choosing. Again this is unsatisfactory, and points strongly to the need for a more robust and clearer commissioning strategy.

Use of Information Technology

To some extent this section relates to the earlier discussions about GIS technology and scheduling software. The review has to consider the extent to which combinations of improved use of staff and technology can improve services. The introduction of telephone timesheets has had an important impact upon services. It has reduced administration costs and improved our management information. It is also interesting to note that our user consultation shows that it is completely a “non issue” with the public. However, this review has to consider the extent to which technology could be improved to the benefit of the service as a whole and the customer in particular.

Our current telephone timesheet system is good at providing historical data. It can't give real-time information in its current form. If managers are to make best

Derbyshire County Council
Best Value Review of Home Base Services

use of staff time they need to have more effective ways of knowing precisely where staff are. This is also particularly true where services are provided by a mixture of providers. Users and carers need to be able to know this information too. This is particularly important in:

- Getting services to people in an emergency
- Knowing that vital visits have been made
- Reassuring carers that their relative has had an important visit
- Allowing more centralised out of hours service provision
- Providing effective staff support, particularly for lone workers

During a visit to TNT Express the review team viewed a system that tracks individual parcels throughout their journey electronically. This type of technology is now freely available and could be used very effectively in delivering home care services.

In addition to the above, our current Domiciliary Management System needs to be integrated with a much improved IT management system. Upgrades are in hand, but the system causes frustration with DSOs because it still requires manual duplication of effort and does not produce some documents automatically.

Lastly, individual Home Helps feel that they could be assisted better if they had improved communication systems in terms of better access to their manager, each other, in some cases the emergency service and better access to client information both from Departmental sources and health service data. In short, they request better mobile communication systems.

Staffing Issues

The review has had extensive contact with staff and has also had the benefit of thorough baseline information. A number of issues emerge. Clearly the Department's training strategy for in-house staff is appearing to work. However,

Derbyshire County Council
Best Value Review of Home Base Services

our consultation would tend to indicate that users feel that some independent sector staff could improve their skills. The quality of service should be high regardless of who provides it. The review feels that all staff, whether in-house or independent sector should have identical levels of training.

Throughout our consultation with staff two items of concern consistently emerge. One is the uniform and the other is job title. Many staff grumble about the quality and the appropriateness of their working clothes. Two issues are of concern; the lack of comfort of the uniforms and the lack of a professional image compared to colleagues who work in health.

Staff also feel that the name Home Help brings with it old fashioned and somewhat negative images. They would like a change of name. The danger of a change of name is that the positive image of the service could be lost for the sake of a name change. A consultation exercise is to take place in order to establish a way forward. This may serve to reassure staff that their title is held in high regard by the public, or lead to considerations of alternatives.

In some parts of the county staff recruitment is a problem both for the Department and independent providers. Alternative and possibly more lucrative employment appears to be the issue. The position is unlikely to become easier in the future and therefore genuine attempts need to be made to stimulate and encourage employment. Comparison work has shown some useful examples of innovative recruitment practice, which could be helpful.

However, this issue does beg the question about the extent to which the authority should rely upon the independent sector. Providers can come and go, but individuals rely upon a service and it is important that any strategy takes account of the need to maintain a margin of safety that covers the possibility of business failures, which can be sudden and dramatic.

Derbyshire County Council
Best Value Review of Home Base Services

The review also is concerned about sickness levels within the service. This of course leads to higher costs, but more importantly leads to users experiencing disruptions to their service. This in turn leads to staff constantly having to change rotas and priorities to ensure vital work is covered. Work is needed to review the situation to ensure constant improvements take place.

Balancing the Skill – Geography – Flexibility - Cost Equation

For a number of years the Department has moved towards the phasing out of Home Care Aides. The strategy was intended to provide a multi-skilled, multi-tasking, single category of worker. This was supplemented by a renegotiation of the Home Help contractual arrangements under the terms of 'contracts '96'. The review understands that approximately 80% of Home Helps are now signed up to the new arrangements. Nonetheless, relatively few appear to work to the terms of the contract.

Contracts '96 allows staff to do many of the jobs that the review team feel are required to provide support at home. Nonetheless, the re-specifications previously mentioned mean that it will be important to ensure that the need to get staff to sometimes remote places at unsociable hours, as economically as possible, in an environment where recruitment is problematic, is handled sensitively and will probably require new resources. The alternative will be to raise the threshold point at which people enter the service. In other words, ceasing to provide services to some of the people who currently receive a service.

Lastly, this re-specification needs to work with an expectation that service provision should have a premise that all services are temporary and provided for as short a time as necessary. In practice, some people will, of course, need assistance for many years. However, notions of rehabilitation are not well established either within the service or in the minds of colleague agencies and the public. There is still a general expectation that once started, a service will

Derbyshire County Council
Best Value Review of Home Base Services

invariably be supplied indefinitely. This newer perspective would be reinforced by having a consistent and well-organised rehabilitation service that works to re-skill and re-able people who have the potential to resume more independent lives following an intensive period of involvement. Some authorities have set up “Homeward bound units” or community rehabilitation teams that do work with people rather than do work for people.

Planning the Future

The scope of the review highlighted that the proposed outcome was to improve services without increasing costs. This section will look towards the future and examine the implications of demographic and policy direction to critically evaluate the extent to which the service is prepared to meet the demands that are likely to be placed upon it.

This section will look towards the future and examine demographic trends together with the general implications of the emerging policy of increasing the numbers of people remaining at home. Population projections show an extraordinary growth in the numbers of older people over the next few years. The graph below (Fig 15) shows the trends over the next 13 years. Whilst the growth in 75-84 age group is steady, the growth in the 65-74 population is 33% and for the 85+ population 31%.

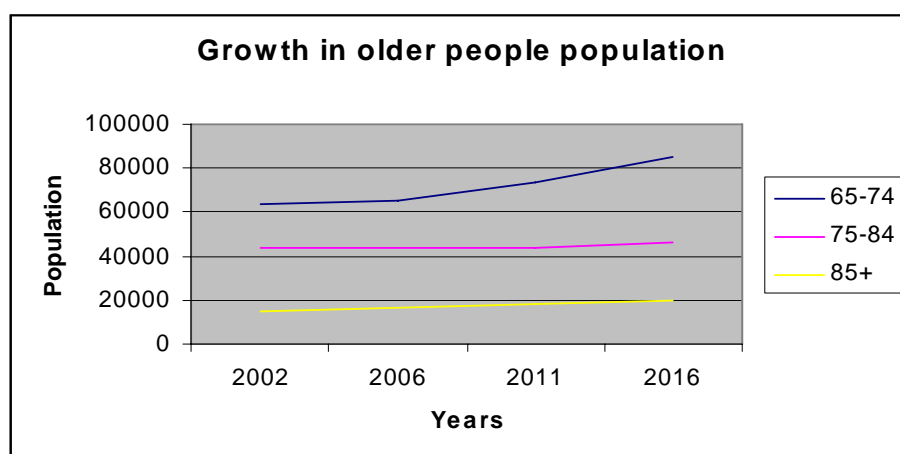


Fig. 15

Derbyshire County Council
Best Value Review of Home Base Services

This extraordinary growth in numbers is particularly significant, given the fact that nearly 7% of the 65 to 74 age group currently receive a home help service, and 84% of the 85+ population currently receive a service.

These figures beg the question, “will the service be able to deliver this size of increase in potential demand?” Our figures estimate that if current levels of eligibility are sustained then an extra 736 whole time equivalent staff (+ allowance for holidays, sickness etc) will be needed by 2016.

In addition, the Department and the Authority as a whole has set itself ambitious targets - Public Service Agreement targets for increased numbers of people remaining at home. If these stretched targets are factored in, then the potential growth in staff rises to 1,010 additional whole time equivalent staff (+ allowance for holidays etc).

The review would therefore ask:

- Can the authority continue to deliver services under current eligibility criteria?
- Will the authority be able to recruit, train and manage this number of staff?
- Will financial resources be available for the level of additional infrastructure growth?
- Will other funding streams need to be found?

Meeting Needs within the Current Structure

Home care services and the Department’s Home Help service are critical to the delivery of services across all client groups. The majority of users are elderly and often frail, nonetheless the service provides vital support and services to all client groups. Home Helps play a central role within services for people with a disability, younger people with mental health problems and children and family services. Home care is probably the most generic of all services.

Derbyshire County Council
Best Value Review of Home Base Services

The review feels it is important to ask, “What is the impact and possible consequences of a service being managed within one division (Older People’s Services) yet playing a major role within all client groups?” It is also important to emphasise that by asking this question there is no attempt to pre-empt the outcome of the review.

Clearly the arrangement whereby one division manages the service removes confusion, and older people’s services is undoubtedly best placed to administer the service. Restructuring is still very new and therefore some scenarios are speculative. Nonetheless the review feels that it is important to highlight potential difficulties.

- Can older people’s services **alone** both commission a service, and manage the major provider?
- How can the service ensure all other client groups get fair access to home care services?
- How can we ensure that the needs of older people’s services are not inadvertently favoured to the exclusion of other client groups?
- How can we ensure that other client divisions maintain responsibility for their share of expenditure on home care?

Possible ways forward would be to ensure that every division plays a part in the commissioning strategy of home care. In addition each division needs to have a measure of responsibility for their own home care expenditure.

This could be achieved by:

- Dividing up the current service and placing appropriate portions in each of the divisions, e.g. by having children’s services DSOs and Home Helps
- Giving each division a budget and allowing it to be spent with whichever provider is appropriate

Derbyshire County Council
Best Value Review of Home Base Services

However, desirable this may be, this action would be hampered by the practicalities of attempting to provide meaningful services in a county as geographically diverse as Derbyshire. Consequently the review team would not favour this approach.

Alternatively, the authority could continue to ask older people's services to manage the service and:

- Give each division a budget/ service level agreement.
- Agree protocols about who should fund a specific service. As one manager consulted said "If the parent has mental health problems – is this a mental health case or children in need". Clearly allocation of current resources to separate divisions would require work on protocols for this type of situation.

Workforce Matters

The review has to consider how the workforce should be organised so that the service is provided at a time when service users need it, not at a time when it is convenient for the service to deliver it. Much progress has already been made towards this goal with the introduction of a flexible contract for Home Helps in 1996, linked to an increase in pay for staff employed on the new contract. The baseline information shows that nearly 80% of Home Helps were employed on this contract by January 2002. Nevertheless in the consultation service users told us that they sometimes had to go to bed early and get up late because of staff availability and that they did not always know whether they would get a call if their Home Help was absent through ill health. Other service users complained of calls being rushed as their worker fitted in extra calls to cover for absent colleagues.

The particular challenges that exist for the organisation of home care are:

- The increased demand for evening, weekend and night-time care, as more dependent people are cared for at home.

Derbyshire County Council
Best Value Review of Home Base Services

- Peak demand times in the early morning and late evening to assist people in and out of bed and with associated personal care tasks. This requires large numbers of staff to be working at the same time, 7 days a week.
- The provision of sufficiently large contracts, interesting and varied work and good work/home life balance to attract staff to work and remain in the service.
- The need to balance a fully flexible service in order to have sufficient numbers at peak times, with the recognition that most staff are necessarily part time, and that many will therefore have other work or family commitments which reduces their ability to be as flexible as the contract demands.
- The speed of recruitment, with medical and criminal record bureau checks and training required before staff can begin work, compared with the one week's notice required by staff leaving the service.
- The recruitment of Home Helps from ethnic minorities.
- Sickness levels (in the baseline information) of 10.53%. The efficient use of staff: staff working under contract hours each week currently average 1944 hours (6.5%) each week and staff working overtime average 6254 (20%) hours.
- The request from DSOs for them to have a more manageable job which does not combine assessment with management of the service.
- The need for staff who are working out of office hours to be supported by managers who are also working

The review has to consider whether the implementation of the current flexible contract for Home Helps could be improved to allow for the needs of service users to be better met, or whether further contractual arrangements need to be explored to address the demands of the service. For instance, an opportunity exists for shift working within the current contract, which has not been fully implemented. This might improve flexibility. However, if the review team were to recommend weekend or evening only contracts as an option, recognising that we cannot expect all staff to be fully flexible when they are part time and have other

Derbyshire County Council
Best Value Review of Home Base Services

commitments, then this could not be accommodated within the current contract. Any change in contracts may incur additional costs.

In the comparison the review team found one local authority which had changed its payment arrangements for Home Helps who were off sick to be less rewarding than those for other staff: It experienced a sharp drop in sickness. It may be felt that were this to happen in Derbyshire it would not recognise the high satisfaction levels that service users have with their workers. It may be better to sustain the improvements in attendance being brought about by the current attendance management procedures and introduce systems to ensure sufficient availability of suitably skilled staff to provide a service in the absence of colleagues. The review team found a number of examples of how this could be done from the comparisons with other organisations.

COMPETITION

County policy indicates a number of options that a Best Value review of home care must consider. These are;-

- Cessation of the service, in whole or in part
- Transfer of the service to another provider
- Joint commissioning or delivery of the service
- Creation of a public-private partnership, such as a joint venture company
- Re-negotiation of an existing contract
- Restructuring the in-house service
- Provide a core service in-house and buy top-up support from the private sector
- Market comparison and dummy tendering

This section will look at general financial information before looking at the above options.

Derbyshire County Council
Best Value Review of Home Base Services

Financial Information

The Authority's expenditure for 2001/2002 was £612 million. Of this £135 million (22%) was allocated for Social Services. See figure 16 below.

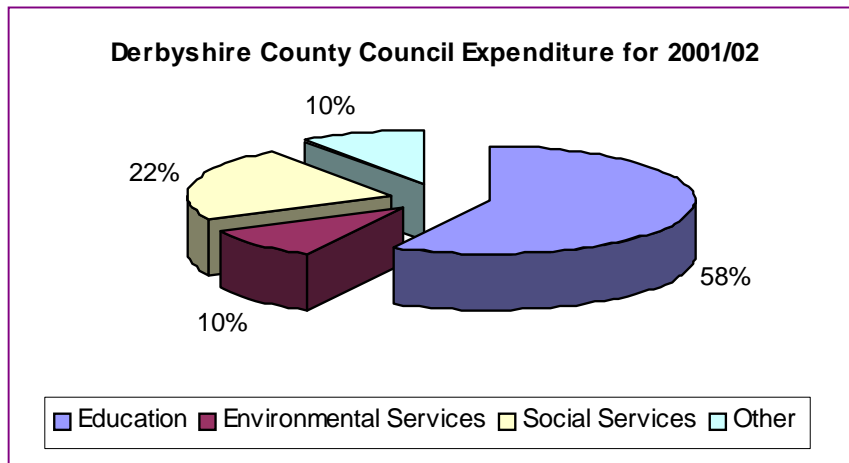


Fig. 16

At £28.7 million expenditure on home care is 21.2% of the Social Services budget. See figure 17 below.

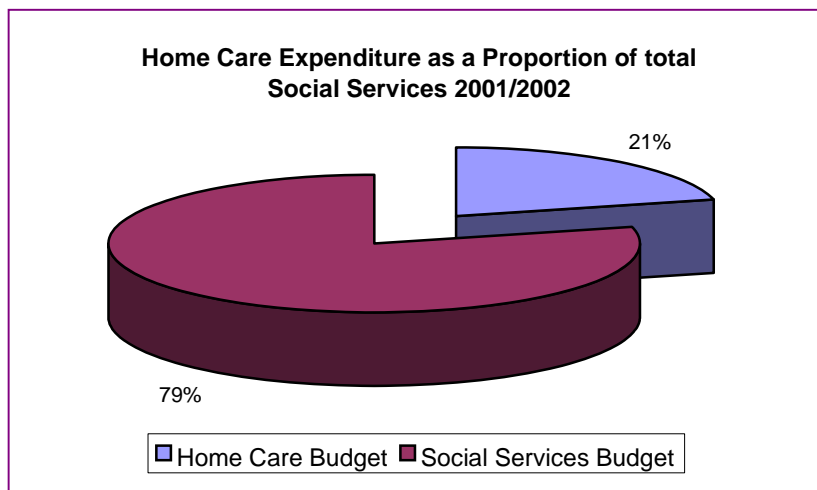


Fig. 17

Of the total home care budget, in-house care provision accounted for £23 million (80%).

Derbyshire County Council
Best Value Review of Home Base Services

Expenditure by Area

The in-house home care budget is located within the budget for older people's services, although it provides for all service user groups. Independent sector home care is funded from the community care budget.

Expenditure by geographical area for 2001/2002 is shown below in figure 18:

Expenditure at week 52, financial year 2001/2002

Areas	Ind. & Vol		In-house		Combined	
	£	%	£	%	£	%
High Peak	418,324.49	6.8	2,441,837.42	10.6	2,860,161.91	9.8
Chesterfield	871,228.19	14.2	2,980,034.44	12.9	3,851,262.63	13.2
Derbyshire Dales	866,387.13	14.1	1,914,731.57	8.3	2,781,118.70	9.5
N. E. Derbys	841,635.60	13.8	2,820,240.28	12.2	3,661,875.88	12.5
Bolsover	474,350.99	7.8	2,618,271.97	11.3	3,092,622.96	10.6
Amber Valley	974,055.20	15.9	2,653,173.92	11.5	3,627,229.12	12.4
Erewash	697,264.25	11.2	2,631,849.29	11.4	3,329,113.54	11.4
South Derbyshire	497,769.02	8.1	1,726,859.87	7.5	2,224,628.89	7.6
Headquarters	499,378	8.1	3,293,799.87	14.3	3,793,177.87	13

Fig. 18

Headquarters expenditure is the proportion of the management and support costs of the Social Services Department, which has been attributed to either the in-house Home Help service or the independent and voluntary sector. Any shift in patterns of provision could affect this distribution, but is unlikely to affect the total cost of running the Department.

Home care is available for all service user groups, although by far the greatest users are older people. Expenditure by service user group in 2001/2002 is shown below in Figure 19.

Derbyshire County Council
Best Value Review of Home Base Services

Expenditure at week 52, financial year 2001/2002

Service User group	Ind. & Vol		In-house		Combined	
	£	%	£	%	£	%
Older People	2,679,719.56	47.5	17,449,083.76	75.6	20,128,803.32	70.1
Children's			230,807.99	1.0	230,807.99	0.8
Disabled People	1,588,630.72	28.2	4,985,452.50	21.6	6,574,083.22	22.9
Learning Disability	1,150,209.17	20.4	276,969.58	1.2	1,427,178.75	5.0
Mental Health	222,455.42	3.9	138,484.79	0.6	360,940.21	1.3

Fig. 19

It may be worth noting that older people account for nearly 90% of service users but only 70% of the budget is spent on them. Disabled people under 65 account for just 8% of service users but nearly 23% of the expenditure. Although outside the scope of the review it is also relevant to note that both learning disability services and mental health services have the benefit of specialist arrangements for caring for people in their own homes such as housing with care or specialist community support workers. Expenditure on independent providers delivering such services is already included in the previous table. Local authority provision is not. Additional learning disability expenditure in 2001/2002 was £1,093,092 bringing the total spend to £2,520,271. For mental health services the additional amount was £48,215, bringing the total amount to £2,568,486.

