Written submissions received for the London Assembly's investigation into home based social care for older Londoners

(Part 1)

Sub001

Brent Council Housing and Community Care

Dear Mr Cleverly AM,

Subject: Call for view and information:
Investigation into home based social care for older Londoners.

Thank you for your letter of 6th August 2009 to Martin Cheeseman on the above subject of which this is a response.

The statutory responsibility for older people aged 65 and over with social care needs lies with Housing and Community Care Department (H&CC). The primary purpose of Community Care is to ensure that people in Brent with social care needs are provided with help, care and support to enable them live independent, safe and dignified lives at home or elsewhere in the community. Home care for older people therefore falls within the remit of the department.

In 2008/09, 2945 people aged 65 and over received community based services of which home care 1573 (53%), meals 271 (9.4%), Equipment 528 (17.29%), professional support 103 (3.49%) and Direct Payments (102 (3.46%). This response focuses on home care, but draws upon the wider process, system and policy issues which impact on the delivery of home care in Brent.

Below are responses to the questions which you posed. I hope you find them useful. Please, do contact me if you require any clarification.

Yours sincerely

Edwin Ambe

Principal Strategy and Planning Officer

Q1. What difficulties do older Londoners face in accessing home care services that meet their needs? How could these difficulties be tackled?

We have an understanding of the issues older people who receive home care services in the borough face. Each year, we undertake a Home Care User Survey of people who receive a service from Brent. This information, added to the information collated at assessment and review lead us to believe that:

- Older people are concerned with the time lag between contacting the service and actually receiving a service. Waiting times is critical to delivering an effective service and delays can lead to older people deteriorating before they receive a service.

- Older people are disenchanted with the fact that they might be discharged from hospital or released from intermediate care when they have not fully recovered. The presumption of recovering after six weeks does not work for everyone. If older people's needs are not meet, they might not recover fully or might be readmitted into hospital, thus creating a vicious circle.

- Older people feel frustrated when following an assessment; they are told that they do not qualify for funding from the Local Authority. Eligibility Criteria (EC) is set at critical and substantial in Brent and this inhibit the number of people who have social care needs but do not meet the EC. It is not surprising that the same people later on contact social care when their needs are critical and substantial at which time; we are obliged to provide a service.

- Older people with savings up to £23,000 feel disadvantaged because they are required to self-fund

- Older people with complex care needs who require specialist services are frustrated by the fact that these services are not available within the borough.

- The take up of direct payments is increasing but still low for people receiving home care. Older people expect that services will be provided by the Local Authority. Any change which requires arranging and paying for their care through DP is daunting.

In Brent, we ensured that service users experience fast, reliable and seamless services. We are reengineering our assessment and care management processes to ensure efficiencies. Accesses to services are being improved by improving contacts through the one-stop-service. A transformation team has been established to manage the process, involve service users and partner agencies in providing individualised care and innovation. The solutions which we are introducing in Brent are in line with national policy for the transformation of social care.

Q2. What good practice exists in providing home care services that meet older people's needs?

Our Home Care Service overall is of high quality and valued by service users. Our Meals on wheels service is exemplary and we will like to use it as a good practice example.

- The service is contracted to an external provider by the department.

- Value for money is achieved through efficient and timely delivery of good quality hot meals at affordable prices (cheaper than on the high street).

- Diversity (cultural and religious issues) is critical and has been prioritised within the service which reflects the diversity of the people who use the service.

- Service users are involved in testing and selecting food which is delivered.
- Constant feedback from service users enables improvements to be made to the quality of the service.
- The contract is effectively monitored to ensure that it is achieving value for money.
- The service is used as a channel to provide information and advice to service users.

Q3. What challenges are London's service providers and funders facing in providing home care services for older people? How can these challenges be met?

- The number of older people requiring home care is growing, putting a strain on services. There is a constant struggle to complete assessments, reviews and provide equipment resulting in waiting list, delays and backlogs.
- Most service users have high expectations of services but lack information to enable them to effectively contribute to the processes and outcomes.
- Funding is often limited and it's a constant struggle to ensure that there are no overspends, at the same time providing high quality services which have resulted in difficult decisions to be made about Eligibility Criteria.
- Clients' needs are sometimes multiple and challenging and require enormous resources to meet them.
- The policy landscape is changing and to translate the government's visions into reality at the local level require enormous efforts.
- It is a challenge to work in partnership with other organisations. Usually, organisational structures, processes and cultures are barriers which need to be overcome.
- The unit cost of providing home care is ever increasing and it is a challenge to negotiate/balance the needs of providers and funders at the local level.
- The social care workforce is very volatile, characterised by understaffed, under paid, low skilled and under motivated people which affects the delivery of high quality services.

These above challenges require solutions at all governance levels (local, sub-regional, regional and national). These include strategic and financial planning, understanding needs, making evidence-based interventions, working in partnership, better commissioning and involving service users and carers in providing home care services.

Effectively implementing social care policies and government guidance relating to the workforce, carers and standards will result in meeting the above challenges.

Q4. What impact do you think the proposals in the new Green Paper on long-term care could have on home care services for older Londoners?

We think that the proposals in the new Green Paper on long-term care will have positive implications for home care services for older Londoners.

- Older Londoners find the current system complex, detrimental to those who have worked and saved and expensive especially to self-funders. Older Londoners will benefit from a National Care Service that is simple, fair and affordable.

- People will be aware of their entitlements in the eventuality of care needs. Proposals of funding either through partnership, insurance or comprehensive systems will ensure that people are better prepared to afford/pay for, understand and access home care services.

- Home care services will benefit from more joined-up working. Various statutory, voluntary and private providers are involved in delivering services and they need to work better together.

- A wider range of services is required if the vision of promoting choice and control is to be achieved. Presently, the social care economy limits the exercise of choice. There are not many providers and the market is dominated by a few large and many small scale providers.

- There is scope to improve the quality and make use of innovative approaches/technology to delivery home care services. Adaptive technologies, call centres and effective monitoring are just some of the approaches which are making a difference to home care service delivery and their wider use will transform how care is delivered.

- The Green Paper proposes a shift to prevention and early intervention. A long term view needs to be taken with regards to the design of homes, systems to identify people at risk and to intervene early to avoid critical and substantial care needs developing. The provision of information and advice will enable people to make informed decisions about care and support and promote independence and choice.

- The proposals in the Green Paper for better support for carers will improve the delivery of home care services for older Londoners. Very often, the needs and wishes of carers are not fully met. This might affect the continuation of care

for family, friends and relatives but also affect the health and well-being of the carers.

- National consistency and local flexibility is essential to delivering home care services. It is the present situation that people receive different amounts of support depending on where they live. The quality of assessments and the possibility to take care packages along if people move will ensure consistency across London.

- Local authorities have a critical role within the context of the proposed vision for adult social care which will bring about improvements. Commissioning, redesign and reengineering of processes and the personalisation agenda will have positive implications for the delivery of home care to older Londoners.

Q5. What is the current role of the Mayor in terms of care and support for older Londoners? Is there anything else the Mayor should do to help ensure older Londoners can access care services that meet their needs?

- We are aware of the Mayor's wider responsibility for older Londoners with respect to housing, crime, economic development, transport, environment, culture, health inequalities and access to universal services. The Mayor currently has no specific remit with regards to home care services for older Londoners.

- The Mayor is well placed in his strategic role to influence the supply market across London and to promote the local economic benefits of effective home care services for older Londoners.

- The challenges that London faces with regards to home care services such as cost, diversity and specialist services need to be highlighted by the Mayor. The Mayor can be a catalyst in negotiating and pushing down the cost of providing care in London and the challenges of out-of-borough services. These have direct implications for local authorities.

Q6. How effective is joint working between home care services and other services such as NHS services for older people?

- Joint working is effective between Health and Adults Social Care where this is required by statute. We have good examples of effective partnership working which have resulted in integrated working, joint funding arrangements, and structures especially at senior management level. However, partnership working at a practical level between home care services and NHS services for older people is wanting for the following reasons.

- The challenges of undertaking single assessments and reviews are enormous. The benefits of a Common Assessment Framework have not been fully achieved and until this is done, provision of health and social care services will not be seamless.

- District Nurses and Social Workers work to different outcomes and timescales. The difficulty of arranging for example joint visits need to be overcome to ensure that older Londoners receive better services. A coordinating role will promote better joint working.

- There is still a marked difference and duplicity of documents held by social care and NHS. For example, care plans, reports, assessment and review documents are different for each organisation. The above is remarkably improved where joint assessment and review panel are set up. This is usually not the case for all patients.

- The Information Technology systems for recording and storing information are different in most cases. Information sharing remains a critical issue at local level. One system which is accessible to Social Care and NHS staff will greatly improve the delivery of home care services for older Londoners.

- There are wider organisational, cultural and statutory issues which need to be analysed to improve effective joint working between home care services and NHS services for older Londoner.

Sub002

Public View

Regarding an article in the Ham and High today about home care provision for older people.

I know there is a lot of negative reports on this in various areas of the country so I felt I would let you know about some excellent care provision in Haringey as provided to my late aunt from 2003 – 2008.

Aged 92 in March 2003 she had a bad fall indoors. After a visit to hospital where a broken right arm was found and treated she was sent home to my immediate care.

I contacted our G.P. who visited the next day and then arranged regular district nurse visits for a period and put me in touch with Social Services at Haringey council.

They made a prompt home visit to assess and then put in place a 6 week home care package (discharge from hospital) for free.

They then reassessed and agreed ongoing care with a private provider (Satellite Consortium of Turnpike Lane). This was regularly reviewed and as needed increased until my aunt had 3 visits daily following another fall.

Our G.P. practice (Park Road N8 – Dr D Rosenthal) made home visits as and when needed which on occasion enabled my aunt to remain at home with district nurse care rather than in patient treatment.

They also did visits to administer the flu jab each winter.

The district nursing team from Middle Lane N8 were always very helpful and supportive.

Both the council and private carers were excellent (on the whole) in dealing with an increasingly infirm and cantankerous old lady. Care was 365 days a year.

The council also arranged Meals on Wheels (eventually privatised with Sodexho) also 365 days a year which meant my aunt had a hot 2 course meal daily for under £3 a day.

Her chiropodist (from St Anne's hospital Tottenham) made 2 monthly visits for years which helped my aunt in being comfortable and to walk O.K..

The mobile library service arranged home visits every month to drop of and pick up about 20-30 books for my aunt who preferred reading to TV watching.

Social services also arranged for my aunt to have a home safety alarm system in case of illness or accident which she used to good effect several times.

My aunt was twice hospitalised and all these agencies put everything on hold until I notified her discharge when everything was back in place for her first day at home.

Satellite provided a mobile contact for out of hours which was reassuring.

All in all, as my aunt's primary carer, I was most impressed (and initially surprised) at just how good all these services (council, NHS etc) worked together to give my aunt her care and me peace of mind.

Haringey council is criticised for many things but I cannot complain about the Elder care team.

My aunt never wanted to go into a care home and with the support of local agencies this was prevented, much to her relief. For over 5 years from March 2003 until October 2008 they enabled her to live relatively independently in her own home.

