

BRIDGEND COUNTY BOROUGH COUNCIL

ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

22 JUNE 2015

REPORT OF THE CORPORATE DIRECTOR – SOCIAL SERVICES & WELLBEING

HEMOCARE – QUARTERLY STATUS REPORT AT APRIL 2015

1 Purpose of Report

- 1.1 The purpose of this report is to provide the Adult Social Care Overview and Scrutiny Committee with a quarterly monitoring and status update, in respect of the Homecare Remodeling project and transformation plans.

2 Connection to Corporate Improvement Plan / Other Corporate Priority

- 2.1 This report links to the following improvement priorities in the Corporate Plan:

- Working together to help vulnerable people to stay independent;
- Working together to make best use of our resources.

Plus the following background documents:

- Adult Social Care Commissioning Plan 2010 – 2020: Living Independently in Bridgend in the 21st Century;
- The Remodeling Adult Social Care Programme;
- Medium Term Financial Strategy 2014-2018 (MTFS).

3 Background

- 3.1 There continues to be significant pressures on community-based services, which are having a considerable impact on homecare services. The demographic changes, different expectations for services, increases in demand, and complexity of need require the Council to remodel the current homecare services.
- 3.2 The Council is also working in a challenging financial climate that requires social care to make financial efficiencies. In addition to developing community based preventative services to support people in different ways the Council also has to make changes to the current homecare services, so that it can effectively meet future demand and provide value for money, whilst continuing to deliver high-quality support.
- 3.5 Following a decision in July 2014, to remodel and retain internal homecare services, Cabinet approved the implementation of the initial delivery plan for 2014-15, and requested that a further implementation plan be presented to Cabinet, outlining the detailed arrangements for 2015-16, 2016-17 and 2017-18.
- 3.6 In November 2014, Cabinet endorsed the detailed transformation plan, which set out the arrangements to retain specialist and complex care internally (2518 weekly care hours), and outline that generic homecare hours will be commissioned from the independent sector.

3.8 It was also agreed that Cabinet and Scrutiny should be provided with monitoring & status reports on a quarterly basis, charting progress made against the implementation plan.

4 Current situation / proposal

Transfer Plan – Internal Homecare Services hours

4.1 **Baseline** – based on June 2014 information, the breakdown of how many hours are delivered by internal homecare services is shown below:

Internal Homecare Services	Assessed Hours
Social Care Worker Scheme (dementia)	832
Bridgeway	120
Critical-complex packages	1,136
Generic packages	2,316
TOTAL	4,404

4.2 **Target** – the below table shows how we project the amount of hours will change, following implementation of the plan to retain only specialist packages internally:

Internal Homecare Services	Assessed Hours
Social Care Worker Scheme (dementia)	860
Bridgeway	300
Critical-complex packages	1,170
Better at Home (new service)	250
TOTAL	2,580

The figures above include a projected demand increase of 2.5%, which is anticipated due to forecast demographic changes and increasing rates of dementia.

4.3 **Progress** – the table across shows the assessed hours actually delivered by internal homecare services, compared to the planned amount, as per the implementation plan.

- Planned assessed hours increased in October 2014 due to extra capacity being made available in Bridgeway and Better at Home services, made as a result of increased pressures and demand from ABMU.
- Internal homecare services are actually delivering 302 more hours (+8.34%) than forecast in the plan at April 2015, as the turnover of packages (to date) has been slower than forecast. However, it is recognised that turnover rates are cyclical, and the rate forecast was based on a linear trend between November 2014 and December 2015.

Date (End of month)	Assess Hours (Plan)	Assess Hours (Actual)
Baseline (June 14)	4,404	
Jul-14	4,384	
Aug-14	4,254	
Sep-14	4,124	
Oct-14	4,402	4,243
Nov-14	4,272	4,133
Dec-14	4,143	4,261
Jan-15	4,012	4,130
Feb-15	3,882	4,080
Mar-15	3,752	4,118
Apr-15	3,622	3,924
May-15	3,492	
Jun-15	3,362	
Jul-15	3,231	
Aug-15	3,101	
Sep-15	2,971	
Oct-15	2,841	
Nov-15	2,711	
Dec-15	2,580	

Transfer Plan – Independent Providers

4.4 **Baseline** – based on June 2014 information, the amount of hours delivered by the independent sector is shown below:

Homecare Service	Assessed Hours
IDC generic packages	5,812

4.5 **Target** – the below table shows how we project the amount of hours will change, following implementation of the plan for all generic packages to be provided by the independent sector:

Homecare Service	Assessed Hours
All generic packages	8,453

The figure above includes a projected demand increase of 4%, which is anticipated due to forecast demographic changes across the Borough.