Income

Income from voluntary contributions in 2001/2002 was £184,703.77
(0.65% of expenditure)

Cost Comparisons

The traditional view of the comparative costs of local authority providers and independent providers of home care is that the local authority costs more. In 2000/2001 the unit cost provided to the Department of Health for the Performance Assessment Framework for all adult client groups, which is worked

Derbyshire County Council
Best Value Review of Home Base Services

out to a pre-set formula, supported this view as follows:

Average gross hourly cost for Home Help/care	£11.22
Average gross cost for in-house Home Help	£12.61
Average gross hourly cost for care provided by others	£8.35

Many authorities have chosen to externalise much of their home care services as a result. Starfish Consulting challenged the use of unit cost comparisons as the only financial basis for such decisions in its work “The Elusive Costs of Home Care” (February 2002) which it carried out on behalf of the London Association of Directors of Social Services Benchmarking Club. They concluded that, “Decisions to externalise services appear frequently to have been made largely on the basis of unit cost comparisons and subsequently fail to deliver the anticipated savings” and that, “Unit costs are a flawed means by which to make such decisions”. In particular they highlighted the impact of the following on distorting unit costs:

- It is difficult to make unit cost comparisons on a genuine and reliable like for like basis
- Counting Activity: actual contact time is usually recorded for in-house providers. The independent sector contact time recorded is usually planned, rather than actual contact time. This results in an over-estimation and therefore distorts unit costs
- Minimum charges: most providers set a minimum contact time. As a result most short visits are undertaken by the in-house provider, which pushes up the unit cost. If actual in-house calls are transferred to the independent sector, Starfish concludes that short calls can have the impact of adding 50% to external providers’ hourly rates
- Inefficiencies in the in-house service: Starfish cite an example of a local authority that introduced a brokerage system and scheduling software that enabled better resource management and had a dramatic impact on unit costs.

Derbyshire County Council
Best Value Review of Home Base Services

- In-house services usually respond to emergencies and therefore have to retain an element of over capacity to do so.

Clearly there are drawbacks in using unit costs for cost comparisons. Because of this the review team had a preference for comparing actual costs rather than unit costs. However, because of the size of the service this was not a practical option. The compromise reached was to compare hourly costs in two ways. Firstly, unit costs were revised to improve their accuracy and were used to produce a matrix showing the variation in cost between in-house and independent sector care. The matrix was then compared with in-house activity in one week in July 2002. Secondly, to supplement the use of unit costs the review team also looked in detail at the actual work of two Home Helps during the same week (in July 2002). It compared the actual costs incurred by the local authority and compared them with those that would have been incurred had the work been carried out by the independent sector or other home care workers. This exercise intended to ensure that in this example cost comparisons were made on a like for like basis, one of the difficulties highlighted by Starfish Consulting in using general unit cost comparison.

The Cost of Independent Sector Care

Unit costs for independent sector home care have their origins in work done by members of the Purchasing Section and Derbyshire Home Care Association in 1994. Since this time there have been inflationary adjustments to the rates. Derbyshire has a range of independent sector unit costs depending on the day and time and also on the type of work undertaken. Separate, lower rates are payable for sitting services. Enhancements are paid for Bank Holiday work.

A quality premium of 4% is added to all unit costs for providers meeting the appropriate quality standards – details of which can be found in the baseline assessment. Derbyshire has chosen not to tender for services to avoid providers setting costs that are too low to be able to meet required quality standards.

Derbyshire County Council
Best Value Review of Home Base Services

Unit costs per hour for 2001/02 are as follows (including quality premium):

Day Time Care	£6.84
Night Time Care (after 8pm)	£7.29
Weekend Care	£7.29

Travel costs are paid per visit at three flat rates - £1.09, £1.64, and £2.15 - depending on which area of the county the care is required. Travel costs, especially for care packages with multiple visits, can significantly erode any cost differences between independent sector and in-house provision. Fixed travel rates presuppose that all visits within rural areas will be at great distances.

The Cost of Local Authority Provision

Unit costs of local authority home care have been revised to show the cost for home care workers i.e. Home Help and Home Care Aide. The build up of these unit costs has not included the apportionment of overhead costs of the County Council (for example, finance and legal services) or management and support costs above first line managers. These are costs that would remain irrespective of whether the service were provided by the Local Authority or the independent sector and could not, therefore, be considered as a potential saving.

This has established the unit cost as follows:

Home Helps	£11.23
Home Care Aides	£12.78

The following table (fig 20) outlines the detailed breakdown of unit costs.

Derbyshire County Council
Best Value Review of Home Base Services

Unit Costs 2001/02 Home Helps & HCA				
2001/02	Home Helps	HCA's	Total	DSO
Direct salary	15,473,033	915,421	16,388,454	2,178,455
gratuities & exps	54,107	1,955	56,062	3,981
Travel	1,076,851	155,659	1,232,510	115,842
Premises	3,523	185	3,708	78
Supplies and services	370,909	19,522	390,430	73,310
Misc	3,857	203	4,060	8,657
	378,288	19,910	398,198	82,045
Management fee	2,472,467	156,050	2,628,517	346,148
Total expenditure	19,454,747	1,248,995	20,703,742	2,726,471
Income	(222,325)	(14,804)	(237,129)	(112,349)
	19,232,422	1,234,191	20,466,613	2,614,122
contact hours	1,602,784	89,801	1,692,585	1,692,585
Unit cost				
Direct salary	9.65	10.19	9.68	1.29
gratuities & exps	0.03	0.02	0.03	0.00
Travel	0.67	1.73	0.73	0.07
Premises	0.00	0.00	0.00	0.00
Supplies and services	0.23	0.22	0.23	0.04
Misc	0.00	0.00	0.00	0.01
Management fee	1.54	1.74	1.55	0.20
Total expenditure	12.14	13.91	12.23	1.61
Income	(0.14)	(0.16)	(0.14)	(0.07)
	12.00	13.74	12.09	1.54
DSO 50% assessment	0.77	0.77	0.77	
	12.77	14.52	12.86	
ex. management	11.23	12.78	11.31	1.34

Fig. 20

Derbyshire County Council
Best Value Review of Home Base Services

Comparison of Costs and Visits

A matrix was devised for the review team (Appendix 15) which outlines the variation in cost between the in-house service and independent sector care at different times of the day or week. The matrix uses unit costs that are based on current contractual arrangements with the independent sector and current pay rates for in house staff. There are three versions of the matrix as the comparisons include travel costs that are paid to independent agencies at three different rates depending on the geographical area covered. The matrix was then compared with actual service delivered during one week from 17 to 21 July 2002 taking information from the telephone timesheet system (appendix 16). By doing this the review team aimed to exclude as many of the distorting features as possible that were highlighted by Starfish Consulting.

This exercise shows that in-house provision costs less than that provided by the independent sector when care is delivered during the daytime, Monday to Friday, especially where visits are shorter than the half hour minimum provided by independent agencies. Appendix 16 shows that there were a substantial number of such calls in the sample week. Without knowing the exact length of the calls it is difficult to make an exact cost comparison. However, it does appear to the review team that the overall cost of the service in the sample week is still higher when provided in-house, even taking into account the large number of short calls during weekday, daytime hours. This is due to the impact of enhancements paid to Home Helps for those hours worked during the late evening and at the weekend.

Comparison of Home Helps' Weekly Schedule

The review team also looked at one week's work of two Home Helps as recorded on the telephone timesheets system in the same week in July. Example A (see appendix 10) shows the work of a Home Help who has worked in the morning only, Monday to Friday and who has walked to work and between calls.

Derbyshire County Council
Best Value Review of Home Base Services

Example B shows the work of a Home Help who has worked at the weekend as well as during the week and who has used a car to travel to work and between calls, so attracting car allowances as well as travel time.

The table (Appendix 10) outlines the actual cost each day to the local authority of the Home Help and the cost of the provision had the care been delivered by an independent agency, a Home Care Aide or a Community Support Worker.

Example A (the morning only, Monday to Friday Home Help) shows that the actual cost of the service delivered is lowest when provided by the in-house Home Help. The provision of service in Example B (7 days care provision, mornings and evenings) would have been at a lower cost had it been provided in the independent sector.

There are a number of factors that affect the above results. The most significant, as in the previous exercise, are

- Enhancements paid to the Home Helps for weekend working (50% extra on Saturday, 100% extra on Sunday). It should be noted there would have been further impact had more of the weekday calls been after 8pm which attracts enhancements of 20% or during Bank Holidays which add 100%.
- The minimum length of a call an independent provider will undertake. Some of the Home Help's calls were less than 30 minutes.
- The impact of a flat rate of travel to independent providers for each call. Shorter calls tend to lead to a higher number of calls, therefore inflating the costs. In Example A in particular, the actual travel time and costs are low. Transferring the calls to an independent agency would attract a standard travel payment for each visit thereby inflating the travel costs.

Caution must be taken in drawing too many conclusions from the examples of two Home Helps' work during one week. Nevertheless it is clear that any assumptions that transfer to independent sector care will always deliver savings

Derbyshire County Council
Best Value Review of Home Base Services

must be treated with care and will depend on the pattern of service delivery. However the findings from this exercise, using actual costs do, on the whole, support the findings from the earlier exercise using the matrix.

Competition Options

Cessation of the service, in whole or in part

The review believes that the service has to continue. Community care cannot exist without a home care service, regardless of who provides it. This view is supported by consultation, and is driven by the need to support people in the community.

Transfer of the service to another provider

In-house providers deliver about 60% of the service now. The review team recognises that the survey conducted as part of the review showed that the public generally views both in-house and external providers equally highly.

Transferring the In-house service to another provider would probably have little impact in terms of quality. Given TUPE it is hard to imagine any cost savings in the short term. Given the turnover rate of staff, then marginal savings may begin to occur after year one. Extra costs would be incurred in the early stages. The costs outlined above take no account of contracting – commissioning and contract compliance activity.

Joint commissioning or delivery of the service

In some respects this is the current position with the Social Services Department, in consultation with health, commissioning the service. The review would anticipate this continuing. A clear commissioning strategy is notably absent from the process. This strategy needs to be shared with all providers, to allow them to respond to the anticipated growth in the service. However the review team can

Derbyshire County Council
Best Value Review of Home Base Services

see no advantages in a multi-agency management arrangement of the provider element of service.

Creation of a public-private partnership, such as a joint venture company

In this instance, the review can see no benefit in following this model. The review considers that there are sufficient controls and opportunities within our current arrangements, and can see no advantages to this model. TUPE would reduce cost advantages.

The review considers that it is important that the authority maintains a proportion of its service in-house. This is because the independent sector is somewhat fragile in Derbyshire. Consequently it is important that a residual in-house service is available to cope with possible service failures in the independent sector. The public has a legal right to a service in many instances, and will need that service, even after independent companies fail.

Re-negotiation of an existing contract

The review team considers that the current mixed economy of provision generally serves the public well. The critical issue is the proportion of in-house and independent sector provision.

Currently contracts are arranged on a “spot basis”. This has a disadvantage for provider agencies in not guaranteeing work, which denies them the ability to effectively plan their business. It also probably affects the price and reliability of the service. The review would recommend that the authority look towards cost – volume – and geographically specific contracts, but with tighter service expectations.

Presently the independent sector is relatively small and any growth would need “market stimulation”.

Restructuring the in-house service

The current service of both the independent sector and in-house providers does not reflect the future needs. The review believes that the in-house service is best placed to provide a re-ablement and initial service. The review would strongly support a gradual move towards this type of specialisation. We would also support the in-house service continuing to supply services to other user groups. It also needs to maintain a general capacity to cope with service failure in the independent sector.

This restructuring would take place within a context of a move away from long term work, a need to maintain the home care assessment function in-house, supported by IT changes such as GIS technology, call centre etc.

Provide a core service in-house and buy top-up support from the private sector

In general this is what has been described above. However the critical issues are the proportions and tasks of both these sectors.

Market comparison and dummy tendering

We would not support dummy market testing, because we would suggest that full competition would be advantageous in the long term.

Conclusions of competition evaluation

The conclusions of the Best Value review show that services delivered by independent agencies are done so at a lower cost than those delivered in-house. However, the difference is smaller than the review team had assumed at the outset. Against this cost advantage has to be measured the risks inherent in increasing the proportion of service provided by the independent sector to a large extent and too quickly. These are:

- The capacity to deliver
- Skills
- Training

Derbyshire County Council
Best Value Review of Home Base Services

- Stability
- Risk of service failure

OPPORTUNITIES FOR IMPROVEMENT

The review team believes that any option paper needs to be written with the Department's values and principles very much in mind. However we also believe that an understanding of the strategic direction of services needs to underpin any discussion about options. Therefore this section will outline the strategic direction which we believe to be most important, and discuss options in this context. Some of the options may be more attractive or less attractive than others, nonetheless they need to be included for the sake of completeness.

Strategic Intent

The review feels that the service should, as broad statements of strategic intent, seek to achieve the following.

- Maintain as many people as possible in the community
- Promote maximum independence
- Meet user expectations
- Deliver services in partnership with other providers and agencies
- Have clear outcome measures

Maintain More People Within the Community

The authority has set itself challenging targets for the numbers of people it wishes to divert from residential care. This approach will have huge consequences for the way the service develops in the future. At its most basic this will either require additional resources or changes to the way we work. This will require that sufficient resources are available to deliver the service.

Promote Maximum Independence

By and large current services do not attempt to re-able those service users who may have lost skills or motivation as a result of illness or life trauma. Generally services are provided in such a way as to “do for” rather than to “do with” the service user. In the short term this may save time. However, the longer-term consequences may lead to loss of skills and motivation and to even greater dependence.

Meeting User Expectations

A recurrent theme heard by the review team is that when people need care they want to be able to receive that care at home and they want to be sure that it will arrive at a time of the day and week that they need it. Confidence of staff, service users and carers that the home care service has the flexibility and reliability required, and the level of resources to offer an equivalent service to residential care, affects the choice that people make about their care. The public understandably has a wish that the service improves its reliability and continuity. They already enjoy the service, but want to be assured that it will be delivered at a time that suits them, that workers come when they are expected, and users are subject to the minimum of disruption in terms of fewest changes of personnel. They also want staff that have the necessary skills and approach to the work.

This expectation should be backed up with pledges or published standards, which specifically explain what the users may reasonably expect from the service when it is allocated. Users also need to have similar standards about what they can expect from the assessment process.

Working in Partnership

The Department enjoys good working relationships with other agencies. These relationships are mutually beneficial, and are necessary to the continued provision of a good service. The extent to which this pattern of work is built upon is a vital part of the options appraisal.

Derbyshire County Council
Best Value Review of Home Base Services

Measures of Outcome

The service is already subject to close statistical analysis. Many of those measures are measures of input and output. The success or otherwise of the service needs to be reflected in outcome measures. The service will need to continue to demonstrate its effectiveness in terms of increased numbers of people who are diverted from residential care, numbers of people rehabilitated, or levels of increased satisfaction. It will also need to achieve key outcomes desired by service users such as reliability, punctuality and continuity of staff.

Implications from Strategic Intent

If the service is to continue to make progress in line with this strategy it is clear that “no change” is not an option. The Department has to make adjustments to the way it delivers services, unless huge new resources can be found. Extra resources are likely to be needed under any circumstance to cope with demographic changes. However, the size of cost increase required to continue to deliver services in the way that we currently do appears unlikely.

Generally speaking, the service needs to consider some serious changes to the way it is delivered, financed and offered if it is to meet future demands and strategic expectations.

Additional Resources

The demand for extra resources will principally come from demographic changes and needs generated from our increased commitments under our PSA.

Extra Costs of Home Care due to Demographic growth and meeting PSA targets			
	2006	2011	2016
Extra Cost if Provided In House	£5.6m	£7.2m	£8.8m
Extra Cost if supplied by Independent Sector	£4.2m	£5.4m	£6.6m

Fig. 21

Derbyshire County Council
Best Value Review of Home Base Services

Our current estimates are that if services meet the demands of demographic growth the following extra funding will be required. (See Fig 21).

However, there are other cost drivers from other client groups. It has not been possible to calculate them with any accuracy, but all client groups are likely to make additional demands upon home care services. The numbers of people with disabilities under 65, living in the community is increasing. This growth is particularly true of children with profound needs. Medical advances are ensuring many more people survive childhood than ever before. There will also be pressure from mental health services for more home support.

These extra resources could be generated in a number of different ways. The first and most obvious would be diverting resources from other parts of the Department or the Authority as a whole. Clearly the Best Value review of residential care for older people gives an opportunity to divert resources towards community provision, however it is not clear at this point how much will become available.

The Department currently proposes to keep home care services free of all charges. These proposals are contained within its "fairer charging" policy, which has been consulted upon and finalised. Voluntary contributions will cease, at a loss of income of approximately £185,000 (2001/02 figures).

Eligibility For Service

Over a period of time the Department has been refocusing its service with a generalised reduction in provision to low spectrum users and a gradual transfer of resources to higher spectrum users. One option available would be to reduce the numbers of recipients of low spectrum services. This is likely to be no more popular now than in the past. Consultation with users indicates that these services are very popular, and the public's wish is that they were increased rather than decreased. Nonetheless it is worth pointing out that there is no evidence

Derbyshire County Council
Best Value Review of Home Base Services

either way that low spectrum needs being met affects subsequent need for residential care. We must also question the significant variation in the apparent availability of lower spectrum services.

Changes To The Way Services Are Commissioned

In-house provision currently dominates the market. Undoubtedly increasing the amount of service bought in the independent sector would reduce costs. This reduction would be dependent on the size of the transfer, and the rate that the new services could be commissioned. Alternatively, in-house service costs could be reduced if enhancements for weekend, evening and bank holiday working were removed from conditions of service. Clearly none of these options is likely to be popular with Home Help staff.

The fragility of the independent sector in some areas of the county and the feedback from some staff that work is being refused or handed back to the in house service suggests that measures need to be put in place to stabilise the market before any further transfer to independent sector care takes place at the same time as the in house service is improved.

Investment in the workforce

Home care services depend on a substantial workforce for the delivery of reliable, high quality care. Nationally the ability to recruit and retain home care workers has become a major issue as a result of competition from the retail and leisure industries. The in-house home care service has enjoyed a relatively small turnover of staff but 20% are due to retire in the next five years and already pockets of difficulty in recruitment exist. Independent agencies report problems in both recruiting and retaining staff. Regardless of who provides the service it has to grow to meet existing and future demands. Therefore any strategy for home

Derbyshire County Council
Best Value Review of Home Base Services

care services must address its workforce issues. In particular:

- Work life balance
- The predictability of working patterns so that people know when they are working well in advance
- Training for new skills, particularly reablement
- Support to staff, especially out of hours
- The marketing of the home help role, jointly with independent agencies. This will need to include a judgement about the job title.