I feel this is not only much more beneficial for the older person but must be more cost effective 9my aunt paid in full for her care due to income and savings, but costs for home care are considerably cheaper than residential or nursing homes).

She was at home until a week before she died (after another fall) in hospital 2 days before her 98th birthday last year.

If Haringey can do this I wonder why other local authorities seem unable to?

Miss Lesley Ramm

Sub003

British Medical Association

Dear Mr Cheeseman

RE: BMA response to Investigation into home based social care for older Londoners

Thank you for your letter regarding the London Assembly's Health and Public Services Committee's investigation into home based social care for older Londoners.

The BMA does not ordinarily respond to regional consultations.

However, this year we are responding to the Department of Health's Green Paper consultation *Shaping the future of care together,* and the Health Select Committee inquiry the *Future of social care services*.

The BMA would be pleased to share its responses to these social care consultations with the London Assembly's Health and Public Services Committee when they are available.

We would also be interested in receiving a copy of your investigation's report once it has been produced.

Yours sincerely

Claudine Lyons
Policy Analyst
Health Policy and Economic Research Unit

Sub004

Allied Healthcare

Allied Healthcare Group Response to the London Assembly investigation into home based social care for older Londoners

Profile of Allied Healthcare Group in London

Allied Healthcare Group is one of the UK's leading providers of domiciliary home care and healthcare staffing services and a major provider within the Capital.

From our community-based network of seven, soon to be eight, branches in London we provide fully trained Care Workers, Registered Nurses, Healthcare Assistants and Support Workers to local authorities, primary care trusts, private individuals, industry, residential care homes and hospitals.

We hold contracts with 13 London Boroughs to provide home care to older Londoners.

1. What difficulties do older Londoners face in accessing home care services that meet their needs? How could these difficulties be tackled?

One of the major issues faced by older Londoners is reflected by the ethnic diversity in the Capital. Personal care needs will be influenced by the service user's particular cultural and religious requirements. Allied attempts to address this by recruiting care workers from, and reflective of, the local older population as well as offering access to interpreters and connecting with relevant Council-provided or voluntary services where possible.

There is the opportunity to undertake more 'signposting' of services to increase awareness and offer older Londoners more choice in those services that they can access.

2. What good practice exists in providing home care services that meet older people's needs?

There are many examples of good practice. Fundamental to a quality service are elements such as:

- Having a stable, trained team of care workers with clear goals and an empathy with their clients
- A well-run operation with motivated staff
- A strong relationship and open communication with the Local Authority
- Realistic contact time slots that allow some value-addition, rather than the performance of basic tasks only
- Working in partnership with the Local Authority to innovate
- Being respectful of cultural diversity

- The move towards outcomes-based care models, which provides the service user with some choice and flexibility over the activities undertaken
- Linked to 'Outcomes', a focus on enablement and re-enablement, such that it is a clear goal of service providers to allow service users to gain or maintain independence
- In addition we recognise that good practice is treating service users with dignity and Allied Healthcare actively promotes the Dignity in Care Challenge and encourages all of our care workers and front line staff to become dignity champions.

3. **What challenges are London's service providers and funders facing in providing home care services for older people? How can these challenges be met?**

   A key challenge faced by service providers is balancing the Local Authorities' increasing emphasis on low cost services with the goal of maintaining a quality and stable workforce. This is particularly acute in London, given the cost of living for our frontline staff.

4. **What impact do you think the proposals in the new Green Paper on long-term care could have on home care services for older Londoners?**

   We have no formal position on the proposals, but continue to monitor developments.

5. **What is the current role of the Mayor in terms of care and support for older Londoners? Is there anything else the Mayor should do to help ensure older Londoners can access care services that meet their needs?**

   Frontline care staff represent a significant low paid service profession in London.

   We support the Mayor's position on the 'London Living Wage' which, if adopted by London Councils as a requirement when outsourcing home care contracts, would allow the home care industry to reduce attrition and maximise the quality of care.

   Currently high quality prospective care staff can earn more by working, for example, in a supermarket.

6. **How effective is joint working between home care services and other services such as NHS services for older people?**

   From our experience where we supply jointly commissioned packages of care Allied is able to up-skill our care workers to provide both services. This has positive benefits from both a continuity of care perspective as well as providing a career path for our staff.

   In practice every London Borough operates differently, although, in our experience, those who coordinate services effectively often have better outcomes for their service users

Sub005

NHS Havering

Dear Mr Cleverly

Call for Views and Information: Investigation into home based social care for older Londoners

Thank you for your request for a response from Mr Ralph McCormack, the former Chief Executive of NHS Havering. I am pleased to offer my comments as the new Chief Executive of the Trust, to the questions being examined by the Health and Public Services Committee, and will be sending this via email to Michael Cheeseman, as suggested in your letter: Healthandpublicservices@london.gov.uk

Havering has a significantly high number of people aged 65 and above, and this is predicted to increase by 30.2% by 2025, and by 56.8% for those over 85 (Havering Joint Strategic Needs Assessment (JSNA)). Both the London Borough of Havering (LBH) and NHS Havering, along with our partners, are committed to working together to manage the current and anticipated future demand for health and social care services through an Integrated Older Persons Strategy and a number of associated Strategies such as a Havering Carers Strategy. Alongside this, we are working together on a transformation of local services through enablers such as a successful Social Care Personal Budget initiative and a Pilot for the Personal Health Budget. This is all in the face of current significant financial pressures in Havering and the possibility of future reductions in public sector funding.

The response to the Questions posed is as follows:

1. Access to homecare services in Havering is good. There are at least 17 homecare providers in Havering. LBH accredits these organizations and monitors their reliability using electronic monitoring systems, which are published so that customers can make informed choices. There is no particular shortage or difficulty arranging homecare, but homecare is a low pay industry and staff turnover can be high.
2. LBH uses CM2000 and the web-based tables for customers explaining the performance of each provider and this is recognised as leading edge practice by CSED. In partnership with other Local Authorities in Outer North East London (ONEL), LBH is developing a Personal Assistant market and a social care enterprise to stimulate / regulate the market. The DH has recognised this as good practice and has contributed to its funding.
3. Service providers have a difficulty in retaining good staff in the low pay homecare industry. This can affect continuity of care for the customers. Increasing expectations and the demand for high standards of care are also affecting margins

for providers. The aforementioned near and long-term pressures on health and social care funding, particularly in an area of such high and growing proportion of people over 65, presents a challenge which needs to be met through better quality of care, more productivity, better prevention, and more reablement.

4. The Green Paper on long term care points to the above-mentioned reablement, prevention, and personalization agendas, which should greatly benefit customers. However, there is a need to balance this against the significant demands of our older population to 2025 and beyond.
5. There are many funding streams that benefit older people with social care needs and these may be at risk. These include the Carers Grant and the Voluntary Sector Grant, which form part of the 'Area Based Grant' that Local Authorities receive. LAs use this resource to provide advocacy, respite, day opportunities, and support to older people with care needs. If the Area Based Grant takes a disproportionate cut, it will have a negative effect on care services across London.
6. There are many examples of excellent practice in joint working between LBH, NHS Havering and other partners. For example, the Royal Jubilee Court in Havering provides reablement services to ensure people regain confidence and life skills following a spell in Hospital, to allow them to return to their home ad to remain independent. NHS Havering and LBH are continuing to develop joint working and integrated case management along care pathways, in particular for people aged 65 and above, with one or more Long Term Conditions (LTCs) such as Stroke, Diabetes, Heart Disease, and Respiratory Diseases.

I trust that this is a reasonable and helpful response, and look forward to the Report from the Committee in March 2010.

Yours sincerely

Charles Hollwey
CHIEF EXECUTIVE

Haringey Council

1. **What difficulties do older Londoners face in accessing home care services that meet their needs? How could these difficulties be tackled?**

   The home care service 'as is' is a good service as the CQC ratings and service user feedback (see Q2) suggest. The shift to personalised care, however, will introduce greater flexibility for those eligible for support e.g. by using their personal budget to pay a neighbour instead of us organising it on their behalf. There will be a greater choice on offer when it comes to accessing home care services. Whether it is to help with personal care or household chores or – at least, in the case of self-funders – where they don't meet our eligibility criteria but would still like a service.

2. **What good practice exists in providing home care services that meet older people's needs?**

   We have three main providers of home care services in Haringey; each rated good or excellent following CQC inspection. Of the homecare suppliers rated by CSCI, 99% of clients were using suppliers rated good or excellent. 357 clients (44%) use our internal homecare provision which was rated as good by CSCI. None of our providers are rated as poor. As part of our home care survey in 2008/09, 80% of respondents described themselves as satisfied with the service, felt they had as many visits from their care workers as they needed, and said they felt in control of their daily lives.

3. **What challenges are London's service providers and funders facing in providing home care services for older people? How can these challenges be met?**

   The next Comprehensive Spending Review is likely to have a substantial impact on the continuation of public services at their current level. Despite this there is increasing demand for personal care in the community by older people. Demographic changes and changed expectations suggest an increase in the number of frail elderly wanting to be maintained in the community by home care. Those taking up self-directed support and managing their own care may help free up more intensive in-house staff-resources for those that need them. The challenge here is how to adapt the current model – driven by a charging regime that tends to disadvantage in-house services vis-à-vis their independent competitors, without necessarily improving outcomes for staff or end-users – to a new model that gives people more control over which services to opt for.

4. **What impact do you think the proposals in the Green Paper on long-term care could have on home care services for older Londoners?**

   It would appear too early to say. Whichever of the options are pursued these need to be properly implemented and funded before their likely impact can be judged.

5. **What is the current role of the Mayor in terms of care and support for older Londoner's? Is there anything else the Mayor should do to help ensure older Londoners can access care services that meet their needs?**

   Essentially the Mayor's role could be really helpful in raising awareness about personalised care and the advantages for older adults and their carers in accessing the care support they need.

6. **How effective is joint working between home care services and other services such as NHS services for older people?**

   Joint strategic commissioning and joint personal budgets could greatly help the joint delivery of home care services for older adults.

Sub007

NHS Newham

Dear Mr Cleverly

Re: Call for views and information:
Investigation into home based social care for older Londoners

I write in response to your letter dated 6 August 2009, in which you seek NHS Newham's views on home based social care for older Londoners. NHS Newham works very closely with our Local Authority partners (London Borough of Newham) in the specifying and commissioning of care services for residents of Newham, through our integrated commissioning arrangements.

We recently sought the views of Newham's Older People's Reference Group on home care services, as part of this we asked members of the group what they would like to see included in the revised homecare service specification and members of the group raised the following areas:

- The service delivered should be flexible and shouldn't just be dictated by that tasks outlined in the care plan.
- Offering dignity and respect when a carer visit a person's home - for example not talking on the mobile phone when delivering care and asking the older person how they would like to be addressed.
- It is important to have consistency in the carers delivering the care and also that the carers turn up on time and stay for the allocated period.
- Ensuring that there is a process in place for service users to raise issues / concerns about the homecare service they receive, without going directly to the Provider.

Locally, we are looking to develop a code of conduct for Dignity & Respect for older people, which would be included in the contracts with our homecare providers. This is an example of good practice, which has been introduced by a neighbouring borough.

