



Counsel and Care and Ceretas

The Future of Homecare: responding to older people's needs

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Introduction

We are in a time of great transition in social care. With the current government moving towards a person-centred model of care, yet with public services facing cutbacks and an expectation that eligibility criteria for local authority funded adult social care are set to be squeezed even tighter, independent providers of care and support to older people face huge challenges in ensuring that those they care for are getting the best possible care and support.

Government and opposition parties are currently engaged in a 'bidding war' around the care of older people with announcements on the funding of homecare and residential care. All this is in the midst of the government's 'big care debate' currently under way following publication of the Green Paper on the future funding of care.

However, policy and practice are still out of alignment – there is a gap between the rhetoric of personalisation and the reality that only those with the highest care needs will receive fully funded care from their local authority. This is borne out with the pledge in the Prime Minister's party conference speech that *'for those with the highest needs we will now offer in their own homes free personal care.'*¹ Whilst this announcement was welcomed by many in the sector, it begs questions - what would need to be cut back in order to fund personal care in the event of a fourth Labour term, and what would be the fate of those with the lowest needs – what support would they receive?

With an ageing population and an increasingly diverse set of care and support needs, homecare's role has become even more important, with a clear direction of travel by the current government that aims to help people stay in their homes with support for as long as possible. The age at which older people enter residential care is increasing, with many of them entering care for a relatively short and intense period towards end of life. The majority of older people over 65 in England with care needs are receiving that care at home (293,000) compared to those living in residential and nursing care (191,500)².

Therefore, there is a need for a serious conversation and debate about the present state of homecare, and its future in a newly transformed social care world. This discussion paper has been developed further following a Ceretas and Counsel and Care roundtable meeting held on 8 July 2009.

The roundtable was held under the Chatham House Rule and was attended by 22 people from across the care sector, as well as sheltered housing and local authorities. It established that we need to look at homecare 'in the round' by placing it in the wider

¹ Text of a speech by Gordon Brown MP, Prime Minister and Leader of the Labour Party at the Labour Party Conference, Brighton, Tuesday 29 September 2009. The Labour Party Press Office, Brighton.

² CSCI The State of Social Care in England 2007-2008. Commission for Social Care Inspection, London

context of community care. If older people now and in the future are to be able to remain in their own homes for longer, receiving care in that setting, then there needs to be a surrounding infrastructure that enables older people to be able to enjoy the benefits of homecare beyond their home, rather than running the risk of being trapped at home simply as recipients of care. More older people live alone, do not have family close by and may only see their care worker or patient transport worker when they have hospital appointments. By prioritising co-production – that is, consulting with older people their families and carers to develop services with them, rather than for them - and utilising community resources, homecare can be a more fulfilling choice, rather than being seen as a ‘stop-gap’ on the journey towards residential care. At the same time, the range of homecare support needs to be more flexible in response to the wishes of older people as choice and control are extended.

The current state of homecare

Responding to older people’s needs: what older people want

Older people are becoming more aspirational. They want the care they receive at home to be improved in a number of ways. The Commission for Social Care Inspection 2006 report on homecare services in England, *Time to Care?*, found that in many instances, "people's needs tend to defy categorisation"(p59), but on the whole, there is confusion about what homecare was actually supposed to be; older people expressed concern about what homecare workers can or cannot do. Older people clearly need to feel safe in their own homes, like any other citizen, and during seminars held to inform the CSCI report, instances of neglect and abuse were recounted. There were also concerns about the punctuality, reliability and competence of care workers, and many older people felt put out by having to pay for services, and then not being able to get exactly what they need at the time or the way they want it, or having to self-train care workers when they change and are not aware of what their duties are for that particular older person.³

Counsel and Care's older people's manifesto, *VotingAge*, undertook a consultation with older people themselves to ask them what they expected to see from party manifestos in the lead up to the next General Election. Homecare came high on the list of issues around healthcare and caring, and many of the issues raised around homecare chime with the Time to Care report. Older people responding to the *VotingAge* consultation wanted a better trained social care workforce, and more time for homecare workers so that they do not have to complete their tasks in very tight slots which can impact on the quality of the care they receive.⁴

³ CSCI (2006) *Time to Care?* An overview of homecare services for older people in England. Commission for Social Care Inspection, London.

⁴ Bernard, C (2009) *VotingAge: an older people’s manifesto*. Counsel and Care, London.