4.6 **Progress** – the table across shows the assessed hours actually delivered by the independent sector, compared to the planned amount, as per the implementation plan.

- Independent homecare providers are delivering 622 fewer hours (8.42%) than forecast in the implementation plan, with hours delivered reducing from a peak of 6,941hrs in February 2015.
- The variance is mainly due to the impact of recent preventative initiatives that have been implemented, that were not factored into the initial projections, as the effect could not be accurately forecast.
- Generic packages are coordinated via Brokerage, and extra capacity is being made available in the independent sector through a commissioning plan, that is being developed in order to meet future changes in needs and demand.

Date (End of month)	IDC Hours (Plan)	IDC Hours (Actual)
Baseline (June 14)	5,812	
Jul-14	6,178	
Aug-14	6,312	
Sep-14	6,446	
Oct-14	6,580	6,697
Nov-14	6,714	6,771
Dec-14	6,847	6,825
Jan-15	6,981	6,867
Feb-15	7,115	6,941
Mar-15	7,249	6,801
Apr-15	7,383	6,761
May-15	7,516	
Jun-15	7,650	
Jul-15	7,784	
Aug-15	7,918	
Sep-15	8,052	
Oct-15	8,185	
Nov-15	8,319	
Dec-15	8,453	

Transfer Plan – sector comparison

4.7 The table below provides a sector comparison, charting actual hours against the hours balance forecast in the implementation plan, as at the end of April 2015:

Homecare Service – 30/04/2015	Planned		Actual	
	Hours	Split	Hours	Split
Internal services	3,622	33%	3,924	37%
Independent sector	7,382	67%	6,761	63%
TOTAL	11,004		10,685	

Internal Service Planning – Home Care Workers

4.8 **Baseline** – in October 2014, there were 240 home care workers providing care in internal homecare services.

4.9 **Target** – as 2580 hours will be retained by internal homecare services, it has been calculated that 198 home care workers will be needed in December 2015, 42 fewer than the 240 employed in October 2014. This is being managed carefully through early consultation with staff and trade unions. As home care staff are leaving the service at a rate of approximately 3 per month, it is anticipated that 42 staff will leave the service in the 14 months between October 2014 and December 2015. Therefore, the forecast is that there will not be a requirement to reduce the numbers of staff, in addition to those who leave due to ‘natural turnover’.

- 4.10 **Progress** – at the end of April, there were 224 permanent staff employed by internal homecare services. This is only 2 more (less than 1% variance) than the 222 home care workers projected to be employed at the end of April 2015.
- 4.11 Based on this amended forecast, it remains unlikely that a redundancy situation will arise and all attempts will be made to ensure that it does not. If a redundancy situation is contemplated, any potential redundancy would be subject to the correct HR process being followed and consultation with the unions.

Internal Service Planning – Coordinators, Team Leaders and Managers

- 4.12 **Baseline** – to deliver 4404 hours of home care in June 2014, the coordinator and management structure in place within internal homecare services is shown below:
- 2 FTE Locality Managers
 - 8 FTE Team Leaders
 - 9 FTE Coordinators
- 4.13 **Target** – as 2580 hours will be retained by internal homecare services, based on the reduction in hours, it has been calculated that the coordinator and management structure needed to deliver the internal service (based on optimal service levels) is:
- 1 FTE Locality Manager – reduction of 1 FTE by the end of 2015/16
 - 6 FTE Team Leaders – reduction of 2 FTE by the end of 2015/16
 - 5 FTE Coordinators – reduction of 4 FTE by the end of 2015/16

This is being managed carefully through early consultation with staff and trade unions.