In Newham, we aim to optimise independent living, maximise health gains and reduce the need for both emergency and planned admission to hospital. We want to support people to remain in their own homes and in their communities. We see good quality, person centred home care as key to achieving these aims. The service user should be at the centre of the planning and delivery of the service, so that service users have a strong sense of being in control of their services. It is also key that provision is able to respond flexibly to changing needs and issues on a day-by-day basis.

The introduction of the personalisation agenda, will impact on the way that home care is commissioned and delivered. in Newham, we will aim to offer choice and control to all residents with support needs. By adopting the principles of self-directed support this will empower individuals to make decisions about their support needs that make sense to them, fit with their lives and utilise the resources of the whole community, which may or may not

include home care. This will be supported by availability of advocacy and advice, brokerage and peer support.
With the delivery of any commissioned service it is important that we hear the views of the people in receipt of the service and in line with Department of Health requirements the London Borough of Newham undertakes a survey with Home Care services users aged 65 and over. This year LBN decided that they would expand this survey in two ways:

1. All Home Care service users under 65 would also be given the opportunity to take part in the
survey.

2. Additional questions would be added in to the survey to get more in depth information about some of the key local priorities.

This survey enables the Council to gain feedback on service user's overall satisfaction of the home care support they receive, including improved quality of life, increased choice and control and maintaining personal dignity and respect. LBN also holds local Provider forums, which is an
opportunity for the home care Providers and the Council to discuss and share good practice in service deliver and local issues. A proposal to take the homecare agenda forward on a London-wide basis would be for a consultation to be held with older Londoners (including those receiving homecare services), and those approaching 65 years of age, to gain a real understanding of their expectations of home care and what this will mean in the future with the introduction of the personalisation agenda. I hope the above examples of the work taking place in Newham around home care contributes to determining the bigger picture across London.
If you require any further information on home care services in Newham then please do not hesitate to contact Joy Moulton, integrated Commissioning Manager, on 020 7059 6816.

Yours sincerely

Melanie Walker
Chief Executive
NHS Newham

Age Concern

Dear Michael Cheeseman

Investigation into home based social care for older Londoners

We welcome this opportunity to provide evidence for the investigation into home-based social care services available to older people in the capital. UKHCA is the professional association of homecare providers from the independent, voluntary, not-for-profit and statutory sectors. The association represents over 1,800 organisations across the United Kingdom, including 268 in London.
Homecare is an important service for many older people. In 2007-2008, an estimated 471,000 people aged 65 and over in England received homecare arranged through their local authority.[1] The independent sector has grown from providing just 5% of state funded care in 1993 to its current level of providing 81% of state-funded care.[2] It is the largest employer of the homecare workforce, with around 274,000 people employed in the sector (compared to around 48,000 local authority employees).[3]

The independent sector and its workforce therefore have a crucial role in frontline delivery of services to older people in London. However, as we show below, despite potential and increasing demand, the structure of the system is not necessarily creating the right circumstances for local homecare services to thrive.

UKHCA is responding as a professional membership association and understandably we do not represent the views of older service users who face difficulties accessing homecare. We also do not provide homecare services ourselves and therefore cannot respond to question 2 on best practice that meets older people's needs, although we have included as an appendix a selection of services UKHCA members have introduced to help people live independently at home. Consequently, our response largely focuses on the challenges London homecare service providers are facing (question 3). These are listed under three headings: workforce issues, commissioning issues and personalisation issues.

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[1]Community Care Statistics 2007-2008. Referrals, Assessments and Packages of Care for Adults, England. National Summary, NHS Health and Social Care Information Centre (2008), p6.
http://www.ic.nhs.uk/webfiles/publications/Social%20Care/RAP%20National%20Summary/Final%20National%20Summary%20Report.pdf
[2] Community Care Statistics 2007, Home care services for adults. NHS Health and Social Care Information Centre (2008). p.4.
http://www.ic.nhs.uk/webfiles/publications/Home%20Care%20%28HH1%29%202008/HH1%20Final%20v1.pdf
[3] The State of the Adult Social Care Workforce in England, 2008. Skills for Care (2008). p. 33-34.www.skillsforcare.org.uk/view.asp?id=977

We have briefly responded to question 4 on the impact we think the Green Paper will have on homecare services for older Londoners, question 5 on what else the Mayor should do to ensure older Londoners can access care services that meet their needs, and question 6 on effective joint working between homecare services and other services, which is dealt with in our response to question 3.
We were recently contacted by your colleague Susan Drury who requested a meeting with UKHCA to discuss the investigation and obtain our views. I will shortly be getting in touch with Susan to arrange a mutually suitable time for the meeting where we can discuss our evidence in more detail.

The challenges facing London's providers
At its heart, homecare is about people. Someone's experience of homecare relies more than anything on the person that arrives at their front door to deliver their care. People value a friendly face, time to chat and care that is not rushed, delivered by someone with whom they can build up a rapport, not by a different person every day.

UKHCA welcomes the fact that more and more services are being commissioned on the basis of outcomes (the impact that services have on a person), rather than heavily prescribed tasks. It may be obvious but commissioning for such an approach has clear benefits in helping reduce isolation and depression in older people.[4]
The current size of the independent sector homecare workforce in England is estimated to be 274,000 people.[5] The challenge of meeting the demand for homecare services is matched by an equal and pressing challenge of ensuring that there is a workforce to deliver the care required and who feel inspired to do the job, because they know their work is valued.

Workforce issues

Despite the centrality of the workforce to high quality care, Skills for Care[6] data has found the average rate of pay for a homecare worker in London is just £7.34 an hour.[7] A report by the Social Care Employers Consortium[8] has recently found that voluntary sector careworker wages lag behind other public services such as refuse collection or road

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[4] *Making homecare for older people more flexible and person centred*. Social Policy Research Unit. Department of Health end project report. (2005) www.york.ac.uk/inst/spru/research/pdf/homecare.pdf
[5] *The State of the Adult Social Care Workforce in England 2008* (2008). p.30. Figures are for 31 May 2007. Skills for Care. http://sfcnational.activclient.com/research/research_reports/annual_reports_SCW.aspx
[6] Skills for Care is an employer led authority on the training standards of social care workers in England.
[7] Skills for Care. NMDS-SC briefing Issue 8 - pay. (2009), p3. https://www.nmds-sc-online.org.uk/Get.aspx?id=184207
[8] The Social Care Employers Consortium is a group of voluntary and not-for-profit sector employers who have joined together to improve the recruitment; retention and development of social care staff.

sweeping.[9] Can we therefore be surprised that for the whole of England homecare has the highest staff turnover of all care services – at 24.9% - meaning that providers have to replace their entire workforce every 3.5 years?[10]
A major reason for low pay in the independent sector is that local authorities act a near monopsony (a single buyer) for the purchase of homecare in their local area. Because of this they can exert a downward pressure on independent providers' costs. Also, local authorities do not always increase the prices they pay to homecare providers in line with inflation, new legislation or the minimum wage. A survey by the Low Pay Commission found that social care was the least successful sector providing services to the public sector in negotiating their contracts with local authorities over the October 2007 increases in the minimum wage, with two-thirds reporting an unsuccessful result.[11]
The Low Pay Commission has recommended on four separate occasions (2005, 2007, 2008 and 2009) that the Government ensures that the commissioning policies of local authorities and the NHS reflect the actual costs of social care, including the National Minimum Wage.[12] This year, the Government has accepted the recommendation[13]. However, we have yet to hear of any firm proposals from the Department of Health on how this will be taken forward.

Increasingly homecare staff are being asked to undertake complex tasks and medication related activities that were previously the domain of District Nurses. Regrettably, there's little appetite among local authorities for rewarding providers who supply careworkers who have achieved a National Vocational Qualification (NVQ) in health and social care. This further limits providers' ability to reward their staff with an enhanced wage rate, with the gain for qualified workers unlikely to exceed 5% of their colleagues at entry level.[14]

Meanwhile, local authorities have proved themselves an unreliable distributor of national training grants. In 2006-2007, the majority of the National Training Grant – 63% - was spent on local authority staff and there was a £26 million under-spend.[15] Since April 2008 such grants are not ring-fenced and may be used for other local priorities than social care,

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[9] Social Care Employers Consortium. Social Care – Has Anything Changed? (2008). scec.rowan.tincan.co.uk/SOCIAL%20CARE%20%20Has%20Anything%20Changed%202008.doc
[10] Skills for Care. "NMDS-SC Briefing, Issue 2 – Turnover and Vacancy Rates". (2007). www.nmds-sc-online.org.uk
[11] *National Minimum Wage Low Pay Commission report 2009* (2009). p.285. http://www.lowpay.gov.uk/lowpay/report/pdf/7997-BERR-Low%20Pay%20Commission-WEB.pdf
[12] *National Minimum Wage Low Pay Commission report 2009* (2009). p.74. http://www.lowpay.gov.uk/lowpay/report/pdf/7997-BERR-Low%20Pay%20Commission-WEB.pdf
[13] Press release 12 May 2009. Government Approves New £5.80 Minimum Wage Rate. Department for Business Enterprise and Regulatory Reform. http://nds.coi.gov.uk/environment/fullDetail.asp?ReleaseID=401122&NewsAreaID=2&NavigatedFromDepartment=True
[14] Skills for Care. "NMDS-SC Briefing, Issue 3 – Pay". (2007). www.nmds-sc-online.org.uk
[15] Skills for Care, The State of the Adult Social Care Workforce (2008). P.11 www.topssengland.net/view.asp?id=977

so there is even less of a guarantee that national money will be used for training the social care workforce.

Ultimately the flux in the workforce is costly in terms of the recruitment and induction costs for social care staff, but it also fails to provide the continuity of care which is so valued by service users. It also prejudices the completion of qualifications, reducing the effectiveness of training funding. The cost of the required training package for a new careworker is likely to be around £980.[16] Averaging these investment costs and turnover across the social care sector, the annual loss to the sector is £78 million.

Commissioning issues

Providers are coming under increasing pressure from local authority commissioners exercised by efficiency savings and reducing costs of services; a pressure likely to grow as local authorities attempt to pass on reductions in social care funding because of the current economic downturn. If discussions do take place between commissioners and providers, they centre on how providers can aid authorities to achieve annual "Gershon review" savings of 2.5%, rather than how providers can contribute to the personalisation agenda. However, Sir Peter Gershon's review[17] of public sector efficiency was never designed as a way of cutting back on front line services, but rather to set out the scope for further efficiencies within the public sector's back office, procurement, transaction service and policy making functions.[18]

Annual contract price reviews by local authorities are barely recognising homecare providers' additional statutory costs. In 2007, UKHCA's survey of local authorities indicated that 38% would not be implementing any contract increase, despite new statutory holiday entitlement from October 2007 alone estimated to add 2% to the wage bill.[19]
In England, Wales and Northern Ireland a new vetting and barring scheme will be introduced in phases from 12 October 2009. The membership fee will be £64 per careworker in England and Wales, and £58 in Northern Ireland, with all care staff phased into the scheme over five years from November 2010.[20] There was no public consultation on the proposed costs of the scheme.

