

TO: THE EXECUTIVE  
11 FEBRUARY 2014

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**MODERNISATION AND TRANSFORMATION OLDER PEOPLE'S SERVICES  
PROPOSAL TO RE-COMMISSION THE IN HOUSE DEMENTIA HOME CARE SERVICE  
IN THE INDEPENDENT SECTOR**

**Director of Adult Social Care, Health and Housing**

**1 PURPOSE OF REPORT**

- 1.1 The Executive Member on the 25<sup>th</sup> November approved the recommendation to consult on the future of the Community Support and Wellbeing Dementia Home Care Service based at Heathlands Day Centre with a view to the independent sector providing this service.
- 1.2 This report informs the Executive of the outcomes of the consultation process on the future of the in house Dementia Home Care Service. The report sets out the main findings of the consultation exercise and a recommendation regarding the future of the service.

**2 RECOMMENDATIONS**

**The Executive is asked:**

- 2.1 **To commission the support for people with Dementia from the independent sector and that the Council should no longer provide this service;**
- 2.2 **That detailed work with the families of the people supported by the service commence with a view to securing alternative support at the same level; and**
- 2.3 **That staff working in the dementia home care service are subject to the Organisational Change protocol and a separate report for the Employment Sub Committee is presented to consider the staffing implications as a consequence of accepting recommendation 2.1.**

**3 REASON FOR THE RECOMMENDATIONS**

- 3.1 In line with the overarching modernisation strategy for Older People's Services in Bracknell Forest a range of services have been remodelled to take a more focused approach to respond to this period of intense change in social care. The development of the independent domiciliary market is considerable and is evidenced by the growth in commissioned home care provision since April 2008 of 54%. Other service developments include the Community Response and Reablement Service being able to support the rehabilitation of people with dementia. Additionally, families of older people (including those with dementia) have utilised direct payments.
- 3.2 The Executive are reminded that even if the recommendation is accepted, the 9 people who use the service will still continue to receive a service to meet their needs and that there will be no reduction in the levels of service currently being commissioned for them. This proposal is not about cutting the level of support to people with dementia but about commissioning it in a different way which ensures

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efficient and effective working within the department. There also remains the opportunity for the families to consider a direct payment.

- 3.3 The consultation with the relatives of people who have support from the dementia home care service has demonstrated a level of support for the service. During the consultation the families highlighted that the team are skilled and knowledgeable in the care of people with dementia, and that they have confidence and trust in the service. This has always been accepted by the Council, but the Council is obliged to consider the cost associated with this.
- 3.4 The Council recognised that the proposal would cause concern for the families and the staff. Throughout the consultation a named Team Manager has been offering one to one support to the families and this will continue to be provided throughout this time. Staff are being supported by Management, HR and the Unions.
- 3.5 By ceasing to provide support through the in house Home Care Service for people with dementia, the Council can significantly reduce costs, whilst at the same time stimulating the development of a stronger more sustainable and more diverse social care market. This is of significance as Personalisation has brought about changes in the profile of services, with people or their families choosing to employ their own personal assistants and therefore being less reliant on council provided services.
- 3.6 Through discussions with providers it appears that the market has sufficient capacity to deliver additional demand and interest in supporting service developments for new types of provision alongside mainstream home care. Over the last 9 months the external market has taken on a substantial increase in hours, responding to the increase in need. The Contracts Team report that there are at present 17 approved providers of home care with 3 new providers entering the market and a further 5 considering applying to become approved providers. Some of the recently approved domiciliary care providers have experience and expertise in supporting people with dementia.
- 3.7 The independent sector provides approximately 97% of domiciliary care that is commissioned by Bracknell Forest and is well received by the people who use their services. The quality of care and support is robustly monitored through the quality assurance processes of the department. At the same time, the Care Quality Commission monitor, inspect and regulate all home care agencies against what people can expect to experience when the regulations are met. Compliance actions can be set by CQC to ensure essential standards and service improvements are met and maintained.
- 3.8 The Care Governance process has evidenced that there has been continuous improvement in the quality of domiciliary care. There has been an on going reduction in comments and concerns from 92 in 2011, to 64 in 2012 and down to 50 in 2013. This has been achieved through an enhanced process of monitoring, with Brokerage becoming more involved with agencies and families, together with a range of training opportunities being offered to all providers.