Home care is at a crossroads in its future direction. If the Council invests in its workforce, employees need to work in partnership with employers around key critical customer concerns and service improvements.

PROPOSALS FOR SERVICE IMPROVEMENT

Development of Independence Promoting Services

- The first 6 weeks of home care to be delivered by a re-ablement service (up to 12 weeks in exceptional circumstances, where much greater independence is likely to be achieved)
- Co-location/co-working with rehabilitation teams where opportunities exist
- Occupational therapy time within the re-ablement service
- Training in promoting independence, goal setting and recording skills delivered to all staff within the re-ablement service
- Outcomes for the service to be set and measured.

The concept of promoting independence underpins much of the Government's agenda but the review team found it is not yet embraced within the home care service. The review team regards this as a vital element in re-structuring services. Firstly to ensure that those people who are admitted to hospital or have other traumas to their lives are given every opportunity to maximise their potential to return or remain within the community. There is also clear evidence from geriatric medicine that those people who continue to use their skills and abilities,

Derbyshire County Council
Best Value Review of Home Base Services

continue to enjoy the best physical and mental health. Lastly it will also, we believe, increase the availability of resources in the long run. There will always be people who have a need for long-term care at home. However the review believes that every new service user should have the benefit of a short-term intensive service which maximises their potential for regaining skills, before moving on to traditional long term provision. Where long term home care is needed it should be seen as a supplement to what someone can manage themselves, so strengthening each person's potential for an independent life.

This service could be commissioned from the independent sector or from in-house providers. In-house provision could potentially be at a higher unit cost. However, independent provision may not have the same incentives to promote independence. Undoubtedly an "Independence Service" would be best provided in partnership with other professionals within the health community. The review team feels that the Independence Service needs the advice of occupational therapy and possibly physiotherapy and the co-operation and support of the primary care team as a whole. Therefore it may be prudent to consider co-location.

Long-Term Home Care

Occasional simple practical tasks such as putting up curtains and changing light bulbs are valued, particularly by older people in Derbyshire but are not currently part of the home care service, except where a Home Help has offered to help out when visiting for another reason. If delivered by the home care service they would limit the opportunity of delivering care to those most in need.

Derbyshire County Council
Best Value Review of Home Base Services

Sub Options

- Give grant aid to voluntary organisations to stimulate their provision of these services.

OR

- Work with District Councils to co-ordinate home care with the work of wardens in order to minimise gaps and avoid duplication.

OR

- Decide not to provide these services

Simple Regular Practical Tasks – e.g. Fire Lighting - Cleaning

Derbyshire County Council has resisted national trends to deliver personal care packages to those people at the higher end of the spectrum of care at the expense of the more practical types of care highly valued by large numbers of people. Nevertheless, staff have coped with attempts to maintain practical support to many while increasing the intensity of support to the few. The review team has considered the options available to the Council with regards to practical care.

Sub Options

- Commission the service from a commercial or voluntary agency (if that task is the only service provided), but only if the service can be provided below the actual cost of that service being provided by an in-house Home Help.
- Where more than one service is delivered only one provider should be used to avoid the possibility of one household receiving calls from a number of different agencies

OR

- Continue to provide these services in-house.

Derbyshire County Council
Best Value Review of Home Base Services

Long-term Personal Care

Judgement about the proportions of service bought from the in-house service and the independent sector will need to be calculated on the basis of the following:

- The indicative matrix showing where the most cost effective service can be bought, taking account of any fixed costs.
- Building in a margin of safety to protect the Council from service failure.
- The need to have a thriving independent and in-house service.
- The speed with which we move from current purchasing arrangements. This will need to take account of TUPE and demographic growth.
- The process and speed of building capacity in the independent sector - particularly bearing in mind that rapid expansion could lead to instability in either sector.
- Changing needs
- Any change would need to be planned jointly with the independent sector, may need joint recruitment and training and would need to have a clear joint commissioning strategy across both sectors.

Sub options

- The current mixed economy of care should be maintained subject to further assessment of risks and benefits in the light of changing needs
- The commissioning strategy should be the vehicle that reflects the appropriate balance in the light of those risks and benefits

Specialist Services

The current Home Help service is delivered predominantly to older people who make up nearly 90% of the service users. The review team feels strongly that reablement and rapid response should be seen as a specialism. However, given previous comments about geography and critical mass the older peoples' service should continue to manage home care for other service user groups. The review

Derbyshire County Council
Best Value Review of Home Base Services

team considered options to ensure that other service users' home care is protected.

The review team also considered the best ways of meeting requests for home care that are on the boundary between health and social care. These have increased as hospital stays have shortened and are set to increase further with even more emphasis on the speed of discharge from hospital with the new system of reimbursement.

Sub Options

- Allocate the budget spent on the 10% of services delivered to children, adults with mental ill health, disabled adults and adults with learning disabilities to the Divisions within Social Services which serve those populations.
- Continue to manage the service within the older people's division.
- Set up service level agreements
- Agree protocols that outline which service division should fund which service.

AND

- For all of the above clarify the level of specific training and staff checks required for each service user group.

For those specialist services which are on the border of Health responsibilities, such as care at home of older people with mental ill health, palliative care and specialist care of people with ill health or disability that falls between health care and social care, options are:

Sub Options

- To develop joint teams/joint working with Primary Care Trusts with the aim of avoiding duplication and gaps.

AND/OR

- Seek out potential for joint funding 'generic care worker' posts with Primary Care Trusts

Ethnic Minority Communities

Sub Options

- Begin a dialogue with community representatives to explore whether direct payments could allow for bespoke schemes provided from within minority communities.

AND/OR

- Explore joint commissioning of specialist services with neighbouring authorities.

AND

Provide training for assessors of home care on identifying and meeting different cultural needs with associated guidance incorporated into procedures

Laundry Services

Sub Options

- To continue with the service 100% contracted out to an independent provider.
- As part of the specification when offering the service for re-tendering include a change in the process for income collection to bring it in line with the system used for meals on wheels.

OPTIONS FOR IMPROVEMENTS TO EFFICIENCY

Separation Of Assessment And Management Of The Service

- To avoid duplication of effort and a different approach to assessment the review team agrees with the recommendation of the Best Value Review of Adult Assessment - namely the separation of the assessment and provision role. This would be relevant regardless of which sector provides the service.
- To allow assessors to concentrate their efforts on assessment and reviews, introduce an administrative post to assist the assessor to choose the provider, issue the contract and carry out contract monitoring.

IT Improvements

- Reduce the duplication of effort of DSOs who have to produce some of their work on both paper and IT systems by reviewing the IT used, with the aim of achieving a paperless system, ensuring it is compatible with other IT systems in use in Social Services.
- Use GIS systems to provide the most efficient routes for Home Helps, in order to mitigate increased travel costs resulting from more flexible working.
- Introduce a call centre as a county wide referral point for all referrals. This could also offer out of hours support and management of services. This would be particularly effective if linked to GIS systems.
- Develop real time management information. Currently telephone timesheets deliver historical data. Home care managers in critical situations need to know if vital visits have taken place. It is also frequently important to know which member of staff is nearest to an emergency. This information, when linked to GIS systems, scheduling software and a call centre would improve efficiencies
- Make scheduling as automated as possible within the constraints of providing continuity of staff.
- Show in real time, when a service is delivered, linking directly to a web site.

Derbyshire County Council
Best Value Review of Home Base Services

- Flags up on screen when important calls are late or missed.
- If possible, build on, not replace, the councils telephone timesheet system.
- Given that IT systems take time to develop, an interim option would be to provide intensive training on scheduling to managers of Home Helps.

Improve communication

- Set a minimum level of contact between the provider manager / DSO and the service user and monitor it.
- Set a frequent and minimum level of contact between DSO and Home Help.
- Set a service standard for involvement of Home Helps and Wardens in assessment and reviews and monitor it.
- Set a standard for timeliness and build that into the specification for information technology.
- Devise a protocol for how service problems should be communicated to service users (e.g. 10 minutes late – Home Help responsibility to inform; change of worker for personal care – personal contact from DSO).

Possible Human Resource Changes For Derbyshire County Council Staff

- Establish the level of Home Helps needing car allowances to deliver the service required taking into account rural and urban differences.
- Provide guidance for staff that gives a consistent central message on the future direction of the service and where it is to be targeted.
- Introduce averaged monthly hours for Home Help staff to allow the opportunity to accommodate peaks and troughs in service demand.
- Introduce monthly notice and pay.
- Pay enhancements for evening and weekend working to Home Helps only when they are at work, not when they are absent through sickness.
- Include travel time in the minimum contract hours of new staff.
- Implement patterns of shift working in accordance with the needs of the service.
- Establish one contract for home care workers who carry out identical tasks.

Derbyshire County Council
Best Value Review of Home Base Services

Improve information

- For eligibility criteria for home care services to be published and shared with users, carers and other agencies who request home care from Social Services.
- For up to date, clear information about the service, which includes its purpose, its eligibility criteria and its standards - to be produced and publicised through large print leaflets in a range of languages, on tape and on the Department's website.
- Produce a user-friendly handbook for service users in large print, on tape and in a range of languages. As well as including the aims of the service, the standards that service users can expect and how to complain, it should set out on behalf of Home Helps any restrictions they have (e.g. for Health and Safety) which influence what they are able to do.
- Information to the public should include a "menu of options" of potential services, with examples about where they would be typically available.
- Public information should also detail what standards local people can expect from the assessment process, in terms of such things as timescales, documentation and a description of what will happen so that prospective service users can visualise the process.

Improve Choice For Service Users Through Increased Take Up Of Direct Payments

- Train all staff with responsibilities for assessment and commissioning home care in the use of direct payments.
- Reduce the administrative burden on direct payments users. In the initial stages of direct payments provide extra assistance to the service user by providing guidance from a finance officer as well as a Care Manager/ assessor. Change the frequency of financial returns from monthly to quarterly. Consider reducing the frequency to 6 monthly following 12 months of trouble free use by a service user.

Derbyshire County Council
Best Value Review of Home Base Services

- Develop a marketing strategy for direct payments, particularly to groups where take up is low.
- Encourage the use of direct payments as a means of increased take up of service within ethnic minority communities.
- Create Independent Living Advisors for direct payments users either as an independent service within the Council or contracted out to an independent/voluntary agency. The role of the Independent Living Advisors would replace some of the long-term role of the assessor/Care Manager, by providing a service following assessment.

Ensure that Provision is Developed to Meet Need

- Produce a commissioning strategy, based on need that sets out commissioning intentions and which is communicated to all interested parties.
- Move from spot contracts to cost/volume contracts, which are based on geographical zones, ensuring that all areas of Derbyshire have the option of independent sector provision. Any agency undertaking such a contract should agree to provide a service for the whole geographical zone. Within the block contracts remove the opportunity for agencies to give notice.
- Determine the outcomes required from home care agencies and offer financial rewards in accordance with performance. Reliability, punctuality and continuity of staff are the key outcomes for service users.
- Develop a detailed understanding of the costs of independent agencies. This should include a survey of local wage rates in the retail and leisure industries that compete for people who might be attracted to work in home care. Specialists in regeneration and economic development might be best to carry this out.
- Include travel in the overall payments to independent agencies.
- Organise regular analysis/research to determine who our service users are, what type of care is needed, what levels of care they need (whether they have calls from 1 worker or 2) and what times of day and week they require care, in

Derbyshire County Council
Best Value Review of Home Base Services

order to assist resource planning and commissioning. Information from the telephone timesheet system could be the starting point for this analysis.

- Clarify the mechanisms for managing the market
- Establish a training programme for independent agencies to assist them to acquire the skills our department requires.
- Undertake an analysis of need for the night time care to inform service planning.
- Have one budget that includes funds for independent sector home care as well as in-house care so that decisions about the chosen provider are not influenced by which budget to use.
- Set and monitor targets for the completion of reassessments of the service and the timely completion of risk assessments.
- Ensure all Home Helps are trained so that they have the skills to respond to the particular needs of people with sensory loss, recognising that this will include many older people.

Pilot Schemes

It is clear that the Department has sound reasons for establishing pilot schemes relating to home care provision. The review team found much evidence of good practice but felt there were still opportunities for learning from these schemes to be spread throughout the County.

Therefore the team has the following recommendations:

- Undertake an exercise to collate information about the performance of all current pilot schemes.
- Evaluate their effectiveness and contributions to learning
- Consider the potential benefits to service users and the service as a whole
- On the evidence of the above make a decision whether to extend the pilot schemes or bring them to an end.

Improve Continuity of Staff for Service Users

The review team found that continuity of staff becomes a problem for service users when they have complex care needs. They may require a number of visits a day and need more than one member of staff each time. More than one agency may provide the care. If the agency has a high turnover of staff or the regular worker has a high level of intermittent sickness this also affects continuity. The review team has the following recommendations:

- Measure the level of mixed packages of care i.e. where there is more than one provider, and set and monitor targets for reduction.
- Set targets for the continuity of staff for service users of independent agencies. Provide financial incentives and penalties according to performance.
- Introduce block contracts to assist agencies with staff retention.
- Develop a team of staff to provide cover for absent staff, missed calls and pick up emergencies. Keep records of which service users they have visited to aid continuity in emergency service planning

Improve Flexibility of Services so that People Receive a Service When They Need It

The needs identified by the review team are for a greater ability to provide a weekend and evening service, particularly in the in-house service, and for people to be able to get up and go to bed at a time which suits them, not the service. Contracts 96 was designed to provide the flexibility for weekend and evening care but the concern of the review team is that 6 years later it is unlikely on its own to deliver an improved response. As a result the review team recommends the following sequence of steps to achieve the necessary change in the in-house service:

Derbyshire County Council
Best Value Review of Home Base Services

1. Understand the demand and capacity by
 - Regularly profiling the demand (how many people need help getting up, going to bed and with meals at what times and on which days)
 - Undertaking a predictive analysis of how many staff will be needed by each DSO at which times of the day / week and by profiling useable capacity (i.e. calculating the pattern of the impact of leave and other absences). The predictive analysis should also take into account variation in demand throughout the year in order to help staff plan leave.

2. Match capacity to demand by
 - Establishing rotas and shifts, which reflect the profile of demand.
 - Focusing resources on peak delivery times

3. Build in options to cover for absent staff at peak times.

4. Issue detailed guidance to DSOs

Given that the profile of service user needs will change according to the choices made about the future direction of the service, the predictive analysis will require completion on an annual basis through any period of change.

Staff working out of office hours have a need to have the support and back up of a manager, and the review team recommends that systems are developed to ensure that this happens.

With independent agencies, timing of a service should be outlined in the care plan, subject to any requested change by the service user. This should then be built into contract monitoring allowing for punctuality to be a performance measure.

Improve the Reliability of the Service

- Build in the capacity to cover for emergencies (e.g. staff sickness) in the in-house service by employing people on guaranteed contract hours equivalent to % absence rates, from within current staffing levels, who are available for emergencies only.

Given that this work requires experience and knowledge to deal with ever changing demands consider incentives to recruit these posts from existing, rather than new staff.

and/or

- Commission the independent sector to provide emergency cover on a block contract basis
- Improve scheduling of work in the in-house service and improve communication about changes in service and variation from service expectation through the use of ICT.

The ability to recruit and retain staff inevitably affects reliability wherever those workers are employed. The review team has the following recommendations:

- Develop a highly visible rolling recruitment programme to raise the profile of the service.
- Market the home care role, jointly with the independent sector. This will need to include a judgement about the home help role.
- Measure and monitor speed of recruitment in each geographical area.
- Apply to the European Social Fund to deliver basic training in social care to meet the Training Organisation for Personal Social Services induction standards. The intention would be to raise the profile of social care as a career amongst disadvantaged and isolated members of Derbyshire's community. People completing the training will be equipped to apply for social care employment in either the independent sector or the Council.

Derbyshire County Council
Best Value Review of Home Base Services

- Introduce block contracts to give independent agencies more certainty about levels of work and therefore better opportunities to improve terms and conditions for their workers.
- Establish standards for in-house Home Helps to have rotas in advance so that they can fit their lives around their work patterns.
- Deliver induction training for DSOs and relief DSOs so that they learn the basic skills for their job centrally, with one consistent message.

Derbyshire County Council
Best Value Review of Home Base Services

APPENDICES

1. Definition of home care tasks
2. Legislation and Guidance
3. Eligibility criteria
4. Independent sector home care payment rates
5. In-house staff details
6. Staff Absence Rates
7. DSO Training Courses
8. Compare Strategy
9. Key Information Graphical System (KIGS) information
10. Cost comparisons of Home Help weekly schedule.
11. Members of the Review Team
12. Consultation Strategy
13. Glossary of Terms
14. Cost comparisons between in-house and independent sector provision
15. Service delivery patterns (linked to appendix 14)

Definition of Tasks

Personal Care

Personal and caring tasks which are not defined as nursing duties but which could normally be expected to be undertaken by a member of the service user's family.

- Washing of part or whole of body, and hair. By strip wash or assistance with bathing and showering.
- Assistance with getting into or out of bed.
- Assistance with toileting requirements – either in the bathroom or using a commode or chemical toilet
- Management of incontinence - including the changing and disposal of incontinence pads and emptying of urine drainage bags and commodes.
- Cleaning people and their clothes after soiling or wetting.
- Assisting people to get dressed, undressed and changed.
- Assisting people to eat and drink including feeding.
- Assistance with oral hygiene.
- Assistance with the administration of medication.
- Fitting of surgical appliances and prostheses.
- Shaving and assisting with make up.
- Assisting in the home care or nursing of expectant mothers and babies.

Some of these tasks may involve the use of hoists or other mechanical lifting devices. Some tasks may be undertaken following an assessment of risk and under the supervision/guidance of a qualified nurse or therapist.

Practical Domestic Tasks

Those which support the service user to maintain a clean environment and run the household.

Derbyshire County Council
Best Value Review of Home Base Services

- General household cleaning of rooms and their contents - such as sweeping, vacuum cleaning, dusting, polishing.
- Changing and making beds.
- Fire lighting, filling coal buckets and emptying grates.
- Shopping. Collection of pension, benefits and prescriptions.
- Assisting with household management including the paying of bills.
- Laundry – either in service users' own homes or at the laundrette, ironing, mending, preparing for collection.
- Cleaning exceptionally dirty homes.

Social Care Tasks

- Establishing relationships with service users.
- Caring for children.
- Assisting with opening mail and dealing with correspondence.
- Arranging correspondence.
- Accompanying service users to appointments.
- Sitting with service users.

These lists are not exhaustive or exclusive. Based on definitions contained within Home Help job descriptions both pre and post 1996 changes to flexible contracts.