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[16] Skills for Care. NMDS-SC Briefing, Issue 2 – Turnover and Vacancy Rates. (2007). P.1 www.nmds-sc-online.org.uk

[17] Sir Peter Gershon was asked by the Prime Minister and the Chancellor of the Exchequer in 2003 to undertake a review of public sector efficiency with the objective to release major resources out of activities which can be undertaken more efficiently into front line services that meet the public's highest priorities, and on the need to help inform the results of the 2004 Spending Review.

[18] *Releasing resources for the frontline: Independent Review of Public Sector Efficiency*, H.M. Treasury (2009). P42. http://www.hm-treasury.gov.uk/d/efficiency_review120704.pdf

[19] *A fair price for homecare*, UKHCA media release (2007). www.ukhca.co.uk/mediastatement_information.aspx?releaseID=22

[20] The figure excludes the administrative charge made by Umbrella Bodies for carrying out criminal record checks

It is significant that the costs of the Vetting and Barring scheme are payable by the worker themselves. We estimate that the additional cost to the workforce (or providers who choose to pay the costs on behalf of their workers) is an additional £18 million over five years, above those already incurred. A similar scheme is proposed in Scotland for introduction at a yet unspecified date in 2010, and scheme membership costs have not yet been announced.

This is an "individual" one-off registration fee that follows the worker in their career with vulnerable adults and children, but it is a considerable amount in a low paying sector and staff will inevitably look to their employers to help them pay the fee. We are extremely pessimistic that local authorities will recognise the burden of registration fees in their contract prices, creating a disincentive for employers to pay their workers' costs. If local authority commissioners do not recognise these costs in their contracts, homecare workers may have to pay for their own registration costs. This has the potential to impact severely on homecare worker recruitment and retention even further and as a "flat fee" unrelated to income will have a greater impact on poorer paid sections of society.

Other "cost saving" mechanisms used by commissioners include only paying for contact time – sometimes only by the minute - or using short care episodes of 15 minutes for personal care. This will inevitable impact on the wellbeing and job satisfaction of the workforce, and satisfaction with care received. These cost saving approaches limit the ability of the workforce to adopt a more proactive and enabling role.

It also limits providers' ability to pass on higher wage costs for careworkers undergoing training, or travelling between clients, as they are only able to derive fees for billing for services provided. If the price paid genuinely does not take into account the cost of provision, and providers are forced to not pay staff for training, or ask them to pay for their own criminal records bureau disclosure checks (£36 per person), they are then pilloried for being complicit in bad practice or in it "for the money".

The result is a workforce which is typically pay sensitive, characterised by an undesirable "churn" as workers change employers for relatively small increases. This is costly in terms of the recruitment and induction costs for care staff, and fails to provide the continuity of care which is so valued by service users. It also prejudices the completion of qualifications such as NVQ's, thereby reducing the effectiveness of training funding.

Moreover, hourly wage rates achievable through commissioning are not sufficient to attract adequate numbers of indigenous workers and the migrant workforce has become a significant part of the sector, comprising 23% of the employees.[21] Labour Force Survey data show that the proportion of foreign born workers has more than doubled over the last decade. In London, more than 60% of all care workers are foreign born.[22]

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[21] Evidence collected by UKHCA for the House of Lords Select Committee on Economic Affairs, we estimated that the migrant workforce accounts for 23% of the homecare workforce, rising to 40% in London.

[22] Cited in A. Cangiano , I. Shutes, S. Spencer and G. Leeson, *Migrant Care Workers in Ageing Societies: Research Findings in the United Kingdom*, Executive Summary, COMPAS (ESRC Centre on Migration, Policy and Society), University of Oxford (2009), p3.

A survey of employers employing migrant care workers found that the overriding reason for the recruitment of migrants was the difficulty of finding UK born workers. Recruitment difficulties were attributed by employers to low wages and poor working conditions in the sector, and associated with low rates paid by local authorities sub-contracting care provision.[23]

The Gershon efficiency agenda also plays out in market management practices with two patterns emerging, both at odds with the Government's personalisation agenda. Firstly, there has been a distinct trend amongst local authorities re-tendering block contracts to reduce the number of providers with which they trade while at the same time keeping a downward pressure on prices, as part of efficiency savings. Ultimately people may find that the suite of services and expertise of workforce available to them are lost under this rationalisation agenda.

Secondly, there is a pattern emerging of E-tendering processes by local authorities, employing a "Dutch auction" approach, where care contracts are won by the lowest bidder. E-auctions are a particular problem for small and medium enterprise homecare providers who may feel that their survival is based entirely on the public sector purchaser. They are effectively forced into winning the contract at any price however low, which then impacts on pay levels and exacerbates recruitment and retention difficulties.
Where contracts for homecare services are re-let following re-tenders, there appears to be an unrealistic expectation that careworkers will migrate en masse to employment with successful contractors. This is not necessarily the case, and can be a significant barrier to the retention of workers and has the potential to destabilise the local care economy.
Personalisation issues

UKHCA was a signatory to *Putting People First* (a concordat between central government, local government and the social care sector) which announced the Government's vision, commitment and support for a personalised adult social care system.[24] The Government's vision for personalisation is that it will "transform" social care. Instead of a professional, such as a social worker, determining the care a person receives, the individuals themselves will be able to design their own care and support arrangements, with help from knowledgeable practitioners (known as "self-directed support").

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www.compas.ox.ac.uk/news/latest/article/date/2009/06/report-launched-migrant-care-workers-in-ageing-socities/

[23] A. Cangiano , I. Shutes, S. Spencer and G. Leeson, *Migrant Care Workers in Ageing Societies: Research Findings in the United Kingdom*, Executive Summary, COMPAS (ESRC Centre on Migration, Policy and Society), University of Oxford (2009), p3. www.compas.ox.ac.uk/news/latest/article/date/2009/06/report-launched-migrant-care-workers-in-ageing-socities/

[24] *Putting People First: A shared vision and commitment to the transformation of Adult Social Care*, HM Government, 2007. http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndguidance/DH_081118

Adults eligible for publicly-funded adult social care can have a personal budget to meet their care needs, once those needs have been assessed.[25] They can have the money as a direct payment or can choose to manage it in different ways. For example, they can take all or part of their personal budget as a direct payment, to buy-in their own support either by employing individuals themselves or by purchasing it through an agency. Others may wish to have the council continue to pay for their care directly.

We support the delivery of more personalised services. However, it is important to recognise there are significant risks and threats for homecare providers from the Government's plans for personalisation. Until now these have been little acknowledged. At its most extreme, it *"could spell large-scale destruction of the sector."*[26]

Organisations that have been largely dependent on local authority purchasing may, within a relatively short period of time, lose contracts across the board, leading to a rapid reduction in guaranteed volume and therefore income. England's social care regulator, the Commission for Social Care Inspection (succeeded by the Care Quality Commission in April 2009) estimates that 78% of independent sector homecare providers' business is from local authorities.[27] For many, this loss of income could lead to closure.

A critical question is the impact that the changes will have on social care capacity. There is no guarantee that staff will move to other providers when agencies close. They may move out of social care altogether, thereby reducing overall capacity. Even where providers survive, some of the planned changes may make staff retention more difficult. Public sector contracts make it possible for providers to guarantee their front-line staff at least some work.
With the possibility of these guarantees gone or reduced there is likely to be more instability in the social care labour market and an increase in the churn of workers between employers. There is also likely to be less overall work on offer and possibly more fluctuation, which may lead to some careworkers being lost to the industry.

One consequence of moving to self-directed care is that formal domiciliary care providers may lose staff to direct payment users. There is much anecdotal evidence that this is already happening. Providers say that the direct payment rates received by service users who have previously been their clients are usually not enough to enable them to continue to purchase their agency's service.

A UK wide survey of direct payments has found substantial variation in the rates paid to service users, with many local authorities stating that payment rates were lower than the

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[25] The term personal budget is often used interchangeably with individual budget. Individual budgets combine resources from a range of different funding streams. The preferred expression at present is "personal budget".
[26] L. Sawyer (2008) *The personalisation agenda: Threats and opportunities for domiciliary care providers*, in Journal of Care Services Management, Vol. 3, No.1,pp 41-63, Henry Stewart Publications.
http://www.ukhca.co.uk/members/pdfs/personalisationagendaLS.pdf.
[27] *Time to Care?* Commission for Social Care Inspection (2006), p28. No longer available to download from CQC website.

average costs of homecare providers. The surveyors found the average hourly direct payment rate to an older person in England was £8.70.[28] This limits the ability of service users to buy care from an independent provider unless they can afford to "top up" their care, ironic given the principle of direct payments is to extend service user choice.

As a consequence, some service users are directly employing the care worker introduced to them by their homecare agency. They are able to do this because they incur none of the agency's overheads for training, registration and regulation. Self-directed employers are not required to provide training for their staff or to carry out security checks.

The evidence at present indicates that the majority of personal assistants have had previous social care experience. However, increasingly personal budgets are going to be on offer to new referrals who will not have existing contracts with formal homecare providers, and who will be more likely to recruit from among neighbours and friends or family without the necessary training or specialised care knowledge.

It seems entirely illogical that government should have brought about a highly regulated sector in 2002, with proposals for further regulating by the General Social Care Council (GSCC) and Independent Safeguarding Authority (ISA), while at the same time, promoting a cash payment system for the engagement of untrained, unqualified, unsupported and unregulated personal assistants

There are also genuine concerns that the personalisation agenda is not attuned to the reality of the current marketplace. Whereas local authority commissioners can signal purchasing intentions and enable providers to plan for services, putting commissioning in the hands of service users makes it difficult to plan for what the demand might be. We sense that so far, central government and councils have had very little engagement with independent providers on how to respond to this changing marketplace.

Nor, are there policy signals to the sector on how quickly the transition is intended both nationally, and in each locality. Although local authorities and Primary Care Trusts are now expected to produce a "Joint Strategic Needs Assessment" that assesses what services are needed to meet local health and social care needs, in our experience very few authorities are attempting to engage providers at these early stages – moreover it is very difficult to release staff to become engaged at this level when you are a small or medium enterprise running on tight margins.

It is our belief that together these issues can be overcome by central government and by Directors of Adult Social Services collaborating with the independent sector to do things differently, based on a better understanding of the real costs of providing quality services. The sector is ready to play its part and we are encouraging independent and voluntary sector providers to engage with the changing agenda and communicate clearly with their commissioners.

We are calling on central government to:

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[28] *Direct Payments Survey: A national survey of direct payments policy and practice*, Personal Social Services Research Unit. (2007). P.57 www.pssru.ac.uk/pdf/dprla.pdf

1. Prevent homecare funding from being disproportionately affected by the current economic downturn and protect it from downward adjustment.
2. Undertake monitoring of the impact of local authority purchasing on careworkers' wages, as recommended by the Low Pay Commission.
3. Ensure that statutory and regulatory burdens are proportionate and fully funded. There is clear evidence that local government already consistently fails to accommodate regulatory costs in contract price reviews.
4. Make compliance with "Building Capacity and Partnership in Care"[29] a duty on local authorities, by reviewing and re-issuing the guidance under section 7(1) of the Local Authority Social Services Act 1970.
5. Develop safeguards that protect service users from harm when directly employing a personal assistant.