## **4 ALTERNATIVE OPTIONS CONSIDERED**

- 4.1 No change in service will mean that this service would continue to be significantly more costly than that purchased in the independent sector.

## **5 SUPPORTING INFORMATION**

### **5.1 Background**

- 5.1.1 The current service was established following a restructure of Home Care in 2007. The remit of the service was to work with individuals on a short term basis, to stabilize and right size their care package, which would then be transferred into the independent sector.
- 5.1.2 The service has coped with changing demand as a consequence of several factors:
- demand for directly provided care is falling as a consequence of Personalisation
  - service is costly in comparison with that commissioned from the independent sector
  - the independent sector has considerable capacity, providing greater flexibility than that which can be provided by a small stand-alone service
- 5.1.3 The Dementia Team employs a total of 15 staff – 1FTE Assistant Team Manager, 1 FTE Care Coordinator and 13, equivalent to 11 FTE, Support Workers. The staff team is well trained and highly regarded, as demonstrated by the annual survey of people who use the service and the number of compliments received. The staff group as a whole have a record of long term service within Bracknell Forest Council. This proposal is not reflective of the quality of service currently being provided.
- 5.1.4 The unit cost of the Dementia Service at approximately £32 per hour is considerably higher than care purchased from the external market at £15.20 per hour. This is difficult to justify in the face of demands by an increasingly older population and the need to ensure greater cost effectiveness in the delivery of social care.
- 5.1.5 A snapshot of activity in October 2013 showed an average of 175 hours being delivered by the team each week, supporting 11 people and their families. Action is taken to ensure that any unallocated hours e.g. cancellations owing to hospital admissions etc. are utilised by supporting people who attend the day-care centre or within the residential unit at Heathlands. The team can cope with supporting 15-20 people. As of 6<sup>th</sup> January 2014, there are 9 people using the service, delivering 86 hours a week. It is anticipated that 7 of these people will require home care support from a different organisation.
- 5.1.6 The net 2013-14 budget for the Dementia Home Care Team is £328,000. The gross budget before deducting contributions from people using the service is £342,700.
- 5.1.7 There were 11 people in receipt of the dementia home care service. Professionals involved in the service discussed and agreed, prior to the consultation going ahead, that the individuals concerned would not necessarily be able to fully participate in the consultation. It was agreed with the Borough Solicitor that detailed consultation with the individuals families could be undertaken, with a view to discussing the options of securing a suitable alternative care package that meets their relatives' needs. Arrangements were made for a dedicated Team Manager to undertake the consultation with families on a one to one basis. A number of the individuals were present at these meetings and were able to give limited feedback. An independent advocate would be appointed for one individual without support. On this occasion, due to the small numbers potentially affected, it was advised that it was not necessary to consult with the wider community.

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- 5.1.8 It is recognised that this recommendation will provide initial uncertainty for individuals and their families, but the Executive is reminded that even if the recommendation is accepted people will still continue to receive the same level of commissioned service. This proposal is not about cutting the level of support to people with dementia but about providing it in a different way to ensure efficient and effective ways of supporting people with dementia.
- 5.1.9 If the proposal is accepted the costs of project managing the change will be met from existing budgets. An application for the cost of any redundancies potentially arising from this process will be made to the Council's Structural Change Fund. Support has been offered to the Managers of the service should they wish to establish their own domiciliary team as an independent provider, in the same way that happened with Long Term Conditions Home Care Team. However, this has not been an option they would want to consider.

### **5.2 Legal Implications**

- 5.2.1 The Local Authority can lawfully commission rather than directly provide services including home care services. People must also continue to be able to access services to meet their assessed needs under the Council's eligibility criteria via the independent home care sector.