Legislation and Guidance

Local authorities have duties and powers to provide home care services through guidance and legislation laid down by central government.

Welfare Services Under The National Assistance Act 1948 (section 29)

Places a duty on authorities to provide services other than accommodation to promote the welfare of people over 18, blind, deaf without speech, who suffer from a mental disorder or who are disabled.

Health Service & Public Health Act 1968 (section 45)

Gives powers to make arrangements to promote welfare services for older persons. Social Services are able to employ other agencies or businesses to promote the welfare of older people on their behalf.

Chronically Sick & Disabled Persons Act 1970 (sections 1 & 2)

Social Services has a duty to find out the number of people who may need help and to find out what help may be required. The information gathered will form the basis of the Community Plans, which are published. Section 2 requires local authorities to assess a disabled person's needs for services such as help in the home, (meals, adaptations), and where necessary, provide them.

National Health Service Act 1977 (schedule 8)

Places duties on Social Services to co-operate with health authorities in the provision of: care for mothers and young people, prevention, care and after care, home help and laundry facilities and in providing a social work service to hospitals. It also gives guidance about the duty of social services to provide help for people with mental illness.

The NHS & Community Care Act 1990 (schedule 47)

The Act places a duty on the local authority to assess the needs of individuals who require caring for in the community.

Increased the emphasis on supporting people to live in their own homes.

It introduced the transfer of funds from the Department of Social Security to local authorities giving the local authority a choice of funding between residential and home based service options. The Government of the time expected local authorities to become enablers and purchasers of care as well as continuing with the traditional role of providing services.

The NHS and Community Care Act guidance introduced the concept of care management and an emphasis on needs led assessment.

The Mental Health Act 1983 (section 117)

In certain limited circumstances the Council will have a duty to provide “aftercare services” (which may include domiciliary care) for persons who have previously been detained under the Mental Health Act. There could be an advantage to service users in that such services must be provided free of charge.

The Care Standards Act 2000

The Care Standards Act 2000 has reformed the regulatory system for care services in England and Wales. It has established the National Care Standards Commission, which became operational in April 2002 and has introduced the compulsory registration of all care agencies and establishments. The regulations and national minimum standards came into force on 1 January 2003.

The main aspects of the Act relevant to home care are that it:

- Establishes a new, independent regulatory body for Social and Health Care Services known as the Commission for Social Care Inspection

Derbyshire County Council
Best Value Review of Home Base Services

- Establishes new, independent inspection of social care work and regulates the education and training of social workers in England and Wales
- Provides for the Secretary of State a list of individuals who are considered unsuitable to work with vulnerable adults
- Requires that local authorities meet the same standards as independent sector providers
- Establishes 27 National Minimum Standards for home care

Six crosscutting themes underpin the drafting of the Minimum Standards for the provision of personal domiciliary care services:

- **Focus on Service Users.** “Modernising Social Services” (1998) calls for standards that focus on key areas that most affect the quality of life experienced by service users, and achieve positive outcomes for and the active participation of users.
- **Fitness for Purpose.** The regulatory powers provided by the Care Standards Act are designed to ensure that organisations providing care, and their managers and care staff are fit for their purpose.
- **Comprehensiveness.** Care provided to any one service user is made up of a range of separate but often related activities and will vary from person to person. Care should maximise independence and ensure inclusion in the community.
- **Meeting Assessed Needs.** In applying the standards, inspectors will look for evidence that the care provided meets the assessed needs of the service user and that, through review/reassessment, it is flexible and responsive to changing needs.
- **Quality Services.** The Government’s modernising agenda, including the new regulatory framework, aims to ensure greater assurance of quality services rather than having to live with second best, and seeks a commitment to improve the experiences of the user.

Derbyshire County Council
Best Value Review of Home Base Services

- **Quality Workforce.** Competent and well-trained managers and staff are fundamental to achieving good quality care. National occupational standards for care and support staff are being developed.

The Children Act 1989

The duties imposed upon local authorities with regard to providing domiciliary support for children are defined in section 17 of the Act. The local authority has a general duty to – safeguard and promote the welfare of children within their area who are in need. And so far as is consistent with that duty, promote the upbringing of such children by their families by providing a range and level of services appropriate to those children’s needs.

The Health Act 1999

Provides the legal backing for the establishment of Primary Care Trusts (PCTs). It imposes a further duty to implement joint working between Health and Social Services and for them to work flexibly in the provision of services by way of pooled resources and delegation of functions to facilitate delivery of services from a single managed provider

Health and Social Care Act 2001 / Direct Payments Acts 1996 and 1999

The 1996 and 1999 Acts give local authorities the powers to make cash payments in lieu of providing services. They are a different way of fulfilling existing responsibilities for people who are eligible for community care services.

Carers (Recognition and Services) Act 1995

This legislation was introduced in 1996 in response to the increasing needs and changing role of carers. It places a duty on local authorities to offer separate assessments for carers to recognise their own needs.

Carers and Disabled Children's Act 2000

This Act makes provision about the assessment of carers' needs; to provide for services to help carers; to provide for the making of payments (direct payments) to carers and disabled children aged 16 and 17 in lieu of the provision of services to them.

Working In Partnership With Health

Social Services authorities are under a duty to work in partnership with Health Trusts to ensure care needs are met in a "seamless" way. Service planning must take place jointly with Health, and service changes and development must enhance our capacity for joint working.

The Human Rights Act 1998

Came into force in the UK in October 2000.

Article 8 states that:

- "Everyone has the right to respect for his private and family life, his home and his correspondence.
- There shall be no interference by a public authority with the exercise of this right except such as in accordance with the law and is necessary in a democratic society in the interests of national security, public safety or the economic well-being of the country, for the prevention of disorder or crime, for the protection of health or morals or for the protection of rights and freedom of others".

Under the Act people are able to challenge before the UK courts, what they consider to be unjustifiable interference with those rights by health and social care laws, policies, practices and procedures.

Derbyshire County Council
Best Value Review of Home Base Services

For example:

- Users of Social Services may be able to insist on receiving particular forms of social care, for example staying in their own homes rather than going into residential care which may be cheaper. Service users have the right to challenge Social Services decisions about the provision of services by way of a 'judicial review'.

GUIDANCE RELEVANT TO THE PROVISION OF HOME CARE SERVICES

The National Service Framework For Older People

This NSF is a comprehensive strategy to ensure fair, high quality integrated health and social care services for older people. It is a 10-year programme of action linking services to support independence and promote good health, specialised services for key conditions and culture change so that all older people and their carers are always treated with respect, dignity and fairness.

The NSF lays down eight standards to be met with action plans/milestones that must be achieved. All of them have implications for home care services.

They are as follows:

- **Rooting Out Age Discrimination** - through scrutiny of all age based policies and taking action to ensure fair eligibility criteria for social care and fair representation of older people.
- **Person-centred Care** - through establishing a single assessment process, providing information and including people in decisions about their care.
- **Intermediate Care** through provision of active rehabilitation following an acute hospital stay or responding to or averting a crisis.
- **General Hospital Care** - through improving hospital facilities and old age multidisciplinary teams.
- **Stroke Prevention** - immediate care, early and continuing rehabilitation, long term support.

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Best Value Review of Home Base Services

- **Falls Prevention** - assessment and provision of rehabilitation and long term support.
- **Mental Health in Older People** - seamless support for older people and their carers with early recognition and management.
- The promotion of health and active life in older age through health promotion, disease prevention and activities reflecting cultural diversity to promote independence and well being.

The National Service Framework For Mental Health

This NSF sets standards, based on clinical evidence and sets out best practice for promoting mental health and treating mental illness.

The NSF focuses on services for adults of working age in England.

Its seven standards require Health and Social Services to:

- Promote mental health for all and combat discrimination.
- Identify needs and ensure effective treatments.
- Ensure services available around the clock.
- Adopt Care Programme Approach, which prevents or anticipates crisis and reduces risk.
- Provide a hospital bed or suitable alternative bed for those who need it in an environment that protects them and the public.
- Ensure carers have their own caring, physical and mental health needs assessed on an annual basis.
- Reduce suicide.

Valuing People: A New Strategy For Learning Disability For The 21st Century

There are four principles, which are embraced throughout “Valuing People”. These are: social inclusion, civil rights, choice and independence.

Derbyshire County Council
Best Value Review of Home Base Services

In order for these to be achieved the strategy for people with learning disabilities has 11 objectives:

- Maximising Opportunities for Disabled Children
- Transition into Adult Life
- Enabling People to Have More Control Over Their Own Life
- Supporting Carers
- Good Health
- Housing
- Fulfilling Lives
- Moving into Employment
- Quality
- Workforce Training and Planning
- Partnership Working

Other Points Within “Valuing People” Of Relevance To The Provision Of Home Care Services

Disabled children are a new priority in the “Quality Protects” programme. £60 million of children’s services grant from central government has been earmarked for more support for families resulting in more home based help.

From April 2002 the introduction of direct payments gave parents of disabled children and 16 and 17 year-olds greater choice in how they receive services. The eligibility criteria for direct payments has been extended.

People with learning disabilities will have more choice and may choose to live in ordinary houses as opposed to supported housing, with packages of care tailored to meet individual need.

Intermediate Care – HSC 2002/01:LAC (2001) 1

The NHS Plan announced a major programme of investment in intermediate care and related services to promote independence and improved quality of care for

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Best Value Review of Home Base Services

older people and other care groups. The Plan identifies intermediate care as a key test of improved partnership working between Health and Social Services.

Intermediate care is a core element of the Government's programme for improving services for older people. In conjunction with improvements to community equipment services, home care support and related services it is intended that it will enable increased numbers of older people to maintain independent lives at home. It should enable more effective use of acute capacity, reduce waiting times and help the NHS to respond effectively to emergency pressures. It will also help to reduce dependency and institutionalisation.

Intermediate care meets all the following criteria:

- Targets people who would otherwise face prolonged hospital stays, inappropriate admission to acute in-patient care, long term residential care or continuing NHS in-patient care;
- Provides a comprehensive assessment, structured care plan that involves active therapy, treatment or opportunity for recovery;
- Has a planned outcome of maximising independence and enables patients/users to resume living at home.
- Is time-limited, normally no longer than six weeks; and
- Involves cross-professional working, with a single assessment framework, single records and shared protocols.

The NHS Plan announced an extra £900 million investment in intermediate care by 2003/4. The National Minimum Standards defines intermediate care as, "A short period (normally no longer than six weeks) of intensive rehabilitation and treatment to enable service users to return home following (or to avoid) hospitalisation, or to prevent admission to long term residential care". Within Derbyshire a joint approach between health, social services and primary care groups has resulted in a range of rehabilitative and intermediate care services

Derbyshire County Council
Best Value Review of Home Base Services

being developed. Examples include multi-agency, rapid response community teams operating at evenings and weekends, and community rehabilitation teams.

Responsibilities For Intermediate Care and Charging

Health Secretary Alan Milburn has stated an intention to legislate to ensure that all intermediate care services will be free whether they are provided by the Health Service or by Social Services.

(DoH press release 2002/0324 July 23 2002.)

The NHS and councils should take into account the potential contribution of the voluntary and private sectors in providing intermediate care and where appropriate, develop services in partnership with independent providers.

The National Service Framework for Older People has intermediate care as one of its standards and should be read in conjunction with this circular.

Fairer Charging Policies For Home Care and Other Non-residential Social Services

Section 17 of the Health and Social Services and Social Security Adjudication's Act 1983 (HASSASSA Act 1983) gives councils a discretionary power to charge adult recipients of non-residential services. Section 17 provides that councils may recover such charges, as they consider reasonable in respect of relevant services.

The Government does not presume that all councils will charge, and where they do, they retain discretion in the design of charging policies. The guidance sets out a broad framework to help councils ensure that their charging policies are fair and operate consistently with their overall social care objectives.

By 1 October 2002 charging councils had to undertake the following:

Derbyshire County Council
Best Value Review of Home Base Services

- Redesign and consult on charging policy, allowing time to take account of responses, make and notify decisions.
- Identify existing users receiving IS or JSB-IB whose overall income equals the defined basic levels, plus 25% to ensure time to take account of responses, make and notify decisions.
- Identify users receiving more than 10 hours weekly home care, where disability benefit is included in an assessment of income, to ensure that they receive an assessment of their disability costs.
- Where necessary (i.e. where disability benefits are taken into account), make arrangements to carry out assessments of users' disability costs; this will require appropriate staff training.
- Identify users with earnings and ensure that these are disregarded in any charge assessment.

Supporting People

The Department of Environment, Transport and the Regions issued guidance in Feb 2001 setting out the framework for the Supporting People initiative.

Guidance note 1 states:

- The programme offers vulnerable people the opportunity to improve their quality of life by enabling them to live more independent lives in the community.
- It will introduce a new system of planning, monitoring, and funding for housing related support services, which will be flexible, cost effective, reliable and complement existing care services.
- Supporting People is a working partnership of local government, service users, health, probation and support agencies.
- Supporting People implementation has already started, working towards going live in April 2003. The ODPM has already set out a number of key milestones to be achieved.

DERBYSHIRE COUNTY COUNCIL ELIGIBILITY FRAMEWORK FOR SOCIAL CARE SERVICES

		<u>RISKS</u>			
		Critical Risk Band <i>There is a critical risk to the person's current or future independence in one or more of the areas below if help is not provided.</i>	Substantial Risk Band <i>There is a substantial risk to the person's current or future independence in one or more of the areas below if help is not provided</i>	Moderate Risk Band <i>There is a moderate risk to the person's current or future independence in one or more of the areas below if help is not provided</i>	Low Risk Band <i>There is a low risk to the person's current or future independence in one or more of the areas below if help is not provided</i>
NEEDS	Health, Safety and Personal Care	Life is or will be threatened Significant health problems have developed or will develop Serious abuse or neglect has occurred, or will occur. There is, or will be, an inability to carry out vital personal care routines.	Abuse or neglect has occurred, or will occur. There is, or will be, an inability to carry out the majority of personal care or routine.	There is, or will be, an inability to carry out several personal care routines.	There is, or will be, an inability to carry out one or two personal care routines.
	Autonomy and Control Over the Environment	There is, or will be, little or no choice and control over vital aspects of the immediate environment	There is, or will be, only partial choice and control over the immediate environment.		
	Management of Daily Routines	There is, or will be, an inability to carry out vital domestic routines	There is, or will be, an inability to carry out the majority of domestic routines.	There is, or will be, an inability to carry out several domestic routines.	There is, or will be, an inability to carry out one or two domestic routines.
	Social and Economic Participation	Vital involvement in work, education or learning cannot, or will not, be sustained. Vital social support systems and relationships cannot, or will not, be sustained. Vital family and other social roles and responsibilities cannot, or will not, be undertaken	Involvement in many aspects of work, education or learning cannot, or will not, be sustained. The majority of social support systems and relationships cannot, or will not, be sustained. The majority of family and other social roles and responsibilities cannot, or will not, be undertaken	Involvement in several aspects of work, education or learning cannot, or will not, be sustained. Several social support systems and relationships cannot, or will not, be sustained. Several family and other social roles and responsibilities cannot, or will not, be undertaken	Involvement in one or two aspects of work, education or learning cannot, or will not, be sustained. One or two social support systems and relationships cannot, or will not, be sustained. One or two family and other social roles and responsibilities cannot, or will not, be undertaken.
		CURRENT THRESHOLD			

Independent Sector Home Care Payment Rates

Home Care Fee Levels						
2002/2003						
	Standard Rate			Quality Premium Rate		
	Hourly		1/2 Hourly	Hourly		1/2 Hourly
Day Time	£6.37		£3.36	£7.05		£3.52
Night Time	£7.18		£3.59	£7.51		£3.75
Weekend	£7.18		£3.59	£7.51		£3.75
Sleep-in	£3.67		£1.83	£3.83		£1.91
Sitting	£5.11		£2.55	£5.31		£2.65
Live-in-care	£623.14			£654.05		

Fig. 22

Rates for Bank holiday are paid at twice the daytime rate except for sleep-in and sitting, which are paid at twice the normal rate.

Travel payments are made per visit at three different rates reflecting the geography and greater distances likely to be incurred in different areas of the County.

High Peak and Derbyshire Dales	£2.15
Chesterfield	£1.09
Other areas	£1.64.

Appendix 5

In House Staff Details

All information on this page taken from CPRS download dated 7/01/02.

Figures do not include relief staff.

Job Title	Age Analysis						
	25 & under	26 - 35	36 - 45	46 - 55	56 - 60	61 - 65	Total
Care Manager	2	7	43	36	2	0	90
Domiciliary Services Organiser	0	22	74	54	14	3	167
Home Care Aide	1	5	15	45	26	10	102
Home Help	37	241	475	709	277	65	1804
Social Wkr/Care manager	1	7	4	6	0	0	18
Total	41	282	611	850	319	78	2181

Fig. 23

Gender Analysis

	F	M	Total
Care Manager	80	10	90
Domiciliary Services Organiser	163	4	167
Home Care Aide	100	2	102
Home Help	1767	37	1804
Social Wkr/Care manager	12	6	18
Total	2122	59	2181

Fig. 24

Disabled

	Yes	No	Total
Care Manager	2	88	90
Domiciliary Services Organiser	2	165	167
Home Care Aide	0	102	102
Home Help	7	1797	1804
Social Wkr/Care manager	0	18	18
Total	11	2170	2181

Fig. 25

Length in Post Analysis

	Up to 3 Months	3 to 6 Months	6 to 12 Months	1 to 2 Years	2 to 5 Years	5 Years Plus	Total
Care Manager	6	9	13	12	28	22	90
Domiciliary Services Organiser	15	8	30	31	33	50	167
Home Care Aide	1	3	1	5	3	89	102
Home Help	40	106	142	282	265	969	1804
Social Wkr/Care manager	4	3	2	2	4	3	18
Total	66	129	188	332	333	1133	2181

Fig. 26

Derbyshire County Council
Best Value Review of Home Base Services

Job Title	Ethnicity										Total
	WB	BC	BO	MC	OA	OT	W	WH	W1	WO	
Care Manager	7	1	0	0	0	0	1	73	1	0	83
Domiciliary Services Organiser	8	1	0	0	0	1	0	93	0	0	103
Home Care Aide	2	0	0	0	0	0	0	93	0	1	96
Home Help	529	2	4	1	5	0	11	1150	7	1	1710
Social Wkr/Care manager	3	0	0	0	0	0	0	12	0	0	15
Total	549	4	4	1	5	1	12	1421	8	2	2007

British*	WB WH W
Irish	WI
Other White Background	WO
White & Black Caribbean	MC
White & Black African	MB
White & Asian	MA
Other Mixed Background	MO
Indian	AI
Pakistani	AP
Bangladeshi	AB
Other Asian Background	OA
Caribbean	BC
African	BA
Other Black Background	BO
Chinese	OC
Any Other	OT

Ethnicity Data supplied by Central Personnel for the SSDS 001 return 30.9.01

Ethnicity not known - 206 because of different data sources and dates of production, plus 1 employee is BA, 1 is AP and 1 is AI.