We are urging local authorities to:

1. Recognise in their commissioning that homecare is the preferred option for most people and ensure services of sufficient quality and quantity to meet the needs of their local population, including self-funders.
2. Ensure that "partnership working" is not just a one-way process and that commissioners embrace the concept of a whole-systems approach to commissioning.
3. Use the Social Care Reform grant[30] made available to local authorities to ensure that service providers – the key delivery partner – are engaged and resourced to embrace the transformation of existing services.
4. Ensure that independent and voluntary sector providers are able to pay fair wages to their workers. The practice for councils passing on Gershon-type cost reductions directly to front-line services has never been part of government policy.
5. Recognise the true cost of regulatory changes, including forthcoming costs associated with the new vetting and barring scheme. Otherwise the fees have the potential to severely impact on homecare sector recruitment and retention.
6. Give independent sector providers equitable access to training funds. There is a responsibility on Directors of Adult Social Services to ensure this happens.
7. Give people who use services genuine choice by enabling them to buy quality regulated homecare. If rates for direct payments and personal budgets are set too low it can lead to the development of an unregulated market, leaving both care users and workers at risk.
8. Develop payment systems and contract terms that support the viability of all providers, particularly small and medium enterprises.

Impact of the Green Paper

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[29] *Building Capacity and Partnership in Care* (2001) was issued by the Department of Health and sets out clear good guidance about the nature of the relationship between commissioners and providers.
http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4053633.pdf

[30] The £500m Social Care Reform grant is intended to help councils to redesign and reshape their systems. The grant is available to the 150 authorities in England with social care responsibilities in 2008/09 – 2010/11.

The Government's recently published Green Paper *Shaping the Future of Care Together* focuses primarily on setting up a "National Care Service" and options for funding this service. We do not wish to comment on the various funding options presented in the Green Paper, as all raise major issues of fairness and equity outside UKHCA's role as a professional association.

However, we recognise that significantly more funding is required to address the urgent demographic challenge the country is facing and to ensure that people who use services receive genuine choice about their personal care. What providers need above all else from the reform of social care is security of demand for the services they supply, which will allow them to plan and deliver suitable services.

The Green Paper says that to make the social care reforms a reality any new system will be dependent on a number of factors including developing the workforce, personalisation of services, more joined up services and changing people's mindsets. Also, local authorities will need to take the lead in things like market shaping, helping private sector organisations adjust to a different way of responding and having good commissioning practices. In effect, the success of the new care and support system will be dependent on it working effectively, irrespective of what ever funding system is in place.

As discussed above, we do not believe that the structure of the care and support system is creating the right circumstances for local homecare services to thrive. In particular, local authority commissioners are exerting pressure on independent providers to reduce their costs and make efficiency savings while at the same time annual contract price reviews barely recognise additional statutory and regulatory costs, thereby limiting their ability to reward their staff and develop the workforce.

What else can the Mayor do?

To conclude, we believe that the best action the Mayor can take to help older Londoners access homecare services that meets their needs is to:

- Bring his influence to bear on local authorities in London to ensure that they collaborate with the independent sector based on a better understanding of the real costs of providing quality services.

- Press London local authorities to implement the eight point programme of action we have outlined above.

In addition, we would ask the Mayor to add his voice to Low Pay Commission's call for central government to monitor the impact of local authority purchasing on careworkers' wages. And, in the absence or delay in central government taking action on this, request that the Greater London Authority monitor the impact of London local authority purchasing on careworkers' wages.

Yours sincerely,

Francis McGlone
Senior Policy Officer

Appendix

Below is a selection of services UKHCA members have introduced to help people to live independently at home:

Helping patients return home

A new scheme to help hospital patients deal with the challenges they face following discharge from hospital has been set up by UKHCA members Prestige Nursing of Carshalton, Surrey.

Called Home From Hospital, the service is designed to help free up hospital beds and provide essential support at home, particularly where home circumstances makes support difficult for service users or their families.

Prestige can get involved with care planning before the admission to hospital or following discharge. It offers a comprehensive range of services up to four different service levels, from a simple short daily visit to 24-hour specialist nurse cover for complex needs. The service works closely with the patient's GP, consultant, community health team and family to ensure the patient receives the highest standard of care as they start the recovery process.

<u>Looking after gardens and home repairs</u>
UKHCA members Anchor Trust have launched an innovative concept in care – At Home Services - a new service that not only provides homecare to service users, but can also help by looking after gardens and carrying out home repairs and building services.

With pilots initially in three areas – Berkshire, Yorkshire and North London - the scheme provides Anchor-employed electricians, plumbers, handymen and gardeners that users can trust, removing the worry and anxiety people have in finding reliable tradesmen for themselves. The service does not charge call out fees or VAT and can tackle work that improves safety, such as laying paths or patios, as well as maintenance.

Making medication simpler and safer

Claimar Care has joined forces with PharmAssured a specialist domiciliary pharmacy service to make medicines simpler and safer for both service users and care workers.
The domiciliary pharmacy services that PharmAssured provides are free to service users and care providers and include medication risk assessments from which medication is dispensed to mirror the care plan.
Other domiciliary pharmacy services that PharmAssured provides are:

- Supply of medication care packs - compliance aids designed to help services users take the right medication, at the right dose, at the right time.

- Collection of prescriptions and delivery of medication, together with a repeat prescriptions service.

- Collection & safe disposal of unwanted medicines.

- Medication administration record sheets to ensure that care workers accurately record medication taken by service users.

- A dedicated pharmacy care line for medication queries and support with training of care teams in the safe handling of medication and development of medication policies.

Involving users in training and communication

Better recognition of the two-way process of delivering and receiving care is leading to greater involvement of service users in domiciliary care worker training. Some services are also launching magazines, produced by service users and for service users, to help communication and give users skills and enjoyment.

Truro-based project Time for Change, part of UKHCA members Cornwall Council Adult Social Care Department, has won a Skills for Care Accolade for involving service users (known as experts by experience) in training staff teams in the health and social care sector.

Cartrefi Cymru of North Wales produces a quarterly magazine edited by service users, supported by participation officers, and has received an award for best communications at the WCVA Network Wales Awards. The magazine reflects the service's person centred approach and provides their homecare service users throughout Wales with the chance to expand their skills and enjoy themselves.

Providing live-in care

UKHCA members Agincare, provide live-in care across the country to help people with low, medium or high support needs live at home. The company are always keen to raise the profile of live-in care and increase awareness of it as an alternative option to residential care.

The service is a subsidiary of the organisation, whose core business is homecare, and provides 24-hour care to more than 60 service users, nearly half of whom are 65 or over. The service supports several younger adults to lead independent lives, for example by attending university or work placements.

Live-in care staff mostly work for two weeks on, two weeks off, with other required breaks, but shift patterns are often determined by service user need and individual preferences.

Half of Agincare's live-in care arrangements are for service users who pay themselves or through direct payments, and the others are commissioned by PCTs and councils.

Bespoke housing support

SummerCare of Westcliffe on Sea, Essex, currently supports three individual budget holders in a supported living scheme. In partnership with Gateway Housing (a local social housing provider) they have built a bespoke house for the individuals to live in that is suited to their needs and requirements.

Support has been tailored around the service users as individuals so that they are not restricted in any way by their fellow housemates, and to make sure individuality and choice is secured at all times. Staffing is based on one-to-one support, with detailed outcome based support plans. Staff share sleep hours which allows them to free up support hours to be used elsewhere for more productive and effective support.
SummerCare has worked closely with several different partners in social care to ensure that everything is tailor-made for the service users. They also drew upon their existing partnerships with the local community to guarantee that a wide range of choice was available.

During the set up period, there were numerous meetings where the service users, along with their parents, could get to know each other and discuss how they wanted to decorate and furnish their house. The service users took an active part in recruiting their own staff team. There were then meetings between the new staff team and the service users so that they could get to know each other before moving-in day.
The scheme was an individual budget pilot scheme for Southend Borough Council. It has been such a success that the council has filmed a best practice DVD in the house on the ways that individual budgets should work in a supported living environment.

Sub009

UKHCA

Dear Michael,

As you may be aware, the Kensington and Chelsea Local Involvement Network (LINk) is a network of approximately 250 local people and representative organisations and groups who want to help make a difference to the way Health and Social Care Services are designed and run.
LINk's have been set up across England from April 2008 as part of the implementation of the Local Government and Public Involvement in Health Act 2007.
The K&C LINk has the power to:
1) Make reports and recommendations and get a reply within a set amount of time.
2) Ask for information from key decision makers and get a reply with twenty days
3) Enter and view some types of services
4) Refer matters to Scrutiny Committees in RBKC that have Health and Social Care responsibilities.

Under the K&C LINk Constitution, we have established an 'Older People's Sub-group' to ensure the voice of Older People and other interested stakeholders is heard in the Borough. This Sub-group is chaired by Ms Christine Vigars and has 82 interested members.
The Older People's Sub-group met last week to discuss the 'Investigation into Home Based Social Care for Older Londoners.'
The 17 people present met in three focus groups and addressed the questions set by the Health and Public Services Committee. It should be noted that not all individuals present access home care services personally and at times were relying on feedback from friends, family members and colleagues. Please see our findings below:

1) What difficulties do older Londoners face in accessing home care services that meet their needs? Are any groups of older Londoners having particular difficulties in accessing home care services that meet their needs?
Lack of knowledge about existing home care services: There is little awareness amongst older people around accessing such services - for example are they means tested? This information is particularly difficult to access for people who are house-bound or do not proactively seek out such information. There is also little knowledge around actual entitlements and other key aspects of home care services.

Service delivery: It was noted that the delivery of home care packages can be patchy and at times rushed. The time-keeping of carers is continuously an issue. It was acknowledged that RBKC have attempted to address this by requiring carers to phone it to base when they arrive and depart but the time allocated to each individual remains insufficient and double-booking still occurs.
It was felt the structure and management of these services is the root cause to this. It was noted that there are only two commissioned care providers now in RBKC and that this means choice is limited.
Carer support: There is a need for management to provide better support to carers and respite where appropriate. It was felt that this may help the relatively fast turnover or staff

in the home care field which in turn impacts negatively on the carer - service user relationship.

Information management and confidentiality: It was felt the new 'personlisation' agenda was confusing for a lot of older people and that what is provided by home care services is not necessarily what is wanted. Service user information also needs to be better managed; in a sensitive and confidential manner.

Outsourcing: The group was unsure if the shirt to private provision of home care had made a positive difference to the care provided.
Eligibility for Home Care: It was noted that people with high levels of savings are not eligible for home care; for some payment for care can become expensive.

Unmet need of the hearing-impaired: It was felt that some older Londoners who are deaf and hard-of-hearing are not fully having their needs met because they are not registered as disabled.

2) How could these difficulties in accessing home care services be tackled?
Better collaboration: As there is a complex web of services related to home care, effective partnership working to sign post service users effectively and to avoid duplication would help to create more seamless service delivery for beneficiaries.

Resources: It is felt further financial resources are required to ensure carers are being paid appropriately and to ensure agencies are managed effectively.

Communication: People are still experiencing difficulties in communication with Social Services. Using technology to educate individuals on the options and to sign-post would work for some of the target group. It was recognised that at times technology can be a barrier and a helpline with person-to-support would also be helpful.
Change Service Provider: It was felt that a different service provider (for example, the company that runs the community alarm system) would deliver a better service. This would minimise the difficulties face by older Londoners in accessing Home Care service.

