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## Meeting of the Executive Member for Housing and Adult Social Services and Advisory Panel

27<sup>th</sup> January 2009

Report of the Director of Housing and Adult Social Services

### **Home Care Efficiencies Project – Final Proposal**

#### **Summary**

1. At the 8<sup>th</sup> September Executive Member Advisory Panel (EMAP), Members requested that the final service delivery model for in-house home care be brought back to them after the staff consultation process, and before its implementation.

This paper (and annexes) outlines:

- The background to the need for changes
- The final, proposed Service Delivery Model
- The consultation process that has been followed since the initial proposal was first presented to staff back in late July
- The key messages received from staff during that process and how the Home Care Efficiencies Project Board has responded to these
- How it is anticipated the service delivery model will achieve the necessary efficiencies and improve outcomes for customers

#### **Background**

2. The current structure of the CYC in-house home care service was established when the commissioning of home care across the city and across all sectors was comprehensively revised in 2006 to create:
  - Locality based long-term care service through contracted agency provision
  - Four in-house locality based Promoting Independence Teams
  - In-house city wide specialist services providing:
    - for people with dementia
    - for people with high dependency needs
    - a Housing Support service (Home Support Team)
    - the continuation of the overnight home care provision.
3. Difficulties with establishing the model in the way it was designed in 2006 were reported to Members in July 2007. That report also highlighted that referrals to the in-house Promoting Independence Teams had been less than envisaged and that CYC services were generally operating below the level of provision that had been originally planned and that operational inefficiencies were being identified.
4. During the budget setting process for 2008-11 significant savings across all CYC in-house home care services were approved by Members as a major contribution towards

the HASS savings required. The framework for achieving these efficiencies approved by Members was by:

- Merging the four Promoting Independence Teams into one city wide service
- Combining the EMI & High dependency teams into one service
- Reducing the budget to the Home Support service

Since the budget proposals were adopted a Home Care Efficiencies Project Board has been considering detailed proposals for how these savings could be achieved. The Board has included staff representatives from Unison and GMB.

5. Analysis of the current home care operations revealed that the core issues that need resolving are:

- The greater than anticipated demand for long-term services provided by the locality agencies and CYC services. In order to resolve this, improvements in the organisation, training and provision of support to the Promoting Independence Team would enhance the potential for helping individuals achieve higher levels of independence and reductions in care packages. This increased focus on re-abling customers would, in turn, reduce the pressure on the longer-term services.
- Improving the level of staff time spent in direct contact with customers. This was an issue raised during the initial re-commissioning of home care during 2006 and has not yet improved. We have discovered numerous causes of this 'downtime' as a result of the consultation and taking a 'whole-systems' view. Some of the causes relate to times of little service demand, travel time, rostering issues, and the speed of decision making and review by care management.
- A need to manage the delivery of home care as a 'whole system', to ensure the throughput of customers to independence, our care services, or locality providers.

The Project Board has considered how these difficulties can be overcome within this proposal or as part of a programme of continuous improvement post April 2009.

## Options

6. The final proposed service delivery model is outlined below (in Analysis). The Project Board believes that this service delivery model:

- Has been shaped by feedback during an extensive staff consultation process
- Will deliver the required budget savings and improved outcomes for customers

Maintaining the status quo is not a realistic option – the required budget savings will not be achieved, and the current system is also struggling to achieve the desired levels of face-to-face contact time with customers, and the re-ablement of customers.

# Analysis

## Final Proposed Service Delivery Model

7. CYC Care Services will comprise of four City-wide services delivering the following services. The detail of staff numbers, location, shift patterns, etc is included in the summary table at Annex 1. The initial proposed structure, brought to EMAP in September 2008, is included at Annex 2, with the final proposed structure at Annex 3.

### RE-ABLEMENT SERVICE

8. The four locality based Promoting Independence Teams will be brought together into one city-wide Re-ablement Service, operating from two bases – one on the East of the city (Glen Lodge) and one on the West (Gale Farm Court)

The Re-ablement Service will take and allocate all referrals into home care and manage customer 'flow' through the system. Communication between the four Home Support Managers managing the four parts of the service will need to be excellent to ensure the necessary 'flow-through' of customers is achieved.