*Recording codes have changed over time leading to three codes for British.

Information from CPRS downloads dated 02/05/2000 and 01/05/2001

Fig. 27

Derbyshire County Council
Best Value Review of Home Base Services

Appendix 6

Staff Absence Rates

STAFF ABSENCE RATES %

Home Help

		High Peak	Chesterfiel	Derby Dale	N E Derbys	Bolsover	A.Valley	Erewash	S Derbys	Average
1999/2000	long	7.07	6.73	6.67	7.31	7.85	6.44	5.64	5.33	
	short	2.98	2.64	2.57	2.81	2.54	2.33	2.93	2.63	
	Comb	10.05	9.37	9.23	10.12	10.39	8.77	8.57	8.16	9.33
2000/2001	long	9.37	7.92	5.6	8.16	8.5	8.93	5.75	4.45	
	short	3.17	5.26	2.74	2.6	2.74	2.77	3.17	2.69	
	Comb	12.54	10.48	8.34	10.77	11.23	11.71	8.91	7.15	10.14
2001/2002	long	9.61	8.82	4.62	4.85	9.74	6.54	9.30	8.86	
	short	3.25	2.64	2.56	3.87	2.64	2.58	2.67	2.91	
	Comb	12.86	11.46	7.18	8.72	12.38	9.12	11.97	11.77	10.68
2002/2002	long	6.67	6.15	4.90	6.70	6.12	5.71	7.88	10.86	
	Part year	3.70	2.80	2.16	2.93	2.30	2.89	3.16	2.81	
	comb	10.37	8.95	7.06	9.63	8.41	8.60	11.04	13.67	9.72

(Data from Annual Sickness Absence Monitoring Records - 2002 Data is for 1.4.2002 - 30.11.02)

Home Care Aide

		High Peak	Chesterfiel	Derby Dale	N E Derbys	Bolsover	A Valley	Erewash	S Derbys	Average
1999/2000	long	16.59	10.9		6.2	7.05	9.76	10.45	23.1	
	short	3.43	2.01		1.32	2.22	1.75	2.61	1.02	
	comb	20.37	12.91		7.52	9.27	11.51	13.06	24.12	14.11
2000/2001	long	12.89	3.81		2.16	10.73	5.21	4.61	13.49	
	short	1.89	2.71		2.34	2.01	0.44	3.16	1.64	
	comb	14.78	6.52		4.49	12.73	5.65	7.76	15.13	9.58
2001/2002	long	2.66	0		9.26	0.65	13.48	5.21	26.91	
	Part year	4.52	0.65		1.97	2.19	1.20	4.15	3.23	
	comb	7.18	0.65		11.24	2.84	14.67	9.36	30.14	9.51

(Data from Annual Sickness Absence Monitoring Records.- 2001/02 Data is for 1.4.01 to 28.02.02)

Fig. 28

Turnover of Staff							
	At 1 May 2000		Leavers 1/5/2000-30/4/2001		Percentage Turnover		
	No of Staff	Sum of WTE	No of Staff	Sum of WTE	Numbers	WTE	
	Care Manager	94	83.87	22	18.09	23.40%	
Domiciliary Services Organiser	106	91.2	14	10.14	13.21%	11.12%	
Home Care Aide	112	57.65	16	8.35	14.29%	14.49%	
Home Help	1781	874.24	252	117.96	14.15%	13.49%	
Totals	2093	1106.96	304	154.54			
Average Turnover					16.26%	15.17%	

(Figures Produced using CPRS downloads dated 2/5/200 and 01/5/2001.) NB: Relief staff are excluded.

Fig. 29

Training Courses for DSOs

Mandatory:

- Adult protection briefing
- Assessment and care planning
- Recording
- HIV/AIDS awareness
- Moving and handling (4 days)
- Management training courses e.g. recruitment and selection, discipline and grievance etc
- NVQ3 and NEBSM

Optional:

- Community Care foundation training
- Direct payments
- Managing dementia in the community
- Risk management in the community
- Terminal illness, loss and bereavement
- Intro to practice teaching
- Welfare rights induction course
- Attendance allowance and disability living allowance - making successful claims
- Community care (welfare rights)
- CSSM / NVQ4 Care

Home Help / Home Care Aide Training

Moving and Handling	1201	Figures supplied by Social Services Training section. 13.2.02.
Basic Food Hygiene	601	
Hoist Training	364	
Working Safety	690	
Foundation Certificate in Social Care*	683	
Social Care Induction 94 NVQ Level 2	265 achieved 248 registered	By June 2003 the number of Home Helps and Home Care Aides holding or working towards NVQ level 2 had risen to 728.

* Foundation Certificate in Social Care has been replaced by Social Care Induction

Fig. 30

Best Value Review Compare Strategy

The following organisations were contacted:

Local Authority	Contact	Reason
Leicester CC SSD	Site visit	3 star LA, has recently undertaken a Best Value Review, to look at contracting arrangements, assessment and reablement teams and future developments.
Nottinghamshire CC SSD	Site visit and exchange of Documents	Similar LA to Derbyshire, to discuss commissioning process, role of in-house future developments.
Cumbria SSD	Liaison	To discuss their plans to introduce charging for home care
Somerset SSD	Liaison	To discuss their commissioning strategy
Cheshire CC SSD	Liaison	To discuss their commissioning strategy
Hampshire SSD	Site visit	To discuss Direct Payments Scheme
Manchester SSD	Site visit	To discuss Direct Payments Scheme
Portsmouth City SSD	Site visit	Has recently undertaken a Best Value Review, runs as a business unit and has reduced costs, to discuss efficiencies, recruitment, reduction in absences and future developments.
Worcestershire CC SSD	Information exchanged	Involved in Best Value Review
Milton Keynes SSD	Liaison	Intermediate care scheme
Northamptonshire CC SSD	Information exchanged	Involved in Best Value Review
Uppsala CC Sweden	Private visit	Partnership working with health, hospital discharge arrangements, including discharge penalties, use of technology
North Bradford PCT	Site visit	To discuss commissioning for outcomes
The Automobile Association and TNT Parcels	Site visits	To discuss scheduling and use of technology and staffing for flexibility and reliability

KIGS Information

Information in the Key Information Graphical Systems (KIGS) includes census data and population projections, as well as performance data including Performance Assessment Framework information (PAF). This next section will show relevant data comparing Derbyshire with similar authorities, sometimes called the 'Audit family'.

PAF C32 BVPI54

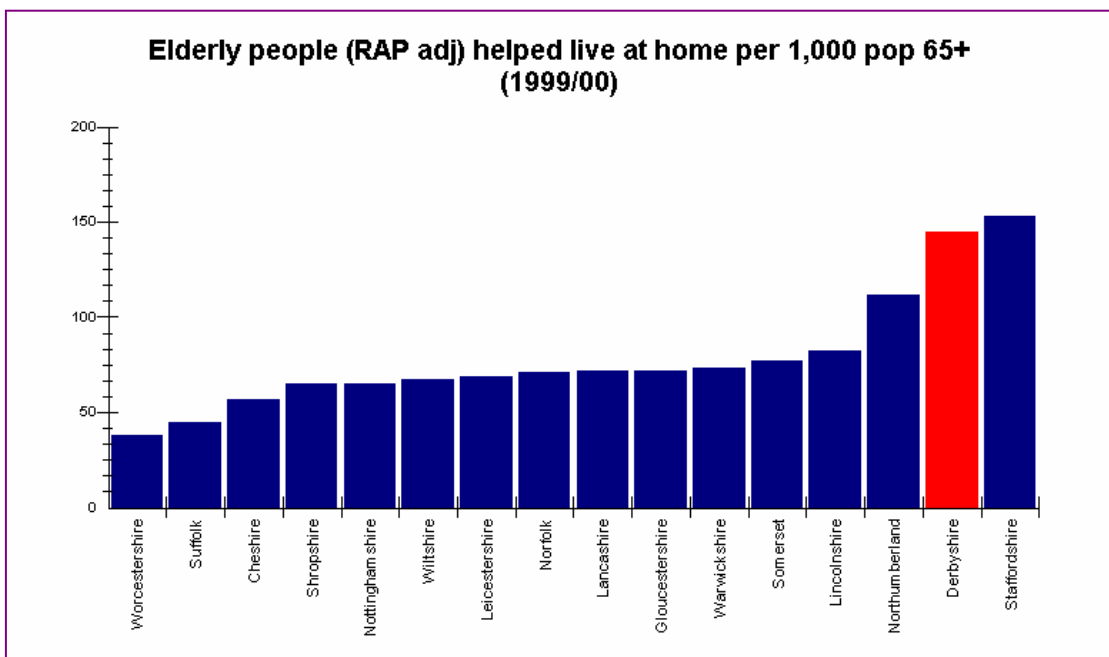


Fig. 31

Supporting people in their own homes is a key part of the Government's aims to promote independence and social participation of Social Services users. This Performance Indicator (PI) covers those receiving any amount of care. Such care can prevent or postpone a person needing more intensive care packages or residential care. DCC's performance is rated as good and that it has improved. This PI shows a high level of investment in low level care.

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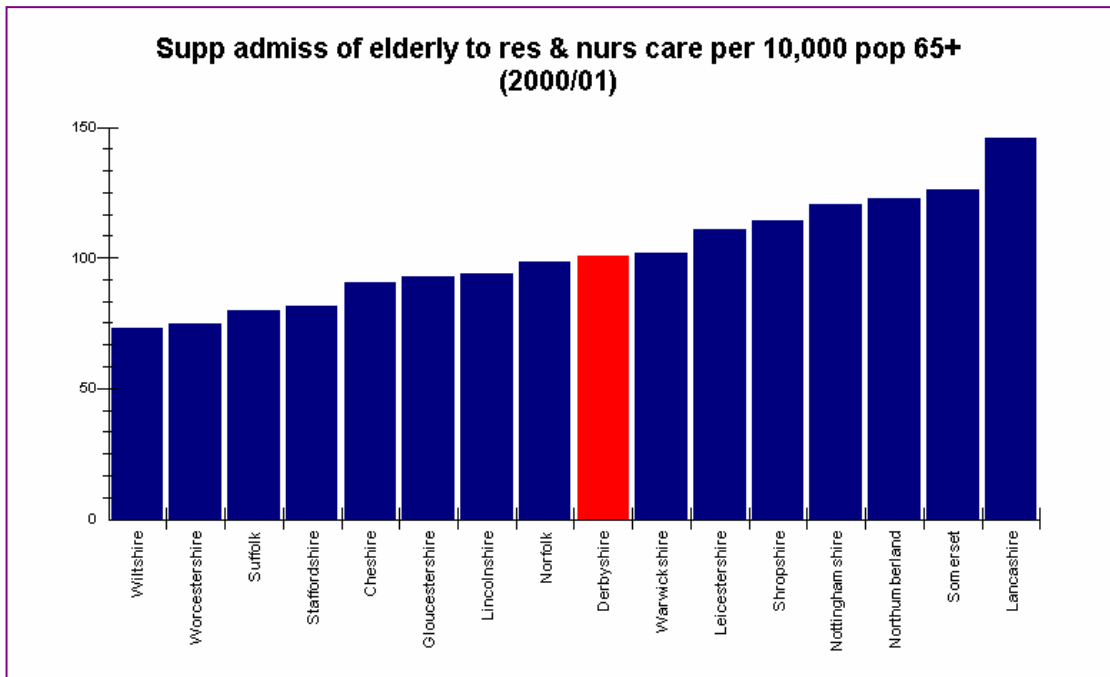
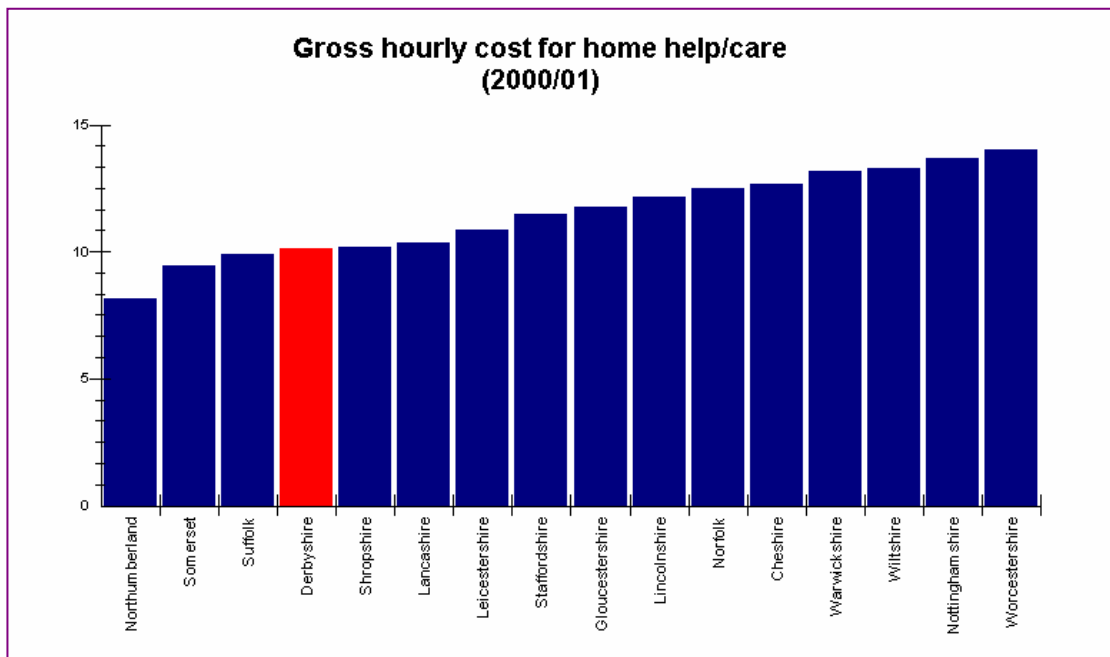


Fig. 32

With the help of effective community based, respite or rehabilitative services a significant number of older people can be enabled to live at or return home following hospital discharge. Preventative and rehabilitation strategies should lead to falling admissions to residential and nursing care. DCC's performance is rated as good with a high PI.

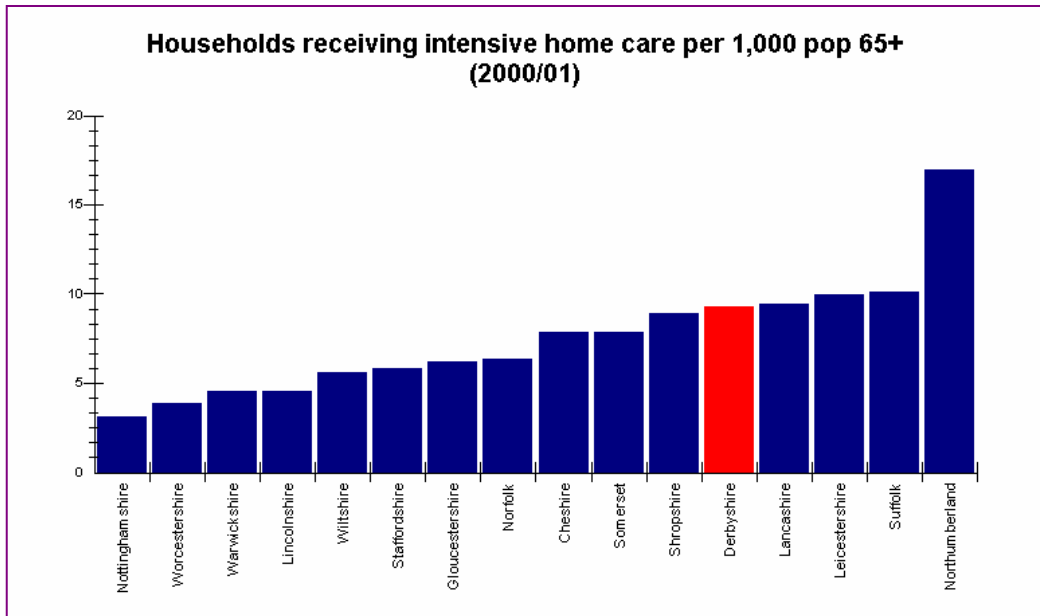


B17

Fig. 33

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Unit costs are an important aspect of efficiency; DCC's performance was ranked as acceptable with possible room for improvement.



PAF C28 (BVPI53)

Fig. 34

ST07

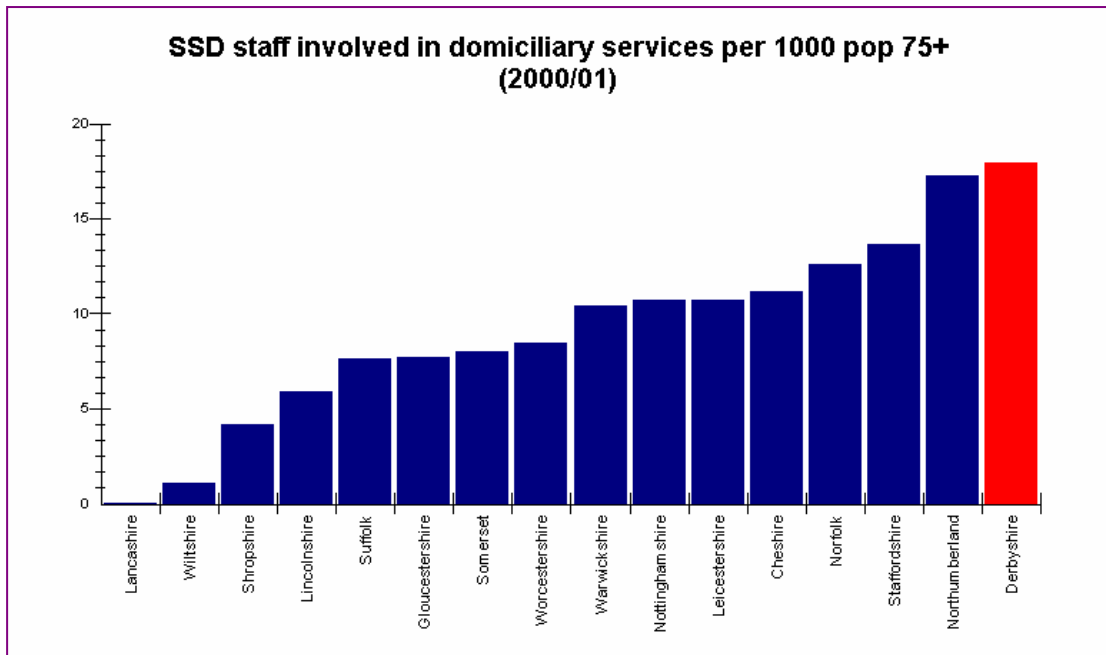


Fig. 35

Data shows the high level of relative intensive support available in the community. DCC's performance is measured as acceptable with room for

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Best Value Review of Home Base Services

improvement. This data illustrates the high numbers of SSD staff providing domiciliary services and reflects the high proportion of care provided by in-house services.