Training: It was felt that training is needed to help carers carry out their job more effectively.

Implementation of the Personalisation/Individual Budget System: Implementing the 'Individual Budget' system will allow carers to choose who to use and when. Also, as carers may be regarded as customers they will be allowed more choice also.

3) What good practice exists in providing home care services that meet older people's needs?
It was felt that some home care agencies are taking the time to properly recruit and train their staff. The personal alarm system also works well.

4) What is the current role of the Mayor in terms of care and support for older Londoners? Is there anything else the Mayor should do to help ensure older Londoners can access care services that meet their needs?

The group had little knowledge of the current role of the Mayor in general and no knowledge of his remit in relation to care and support for older Londoners. The group wondered if the Mayor is the most appropriate person to get involved.
Some felt the Mayor should put more effort into meeting the needs of older people, for example, by putting minimum standards in place. The Mayor could also liaise with other Mayors - for example, the Mayor of New York, to keep up to date with international best practice.

5) How effective is joint working between home- based social care services and other services for older people, such as NHS services?

This group felt there is an opportunity for the five hospitals in the area, that are applying to become a Foundation Trust, to make social care services and other services for older people more accountable.

Should you require further information on the K&C LINk or our consultation process please do not hesitate to contact me at
paula.murphy@hestia.org<mailto:paula.murphy@hestia.org> or ph: 020 8968 6771.

Best regards,

Paula Murphy
LINk Co-ordinator

Sub010

Kensington and Chelsea Local Involvement Network

Dear Michael,

As you may be aware, the Kensington and Chelsea Local Involvement Network (LINk) is a network of approximately 250 local people and representative organisations and groups who want to help make a difference to the way Health and Social Care Services are designed and run.
LINk's have been set up across England from April 2008 as part of the implementation of the Local Government and Public Involvement in Health Act 2007.
The K&C LINk has the power to:
1) Make reports and recommendations and get a reply within a set amount of time.
2) Ask for information from key decision makers and get a reply with twenty days
3) Enter and view some types of services
4) Refer matters to Scrutiny Committees in RBKC that have Health and Social Care responsibilities.

Under the K&C LINk Constitution, we have established an 'Older People's Sub-group' to ensure the voice of Older People and other interested stakeholders is heard in the Borough. This Sub-group is chaired by Ms Christine Vigars and has 82 interested members.
The Older People's Sub-group met last week to discuss the 'Investigation into Home Based Social Care for Older Londoners.'
The 17 people present met in three focus groups and addressed the questions set by the Health and Public Services Committee. It should be noted that not all individuals present access home care services personally and at times were relying on feedback from friends, family members and colleagues. Please see our findings below:

1) What difficulties do older Londoners face in accessing home care services that meet their needs? Are any groups of older Londoners having particular difficulties in accessing home care services that meet their needs?
Lack of knowledge about existing home care services: There is little awareness amongst older people around accessing such services - for example are they means tested? This information is particularly difficult to access for people who are house-bound or do not proactively seek out such information. There is also little knowledge around actual entitlements and other key aspects of home care services.

Service delivery: It was noted that the delivery of home care packages can be patchy and at times rushed. The time-keeping of carers is continuously an issue. It was acknowledged that RBKC have attempted to address this by requiring carers to phone it to base when they arrive and depart but the time allocated to each individual remains insufficient and double-booking still occurs.
It was felt the structure and management of these services is the root cause to this. It was noted that there are only two commissioned care providers now in RBKC and that this means choice is limited.

Carer support: There is a need for management to provide better support to carers and respite where appropriate. It was felt that this may help the relatively fast turnover or staff in the home care field which in turn impacts negatively on the carer - service user relationship.

Information management and confidentiality: It was felt the new 'personlisation' agenda was confusing for a lot of older people and that what is provided by home care services is not necessarily what is wanted. Service user information also needs to be better managed; in a sensitive and confidential manner.

Outsourcing: The group was unsure if the shirt to private provision of home care had made a positive difference to the care provided.
Eligibility for Home Care: It was noted that people with high levels of savings are not eligible for home care; for some payment for care can become expensive.

Unmet need of the hearing-impaired: It was felt that some older Londoners who are deaf and hard-of-hearing are not fully having their needs met because they are not registered as disabled.

2) How could these difficulties in accessing home care services be tackled?
Better collaboration: As there is a complex web of services related to home care, effective partnership working to sign post service users effectively and to avoid duplication would help to create more seamless service delivery for beneficiaries.

Resources: It is felt further financial resources are required to ensure carers are being paid appropriately and to ensure agencies are managed effectively.

Communication: People are still experiencing difficulties in communication with Social Services. Using technology to educate individuals on the options and to sign-post would work for some of the target group. It was recognised that at times technology can be a barrier and a helpline with person-to-support would also be helpful.
Change Service Provider: It was felt that a different service provider (for example, the company that runs the community alarm system) would deliver a better service. This would minimise the difficulties face by older Londoners in accessing Home Care service.

Training: It was felt that training is needed to help carers carry out their job more effectively.

Implementation of the Personalisation/Individual Budget System: Implementing the 'Individual Budget' system will allow carers to choose who to use and when. Also, as carers may be regarded as customers they will be allowed more choice also.

3) What good practice exists in providing home care services that meet older people's needs?
It was felt that some home care agencies are taking the time to properly recruit and train their staff. The personal alarm system also works well.

4) What is the current role of the Mayor in terms of care and support for older Londoners? Is there anything else the Mayor should do to help ensure older Londoners can access care services that meet their needs?

The group had little knowledge of the current role of the Mayor in general and no knowledge of his remit in relation to care and support for older Londoners. The group wondered if the Mayor is the most appropriate person to get involved.
Some felt the Mayor should put more effort into meeting the needs of older people, for example, by putting minimum standards in place. The Mayor could also liaise with other Mayors - for example, the Mayor of New York, to keep up to date with international best practice.

5) How effective is joint working between home- based social care services and other services for older people, such as NHS services?

This group felt there is an opportunity for the five hospitals in the area, that are applying to become a Foundation Trust, to make social care services and other services for older people more accountable.

Should you require further information on the K&C LINk or our consultation process please do not hesitate to contact me at
paula.murphy@hestia.org<mailto:paula.murphy@hestia.org> or ph: 020 8968 6771.

Best regards,

Paula

Paula Murphy
LINk Co-ordinator

Carers UK

Carers UK response
September 2009

1. About Carers UK

- Carers UK represent the views and interests of the six million carers in the UK who care for their frail, disabled or ill family member, friend or partner. Carers give so much to society yet as a consequence of caring; they experience ill health, poverty and discrimination. Carers UK seeks to end this injustice and will continue to campaign until the true value of carers' contribution to society is recognised and carers receive the practical, financial and emotional support they need.

- Carers UK is an organisation of carers, run by carers, for carers, with a reach of around 1,500 organisations, including many run by carers, who are in touch with around 950,000 carers between them. Including Carers Week our reach extends to around 4,000 groups and 2.5 million carers.

- Carers UK run an information and advice service and we answer around 16,000 queries from carers and professionals every year. We also provide training to over 2,600 professionals each year. Our website is viewed by nearly 300,000 unique visitors and nearly 1000 carers are members of our website forum.

- Carers UK is currently funded to provide a particular focus for policy and campaigning across the capital in relation to carers from BAMER communities across London as well as the LBCWN which we facilitate.

What difficulties do older Londoners face in accessing home care and support services that meet their needs? How could these difficulties be tackled?

2. In the 2001 Census, just fewer than 600,000 Londoners identified themselves as carers, around 8% of the total population[31].140, 000 of these were over 60.[32]

[31] Census 2001 Office for National Statistics

[32] Census 2001- Office for National Statistics

- Access to care services varies enormously in London from borough to borough, but in general there is a real shortage of both home care services and respite care to give carers a break right across the Capital. This evidence has been gathered through the advice line which we run.

- Carers UK research found many instances where carers with life threatening conditions felt that they had no option but to put their own health at risk, because of the unavailability and unreliability of replacement care.[33]

- The quality of the care services is an issue for carers, often contributing to them having to give up work. We regularly hear of paid care workers who did not arrive on time, or indeed not at all; of respite care with enormous waiting lists, or which is not suitable for people of all faiths or cultures; and of lengthy waiting lists for assessments.

- In London 2003/04, only around 8% of the population of carers had a carers' assessment or review.[34]

- The State of Social Care report (2007) found that they are wide variation in the numbers of carers who are aware of their right to an assessment.[35] Carers have a right to an assessment of their needs by social services; regardless of whether the person they have cared for have had an assessment.

- Many carers do not have the means to buy additional care and don't know their entitlements. Amongst carers in London over 60 alone, some 20,000 are not receiving the Pension Credit to which they are entitled. Almost £6m per year in Carer Addition alone goes unclaimed by older London carers.[36]

- Poverty is an issue for many carers no matters where they live, but in London the issue is exacerbated by the high costs of living.[37]

- Research by Carers UK shows that carers often have to sell their homes, cut back on food heating or clothes, give up or cut back on employment and sacrifice their pensions. Other research suggests that carers lose an average £11,050 in earnings due to their caring roles.[38]

- Getting a break is crucial for enabling carers to look after their own health and wellbeing and remain in employment. Carers tell us that they don't get enough

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[33] Back Me Up- Carers UK 2005
[34] Parliamentary Question 8428-Paul Burstow MP November 2005
[35] The State of Social Care Commission for Social Care Inspection, 2007
[36] Carers UK, 2005
[37] Who Cares? Geographic variation in unpaid care giving in England and Wales: evidence from the 2001 Census-Office of National Statistics
[38] Real Change not Short Change, Carers UK 2007

breaks, and that the provision for breaks is sometimes not good quality. This makes them reluctant to use them.

- Charges affect carers' lives significantly. Either they live in the same household as the disabled person or they support them. Quite often, they contribute to paying for care and a recent survey of 1,700 carers found that 66% were spending their own income or savings to pay for care.[39] Inappropriate charging has the effect of impoverishing not just a disabled person, but a whole family. It is also critical that the law is applied correctly so that carers are not charged for services or asked for a contribution when they should not be. According to the advice calls that we receive, charging guidance is consistently poorly applied, including unlawful in many circumstances.

- Many carers do not share the health benefits of affluence, we know that the likelihood of caring and of ill health increases with both deprivation and with some ethnic origins.[40] London Boroughs must examine their policies on support to carers' services and families to ensure that they are not unlawfully fettering their discretion to provide services to them. London Boroughs should increase the range and flexibility of services and offer carers a real choice including extending the use of Direct Payments and vouchers. They should seek to be innovative and imaginative in the types of support that they can provide. Adequate funding for breaks and respite for carers must be ensured as well as provision of emergency respite with the New Deal for carers funding.

What is the current role of the Mayor in terms of care and support for older Londoners? Is there anything else the Mayor should do to ensure older Londoners can access care services that meet their needs?