With an increasing number of older people providing unpaid care for relatives and friends, there is also a need to recognise the specific needs of carers, and to address the gaps in support for them. Research by Carers UK found that 13% of over 65s described themselves as carers.⁵ The Carers Week 2009 survey showed that 74% of carers are reaching breaking point as a result of their caring role, with many of them taking medication in order to carry on.⁶ 1 in every 5 carers are lost to the workforce in order to take on full time caring. Homecare services can help to keep carers who want to continue working to do so. In the current economic climate, it is imperative that we find a solution to sustaining our workforce – the implications of giving up work can in the long run impact on carers’ own support needs and financial position as they find themselves with reduced pensions when they reach retirement age. With many older carers also risking their physical as well as their mental health through caring, the future of homecare in a transformed care system must include the needs of carers if it is to be effective and meet the needs of older people receiving care.

Policy context

The latest policy announcements at the 2009 party conferences have encouraged much debate on the future funding of care for older people, but have only been tentatively welcomed by many in the sector. The Prime Minister’s pledge on personal care quoted above only partly takes up the recommendation of the 1999 Royal Commission on Long Term Care that after assessment, personal care should be free, because the Royal Commission recommended that personal care be fully funded by taxation.⁷ The pledge from the current government means that, should Labour win a fourth term, local authorities would need to find £250 million from efficiency savings in order to provide personal care at home for an estimated 350,000 people – a figure many campaigners are questioning following confused messages from government. Counsel and Care and Ceretas are supportive of the proposal in principle, but are keen to see that it is properly funded. It will also be important that those with lower level needs do not find themselves further excluded from access to the care and support that could prevent them from developing critical needs in future.

Eighteen months on from the *Putting People First* (PPF) concordat⁸ which launched the transformation of social care towards the personalisation model, there is still a lot to do

⁵ George, M (2001) It could be you: a report on the chances of becoming a carer. Carers UK, London

⁶ Carers Week survey 2009 www.carersweek.org

⁷ Royal Commission on Long Term Care (1999) With respect to old age: Rights and Responsibilities. TSO, London.

⁸ HM Government (2007) Putting People First: a shared vision and commitment to the transformation of Adult Social Care. HM Government, London

in terms of closing the gap between policy and practice, and the 'care gap' - there are still older people with care needs who do not receive any support because they do not meet eligibility criteria. The last CSCI *State of Social Care* report published prior to the merger with the Healthcare Commission and the Mental Health Act Commission, found that are not enough people with complex care needs are receiving support. In local authorities, the report found that there are different levels of understanding and buy-in to personalisation.⁹ Not everyone is actually getting 'choice and control' over services, including self-funders, who constantly run the risk of facing a struggle with the social care system because they cannot access advice, information and support, or because they are in the unfortunate position of having been low earners throughout their working lives: too 'wealthy' to receive local authority funded services because they have over £23,000 in assets, yet too poor to sustain payment for care themselves.¹⁰ A discussion on 'who pays' follows in the section below.

Personalisation also needs to be carefully balanced with safeguarding adults. One contributor to this paper believed that the safeguarding agenda needs to be clearly reflected in homecare provision, and not overlooked as personalisation approaches are developed. This view was also reflected strongly in consultation responses to the review of the No Secrets guidance. Respondents were concerned that the balance between choice and risk had not been determined by government, who needed to show more leadership around the issue.¹¹ Therefore, as the transformation of social care takes place, there needs to be clarity as to how the choice agenda and the safeguarding agenda will be dovetailed to ensure that in a homecare setting, older people are at the centre of shaping their own care and support in a way that ensures their safety as well as their control.

Counsel and Care's latest *Care Contradictions* survey of local authority charging and eligibility criteria found, like the CSCI, that there is still a long way to go before the principles of Putting People First become practice. Charges for homecare continue to increase for older people. The survey found that only two councils do not charge for homecare, and that one was charging £18.00 per hour. Maximum weekly charges for 2008 ranged from £60 - £450 a week, a rise at the top end of £124 from the survey on the previous year. And 20% of survey respondents that do charge for services did not set a maximum weekly rate for care, therefore there is no limit on the amount that can be charged.

⁹ CSCI (2009) *The state of social care in England, 2007-8*. Commission for Social Care Inspection, London.

¹⁰ The Resolution Foundation (2008) *Lost: low earners and the elderly care market*. Resolution Foundation, London

¹¹ Department of Health (2009) *Safeguarding Adults – Report on the Consultation on the Review of 'No Secrets: guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse'*. DH, 17 July 2009.