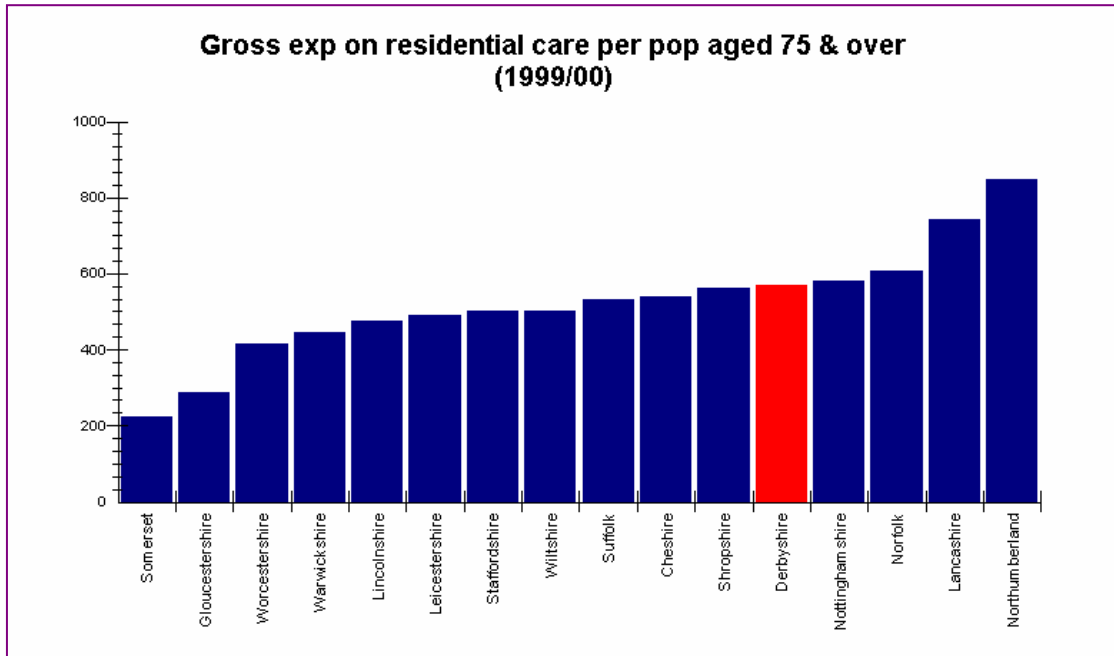


Fig. 36

This illustrates that DCC spends slightly above average on residential care.

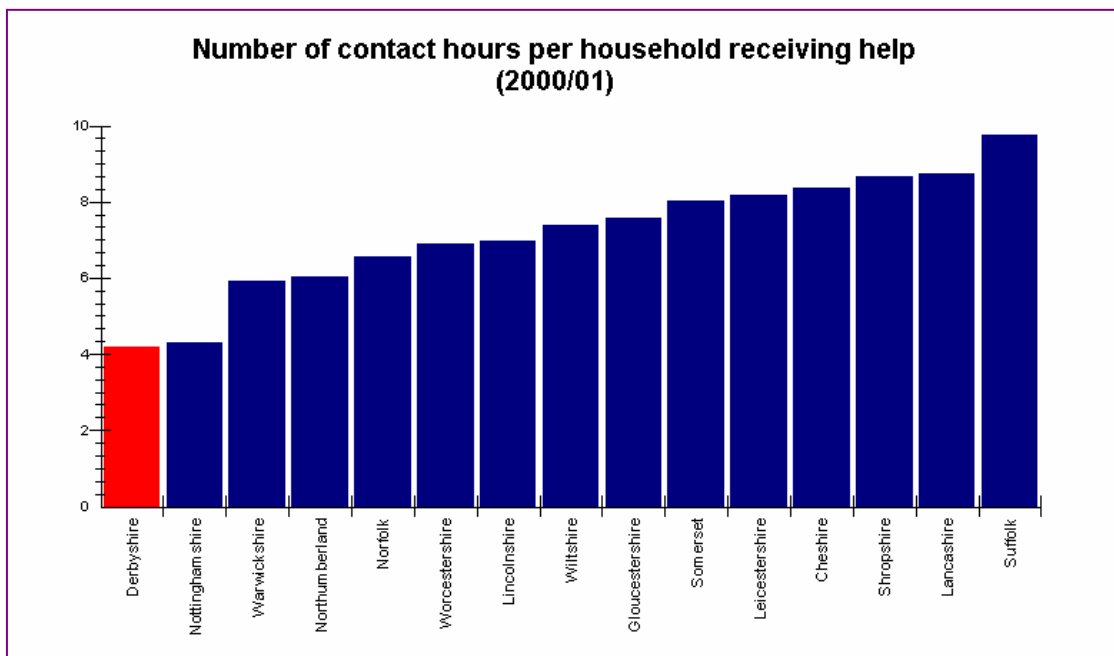


Fig. 37

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Appendix 10

EXAMPLE A

Comparison of Home Help weekly Schedule using Actual Costs for BVR Home Based Services

		HH	Agency	HCA	CSW
Monday 15th July 2002					
Home Help A arrives at first call 7.17 am. Leaves last call 10.48 am. = 3 hours 31 mins.					
HH	3.5 hrs @ £5.52 = £19.32 + 9.2% = £21.09 + 20% = £25.31 + £3.50 =	£28.81			
CSW	3.5 hrs @ £8.71 = £30.48 + 9.2% = £33.28 + 20% = £33.94 + £3.50 =				£43.44
HCA	3.5 hrs @ £6.14 = £21.49 + 9.2% = £23.47 + 20% = £28.16 + £3.50 =			£31.66	
Agency	4hrs @ £6.84 = £27.36 + 6 visits @ £1.09 = £33.90 C/field £1.64 = £37.20 Other		£37.20		
*(HH costs include travel of 30 mins/£4.11) (HCA costs include travel of 30 mins/£4.52) (CSW costs include travel of 30 mins/£4.52)		£28.81	£37.20	£31.66	£43.44
Tuesday 16th July 2002					
Home Help A arrives at first call 7.16 am. Leaves last call 12.18 pm. = 5 hours 2 mins.					
HH	5 hrs @ £5.52 = £27.60 + 9.2% = £30.13 + 20% = £36.16 + £5.00 =	£41.16			
CSW	5 hrs @ £8.71 = £43.55 + 9.2% = £47.55 + 20% = £57.06 + £5.00 =				£62.06
HCA	5 hrs @ £6.14 = £30.70 + 9.2% = £33.52 + 20% = £40.22 + £5.00 =			£45.22	
Agency	5.5 hrs @ £6.84 = £37.62 + 8 visits @ £1.09 = £46.34 C/field £1.64 = £50.74 Other		£50.74		
*(HH costs include travel of 41mins/£5.59) (HCA costs include travel of 41mins/£5.87) (CSW costs include travel of 41 mins/£8.44)		£41.16	£50.74	£45.22	£62.06
Wednesday 17th July 2002					
Home Help A arrives at first call 7.18 am. Leaves last call 12.10 pm. = 4 hours 52 mins.					
HH	3.87 hrs @ £5.52 = £21.36 + 9.2% = £23.32 + 20% = £27.99 + £3.87 = 1 hr @ £5.52 = £5.52 + 9.2% = £6.02 + (Non-relieved) £1.00 =	£31.86 £7.02			
CSW	4.87 hrs @ £8.71 = £42.42 + 9.2% = £46.32 + 20% = £55.58 + £4.87 =				£60.54
HCA	3.87 hrs @ £6.14 = £23.76 + 9.2% = £25.94 + 20% = £31.13 + £3.87 = 1 hr @ £6.14 = £6.14 + 9.2% = £6.70 + (Non-relieved) £1.00 =			£35.00 £7.70	
Agency	5 hrs @ £6.84 = £34.20 + 6 visits @ £1.09 = £40.74 C/field £1.64 = £44.04 Other		£44.04		
*(HH costs include travel of 26 mins/£3.54) (HCA costs include travel of 26 mins/£3.72) (CSW costs include travel of 26 mins/£5.34)		£38.88	£44.04	£42.70	£60.54

Fig. 38

Derbyshire County Council
Best Value Review of Home Base Services

Thursday 18th July 2002												
Home Help A arrives at first call 7.14 am. Leaves last call 10.57 am. = 3 hours 43 mins												
HH	3.72 hrs@	£5.52 =	£20.53 +	9.2% =	£22.42 +	20% =	£26.90 +	£3.72 =	£30.62			
CSW	3.72 hrs@	£8.71 =	£32.40 +	9.2% =	£35.38 +	20% =	42.46 +	£3.72 =		£46.18		
HCA	3.72 hrs@	£6.14 =	£22.84 +	9.2% =	£24.94 +	20% =	£29.93 +	£3.72 =		£33.65		
Agency	4 hrs @	£6.84 =	£27.36 +	6 visits @	£1.09 =	£33.90	C/field					
					£1.64 =	£37.20	Other	→	£37.20			
					£2.15 =	£40.26	HPDD					
*(HH costs include travel of 37mins/£5.10) (HCA costs include travel of 37 mins/£5.60) (CSW costs include travel of 37 mins/£7.69)									£30.62	£37.20	£33.65	£46.18
Friday 19th July 2002												
Home Help A arrives at first call 7.22 am. Leaves last call 11.22 am. = 4 hours												
HH	4 hrs @	£5.52 =	£22.08 +	9.2% =	£24.11 +	20% =	£28.93 +	£4.00 =	£32.93			
CSW	4 hrs @	£8.71 =	£34.84 +	9.2% =	£38.04 +	20% =	£45.65 +	£4.00 =		£49.65		
HCA	4 hrs @	£6.14 =	£24.56 +	9.2% =	£26.82 +	20% =	£32.18 +	£4.00 =		£36.18		
Agency	4.5 hrs @	£6.84 =	£30.78 +	6 visits @	£1.09 =	£37.32	C/field					
					£1.64 =	£40.62	Other	→	£40.62			
					£2.15 =	£43.68	HPDD					
*(HH costs include travel of 29 mins/£3.95) (HCA costs include travel of 29 mins/£4.34) (CSW costs include travel of 29 mins/£4.34)									£32.93	£40.62	£36.18	£49.65
Weekly Totals									£172.40	£209.80	£189.41	£261.78
Home Care Aide/CSW travel expnses											£25.83	£25.83
											£215.24	£287.61

Home Help A walks between calls and claims time taken.

Home Care Aide drives between calls - has essential car user's allowance. 20 miles @ 38.3ppm.plus 1/52 of £945 lump sum.

Community Support Worker drives between calls. Expenses are same as Home Care Aide.

For explanation of terms see example B.

Fig. 39

Derbyshire County Council
Best Value Review of Home Base Services

EXAMPLE B

Comparison of Home Help weekly Schedule using Actual Costs for BVR Home Based Services

Monday 15th July 2002					HH	Agency	HCA	CSW	
Home Help B arrives at first call 7.00 am. Leaves last call 13.03 pm. = 6 hours 3 mins.									
HH	6.05 hrs @ £5.52 =	£33.39 +	9.2% =	£36.46 +	20% =	£43.76 +	£6.05 =	£49.81	
CSW	6.05 hrs @ £8.71 =	£52.70 +	9.2% =	£57.55 +	20% =	£69.06 +	£6.05 =	£75.11	
HCA	6.05 hrs @ £6.14 =	£37.15 +	9.2% =	£40.57 +	20% =	£48.68 +	£6.05 =	£54.73	
Agency	6 hrs @ £6.84 =	£41.04 +	10 visits @ £1.09 =	£51.94 C/field					
				£1.64 =	£57.44 Other	→		£57.44	
				£2.15 =	£62.54 HPDD				
*(HH costs include travel of 44 mins/£6.01) (HCA costs include travel of 44 mins/£6.60) (CSW costs include travel of 44 mins/£9.06)					£49.81	£57.44	£54.73	£75.11	
Tuesday 16th July 2002									
Home Help B arrives at first call 7.16 am. Leaves last call 12.59 pm. = 4 hours 59 mins.									
HH	6 hrs @	£5.52 =	£33.12 +	9.2% =	£36.17 +	20% =	£43.40 +	£6.00 =	£49.40
CSW	6 hrs @	£8.71 =	£52.26 +	9.2% =	£57.07 +	20% =	£68.48 +	£6.00 =	£74.48
HCA	6 hrs @	£6.14 =	£36.84 +	9.2% =	£40.23 +	20% =	£48.27 +	£6.00 =	£54.27
Agency	6.25 hrs @ £6.84 =	£42.72 +	11 visits @ £1.09 =	£54.74 C/field					
				£1.64 =	£60.79 Other	→		£60.79	
				£2.15 =	£66.40 HPDD				
*(HH costs include travel of 54 mins/£7.40) (HCA costs include travel of 54 mins/£8.15) (CSW costs include travel of 54 mins/£11.17)									
Home Help B leaves home at 17.40 and arrives back home at 21.40 = 4 hours									
HH	2.33 hrs @	£5.52 =	£12.86 +	9.2% =	£14.04 +	20% =	£16.85 +	£2.33 =	£19.18
	1.67 hrs @	£6.62 =	£11.05 +	9.2% =	£12.07 +	20% =	£14.48 +	£1.67 =	£16.15
CSW	4 hrs @	£8.71 =	£34.84 +	9.2% =	£38.04 +	20% =	£45.65 +	£4.00 =	£49.65
HCA	2.33 hrs @	£6.14 =	£14.30 +	9.2% =	£15.61 +	20% =	£18.73 +	£2.33 =	£21.06
	1.66 hrs @	£7.73 =	£12.31 +	9.2% =	£13.44 +	20% =	£16.13 +	£1.67 =	£17.80
Agency	1.75 hrs @	£6.84 =	£11.97 +						
	1.5 hrs @	£7.29 =	£10.93 +	5 visits @ £1.09 =	£28.35 C/field				
				£1.64 =	£31.10 Other	→		£31.10	
				£2.15 =	£33.65 HPDD				
*(HH costs include travel of 69 mins/£10.32) (HCA costs include travel of 69 mins/£11.31) (CSW costs include travel of 69 mins/£14.27)					£84.73	£91.89	£93.13	£124.13	

Fig. 40

Derbyshire County Council
Best Value Review of Home Base Services

Wednesday 17th July 2002											
Home Help B arrives at first call 7.45 am. Leaves last call 10.43 am . = 2 hours 58 mins											
HH	2.97 hrs@	£5.52 =	£16.39 +	9.2% =	£17.90 +	20% =	£21.48 + £2.97 =	£24.45			
CSW	2.97 hrs@	£8.71 =	£25.87 +	9.2% =	£28.25 +	20% =	£33.90 + £2.97 =				£36.87
HCA	2.97 hrs@	£6.14 =	£18.23 +	9.2% =	£19.91 +	20% =	£23.89 + £2.97 =			£26.86	
Agency	2.5 hrs @	£6.84 =	£17.10 +	5 visits@	£1.09 =	£22.55 C/field					
					£1.64 =	£25.30 Other	→	£25.30			
					£2.15 =	£27.80 HPDD					
*(HH costs include travel of 56 mins/£7.65)											
(HCA costs include travel of 56 mins/£8.41) (CSW costs include travel of 56 mins/£11.54)								£24.45	£25.30	£26.86	£36.87
Thursday 18th July 2002											
Home Help B arrives at first call 7.40 am. Leaves last call 11.56 am. = 4 hours 16 mins											
HH	4.27 hrs@	£5.52 =	£23.57 +	9.2% =	£25.74 +	20% =	£30.88 + £4.27 =	£35.15			
CSW	4.27 hrs@	£8.71 =	£37.19 +	9.2% =	£40.61 +	20% =	£48.73 + £4.27 =				£53.00
HCA	4.27 hrs@	£6.14 =	£26.22 +	9.2% =	£28.63 +	20% =	£34.35 + £4.27 =			£38.62	
Agency	4.75 hrs@	£6.84 =	£32.49 +	9 visits @	£1.09 =	£42.30 C/field					
					£1.64 =	£47.25 Other	→	£47.25			
					£2.15 =	£51.84 HPDD					
*(HH costs include travel of 53 mins/£7.25)											
(HCA costs include travel of 53 mins/£7.95) (CSW costs include travel of 53 mins/£10.92)											
Home Help B leaves home at 17.54 and arrives back home at 21.35 = 3 hours 41 mins.											
HH	2.10 hrs@	£5.52 =	£11.59 +	9.2% =	£12.66 +	20% =	£15.19 + £2.10 =	£17.29			
	1.58 hrs@	£6.62 =	£10.46 +	9.2% =	£11.42 +	20% =	£13.70 + £1.58 =	£15.28			
CSW	3.68 hrs @	£8.71 =	£32.05 +	9.2% =	£35.00 +	20% =	£42.00 + £3.68 =				£45.68
HCA	2.10 hrs@	£6.14 =	£12.89 +	9.2% =	£14.07 +	20% =	£16.88 + £2.10 =			£18.98	
	1.58 hrs@	£7.37 =	£11.64 +	9.2% =	£12.71 +	20% =	£15.25 + £1.58 =			£16.83	
Agency	1.75 hrs@	£6.84 =	£11.97 +								
	1.5 hrs @	£7.29 =	£10.93 +	5 visits @	£1.09 =	£28.83 C/field					
					£1.64 =	£31.10 Other	→	£31.10			
					£2.15 =	£33.65 HPDD					
*(HH costs include travel of 45 mins/£6.61)											
(HCA costs include travel of 45 mins/£7.14)								£67.72	£78.35	£74.43	£98.68

Fig. 41

Derbyshire County Council
Best Value Review of Home Base Services

Friday 19th July 2002								HH	Agency	HCA	CSW
Home Help B arrives at first call 7.40 am. Leaves last call 12.50 pm. = 5 hours 10 mins.											
HH	5.17 hrs@	£5.52 =	£28.54 +	9.2% =	£31.16 +	20% =	£37.40 +	£5.17 =	£42.57		
CSW	5.17 hrs@	£8.71 =	£45.03 +	9.2% =	£49.17 +	20% =	£59.00 +	£5.17 =			£64.17
HCA	5.17 hrs@	£6.14 =	£31.74 +	9.2% =	£34.66 +	20% =	£41.59 +	£5.17 =		£46.76	
Agency	5.5 hrs @	£6.84 =	£37.62 +	10 visits@	£1.09 =	£48.52	C/field				
					£1.64 =	£54.02	Other		£54.02		
					£2.15 =	£59.12	HPDD				
*(HH costs include travel of 32 mins/£4.36)											
(HCA costs include travel of 32 mins/£4.79) (CSW costs include travel of 32 mins/£6.58)								£42.57	£54.02	£46.76	£64.17
Saturday 20th July 2002											
Home Help B arrives at first call 7.56 am. Leaves last call 12.08 pm.= 4 hours 12 mins.											
HH	4.20 hrs@	£8.28 =	£34.77 +	9.2% =	£37.97 +	20% =	£45.57 +	£4.20 =	£49.77		
CSW	4.20 hrs@	£8.71 =	£36.58 +	9.2% =	£39.94 +	20% =	£47.93 +	£4.20 =			£52.13
HCA	4.20 hrs@	£9.21 =	£38.68 +	9.2% =	£42.24 +	20% =	£50.69 +	£4.20 =		£54.89	
Agency	4.25 hrs@	£7.29 =	£30.98 +	5 visits @	£1.09 =	£36.43	C/field				
					£1.64 =	£39.18	Other		£39.18		
					£2.15 =	£41.73	HPDD				
*(HH costs include travel of 17 mins/£3.32)											
(HCA costs include travel of 17 mins/£3.66) (CSW costs include travel of 17 mins/£3.48)								£49.77	£39.18	£54.98	£52.13
Sunday 21st July 2002											
Home Help B arrives at first call 8.09 am. Leaves last call 12.02 pm. = 3 hours 53 mins.											
HH	3.88 hrs@	£11.04 =	£42.83 +	9.2% =	£46.77 +	20% =	£56.13 +	£3.88 =	£60.01		
CSW	3.88 hrs@	£8.71 =	£33.79 +	9.2% =	£36.90 +	20% =	£44.28 =	£3.88 =			£48.16
HCA	3.88 hrs@	£12.28 =	£47.64 +	9.2% =	£52.02 +	20% =	£62.42 +	£3.88 =		£66.30	
Agency	4 hrs @	£7.29 =	£29.16 +	5 visits @	£1.09 =	£34.61	C/field				
					£1.64 =	£37.36	Other		£37.36		
					£2.15 =	£39.91	HPDD				
*(HH costs include travel of 13 mins/£3.40)											
(HCA costs include travel of 13 mins/£3.76) (CSW costs include travel of 13 mins £2.73)								£60.01	£37.36	£66.30	£48.16
Weekly Totals								£379.06	£383.54	£417.19	£499.61
Home Help/HCA/CSW Travel Expenses								£35.57		£45.74	£45.74
Total								£414.64		£462.93	£545.35

Fig. 42

Derbyshire County Council
Best Value Review of Home Base Services

Home Help B uses car and is paid Casual Car User Allowance on top of time claimed.