- 4.14 **Progress** – at the end of April 2015, 3924 hours were delivered by internal homecare services, supported by the coordinator and management structure below:
- 2 FTE Locality Managers
 - 8 FTE Team Leaders
 - 7.2 FTE Coordinators – a reduction of 1.8 FTE compared to the June 2014 baseline.
- 4.15 There was no redundancy or Voluntary Early Retirement resulting from the above change to the staff structure.
- 4.16 The impact that ‘remodeling homecare services’ has had on staff continues to be managed carefully through on-going consultation with staff and trade unions. There are monthly meetings with the unions to keep them updated on the transformation plans and impact on the workforce both internally and across the independent sector.

Market Management

- 4.17 There has been considerable growth across the independent domiciliary care sector over the last 5 years. As this growth continues in line with the transfer plan, there is

a need to review current arrangements to ensure there is a robust local market, that is responsive and reactive to future changes in need and demands.

- 4.18 Market engagement sessions have been undertaken with existing local providers, to outline demand and explore how the market can respond to the challenges ahead and help define service models for the future.
- 4.19 An options appraisal has been undertaken, exploring the benefits of managing the homecare sector across the Western Bay region. It was concluded that the risks and costs outweighed any potential benefits, and it was agreed that each Authority would progress the management of their homecare sectors separately.
- 4.20 Officers are progressing with a commissioning plan for the independent homecare sector, which will set out the Council's commissioning intentions to meet future demand.

Contract Management

- 4.21 A Member "Champion" scheme has been piloted across the internal homecare service, which involved Elected Members visiting service users and talking to care staff to help gather their views. The pilot was very successful and a review is underway to explore how this could be rolled out to the independent sector providers.
- 4.22 A review of the existing quality standards in operation has been undertaken for contracted services in Bridgend. The contract monitoring capacity and arrangements have been strengthened to ensure that there is a focus on quality assurance. There is a continued commitment to ensure that the services the Council commissions deliver high quality and that service providers deliver the levels of care based on assessed needs.

Summary

- 4.23 In conclusion, as at April 2015:
- The homecare sector as a whole is actually providing fewer hours compared against performance forecast in the implementation plan, delivering 319 fewer hours per week than planned – a difference of 3%, which indicates that the prevention services are helping people remain more independent within the community without the need for traditional long term homecare services;
 - Internal homecare services are delivering more hours (+8.34%) than forecast in the implementation plan, and the independent sector are delivering proportionately fewer hours (-8.42%) than forecast in the implementation plan;
 - One officer (0.8 FTE) has voluntarily left the management structure since the last Cabinet report in March 2015, and the vacancy has not been filled;
 - It remains unlikely that a redundancy situation will arise and all attempts will be made to ensure that it does not; and
 - The Council is still on target to deliver the MTFs savings target.

5 Effect upon Policy Framework and Procedure Rules

- 5.1 There is no impact on the policy framework and procedure rules.

6 Equality Impact Assessments

- 6.1 A comprehensive equality impact screening has been undertaken, which informed the report presented to Cabinet in November 2014. Screening highlighted that there is no differential impact on service users within the cohort of this service provision; existing service users will see no change to their service as they will continue to receive the same service as they currently have, and new service users will receive care that meets their assessed needs.
- 6.2 In respect of the impact on home care staff, once officers are in a position to know which staff are affected by this proposal, a separate EIA screening (and a full EIA if necessary) will be undertaken, to assess the potential impact on staff.

7 Financial Implications

- 7.1 The estimated savings in respect of the transformation plan and proposals for the homecare service, as reported to Cabinet in November 2014 were:

£20k in 2014-15
£307k in 2015-16
£357k in 2016-17

Giving a total estimated saving of £684k.

- 7.2 The Council achieved its savings target in 2014-15. For 2015-16 and 2016-17, further analysis is being undertaken across the independent sector, to help inform a potential re-commissioning exercise, and to ensure there is minimal impact on costs and savings.
- 7.3 Whilst it is unlikely that a redundancy situation will arise, any costs arising will be met as part of the MTFS strategy. The impact on staff and managers continues to be monitored as implementation progresses. At present, there remains little risk of redundancy to existing staff.

8 Recommendation

- 8.1 It is recommended that the Committee note the contents of this status and monitoring report.

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May 2015

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- 10 **Background documents:**
None