Whilst care charges increase, eligibility decreases. Two-thirds of councils in Counsel and Care's survey are only providing services to those with critical or substantial needs according to the Fair Access to Care Services (FACS) criteria. Only two councils in England met all four bands of the FACS criteria: Sunderland and Calderdale. Such exclusion of older people with low to moderate needs poses the risk of hospitalisation or care home placement should their needs increase as a result of them not being able to access care. Counsel and Care recommended in its survey report that a review of homecare charging be undertaken as a priority. Charges for homecare need to be transparent, equitable, and work towards contributing to a good quality of life for those using services.¹²

The CSCI *Cutting the Cake Fairly* report into Fair Access to Care Services criteria requested by the Care Services Minister found that 62% of those who did not meet the criteria were not given any information about where help was available.¹³ Advice and information were two key areas highlighted in the *Putting People First* concordat, therefore this situation shows again that the practice does not match the policy more than one year after the concordat was launched and the guidance issued to local authorities about the transformation of social care. This is due to many local authorities not having the capacity to offer the levels of advice and information that older people need in order to access care and support. Counsel and Care is currently working with two local authorities to give their residents - particularly the aforementioned self-funders - access to Counsel and Care's national advice service, and there are plans to work with more authorities in the future to address this other part of the 'care gap' – those who have been 'lost to the system' to meet their specific needs.

There are a whole range of strategies that the government has published over the last two years. For social care as a whole to be transformed in a meaningful way that meets the needs of older people, it will be important that as these strategies are delivered, they are done so in a joined up way, keeping all stakeholders involved, to identify what works and what needs to be looked at further upon implementation. The strategies for dementia, carers, end of life care, housing for older people, independent living, the social care workforce (see below), and the new strategy for an ageing society will all need to show clear links to each other and ensure that key deliverables are identified based on what older people and their carers say they need.

¹² Counsel and Care (2008) *Care Contradictions: putting people first? The harsh reality for older people, their families and carers of increasing charges and tightening criteria.* Counsel and Care, London

¹³ CSCI (2008) *Cutting the cake fairly? CSCI review of eligibility criteria for social care.* CSCI, London

Outcomes

As was made clear in the White Paper *Our health, our care, our say*,¹⁴ social care services are expected in the future to focus on outcomes, that is the impact of the service on the person who receives it, rather than on outputs such as numbers of people supported, or numbers of qualified staff. Put simply, this means that far more attention must be paid to what difference the service makes to those who use it. The extent to which a service is able to make a positive difference will be the basis for judging the performance of that service and we are already beginning to see this happening as a number of outcome measures are introduced by the CQC and in the indicators used to measure social services' performance.

It is generally accepted that there are different levels of outcomes. The outcomes we might be seeking for the whole population, such as those identified in the White Paper, are clearly national strategic outcomes. Local authorities, organisations or specific groups may well have their own desired outcomes. And personalisation has drawn attention to the importance of focusing on individuals' chosen outcomes.

Not only will homecare providers have to think about what they are achieving, but assessment will have to focus on the person's priorities and choice of how he or she lives their life, rather than dwelling almost entirely the things he or she cannot do, their problems and difficulties. This way of working can be aspirational, with the achievement of outcomes leading to growing confidence and independence

When homecare is expected to achieve outcomes and to innovate, it should not be required to work in the constrained way described above. Rather, providers should agree the details of the service with the service user and vary in accordance with the user's wishes – all within the given budget. Changing to an outcomes approach will therefore be a major part of the solution to over-rigid specification. Care workers too, often flourish when given the opportunity to work in the more flexible and responsive way necessary when focusing on achieving outcomes. The evidence is of improved staff retention and providers report that staff are more engaged with service users and more enthusiastic. So there is, perhaps, a more positive future for homecare, but that will depend very much upon the availability of resources to fund a quality service.

The personalisation agenda and outcomes approach is being taken forward rapidly by some local authorities but clearly not all have 'bought in' to the agenda as yet.

¹⁴ Department of Health (2006) *Our health, our care, our say: a new direction for community services*. DH, London.

***Shaping the Future of Care Together* – the care and support green paper**

The social care funding green paper *Shaping the Future of Care Together*¹⁵, published on 14 July 2009 does not contain a section dedicated to homecare, however it is included in the discussion about the range of public sector services that contribute to care and support for older people. The government has clearly stated that the National Care Service proposed in the green paper has at its core the support provided by families and carers. In other words, the National Care Service may not work in the same way as the NHS by providing total social care for everyone at the point of need, there will still be a need for the army of unpaid carers providing 24 hour care at home.