Mon - Fri am = 30 miles; Tue, Thur pm = 26 miles; Sat, Sun = 16 miles. Total 72 @ 49.4 ppm = £35.57

Home Care Aide has Essential User Allowance. Claims 72 miles @ 38.3ppm Plus Lump sum of £945 per year

Community Support Worker drives between calls. Expenses are same as Home Care Aide.

Agency costs based on CMS figures 2001/2002 (revised October 2001) including Quality Premium.

Travel costs paid at 3 different rates. Main examples use middle rate.

C/field = Chesterfield. HPDD = High Peak & Derbyshire Dales. Other = Bolsover, Amber Valley, South Derbyshire, North East Derbyshire, Erewash and South Derbyshire.

Use of agency incurs lower or higher travel costs depending on area of County thus affecting cost of care package.

Agency times adjusted + or - to nearest 1/4 hour above minimum of 1/2 hour call.

Home Help travel time needs to be deducted from total hours to give contact time.

When Home Help does more than one shift in a day outward and return travel time from home is paid for second shift.

Home Help travel time is paid at equivalent work time rate.

National Insurance and Superannuation contributions + 9.2%

Relief costs + 20%

Supplies and Services & Domiciliary Service Organiser time = £1.00 per hour.

In Example **B** Enhanced Rates for work (and travel) after 8.00pm are +20%, on Saturdays +50% and Sundays +100%

Management costs have been excluded from all examples as they are applicable whether Home Help or agency used.

Comparisons based on actual work programmes of two Home Helps in North East Derbyshire.

Information taken from Telephone Timesheets system.

Members of the Review Team

Julia Robinson	Senior Area Manager	(Lead Officer)
Julie Heath	Service Manager	
Jill Tomlinson	Domiciliary Services Organiser	
John Gilbert	Accounting Services	(Corporate Link)
Steve Challinor	Human Resources Manager	
Dave Brown	Performance Review Manager	
Madeleine Fullerton	Home Based Services Manager	
John Ahmed	Quality Assurance Manager	
Michael Peers	Care Manager	
Julie Williamson	Support Services Senior Clerk	
Gerald Tommy	Deputy Chief Executive	(Critical Friend)
Christine Keighley	Age Concern	
Tim Broadley	Director of Primary and Community Care Services, Peak and Dales PCT	(Health Representative)
Brenda Harper	Unit Manager	(Health Representative)
Alan Jones	Elected Member	
Deborah Read	Elected Member	
Keith Bowman	Elected Member	

Jonathan Swift was engaged as an independent consultant to the team.

Sandra Pomerantz, Social Services Purchasing Manager and Liz Orme, Group Accountant assisted and advised the team through providing knowledge about the commissioning process and providing financial information to help establish unit costs for services.

Louise Swain, Performance Review Officer and Paul Newcombe, Project Manager West Division assisted with the consultation phase of the review. Rebecca Roberts from the County Legal Section has helped with validating details of legislation

Consultation Strategy

Stakeholder	Methodology
Users of the home care service	Postal Questionnaire individual interviews
Users of hospital respite services	Questionnaire
Carers – Older People, Learning Disabilities, Disabilities, Mental Ill Health	Meeting held in Chesterfield South Derbyshire Area Carers User Reference Panel
Ethnic Minority Groups	Group sessions with ACCA and Chesterfield Moslem Association
Direct Payments Service Users	Questionnaire
Service Users – Learning Disabilities	Individual interviews conducted by advocacy group in day centres and service users' homes
Potential user groups	Age Concern was commissioned to consult with potential users and produced a specific report having undertaken group interviews at luncheon clubs, social club, drop in centre, friendship club, an over 60s group.
General Public	Questions submitted to Citizens Panel and Health Panel
Children and Families	Meeting with Social Services Area Managers
Advocacy groups	Letter
Voluntary groups	Letter
All staff	Newsletter and poster sent to all offices. Newsletter posted on Dnet
Home Helps	EFQM workshops Articles in Home Help Newsletter
Rapid response/emergency duty teams	Meeting with North East Division's Rapid Response and an EDT

Derbyshire County Council
Best Value Review of Home Base Services

	representative
Community pharmacies	Email & telephone consultation
Independent Home Care Providers	Attendance at home care association's meeting
	Questionnaires
Primary Care Trusts	Letters to chief executives requesting comments Questionnaires to a sample of District Nurses, Community Hospital nursing and therapy staff.
Acute Trusts	Questionnaires to a sample of nursing and therapy staff
District Councils	Letters to chief executives requesting comments Attendance at county wide supporting people meeting
Warden Services	Letter and focus groups
DSOs & Care Managers	Focus groups and EFQM Workshop
Hospital Staff	Questionnaire
Service Managers	EFQM Workshop Attendance at meeting

Glossary of Terms

Audit Family/	A group of 15 local authorities with the most Comparator Group similar characteristics or nearest neighbours used by the Department of Health to measure performance against national targets.
Block Contract	The purchase, in advance, of a set of facilities or a number of home care hours in a block. This contract doesn't generally specify the clients who will receive these hours, but specifies the quantity and quality of the inputs that will be delivered at a fixed price.
Care Package	Combination of elements of care arranged and co-ordinated to provide support and assistance with identified needs.
Care Manager	Social Services employee who undertakes assessments and commissions packages of care.
Care Management	The process of assessing, planning and evaluating care arrangements.
Care Plan	A statement of needs and how they will be met. It contains details of roles and responsibilities and is subject to ongoing revision.

Derbyshire County Council
Best Value Review of Home Base Services

Check Calls	Visits – usually daily – to service users' homes of short duration whose purpose is to check that the service user is safe and well.
Commissioning	The process of identifying and securing resources in order to meet an individual's needs.
Cost and Volume	Specify a core quantity of service for an agreed Contract sum and any additional services are purchased on a cost per case basis usually at a pre-agreed cost.
Dnet	Derbyshire's Local Authority Intranet system.
DSO	Domiciliary Services Organiser. Social Services employee who assesses for services and manages teams of Home Helps / Home Care Aides / Community Support Workers.
Home Based Services	Services delivered to people in their own homes to support them to remain there. Includes help with personal care tasks, sitting services and practical, domestic support. Also includes laundry services, and outside the remit of this review, meals on wheels.
Home Care	Help with personal and practical care tasks typically provided by a Home Help, Home Care Aide or some Community Support Workers (See definition of tasks in Appendix 1).
HH1	A compilation of Home Help and home care performance data based on a sample week in September submitted to the Department of Health.

Derbyshire County Council
Best Value Review of Home Base Services

Independent Sector	Home care agencies. Includes 'for profit' agencies run by individuals or commercial organisations and voluntary provision on a 'not for profit' where funding from the local authority would only cover costs.
In-house	Services provided by and staff employed by the local authority. Includes Home Helps, Home Care Aides and Community Support Workers.
KIGS	Key Information Graphical System. A tool to help compare performance against national targets. Data is drawn from two main sources – Department of Health annual statistical returns of local authority activity and Department of the Environment and Regions annual returns on local authority spending. KIGS groups local authorities by government office, region or Comparator group. e.g. Shire counties.
Spot Contract	Has different interpretations – sometimes known as a cost-per-case contract. Services are bought when required and the authority pays only for the hours they use. Such contracts may be 'call off' contracts where the purchaser agrees a fixed price and a set of standards. In some instances when using spot contracts the costs of the services are negotiated separately but Derbyshire has a fixed set of costs per hour and travel payments.
Staff	Where the review refers to staff these will be people who work for the Social Services Department unless explicitly stated.

Appendix 14

Pilot Schemes

Within Derbyshire most DSOs and their staff are based in Adult Service teams and work to geographically based patches. Developments in service delivery and joint working with Health have led to the establishment of a series of pilot schemes to trial and evaluate new and different ways of working. Of interest to this review is a group of pilot schemes which seek to improve the flexibility of the home care service whilst promoting independence and preventing avoidable admissions to hospital or residential/nursing home care. Some schemes concentrate on specific service user groups whilst others have a generic application.

Dementia Outreach

In the Dementia Outreach project in South Derbyshire, a DSO and team of Home Helps are based within the Community Mental Health Team. The aim is to provide a specialised, responsive and flexible service for older people with mental health problems which prevents unnecessary admissions to hospital or care homes. Community Psychiatric Nurses, Occupational Therapists and Approved Social Workers all commission services from the DSO who provides and manages the staff. Qualified workers provide case management. The scheme builds on and strengthens existing links between Health and Social Services. Health and Social Services jointly fund the project, which offers crisis response, enhanced outreach, personal care and sitting services. Specialised training is provided for Home Helps.

Children and Families

In Erewash and Amber Valley two different models of providing specialised support to children and families are developing. One model has the DSO based in an Adult team whilst the other has the DSO based in a Children's team providing services to a care plan devised and managed by a child care professional. Both schemes aim to provide practical support and also support during a period of family crisis. They also provide help with parenting skills and opportunities for respite.

Intermediate Care

Also in Erewash is the Aston Court Project – a jointly funded venture between the County Council, The Borough Council Housing Department and Erewash Primary Care Trust. Utilising a flat in a sheltered housing complex, the aim is to provide opportunities for people to regain independence. The DSO provides Home Help support for up to four weeks, after which time the case is transferred to mainstream services for ongoing support if required.

In High Peak one DSO is working with Health colleagues on a reablement project, which encourages and promotes independence. Staff are trained to 'do with' rather than 'do for' service users to support them in regaining skills and confidence. Working in conjunction with Occupational Therapists, the project also considers the use of home equipment to mechanise simple or routine tasks in order to lessen ongoing reliance on the Home Help service.

Rapid Response

The Rapid Response Team, covering the area of Chesterfield and North Derbyshire Primary Care Trust, aims to facilitate early discharge from hospital and at times of crisis provide appropriate levels of nursing and social care to enable people to remain in their own homes. It also aims to prevent avoidable admissions to hospital or residential care. Intensive community nursing and social care are provided in service users' own homes for up to seven days, after which time the care is passed to mainstream in-house or independent sector care. The scheme is based on an enhanced evening nursing service and the presence of a DSO within a GP's co-operative practice in Chesterfield.

Changing Workforce Programme

A North Derbyshire pilot scheme is looking at the care of older people as part of the Changing Workforce Programme. This initiative is examining the roles of staff within Health, Social Services and the independent sector to see how they can be changed or adapted to improve services for older people. An example being "upskilling" – Home Helps being trained by District Nurses in

Derbyshire County Council
Best Value Review of Home Base Services

how to apply simple dressings and eye drops. In some instances this has reduced the number of visits and visitors to individual service users by up to half.

These measures build on and formalise existing work undertaken by some Home Helps who have close links with community nursing services but they seek to improve efficiency and continuity by reducing duplication of visits and clarifying responsibilities.

Co-location

In Crich a DSO is based in a GP surgery. This co-location has resulted in improved understanding of each other's roles and improved response times. There is also increased flexibility and better exchange of information.

Senior Home Helps

Senior Home Helps were introduced under 'pilot schemes' in four areas of the County in 1993. These schemes have been updated and are still running in three areas but have not been rolled out across Derbyshire. The schemes have recently been re-evaluated as part of an exercise to consider separating the assessment and provider roles undertaken by DSOs.

Block Contracts

Pilot schemes using block contracts for fire lighting and for general care provision are being developed and these contracts will be put out to tender nationally when the details are finalised. In South Derbyshire market forces have led to the use of a series of linked spot contracts based around villages. This has happened where there is insufficient business to make true competition economically viable and so, by mutual agreement, local agencies have been linked to particular villages or areas. Under the system a particular agency is offered any new work in a specific location where they already have staff working. This aims to improve the availability of staff and consistency of service.

Peripatetic Home Helps

In Amber Valley two patch teams piloted the use of a Home Help working wherever they were needed across the patches and not working to a regular programme. This was very effective. It is not possible to employ relief staff in line with Contract 96, so peripatetic staff are on contracts and are thus guaranteed contracted hours pay. The flexibility brought by having a Home Help available to fill in where needed on a regular basis proved beneficial in enabling annual leave and training to be covered as well as sick leave and rest day / free days to be taken.

Derbyshire County Council
Best Value Review of Home Base Services

Appendix 15

All areas excluding High Peak, Derbyshire Dales and Chesterfield										
Variation in cost between in house (relieved) and independent sector QP. Red denotes situations when independent sector is greater cost. In all other situations (-) in-house provision is greater cost.										
For example: One plain time visit of two hours costs £5.22 more in-house: Four visits over six hours in-house is £14.02 more.										
Plain hours										
	Visits									
Hrs	1	2	3	4	5	6	7	8	9	10
1	(1.79)	(0.15)	1.49	3.13	4.77	6.41	8.05	9.69	11.33	12.97
2	(5.22)	(3.58)	(1.94)	(0.30)	1.34	2.98	4.62	6.26	7.90	9.54
3	(8.65)	(7.01)	(5.37)	(3.73)	(2.09)	(0.45)	1.19	2.83	4.47	6.11
4	(12.08)	(10.44)	(8.80)	(7.16)	(5.52)	(3.88)	(2.24)	(0.60)	1.04	2.68
5	(15.51)	(13.87)	(12.23)	(10.59)	(8.95)	(7.31)	(5.67)	(4.03)	(2.39)	(0.75)
6	(18.94)	(17.30)	(15.66)	(14.02)	(12.38)	(10.74)	(9.10)	(7.46)	(5.82)	(4.18)
7	(22.37)	(20.73)	(19.09)	(17.45)	(15.81)	(14.17)	(12.53)	(10.89)	(9.25)	(7.61)
8	(25.80)	(24.16)	(22.52)	(20.88)	(19.24)	(17.60)	(15.96)	(14.32)	(12.68)	(11.04)
9	(29.23)	(27.59)	(25.95)	(24.31)	(22.67)	(21.03)	(19.39)	(17.75)	(16.11)	(14.47)
10	(32.66)	(31.02)	(29.38)	(27.74)	(26.10)	(24.46)	(22.82)	(21.18)	(19.54)	(17.90)
	per hr	per visit								
in-house	10.27	0								
independent	6.84	1.64								
Night Care (time plus 1/5th)										
	Visits									
Hrs	1	2	3	4	5	6	7	8	9	10
1	(3.06)	(1.42)	0.22	1.86	3.50	5.14	6.78	8.42	10.06	11.70
2	(7.76)	(6.12)	(4.48)	(2.84)	(1.20)	0.44	2.08	3.72	5.36	7.00
3	(12.46)	(10.82)	(9.18)	(7.54)	(5.90)	(4.26)	(2.62)	(0.98)	0.66	2.30
4	(17.16)	(15.52)	(13.88)	(12.24)	(10.60)	(8.96)	(7.32)	(5.68)	(4.04)	(2.40)
5	(21.86)	(20.22)	(18.58)	(16.94)	(15.30)	(13.66)	(12.02)	(10.38)	(8.74)	(7.10)
6	(26.56)	(24.92)	(23.28)	(21.64)	(20.00)	(18.36)	(16.72)	(15.08)	(13.44)	(11.80)
7	(31.26)	(29.62)	(27.98)	(26.34)	(24.70)	(23.06)	(21.42)	(19.78)	(18.14)	(16.50)
8	(35.96)	(34.32)	(32.68)	(31.04)	(29.40)	(27.76)	(26.12)	(24.48)	(22.84)	(21.20)
9	(40.66)	(39.02)	(37.38)	(35.74)	(34.10)	(32.46)	(30.82)	(29.18)	(27.54)	(25.90)
10	(45.36)	(43.72)	(42.08)	(40.44)	(38.80)	(37.16)	(35.52)	(33.88)	(32.24)	(30.60)
	per hr	per visit								
in-house	11.99	0								
independent	7.29	1.64								
Saturday										
	Visits									
Hrs	1	2	3	4	5	6	7	8	9	10
1	(5.64)	(4.00)	(2.36)	(0.72)	0.92	2.56	4.20	5.84	7.48	9.12
2	(12.92)	(11.28)	(9.64)	(8.00)	(6.36)	(4.72)	(3.08)	(1.44)	0.20	1.84
3	(20.20)	(18.56)	(16.92)	(15.28)	(13.64)	(12.00)	(10.36)	(8.72)	(7.08)	(5.44)
4	(27.48)	(25.84)	(24.20)	(22.56)	(20.92)	(19.28)	(17.64)	(16.00)	(14.36)	(12.72)
5	(34.76)	(33.12)	(31.48)	(29.84)	(28.20)	(26.56)	(24.92)	(23.28)	(21.64)	(20.00)
6	(42.04)	(40.40)	(38.76)	(37.12)	(35.48)	(33.84)	(32.20)	(30.56)	(28.92)	(27.28)
7	(49.32)	(47.68)	(46.04)	(44.40)	(42.76)	(41.12)	(39.48)	(37.84)	(36.20)	(34.56)
8	(56.60)	(54.96)	(53.32)	(51.68)	(50.04)	(48.40)	(46.76)	(45.12)	(43.48)	(41.84)
9	(63.88)	(62.24)	(60.60)	(58.96)	(57.32)	(55.68)	(54.04)	(52.40)	(50.76)	(49.12)
10	(71.16)	(69.52)	(67.88)	(66.24)	(64.60)	(62.96)	(61.32)	(59.68)	(58.04)	(56.40)
	per hr	per visit								
in-house	14.57	0								
independent	7.29	1.64								
Sunday										
	Visits									
Hrs	1	2	3	4	5	6	7	8	9	10
1	(9.95)	(8.31)	(6.67)	(5.03)	(3.39)	(1.75)	(0.11)	1.53	3.17	4.81
2	(21.54)	(19.90)	(18.26)	(16.62)	(14.98)	(13.34)	(11.70)	(10.06)	(8.42)	(6.78)
3	(33.13)	(31.49)	(29.85)	(28.21)	(26.57)	(24.93)	(23.29)	(21.65)	(20.01)	(18.37)
4	(44.72)	(43.08)	(41.44)	(39.80)	(38.16)	(36.52)	(34.88)	(33.24)	(31.60)	(29.96)
5	(56.31)	(54.67)	(53.03)	(51.39)	(49.75)	(48.11)	(46.47)	(44.83)	(43.19)	(41.55)
6	(67.90)	(66.26)	(64.62)	(62.98)	(61.34)	(59.70)	(58.06)	(56.42)	(54.78)	(53.14)
7	(79.49)	(77.85)	(76.21)	(74.57)	(72.93)	(71.29)	(69.65)	(68.01)	(66.37)	(64.73)
8	(91.08)	(89.44)	(87.80)	(86.16)	(84.52)	(82.88)	(81.24)	(79.60)	(77.96)	(76.32)
9	(102.67)	(101.03)	(99.39)	(97.75)	(96.11)	(94.47)	(92.83)	(91.19)	(89.55)	(87.91)
10	(114.26)	(112.62)	(110.98)	(109.34)	(107.70)	(106.06)	(104.42)	(102.78)	(101.14)	(99.50)
	per hr	per visit								

Derbyshire County Council Best Value Review of Home Base Services

High Peak and Derbyshire Dales

Variation in cost between in house (relieved) and independent sector QP. Red denotes situations when independent sector is greater cost. In all other situations (-) in-house provision is greater cost.