- We welcome the Mayor's commitment to increasing older people's participation in policy and decision making, including that of older carers. The Mayor should use his strategic powers to ensure that the lack of care services across the capital does not impinge on the capital's ability to remain economically competitive. One in five carers has had to give up work to care often because of the lack of appropriate care services.[41]

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[39] Carers in crisis, a survey of carers finances, Carers UK 2008

[40] Who Cares, Geographic variation in unpaid care giving in England and Wales: evidence from the 2001 Census-Office of National Statistics

[11] Equal Opportunities Commission Survey, 2004

- The Mayor could use his influence to work with health bodies across London to ensure that the advantages of technology through tele health care are harnessed. The Mayor should use his influence to ensure that all carers in London have access to the right support in an emergency. The Mayor should audit care services to see how they could better support all carers, older people and how they could help younger carers to remain in work.

- The Mayor should use his influence to encourage the London Boroughs to improve their Direct Payment Support Services, which allow carers and service users the payments with the minimum worry, so that they can adequately meet demand.

- The Mayor should ensure that in promoting better advice and advocacy services, the needs of carers are given consideration. The Mayor should also work with other public bodies to promote the availability of translated information and support in all the various community languages, in written, oral and any other formats. The Mayor should provide opportunities for carers of older people to contribute to the planning of and decisions about provision of services to those older people. The Mayor should audit care services to see how they could better support all carers, older people; how culturally appropriate they are for BAME communities.[42]

Pamela Lord
Carers Development Worker

[42] Who Cares in London? Toward a better future for London's carers, Carers UK, 2007

Sub012

Lambeth Council

Dear James

RE: INVESTIGATION INTO HOME BASED SOCIAL CARE FOR OLDER LONDONERS

Thank-you for your letter of 6" August, which was received with great interest. I would like to preface y response by saying that within Lambeth we are very close to completing our "Positive Aging" strategy for older people for 2009-14. This will be published by Lambeth First, our strategic partnership and demonstrates the intention of all agencies that work with older people and will address the wellbeing and quality of life of older people.

A key element of this is supporting people to be independent and healthy, and for the great majority of older people this means continuing to live in their own homes, with the person themselves increasingly choosing the kind of support that they receive, the frequency and who provides it. We are therefore entering into a learning phase in our provision of home care which will become more personalised to the needs and wishes of the older person and measured by its outcomes on their life, prior to a fully recommissioned service in around two years time.

I will turn now to the first of your specific questions: What difficulties do older Londoners face in accessing home care services that meet their needs? How could these difficulties be tackled? In addition to the understanding of the agencies working with older people, we have a great deal of information directly from consultation work undertaken in the preparation of our Positive Aging strategy, as well as from the regular surveys of older people's home care that we are required to undertake for the Department of Health (most recent June 2009) and the comments of customers of our services, their carers and advocates. Like all other councils providing adult social services, we operate within the Fair Access to Care Services criteria and we spend over £6 million per year providing home care to older people who are assessed as having significant or critical needs. Our duty as a local authority to set balanced and realistic budgets does mean that we have to be clear about the resources that we devote to older people with lesser levels of need. We do not ignore the needs of those with lesser needs and are investing in a range of social, leisure, befriending and other services to support older people, but at present it is unlikely that they would receive a home care service unless it was to support a temporary need.

Within Lambeth we know that 83% of our service users are satisfied with their service and 49% are very or extremely satisfied, but within that some groups of older people report lower levels of satisfaction, particularly those from Black and Minority Ethnic Groups. Lambeth is by no means unique in this respect, and we will certainly look to the Personalisation process, to our working with provider services and to our eventual recommissioning of home care to ensure that all of our older service users receive an excellent service. We also provide a range of written information about our services; assessment processes and FACS criteria that we believe are clear and are available in a

range of languages. We use interpreters within the assessment process where this helps the individual and their carerlfamily to fully participate in the process.

In the consultation work undertaken on our Positive Aging in Lambeth strategy, we noted the anxieties of some older people about what Personalisation would mean for them and possible changes in the delivery of home care. Clearly any changes from the present system will have to be managed in a very careful and considered way.

Home care has traditionally been provided by what is often referred to as "time and task" conditions, in other words following an assessment by a care manager a package is put in piace that specifies that particular aspects of domestic and personal care take place at particular times within the week. We are well aware that this manner of provision can be perceived as inflexible in meeting people's needs and so are looking to develop services that are personalised and measured by their positive impact on wellbeing, working in conjunction with service providers. In this we will look to learn from other London authorities that have already recommissioned their home care services on these lines and any forum that the Mayor can promote to share learning would be very welcome.

The final point that I would make under your first question is that Lambeth, like many local authorities has had for some years in order to secure good value for money for its residents, an entirely externally provided service, predominantly by the private sector and with a very little by the voluntary sector. Whilst we believe that our engagement with providers and contract management processes is sound, inevitably we cannot entirely dictate matters such as recruitment, wage rates and other aspects of employment that will affect the quality of home care as it is likely to be perceived by older people. With that said, all of our providers are rated as "good" or "excellent" by the Care Quality Commission.

Regarding your second question: What good practice exists in providing home care services that meet older people's needs? I will firstly cite the introduction of an Enablement service from November 2009 onwards? I anticipate that Enablement (sometimes referred to as Re-ablement) will make a significant difference to the confidence and skills of older people through the provision of intensive support by a team of therapists and other professions. We are also increasing our resources devoted to the use of Assistive Technology, employing technical solutions to maintaining older peoples' safety and confidence in remaining at home.

We meet at monthly intervals with our providers and there is a strong focus on safeguarding matters, the resolution of customer's complaints and of inter-agency issues affecting service quality. These meetings have seen a continuing reduction in the number of complaints and generally serve to foster a positive working relationship for the benefit of all.

Regarding your third question: What challenges are London's service providers and funders facing in providing home care services for older people? How can these challenges be met? the obvious starting point is the Putting People First agenda. Personalisation is an exciting challenge and one that I believe offer all users of adult social services more control, more choice, more independence and better outcomes and a better quality of life as well as support which is specifically tailored to better meet their individual circumstances.

Whilst we are fully in support of this process and embrace the positive impacts on the lives of service users; the rollout off services, particularly with the elderly will not be without its challenges. Lambeth Is making considerable progress in the roll-out of personalized budgets with adults aged 18 to 64 and A programme of work is underway, including development of the Resource Allocation System which will establish the criteria and amounts of money that can be allocated to each, individual following a self assessment. Learning from work with the adult population and the introduction of the RAS will help us to extend direct payments to older people who want to be more in control of their own circumstances. We do not underestimate the potential challenges that lie in the way of this path however, particularly the need to develop and commission a Support Brokerage system to guide vulnerable people through personalisation.

Like all councils with adult social services responsibility, we are very mindful of the demographic changes facing us, with a greater than 10% increase in the over-65 population predicted for 2025. To some extent Lambeth does not have quite the difficulties of others as our elderly population is relatively low and younger population (who are a potential workforce) relatively high. Nevertheless we will be faced with similar budgetary chalienges and service delivery challenges to every other local authority. With funding presently unknown beyond 201 1 and a general concern about the future of public-sector finances, I do not underestimate the difficulties ahead.

I believe that the best way forward in delivering personalisation for the older population (particularly in the case of home care) can only be achieved through close working between the local authority, provider services and older persons themselves and their carers and representative groups. I foresee a need to a closer working relationship with providers where good practice and organisational learning is shared and service costs are more openly acknowledged rather than being regarded as a matter of commercial confidentiality. I believe that it would also be useful to ensure that cross-London mechanisms are put in place to share good practice. Lambeth has yet to decide upon a strategic model for home care, but there is a strong concern to ensure that commissioning also addresses the need for an adequately skilled and remunerated workforce, one that can meet the needs of the diverse older population within Lambeth and one that makes the best use of the potential pool of labour within Lambeth. This may mean some initiatives that encourage localised solutions such as social enterprises and a lessened reliance on large regional and national providers'; however we cannot ignore the potential economies of scale offered by the large organisations in a financially uncertain time.

On your fourth question: What impact do you think the proposals in the new Green Paper on long-term care could have on home care services for older Londoners?, my initial view is that I welcome the paper and the emphasis on three major principles of fairness, simplicity and affordability. Any attempt to address the perceived inequities in older peoples access to support services being determined by their postcode, as well as identify the kinds of services that older people can expect to help them lead active, healthy and independent lives is also positive. There is clearly much further debate needed on the balance between local and national levels of responsibility in achieving national standards, but I believe that Lambeth has a particular set of challenges and potential solutions and I imagine that many directors in my position would say the same. The emphasis within the Green Paper on

critical workforce issues and its recognition of the central place of social care workers and the social work profession is also welcome.

In summary I believe that the Green paper is a very useful consultation document in describing the present difficulties and setting out what a new and fairer system might look like and should be an exciting challenge for any future government to deliver.

Regarding your fifth question: What is the current role of the Mayor in terms of care and support for older Londoners? is there anything else the Mayor should do to help ensure older Londoners can access care services that meet their needs?, there are many points of interest in the Appreciating Our Seniors document that are of great relevance to the provision of excellent home care services. The Mayor's support for the London Living Wage is crucial in attracting a committed workforce and developing career structures for carers. I note in the document that the Mayor will influence regional partners to ensure more equitable allocation of resources and facilities across London, and I would like to see the Mayor further influencing central government to recognise the particular pressures on London local authorities, through sufficient levels funding to secure with our provider partners the appropriately skilled and remunerated workforce that I mentioned earlier in my letter.

The Mayor's commitment to support initiatives to improve the commissioning of health and social care is also welcome. We also know from local surveys that older people want to have good access to information about services, benefits and other important information and the Mayor's commitment to influence health and social care services to improve the accessibility and investment in provision of advocacy, information, advice and support is very much in line with local thinking in Lambeth.

On your final question: How effective is joint working between home care services and other services such as NHS services for older people? I believe that through recent initiatives that there is evidence to believe that joint working is improving and will continue to grow. The development of the Enablement service that I mentioned earlier is a joint initiative with NHS Lambeth (the Primary Care Trust) and marks an important step in the joint deveiopment of a preventative and person-centred initiative. The provider of the service will be a third party (presently in the final stages of tendering) and we anticipate close working between the three agencies for the benefit of older people. I would anticipate that learning from this model of working can be usefully be incorporated into the new model of home care that we will commission by 2011. Other examples of joint working exist in areas such as Assistive Technology and the provision of community equipment, which are also under development.

I trust that the responses that I have given above are useful and I welcome their publication as you mention on the Greater London Authority website.
Yours sincerely,

Jo Cleary
Executive Director, Adults and Community Services

Sub013

Department of Health

Dear Mr Cleverly

Thank you for your letter of **6** August to Phil Hope inviting him to respond to questions about the provision of domiciliary care in London. I have been asked to reply.

I hope that you will appreciate that it would be inappropriate for a central Government Department to answer the questions that your letter sets out. The role of the Department of Health is to set out a strategic framework and secure adequate funding for the NHS and adult care services. It is for local authorities to manage care in individual cases and direct their resources in accordance with local priorities and the needs of the communities to which they are accountable.

I can assure you that the Government considers that every older person is entitled to high quality, safe and dignified care, whether it is provided in their own home or anywhere else. Anything less is completely unacceptable.