### **5.3 Financial Implications**

- 5.3.1 The net budget for the Community Support and Well Being Dementia Home Care Service is £328,000. There is scope for considerable savings from externalising the service estimated at £150,000.
- 5.3.2 The proposal, if accepted, would lead to one-off redundancy costs, and an application for these to be met from the Council's Structural Changes Fund will be made. These costs are currently estimated at a maximum of £100,000 if no staff are successfully re-deployed. There would in addition be costs arising from Pay in Lieu of Notice, which would need to be met from the Department's staffing budget in this financial year.

### **5.4 Human Resources**

- 5.4.1 The changes to the provision of the Dementia Home Care Service would mean that the 15 members of the team will be at risk of redundancy. Human Resources have been advising Departmental Managers in ensuring the Organisational Change Protocol is followed and that the correct processes are in place to manage this.
- 5.4.2 Consultation will include Staff and Trade Unions. A timetable was established to incorporate formal staff consultation with the members of the Dementia Home Care team. The reporting requirements for Local Joint and Employment Committees have also been taken into consideration in the planning process. The Council will comply with all appropriate employment legislation that relates to the rights of employees affected by organisational change, in particular the Employment Rights Act 1996.
- 5.4.3 The Dementia Home Care team are seen as a highly skilled staff group and every effort will be made to re-deploy those placed at risk in line with the Council's policy. The Departmental Management Team have already implemented a vacancy freeze to ensure every opportunity for re-deployment is maximised.

- 5.4.4 A total of 15 staff would be affected. The time frame for staff consultation was 30 days ending 15<sup>th</sup> January 2014. Individual staff consultation meetings were offered but this was not taken up.

## **6 CONCLUSIONS**

- 6.1 The decision to consult on the future of the in house Dementia Home Care service being commissioned in the independent sector was not taken lightly. However, it is a key element within the strategic direction to modernise services for older people in Bracknell Forest. This is based upon the future trends for adult social care, how best the Council can meet those requirements and the needs of the people who require services now and in the future.
- 6.2 The feedback from the consultation (in Section 8) with those supported and their families was that they very much valued the service and did not want the Council to stop providing it. They have been incredibly complementary about the service which is a credit to the staff involved. The comments about things that are important will be taken forward.
- 6.3 The reality has been that the service itself has only really been able to provide support to between 15 and 20 people at any one time. It is estimated that there are at least 170 people with dementia who are being supported by the independent sector.
- 6.4 It is felt that the combination of the on going ability of a small stand alone service to be sustainable, the costs of running the service in house as opposed to commissioning from the independent sector, and the requirement to deliver cost effective services, mean that the recommendation to the Executive is to proceed with the re-provision.
- 6.5 Whilst the proposals themselves generate a saving, within the budget proposals for 2014/15, there is a recognition that the Council has provided additional funding for demographic pressures for older people of £ 257,000. This proposal contributes to that perspective by ensuring effective commissioning.

## **7 ADVICE RECEIVED FROM STATUTORY AND OTHER OFFICERS**

### Borough Solicitor

#### 7.1 For people who use the service

Relevant legal implications are contained within the main body of the report. As the number of people covered is small in number, each individual and any potential person referred for the service during the consultation period should be individually consulted. Given the nature of the service, those consulted should include their carers and advocates. It is essential that each recipient of care should receive the same level of commissioned care at all times or until they are re-assessed as needing a different support arrangement. The provision of services that they receive is dependent at all times upon each person's individual assessment of need not by the way the service is delivered.

Borough Treasurer

- 7.2 If the proposals outlined in this report are accepted there is scope for savings of £150.000.
- 7.3 The proposals outlined in this report would lead to one-off redundancy costs and an application for these to be met from the Council's Structural Change Fund will be made.

Strategic Risk Management Issues

- 7.4 It has been identified that not being a provider of domiciliary care may present risks with regard to capacity. However, we can mitigate that risk through our joint framework with the health service and the response of our jointly commissioned Community Response and Reablement domiciliary support service.