The team will provide focused re-ablement and rehabilitation (usually for a maximum of six weeks) to enable customers to regain or achieve an optimal level of independence appropriate to their individual circumstances, their prevailing state of health, and their personal aspirations.

Referrals for the bathing service will be managed through the Re-ablement Service and the four staff will work out of the two Re-ablement Service bases. The location of the bathing service will be re-visited during work on a prevention commissioning strategy in 2009.

### CARE SERVICE

9. Three existing city-wide teams – Elderly Mentally Infirm (EMI), High Dependency and Night Support – will merge into one Care Service.

The service will provide specialist physical and emotional care to customers who have a greater level of need.

Creating this merged team will enable CYC to:

- Respond to the growth area of specialist EMI/dementia care
- Position itself for closer working with Health in the future
- Have a large enough staff group to meet the demand predicted by Commissioners, and avoid the current reliance on (and cost) of agency staff
- Use a computer based staff rostering system to achieve greater efficiency in deployment of the larger staff team.

### SHELTERED HOUSING WITH EXTRA CARE SERVICE

10. The four Sheltered Housing with Extra Care Units remain unchanged – Barstow House, Gale Farm Court, Glen Lodge, and Marjorie Waite Court.

The teams at these units provide care to customers who have higher levels of need but wish to remain in sheltered accommodation, providing a real alternative to residential care.

Having one manager for this service (currently four) should help ensure greater consistency, for example in terms of agreeing allocations with Housing.

A review of all sheltered with extra care is planned for mid-late 2009 alongside the review of Elderly Persons' Homes. The review will include Housing Services' perspective.

## PREVENTION AND SUPPORT SERVICES

11. There are three strands to this team. All are at least part-funded by Supporting People and are not CSCI registered services. The overall aim of these teams is to support customers to remain living independently in their own home, and prevent the need for a more formal care package.
12. The **Home Support Team** supports vulnerable or disabled adults to remain in their own homes and communities. Its aim is to prevent customers becoming depressed and socially isolated, giving them back their independence and confidence and helping them to set up coping mechanisms which will hopefully stop them becoming ill and needing more formal registered care.
13. **Warden Call** and **Telecare** provide 24/7 monitoring and response to around 2,600 customers (rising to over 4,000 customers out of hours) through a variety of technological aids.
14. **Sheltered Wardens** provide support and assistance to eight sheltered housing schemes (ranging from 25 - 40 tenants) during office hours Monday-Friday.
15. Warden Call and Telecare is a growth area, and will be subject to a review of its own starting in February 2009. This will be intrinsically linked with the development of a Prevention Commissioning Strategy.

## Consultation

16. The Home Care Project Board membership includes Senior Management, Service Manager reps, Commissioning reps, Human Resources reps and Trade Union reps.

Annex 4 outlines the full staff consultation process that has been undertaken in developing this proposal. Key milestones to highlight include:

- The Project Board developed an initial proposal and first presented it to 4 meetings of staff at Next Generation Gym on 31 July and 1 August.
- A series of workshops were held in early October to look at the 'whole system' of home care and then the separate elements. These workshops considered the feedback and issues raised by managers and staff in response to the initial proposal and looked at ways to address the key concerns.
- A revised proposal emerged out of the series of workshops and this was sent out to all staff in early November, followed by a series of team meetings to discuss and receive feedback on this revised proposal.
- Throughout November individual, one-to-one consultations were held with those staff most affected by the proposed changes (Home Support Managers, Team Leaders, and Promoting Independence Team/EMI/High Dependency/Night Support front-line staff).
- The final proposal was sent out to all staff on 16 December.

Annex 5 summarises the key issues that were highlighted by managers and staff during the consultation process and how the Project Board has responded to these.

## **Corporate Priorities**

17. The Corporate priority that this proposal would support is:

“To improve the health and lifestyle of people who live in York, particularly any group whose level of health are poorest”.

## **Financial Implications**

18. As outlined earlier in the report, the 2008-11 budget setting process identified that savings of £950k could be achieved from the Home Care Service in 2009/10. The revised service delivery model included in this report will deliver these recurring savings. Annex 6 outlines how we anticipate achieving the necessary efficiencies and improving outcomes for customers.