One of the six themes of the green paper is encouraging more prevention and early intervention. The idea is put forward for six week re-ablement services at home (much like existing intermediate care), the use of telecare, and other housing related support such as extra care housing. A prevention package for older people which will update the current intermediate care guidance was published by the Department of Health on 22 July. The package focuses on falls prevention, footcare, health entitlements and progress on technology such as audiology equipment and the latest telecare innovations. The prevention package will go some way towards ensuring that no older person in hospital will move directly to a care home because of a lack of support at home.

The green paper pledges to allow older people to stay in their own home with support if that is what they wish. However, of concern to providers and campaigners is the possible drawing down of Attendance Allowance and Disability Living Allowance into social care funding. Attendance Allowance, as a non means tested benefit, is popular with millions of older and disabled people, because it provides financial support towards the extra costs of disability such as heating or washing, and gives freedom of choice and flexibility over how these needs are met. Counsel and Care and others have highlighted that if the National Care Service does not offer the same level of flexibility as that afforded by Attendance Allowance, this proposal poses a real threat and risks alienating those older people, and their carers who rely on Attendance Allowance and Disability Benefit.

Following publication of *Shaping the Future of Care Together*, a national consultation is under way to inform a white paper which is expected in 2010.

Living well with dementia

The national dementia strategy *Living well with dementia*, states that around their objective to 'improve community personal support services', homecare for older people,

¹⁵ Department of Health (2009) *Shaping the Future of Care Together*. COI for Department of Health, London

especially those with dementia who are receiving care at home, will need to be flexible, of a high quality, accessible and focus on outcomes, and not simply the tasks undertaken.¹⁶

The present quality of homecare

There are challenges around the quality of homecare, as recently highlighted in the recent All Party Parliamentary Group on Dementia report,¹⁷ and the BBC Panorama programme on homecare.¹⁸ However, predictably, most homecare provider responses to the broadcast were that the vast majority of homecare services are of a 'good' standard, and that homecare workers care a great deal about the quality of service they provide, and about the people they care for. The CSCI *State of Social Care* report found that 88% (166,000) of people using homecare services received them from homecare agencies with a 'good' or 'excellent' rating, with 3,700 people receiving care from services rated as 'poor'.¹⁹ Admittedly, even one person receiving poor services should be counted as one too many. But some roundtable attendees believed it is important to put the findings of the Panorama expose into context, as on the whole, current homecare services are good quality, and are well-regulated. We await confirmation of how the new Care Quality Commission will continue to use quality ratings, however it is hoped that they will continue to identify poor performing care providers and they will clearly have to improve their services in line with the agreed standards.

The way in which homecare is delivered has gone under a dramatic change over the past decade, with the phasing out of help with domestic tasks, and a shift away from a place where homecare workers had sufficient time to form good healthy relationships with older people, towards a 'task driven' culture and increasingly short visits. There is also disparity in the charges from one council to another. Spending cuts by local authorities are causing both homecare workers and the people to whom they provide care to lose out, which further threatens outcomes. When the number of providers in an area is reduced, there is an expectation that the remaining providers will bear the financial risk, leaving them feeling threatened – which in turn threatens quality and capacity for those receiving homecare services.

¹⁶ Department of Health (2009) Living well with dementia: A National Dementia Strategy, DH, London

¹⁷ All Party Parliamentary Group on Dementia (2009) Prepared to care: challenging the dementia skills gap. APPG on Dementia, London

¹⁸ BBC Panorama 'Britain's Homecare Scandal'. Screened Thursday 9 April 2009, BBC One. Also accessed at http://news.bbc.co.uk/panorama/hi/front_page/newsid_7990000/7990682.stm 22 June 2009.

¹⁹ CSCI op cit (footnote 7)

Commissioning

Crucial to achieving good outcomes is good commissioning – one roundtable delegate said that there is a need to ‘commission for outcomes’. This is a major challenge. There is still not consensus as to what ‘good commissioning’ actually is, and a tension between commissioning for cost and commissioning for outcomes.

Commissioners need to adopt this outcomes based approach and listen to the providers they work with in order to create a stronger more responsive homecare system. Commissioners also need to gain a better understanding of homecare as a viable option, rather than the examples Counsel and Care have found through our advice service where a move to a care home is recommended when it is not needed. Commissioners need to take a more innovative approach and seek more joint health and social care initiatives. By using joint commissioning, local authorities can support independent sector providers and address the sometimes adversarial relationship that ensues between the two.

The CSCI *Time to Care?* report recommends a range of actions around better commissioning of homecare, notably that there needs to be a new approach to commissioning homecare, and that there needs to be better understanding within Local Strategic Partnerships that all partners have a stake in homecare. Older people themselves should also be involved at every stage of the commissioning and contracting process. And the care workforce needs to be better supported by commissioners allowing sufficient time for them to undertake their tasks – including travel time between visits.