Borough Human Resource Manager

- 7.5 The Council's Protocol for the Management of Organisational Change will be followed throughout this process.
- 7.6 The HR implications of this change would commence when a final decision has been taken by the Executive.

**8 CONSULTATION**

Principal Groups Consulted

- 8.1 Relatives of the People who use the in house Dementia Home Care Service. Staff of the service and Unions.

Method of Consultation

- 8.2 The consultation exercise has taken place over a period of 30 days from 25<sup>th</sup> November 2013 through to 15<sup>th</sup> January 2014.
- 8.3 The report to the Executive Member dated the 25<sup>th</sup> November 2013 was posted on the Bracknell Forest website.
- 8.4 Due to the nature of dementia, an initial letter was sent to the relatives of the individuals who receive a service, on the 15<sup>th</sup> November, informing them that on the 25<sup>th</sup> November a paper outlining proposals to consult on the future of the service would be considered. A further letter of the 6<sup>th</sup> December confirmed the decision to go ahead with consultation and advising them that Team Manager Valeria Bray would be contacting them to arrange a time and place for her to meet and to give an opportunity for their views and comments to be recorded.
- 8.5 A staff briefing meeting was held on the 14<sup>th</sup> November (with Unions present) prior to the Executive Report being published and this was followed up by a meeting on the 3<sup>rd</sup> December informing staff that the consultation process would go ahead.

8.6 People who use the service and their Relatives

Given the small number of individuals in receipt of the service a decision was taken to arrange for one to one discussions to be undertaken with relatives, through a structured conversation, to enable their views on the proposal, and what is important to them from a service, to be listened to and recorded. Some of the individuals who use the service were present and could give limited feedback.

8.7 Staff and Trade Unions

At the staff briefing meeting on the 3<sup>rd</sup> December staff were given the opportunity to respond to the proposal, and they were supported to consider either putting forward their views through a group report, or a facilitator could be arranged to support the group work. All staff were offered a one to one individual meeting, which in the main were declined. A group response signed by all staff was received on the last day of the consultation.

Representations Received

8.8 In providing a mechanism through which key questions could be asked and answered on this proposal it has been possible to gain the views and issues of the relatives of the people who use the service, together with the views of staff.

8.9 In addition to this, there have also been letters of support from people who had used the service in the past, although this was not part of the consultation.

8.10 Relative/supporters of the people who use the service

Prior to the Executive Member decision to proceed with consultation two letters from a Brother and Sister regarding the care and support that their Mother receives from the dementia service was sent to the Chief Officer Older People and Long Term Conditions. Their experience of home care from the independent sector was one of a lack of skills in supporting people with dementia, and no continuity of staff who rushed in and out. Compared to the dementia home care service, which has their confidence and trust and staff who understand the needs of people with dementia.

It is clear from the one to one interviews that there is anxiety over the proposal. Concerns were expressed about the ability of the independent sector to maintain the same quality of care and expertise as the dementia home care service, and the adverse impact on their relative this change would bring about. They spoke highly of the team and valued its flexible response, its reliability, consistency and the trust they had in it.

8.11 Staff Views

Following the initial staff briefing on the 14<sup>th</sup> November a formal Trade Union and Staff response was received on the 26<sup>th</sup> November, which was prior to the decision being made by the Executive Member to proceed with the consultation process.

This report stressed the high level of expertise the staff have in working with people with dementia, and the flexible response they are able to give which adds value and benefit to people's overall experience of care at home.

At the meeting on the 3<sup>rd</sup> December the staff group expressed concern about the impact on the people who use the service, the ability of the independent sector to

respond, and concern about the potential impact on jobs. A further report from the staff group has been received, which reinforced these views, and one person requested a one to one.

The staff requested to meet with the Executive Member for Adult Services, Health and Housing which took place on 10<sup>th</sup> January 2014.