## **Legal Implications**

19. There are no legal implications to the proposals.

## **Human Resources (HR)**

20. The City of York Council's change management procedures have been followed throughout the Home Care Efficiencies Project. Extensive consultation has been undertaken in accordance with the restructuring procedure and as a result of the final proposals the staff groups specifically affected by the proposed changes are as follows:

### Home Support Managers

21. The proposed structure reduces the number of Home Support Managers from six to four. One of these posts is currently vacant. Should the proposals be approved it will be necessary to follow the Council's Change Management Procedures, specifically relating to redundancy and every attempt will be made to mitigate redundancies in accordance with the procedures.

### Team Leaders

22. The proposal reduces the number of Team Leaders from 16 fte to 13.5fte, a reduction from 18 members of staff to 16. Should the proposals be approved it will be necessary to follow the council's redundancy procedures and every attempt will be made to mitigate redundancies in accordance with the procedures.

In addition to the day posts, it is proposed that 3 night Team Leader posts (18.5hr) are established. It is also proposed that there are two 12 month temporary Team Leader posts, one in the Re-ablement Service (30 hours) and one in the Sheltered with Extra Care Service (20 hours). The assessment of change panel will determine whether any of these posts are deemed suitable alternatives for staff at risk.

## Home Care Workers (PIT)

23. Extensive consultation has been undertaken in accordance with the Council's change management procedure to address the proposal to alter the contracted hours of the Promoting Independence Team (to be renamed Re-ablement Service). It is necessary to attempt to reach agreement to make changes to current terms and conditions and all affected staff have had the opportunity to discuss their personal circumstances in order to try to accommodate their individual preferences against the needs of the service.

The initial proposal had suggested that all workers should move to 15/20/25 hour contracts in the interests of promoting continuity of care. Staff feedback intimated that this would remove flexibility and lead to many carers having to leave the service. The Project Board's response has been to propose the adoption of a standard set of 5/6hour shift patterns within the re-ablement service as an alternative to moving to 15/20/25 hour contracts. It is still proposed that we should adopt a minimum of 15 hour contracts, and a maximum of 30 hour contracts, to help ensure continuity of care but, within these boundaries, staff will be able to continue with their existing contracted hours so long as they fit with the 5/6 hour shift patterns. There are a very small number of staff contracted to work 5 hours per week who may be affected by this if the principle of a minimum of 15 hour contracts is agreed, in which case they would be subject to management of change redeployment principles.

## EMI & High Dependency and Night Team

24. If the current proposal is approved to merge the EMI, High Dependency and Night Support teams into one Care Service, this will require a change to the current job descriptions within the individual teams. It is not anticipated that a new job description will result in a decrease in grade but it is necessary to assess the revised job description under the Council's new pay and grading scheme. Further discussion with staff will be necessary following the assessment of change panel that is required as part of the change management process.

## **Crime and Disorder**

25. No implications arising directly from this report.

## **Information Technology (IT)**

26. The purchase of the software for rostering staff has been undertaken with full involvement of the central IT section and in accordance with procurement policy.

## **Property Implications**

27. There are some accommodation moves planned as part of the proposed service delivery model. The city-wide Re-ablement Service will operate out of two bases – Glen Lodge in the East of the city, and Gale Farm Court in the West. It is also proposed that the Care Service (currently EMI/High Dependency/Night Support) will operate out of Marjorie Waite Court rather than Archways. Consultation is taking place with tenants in these establishments about the implications of these accommodation moves and any comments will be fed back to this meeting verbally.

## **Other Implications**

28. There are no other implications.

## Risk Management

29. The risks associated with the recommendations of this report are assessed at a net level below 16. This means that at this point the risks need only to be monitored as they do not provide a real threat to the achievement of the objectives of this report.

## Recommendations

30. That the Advisory Panel advise the Executive Member to agree the proposed service delivery model.

Reason - To achieve the required budget savings for 2009/2010 and to improve outcomes for customers.

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Date 9 January 2009

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### Specialist Implications Officer(s)

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**Wards Affected:** *List wards or tick box to indicate all*

All

**For further information please contact the author of the report**

### Background Papers:

EMAP report – 8<sup>th</sup> September 2008

### Annexes

- Annex 1 Summary of the Final Proposal
- Annex 2 Initial Proposed Structure – July 2008
- Annex 3 Final Proposed Structure – Dec 2008
- Annex 4 Summary of Staff Consultation Process
- Annex 5 Key issues highlighted during consultation and the Project Board's response