For example: One plain time visit of two hours costs £4.71 more in-house: Four visits over five hours in-house is £8.55 more.

Plain time hours

Hrs	Visits									
	1	2	3	4	5	6	7	8	9	10
1	(1.28)	0.87	3.02	5.17	7.32	9.47	11.62	13.77	15.92	18.07
2	(4.71)	(2.56)	(0.41)	1.74	3.89	6.04	8.19	10.34	12.49	14.64
3	(8.14)	(5.99)	(3.84)	(1.69)	0.46	2.61	4.76	6.91	9.06	11.21
4	(11.57)	(9.42)	(7.27)	(5.12)	(2.97)	(0.82)	1.33	3.48	5.63	7.78
5	(15.00)	(12.85)	(10.70)	(8.55)	(6.40)	(4.25)	(2.10)	0.05	2.20	4.35
6	(18.43)	(16.28)	(14.13)	(11.98)	(9.83)	(7.68)	(5.53)	(3.38)	(1.23)	0.92
7	(21.86)	(19.71)	(17.56)	(15.41)	(13.26)	(11.11)	(8.96)	(6.81)	(4.66)	(2.51)
8	(25.29)	(23.14)	(20.99)	(18.84)	(16.69)	(14.54)	(12.39)	(10.24)	(8.09)	(5.94)
9	(28.72)	(26.57)	(24.42)	(22.27)	(20.12)	(17.97)	(15.82)	(13.67)	(11.52)	(9.37)
10	(32.15)	(30.00)	(27.85)	(25.70)	(23.55)	(21.40)	(19.25)	(17.10)	(14.95)	(12.80)

per hr per visit
in-house 10.27 0
indi 6.84 2.15

Night Care (time plus 1/5th)

Hrs	Visits									
	1	2	3	4	5	6	7	8	9	10
1	(2.55)	(0.40)	1.75	3.90	6.05	8.20	10.35	12.50	14.65	16.80
2	(7.25)	(5.10)	(2.95)	(0.80)	1.35	3.50	5.65	7.80	9.95	12.10
3	(11.95)	(9.80)	(7.65)	(5.50)	(3.35)	(1.20)	0.95	3.10	5.25	7.40
4	(16.65)	(14.50)	(12.35)	(10.20)	(8.05)	(5.90)	(3.75)	(1.60)	0.55	2.70
5	(21.35)	(19.20)	(17.05)	(14.90)	(12.75)	(10.60)	(8.45)	(6.30)	(4.15)	(2.00)
6	(26.05)	(23.90)	(21.75)	(19.60)	(17.45)	(15.30)	(13.15)	(11.00)	(8.85)	(6.70)
7	(30.75)	(28.60)	(26.45)	(24.30)	(22.15)	(20.00)	(17.85)	(15.70)	(13.55)	(11.40)
8	(35.45)	(33.30)	(31.15)	(29.00)	(26.85)	(24.70)	(22.55)	(20.40)	(18.25)	(16.10)
9	(40.15)	(38.00)	(35.85)	(33.70)	(31.55)	(29.40)	(27.25)	(25.10)	(22.95)	(20.80)
10	(44.85)	(42.70)	(40.55)	(38.40)	(36.25)	(34.10)	(31.95)	(29.80)	(27.65)	(25.50)

per hr per visit
in-house 11.99 0
indi 7.29 2.15

Saturday

Hrs	Visits									
	1	2	3	4	5	6	7	8	9	10
1	(5.13)	(2.98)	(0.83)	1.32	3.47	5.62	7.77	9.92	12.07	14.22
2	(12.41)	(10.26)	(8.11)	(5.96)	(3.81)	(1.66)	0.49	2.64	4.79	6.94
3	(19.69)	(17.54)	(15.39)	(13.24)	(11.09)	(8.94)	(6.79)	(4.64)	(2.49)	(0.34)
4	(26.97)	(24.82)	(22.67)	(20.52)	(18.37)	(16.22)	(14.07)	(11.92)	(9.77)	(7.62)
5	(34.25)	(32.10)	(29.95)	(27.80)	(25.65)	(23.50)	(21.35)	(19.20)	(17.05)	(14.90)
6	(41.53)	(39.38)	(37.23)	(35.08)	(32.93)	(30.78)	(28.63)	(26.48)	(24.33)	(22.18)
7	(48.81)	(46.66)	(44.51)	(42.36)	(40.21)	(38.06)	(35.91)	(33.76)	(31.61)	(29.46)
8	(56.09)	(53.94)	(51.79)	(49.64)	(47.49)	(45.34)	(43.19)	(41.04)	(38.89)	(36.74)
9	(63.37)	(61.22)	(59.07)	(56.92)	(54.77)	(52.62)	(50.47)	(48.32)	(46.17)	(44.02)
10	(70.65)	(68.50)	(66.35)	(64.20)	(62.05)	(59.90)	(57.75)	(55.60)	(53.45)	(51.30)

per hr per visit
in-house 14.57 0
indi 7.29 2.15

Sunday

Hrs	Visits									
	1	2	3	4	5	6	7	8	9	10
1	(9.44)	(7.29)	(5.14)	(2.99)	(0.84)	1.31	3.46	5.61	7.76	9.91
2	(21.03)	(18.88)	(16.73)	(14.58)	(12.43)	(10.28)	(8.13)	(5.98)	(3.83)	(1.68)
3	(32.62)	(30.47)	(28.32)	(26.17)	(24.02)	(21.87)	(19.72)	(17.57)	(15.42)	(13.27)
4	(44.21)	(42.06)	(39.91)	(37.76)	(35.61)	(33.46)	(31.31)	(29.16)	(27.01)	(24.86)
5	(55.80)	(53.65)	(51.50)	(49.35)	(47.20)	(45.05)	(42.90)	(40.75)	(38.60)	(36.45)
6	(67.39)	(65.24)	(63.09)	(60.94)	(58.79)	(56.64)	(54.49)	(52.34)	(50.19)	(48.04)
7	(78.98)	(76.83)	(74.68)	(72.53)	(70.38)	(68.23)	(66.08)	(63.93)	(61.78)	(59.63)
8	(90.57)	(88.42)	(86.27)	(84.12)	(81.97)	(79.82)	(77.67)	(75.52)	(73.37)	(71.22)
9	(102.16)	(100.01)	(97.86)	(95.71)	(93.56)	(91.41)	(89.26)	(87.11)	(84.96)	(82.81)
10	(113.75)	(111.60)	(109.45)	(107.30)	(105.15)	(103.00)	(100.85)	(98.70)	(96.55)	(94.40)

per hr per visit

Derbyshire County Council Best Value Review of Home Base Services

Chesterfield

Variation in cost between in house (relieved) and independent sector QP. Red denotes situations when independent sector is greater cost. In all other situations (-) in-house provision is greater cost.

For example: One Saturday visit of two hours costs £13.47 more in-house: Four visits over three hours in-house is £17.48 more.

Plain time

Hrs	Visits									
	1	2	3	4	5	6	7	8	9	10
1	(2.34)	(1.25)	(0.16)	0.93	2.02	3.11	4.20	5.29	6.38	7.47
2	(5.77)	(4.68)	(3.59)	(2.50)	(1.41)	(0.32)	0.77	1.86	2.95	4.04
3	(9.20)	(8.11)	(7.02)	(5.93)	(4.84)	(3.75)	(2.66)	(1.57)	(0.48)	0.61
4	(12.63)	(11.54)	(10.45)	(9.36)	(8.27)	(7.18)	(6.09)	(5.00)	(3.91)	(2.82)
5	(16.06)	(14.97)	(13.88)	(12.79)	(11.70)	(10.61)	(9.52)	(8.43)	(7.34)	(6.25)
6	(19.49)	(18.40)	(17.31)	(16.22)	(15.13)	(14.04)	(12.95)	(11.86)	(10.77)	(9.68)
7	(22.92)	(21.83)	(20.74)	(19.65)	(18.56)	(17.47)	(16.38)	(15.29)	(14.20)	(13.11)
8	(26.35)	(25.26)	(24.17)	(23.08)	(21.99)	(20.90)	(19.81)	(18.72)	(17.63)	(16.54)
9	(29.78)	(28.69)	(27.60)	(26.51)	(25.42)	(24.33)	(23.24)	(22.15)	(21.06)	(19.97)
10	(33.21)	(32.12)	(31.03)	(29.94)	(28.85)	(27.76)	(26.67)	(25.58)	(24.49)	(23.40)

per hr per visit
in-house 10.27 0
indi 6.84 1.09

Night Care (time plus 1/5th)

Hrs	Visits									
	1	2	3	4	5	6	7	8	9	10
1	(3.61)	(2.52)	(1.43)	(0.34)	0.75	1.84	2.93	4.02	5.11	6.20
2	(8.31)	(7.22)	(6.13)	(5.04)	(3.95)	(2.86)	(1.77)	(0.68)	0.41	1.50
3	(13.01)	(11.92)	(10.83)	(9.74)	(8.65)	(7.56)	(6.47)	(5.38)	(4.29)	(3.20)
4	(17.71)	(16.62)	(15.53)	(14.44)	(13.35)	(12.26)	(11.17)	(10.08)	(8.99)	(7.90)
5	(22.41)	(21.32)	(20.23)	(19.14)	(18.05)	(16.96)	(15.87)	(14.78)	(13.69)	(12.60)
6	(27.11)	(26.02)	(24.93)	(23.84)	(22.75)	(21.66)	(20.57)	(19.48)	(18.39)	(17.30)
7	(31.81)	(30.72)	(29.63)	(28.54)	(27.45)	(26.36)	(25.27)	(24.18)	(23.09)	(22.00)
8	(36.51)	(35.42)	(34.33)	(33.24)	(32.15)	(31.06)	(29.97)	(28.88)	(27.79)	(26.70)
9	(41.21)	(40.12)	(39.03)	(37.94)	(36.85)	(35.76)	(34.67)	(33.58)	(32.49)	(31.40)
10	(45.91)	(44.82)	(43.73)	(42.64)	(41.55)	(40.46)	(39.37)	(38.28)	(37.19)	(36.10)

per hr per visit
in-house 11.99 0
indi 7.29 1.09

Saturday

Hrs	Visits									
	1	2	3	4	5	6	7	8	9	10
1	(6.19)	(5.10)	(4.01)	(2.92)	(1.83)	(0.74)	0.35	1.44	2.53	3.62
2	(13.47)	(12.38)	(11.29)	(10.20)	(9.11)	(8.02)	(6.93)	(5.84)	(4.75)	(3.66)
3	(20.75)	(19.66)	(18.57)	(17.48)	(16.39)	(15.30)	(14.21)	(13.12)	(12.03)	(10.94)
4	(28.03)	(26.94)	(25.85)	(24.76)	(23.67)	(22.58)	(21.49)	(20.40)	(19.31)	(18.22)
5	(35.31)	(34.22)	(33.13)	(32.04)	(30.95)	(29.86)	(28.77)	(27.68)	(26.59)	(25.50)
6	(42.59)	(41.50)	(40.41)	(39.32)	(38.23)	(37.14)	(36.05)	(34.96)	(33.87)	(32.78)
7	(49.87)	(48.78)	(47.69)	(46.60)	(45.51)	(44.42)	(43.33)	(42.24)	(41.15)	(40.06)
8	(57.15)	(56.06)	(54.97)	(53.88)	(52.79)	(51.70)	(50.61)	(49.52)	(48.43)	(47.34)
9	(64.43)	(63.34)	(62.25)	(61.16)	(60.07)	(58.98)	(57.89)	(56.80)	(55.71)	(54.62)
10	(71.71)	(70.62)	(69.53)	(68.44)	(67.35)	(66.26)	(65.17)	(64.08)	(62.99)	(61.90)

per hr per visit
in-house 14.57 0
indi 7.29 1.09

Sunday

Hrs	Visits									
	1	2	3	4	5	6	7	8	9	10
1	(10.50)	(9.41)	(8.32)	(7.23)	(6.14)	(5.05)	(3.96)	(2.87)	(1.78)	(0.69)
2	(22.09)	(21.00)	(19.91)	(18.82)	(17.73)	(16.64)	(15.55)	(14.46)	(13.37)	(12.28)
3	(33.68)	(32.59)	(31.50)	(30.41)	(29.32)	(28.23)	(27.14)	(26.05)	(24.96)	(23.87)
4	(45.27)	(44.18)	(43.09)	(42.00)	(40.91)	(39.82)	(38.73)	(37.64)	(36.55)	(35.46)
5	(56.86)	(55.77)	(54.68)	(53.59)	(52.50)	(51.41)	(50.32)	(49.23)	(48.14)	(47.05)
6	(68.45)	(67.36)	(66.27)	(65.18)	(64.09)	(63.00)	(61.91)	(60.82)	(59.73)	(58.64)
7	(80.04)	(78.95)	(77.86)	(76.77)	(75.68)	(74.59)	(73.50)	(72.41)	(71.32)	(70.23)
8	(91.63)	(90.54)	(89.45)	(88.36)	(87.27)	(86.18)	(85.09)	(84.00)	(82.91)	(81.82)
9	(103.22)	(102.13)	(101.04)	(99.95)	(98.86)	(97.77)	(96.68)	(95.59)	(94.50)	(93.41)
10	(114.81)	(113.72)	(112.63)	(111.54)	(110.45)	(109.36)	(108.27)	(107.18)	(106.09)	(105.00)

per hr per visit

Derbyshire County Council
Best Value Review of Home Base Services

Appendix 16

Information For Best Value Cost Comparisons

DCC Home Help Hours And Visits Monday to Friday For The Period 17/7/02 to 21/7/02

Area	Duration			Total Visits	Total Hours
	0-30 Mins	30-60 Mins	1 Hour +		
High Peak	1676	1094	311	3081	1753
Chesterfield	3103	1460	290	4853	2419
Derbyshire Dales	1514	1092	424	3030	1822
North East Derbyshire	1830	1502	418	3750	2303
Bolsover	2335	1041	246	3622	1820
Amber Valley	1622	1370	453	3445	2127
Erewash	1837	1425	479	3741	2251
South Derbyshire	1711	1000	145	2856	1439
County	15628	9984	2766	28378	15934

DCC Home Help Hours And Visits Monday to Friday After 8pm For The Period 17/7/02 to 21/7/02

Area	Duration			Total Visits	Total Hours
	0-30 Mins	30-60 Mins	1 Hour +		
High Peak	147	29	8	184	75
Chesterfield	265	40	3	308	100
Derbyshire Dales	289	58	2	349	119
North East Derbyshire	170	39		209	72
Bolsover	206	22	5	233	72
Amber Valley	141	25		166	49
Erewash	111	25	3	139	66
South Derbyshire	145	14		159	44
County	1474	252	21	1747	597

DCC Home Help Hours And Visits For Saturday 15/7/02

Area	Duration			Total Visits	Total Hours
	0-30 Mins	30-60 Mins	1 Hour +		
High Peak	423	312	120	855	521
Chesterfield	927	446	103	1476	754
Derbyshire Dales	420	250	114	784	475
North East Derbyshire	625	470	139	1234	737
Bolsover	782	339	99	1220	625
Amber Valley	486	416	147	1049	660
Erewash	514	424	135	1073	658
South Derbyshire	419	266	36	721	369
County	4596	2923	893	8412	4799

DCC Home Help Hours And Visits For Sunday 16/7/02

Area	Duration			Total Visits	Total Hours
	0-30 Mins	30-60 Mins	1 Hour +		
High Peak	420	322	111	853	530
Chesterfield	893	446	108	1447	741
Derbyshire Dales	371	284	123	778	490
North East Derbyshire	568	459	154	1181	727
Bolsover	758	328	84	1170	586
Amber Valley	464	418	150	1032	651
Erewash	517	380	132	1029	621
South Derbyshire	424	226	45	695	355
County	4415	2863	907	8185	4701

DCC Home Help Travel Hours For The Period 16/7/02 to 21/7/02

Area	Travel Hours
High Peak	819
Chesterfield	1201
Derbyshire Dales	994
North East Derbyshire	1116
Bolsover	949
Amber Valley	1062
Erewash	1144
South Derbyshire	729
County	7999