#### 8.12 Analysis of Consultation

At the time of the consultation commencing there were 11 people who received support from the in house dementia service:

- The designated Team Manager undertook one to one consultation with the families of 9 individuals.
- The family of one individual also wrote 2 separate letters to the Executive Member and the Chief Officer, Older People and Long Term Conditions.
- The team support an individual who is a resident of Heathlands with a befriending visit of an hour once a week. The Solicitor of this person has been contacted and may commission this service or Heathlands are prepared to undertake it.
- One individual has no family and the Social Worker has arranged for an advocate.

#### Background Papers

Executive Member Decision on 25 November 2013: Modernisation & Transforming Older People's Services Proposal to Consult on Commissioning the In House Dementia Home Care Service in The Independent Sector

#### Contact for further information

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**1. The views put forward by the families participating in the consultation process are summarised below:**

**How would you feel about the home care package being provided by a home care agency other than Bracknell Forest's Dementia Home Care Service?**

There was praise for the understanding, knowledge and flexible response from the team in meeting the needs of people with dementia and their families and concern that this would not be replicated by the independent sector.

There was a degree of anxiety and concern over the quality of provision from private agencies as previous experience tended to be negative. Poor time keeping, lack of consistency, missed calls, together with poor communication were highlighted as areas of concern.

Due to the nature of dementia a number of families felt that it is important for carers to have clear communication skills with good English and that the language is understood and spoken well.

**What do you think the effect might be on your relative?**

Family members related that their experience was that people with dementia became worried, confused and anxious with change and in particular being introduced to new faces. People would initially be unsettled.

The need for constant reassurance was essential from people who are known and trusted. Whilst eventually individuals would get used to new faces - in the meantime they could see their relative going downhill, with more problems resulting, and this could lead to the need for a care home placement.

**What if anything would concern you about this proposed change?**

A recurring theme was the disorientating and detrimental effect of change.

On going criticisms of performance of private agencies, inflexibility, poor consistency, rushing in and out, on a tight timescale, lack of training in dementia, previous experience was negative.

Value the management of risk by the team and confidence in the management of unpredictable behaviours, they would report back any concerns – doubt that this would be the case with an agency.

**What would we need to do to ensure you would feel confident in a change of provider?**

Essential to build up trust and confidence which would take a long time

Must guarantee there is consistency and reliability.

Staff can demonstrate patience and understanding of the needs of people with dementia, than is currently evident.

There needs to be a genuine interest and knowledge of the person and their individual likes and dislikes, and to deliver an holistic approach to the whole person.

The ability to approach each situation that arises and to adapt to meeting the circumstances as they arise at the time.

To keep families up to date.

### **What are the potential benefits of this proposal?**

The issue of the cost of the service was raised by families contrasting that with the quality, performance and specialist training and knowledge of the dementia team which makes it worthwhile, with doubts expressed whether other agencies would do as well.

There may be financial benefits to the Council but not to the individual and their families.

### **When asked what the families valued for their relative and themselves from home care support, there was overwhelming importance placed on:**

Respect and dignity for the individual, with staff who are well trained and demonstrate a caring attitude, patience and interest in the person.

A service that is flexible and can respond to changing needs, that makes people feel safe and secure. It gives consistency, is reliable and with good time keeping.

### **Other Comments**

“This is a fantastic service and the bar has been set very high”.

One family expressed that they felt “devastated” by this proposed change.

When the team took over from an agency the improvements in their relatives disposition and behaviour was noticeable. Also evidence that personal care needs were now being met.

Family would expect any concerns they have over quality of care to be dealt with immediately and robustly.

## **2. Views of Staff**

The views of the staff were incorporated in a response from the Trade Union and Staff dated the 25<sup>th</sup> November and a further report from the staff group presented on 15<sup>th</sup> January 2014. These are summarised:

- The team is highly regarded both by family members and fellow professionals and is an asset to the Council.
- The well trained team provides continuity and flexibility and can enable individuals to be cared for and supported within the community for longer, rather than being admitted prematurely into residential care.
- The independent sector has historically been unable to manage and meet the complex needs of some of the cases supported by the team.
- The full potential, value and cost effectiveness of the service has not been realised or costed.