The latest available figures show that in 2006107 some 580,000 people received homecare in England. The former social care regulator, the Commission for Social Care Inspection (CSCI), reported that the quality of care, measured against national minimum standards, improved in every year during the five years since the standards were introduced in 2002.

Whilst this is encouraging, and indicative of the effectiveness of the regulatory system the Government originally introduced, Ministers know there is still room for improvement. On I April 2009, the new integrated regulator of health and social care, the Care Quality Commission (CQC), assumed the responsibilities of the Mental Health Act Commission, the Healthcare Commission and CSCI. The CQC has tough powers to penalise or even close down providers who offer substandard care. These include issuing notices requiring improvement within a specified time, prosecuting providers for failing to provide proper care and even closing down a provider by cancelling its registration.

From 2010, the CQC will be introducing a new system of registration under the Health and Social Care Act 2008. This will give it additional powers to fine providers and suspend those which are not providing acceptable levels of care.

Local councils are responsible for the quality of care they provide, whether they do so directly or by contracting with private and independent organisations. Anyone who is not satisfied with the quality of care they receive from their council is entitled to pursue the matter through the social services complaints procedure and ask the Local Government Ombudsman to investigate.

Councils have received record increases in funding - 39 per cent in real terms - over

the last decade, and the increase will rise to 45 per cent by 201011 1. This should enable them to provide care of the right quality and to manage and support local care provision.

The Department is also working with the General Social Care Council on a system of registration for social care staff, including home care workers. This will be included in the forthcoming adult social care workforce strategy and will help strengthen the protection of vulnerable people and raise the quality of care provided.

As you know, the Government is rising to the challenge of addressing the need to reform care and support services. People are living longer and fuller lives and rightly expect more from care services. On 14 July, the Government published the Green Paper Shaping the Future of Care Together, which is available at www.careandsupport.direct.gov,uk.

Shaping the Future of Care Together highlights the challenges faced by the current system and sets out the need for reform to develop a high quality National Care Service that is fair, simple and affordable for all adults in England.

The Green Paper contains a number of consultation questions, which were developed following a six-month long engagement with the public and stakeholders. Ministers now want people to tell them how they think the Government can make the Green Paper's vision a reality and develop a care and support system fit for the 21st century.The consultation will run until 13 November this year. More information about the Green Paper and details of how to contribute are available online at www.careandsupport.direct.gov.uk.

I hope that this reply is helpful.
Yours sincerely

Rebecca Gonsalves
Department of Health

Sub014

Public view

Evidence was received from Mr D Shepherd dated 22 August 2009. If you wish to view an electronic copy of this document please contact Susannah Drury, Scrutiny Manager at Susannah.Drury@london.gov.uk

Sense

Dear Mr Cheeseman,

Investigation into home based social care for older Londoners

Please find enclosed a copy of Sense's submission to the above investigation as well as supplementary evidence - the Seeing Me booklet and checklist and DVD of a short film of Edith, a deafblind older Londoner.

Please contact me should you require any additional information.

Yours sincerely

Simon Shaw
Policy Officer (Older People)

Sense submission to the investigation into home-based social care for older Londoners

September 2009

Summary

- We welcome the committee's work looking into the needs of older Londoners and that this investigation will be looking at whether there are particular groups of older people who have difficulties in having their needs met. Deafblind older people are one group who have difficulties meeting their needs.

- Sense estimates that almost 1 in 20 over 75 year olds are sufficiently sensory impaired to be considered deafblind. This means there are an estimated 19,400 Londoners with a significant dual sensory loss.

- Mainstream policy and services must be able to meet the needs of deafblind older people, but supporting deafblind older people effectively can require specialist input and older deafblind people should have a specialist assessment of their needs, as well as any specialist support or training for support staff as required.

- The Deafblind Guidance must be implemented by local authorities to meet the needs of deafblind older people.This investigation should look into the needs of older people with dual sensory loss and their access to services.

This is approximately 19,400 people in London. Older deafblind people use a range of communication techniques to both give and receive information, including voice, written, signed and tactile communication; methods may also vary according to the situation and environment.

Deafblindness and the ageing population

As the population ages, the number of deafblind older people will rise. As the number of older Londoners increases, so too will the number of deafblind older people. Plans to address the needs of an ageing population must include identifying deafblind older people and providing appropriate services. If this does not happen, these plans will fail, deafblind older people will be excluded and they will receive reduced outcomes.

Sense's work with older people

With over 50 years of experience, Sense is the leading national charity working with, and campaigning for, children and adults who are deafblind. Sense provides expert advice, support, information and services for deafblind people, their families and professionals. Sense has been working with deafblind older people for a number of years. While Sense can offer specialist advice, one key aim of Sense's work is to greatly increase awareness of deafblind older people and support others to recognise and meet their needs. Sense has produced a range of freely available publications about deafblind older people that include information on making sure their needs are met. 'Seeing Me' is enclosed with this response.

1. Difficulties that deafblind older people face in accessing home care services that meet their needs.

Firstly it is vital to be clear that support for older people is not only for support with personal care. Deafblind older people may be able to take care of their own personal care but may need support in performing other essential tasks, accessing information and being active members of their community. For some people this may require a number of hours of communicator guide support. A communicator guide is a worker with specialist knowledge of deafblindness who can support a deafblind older person with tasks in the home and in the local community. A few hours a week of one to one support can transform the life of a deafblind older person. However, we know that many deafblind older people are not getting these services, even when they ask for them.

Many older people want to be enabled to remain living independently in their own homes. Through a personalised and common sense approach deafblind older people have choice, control and respect as outlined in the lndependent Living This means that existing resources can be more effectively deployed to meet the needs of deafblind older people. There are some simple and economical ways that deafblind older people can be supported to live independently. A combination of one to one support, skills training, equipment or adaptations can support a deafblind older person to maintain their independence and dignity.

Deafblind older people are therefore a specific group of older people who have particular difficulties in accessing care home services that meet their needs.

2. Tackling difficulties in deafblind older people accessing care home services

There needs to be far greater recognition of the prevalence and impact of dual sensory loss among older people. Assessment is key in ensuring that deafblind older people receive appropriate services. The Single Assessment Process (SAP) for older people in England does not explicitly recognise dual sensory loss. It looks at vision and hearing, but not in a way that would necessary trigger recognition of dual sensory loss and referral for a specialist assessment. Sense has produced a simple checklist to help professionals,families and others to identify dual sensory loss. Deafblind older people are entitled to a specialist assessment of their needs and appropriate services3 The statutory Deafblind Guidance clearly state that local authorities must:

- Identify, contact and keep a record of deafblind people that live in their area;
- Ensure that a deafblind person is assessed by a suitably qualified Person;
- Provide services that are appropriate for deafblind people;
- Provide one to one specialist support as appropriate;
- Provide information and services in a way that is accessible to deafblind people;
- Ensure that a senior manager is responsible for services for deafblind people.

Every deafblind older person should be offered a specialist assessment under the Deafblind Guidance even if they are not eligible for council funding. Many deafblind older people and their families do not know about the kind of positive interventions that can provide support to deafblind older people. This is where a suitably trained specialist can offer guidance and advice on making sure support options take full account of the impact of dual sensory loss. Assessments must look beyond the scenario of an older person sitting in their chair at home; they should look at individuals' ability to stay healthy, active and involved in their community. Sensory awareness training for older people's team can highlight the needs of deafblind older people and encourage referral to sensory teams.

There have also been cases of professionals or others thinking that deafblind older people have dementia when actually it is dual sensory loss that has triggered confusion. Tinnitus, delusions or withdrawal can also be mistaken for signs of dementia. Older people's and mental health teams are unlikely to have expertise in sensory loss and may not have a clear relationship with sensory teams or providers of sensory services. It is paramount that these two groups share knowledge and expertise. The fact that the same age group is at a higher risk of developing both dementia andlor deafblindness means that it is even more important to ensure that assessment of these different conditions is clear. Deafblindness can also make it challenging to assess whether someone has dementia; again assessors should be aware of this and request specialist support where appropriate. This will ensure that Objective 2 of the national dementia strategy, good-quality early diagnosis and intervention for all, is achieved.

Case study
Edith is a deafblind older woman who lives by herself in North London. She describes herself as being very hard of hearing and her sight is slowly fading entirely. She spends many hours on her own and says she feels like a prisoner in her own home. Following a referral to Sense, Edith is now being supported by Sense's older people's outreach worker and has been assessed for new hearing aids, but she still spends a lot of time on her own.

There is a short film of Edith available on the Sense website (see below). A hard copy has been enclosed with this submission.

3. Good practice in providing home care services that meet older people's needs

Sense's 'Seeing Me' booklet and checklist for care providers are enclosed with this submission. The booklet gives practical tips on identifying and supporting deafblind older people. The checklist is a tool to be used to help identify when an older person should have a specialist assessment to address their deafblindness. These have been well received by staff assessing and supporting older people.

Good practice could ensure that some deafblind older remain living in their own homes and are not unnecessarily moved into residential care.

4. The role of the Mayor in ensuring older people access care services to meet their needs

The Mayor should consider the needs of deafblind older people as he promotes essential services for older people. Advice, information, advocacy and support are important for deafblind older people. Due to the impact of dual sensory loss, it is crucial to provide information in alternative formats and for information services and advocates to be deafblind aware and know how to refer deafblind people for a specialist assessment.

The Mayor should champion the implementation of the Deafblind Guidance by local authorities in London. This is one of the key actions to ensure that deafblind older people receive an appropriate assessment and are supported by appropriate services.

Research has found that older people with dual sensory loss are more likely to develop certain additional health conditions, stroke, arthritis, heart disease, hypertension and depressive symptoms. They are also more likely to havefalls. By definition, deafblind older people will be more likely to have difficulty with moderate exercise, mental stimulation, maintaining social contact and healthy eating. We estimate that the cost to the NHS of these additional health conditions is £365,000,000; offering deafblind older people the right support could reduce this cost.

It is therefore key to the Mayor's Health Inequalities Strategy that the impact of dual sensory loss is recognised and social care services can respond to the specific needs of deafblind older people in order to foster better health for deafblind older people

5. The effectiveness of joint working between home-based social services and other services for older people such as NHS services

Due to the impact of deafblindness on health as outlined above, communication and joint working between social services and NHS services is vital in promoting healthy living and preventing crisis among deafblind older people

Deafblind older people are also likely to have significant mental health needs. Enforced isolation, loneliness, coming to terms with sensory loss and boredom are just some of the factors that can contribute to this. Deafblind older people can develop low self-esteem, depressive symptoms or anxiety and withdrawal. Research has shown that a significant percentage of deafblind older people can have a much higher level of mental distress. Deafblindness can also compound mental distress at a time of a major event such as moving into a care home or bereavement.

6. Recommendations for the investigation's research

We cannot stress enough how important it is to look at the needs of deafblind older people as part of this investigation and how valuable it would be for the researchers to hear directly from older people with dual sensory loss. Research should explicitly record when older people have sight and/or hearing loss. Sense would be keen to submit written or face-to-face evidence to the evidence-gathering process, including to the second committee meeting. We would also be keen to try and arrange meetings between researchers and older deafblind people. This would of course be subject to their consent and availability.

For further information please contact:
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