The future of homecare

A new vision – what should a transformed homecare service look like?

What should a care and support system look like if it is to actually respond to older people’s needs and achieve better care and support?

For the future of homecare to be bright, there need to be some core principles that form the basis of all commissioning and provision of any care delivered in the community:

- Along with the rest of social care reform, homecare must be provided fairly and transparently, with a fair charging system in place within every local authority
- Homecare services need to be flexible, in order to meet the increasingly diverse needs of older people using them

- The personalisation and choice agenda must be balanced with safeguarding so that the safety of older people receiving care in their own homes is not compromised.
- More time should be allowed for each visit – so that the older person is not left feeling at best frustrated and at worst violated when the care worker leaves
- Homecare workers need to be highly trained and carry out their work in a professional manner. They must take pride in their work and always place the needs of the person they are caring for first
- Homecare workers should be salaried where appropriate, or be paid an hourly rate to ensure flexibility for those using personal budgets
- Homecare must be accessible to all older people who need, it regardless of their status.
- Homecare should be commissioned taking an ‘outcomes approach’, and not just a cost approach, to ensure that older people get the care they expect and the results they need from it – that is, independence, choice and control.

The social care workforce strategy – making it real for social care workers in order for employers to recruit, retain, train, and reward

The homecare sector will have no future without a workforce. Therefore it is imperative that employers are supported to implement the new social care workforce strategy²⁰ by the Department of Health and local authorities, to make it a reality for those already working in the sector who may be disillusioned, and to attract new talent. The same ‘radical rethink’ being applied to social care should also be applied to transforming the workforce – we need to attract people of all ages into social care, and find ways of supporting workers in what is often an isolated role.

The Care First scheme announced by the Chancellor in the 2009 Budget is providing 50,000 apprenticeships for young people unemployed for 12 months or more to enter the workforce.²¹ Whilst this is a good idea in principle, it will be important to ensure that unemployed young people are not placed under any pressure to enter into the traineeships in order to reduce unemployment figures. There is also a need to

²⁰ Department of Health (2009) Working to Put People First: the strategy for the adult social care workforce in England. DH, London.

²¹ HM Treasury (2009) Budget 2009: Building Britain’s Future. HMT, London

recognise the contribution that people aged over 50 can make to the sector by directing some of the training available to them. The social care workforce strategy does highlight that employers can make good use of career changers, and people re-entering the workforce at all levels. Social care needs to be seen a viable career choice for people interested in social care as a vocation, and as a way into care management or nursing, so that those working in front line roles can, if they wish, take that experience into a leadership role.

The Department of Health funded social care recruitment campaign has run for a number of years and has been successful. The Department plans to target under-represented groups to encourage them into social care, and there are plans for new rewards such as Social Care Apprentice of the Year, and more recognition for social care in the annual Health and Social Care Awards. In the future, the government aims to give more support to people employing their own staff with personal budgets, setting up career pathways and opportunities for continuing professional development. The government has given itself two years to deliver on its workforce priorities - employers should be asking the Department of Health to identify milestones across the two years so that progress can be measured and the strategy will be able to deliver initial quick wins for the sector.

The findings in the aforementioned All Party Parliamentary Group on Dementia's report on the social care workforce and dementia give cause for even greater concern. The report finds that less than half of homecare staff have had any dementia training, with many having to deliver care in 15 minute slots. With two thirds of people with dementia living in their own homes, there is an urgent need for staff training in all settings, with homecare taking the lead.

In its submission to this inquiry, Counsel and Care expressed concern that regular dementia care training is not provided to care staff across all settings including homecare, and that homecare staff turnover is currently running at 29.5% per year.²² This high level of turnover means that people with dementia are put at greater risk, as the care they are receive is inconsistent, rushed, and undertaken by staff who are unsupported, poorly trained, and poorly paid.

The roundtable had a discussion around the role of volunteers. There is an expectation in some quarters that volunteers can help to deliver the social inclusion agenda but one delegate highlighted that this is not a 'cost free' option – volunteers incur expenses and require proper supervision. Homecare providers need to consider carefully all the implications of using volunteers to ensure that they are well supported, trained and given opportunities to progress to a paid role if that is their aim.

²² Counsel and Care (February 2009) APPG on dementia inquiry into the dementia care skills of care home staff and staff supporting people with dementia in their own homes: a submission from Counsel and Care.

Integrating housing and care – the role of the extra care housing model

Bringing extra care housing or ordinary sheltered housing and homecare services together is a model that has been successful for specialist providers of housing, care and support to older people. Housing 21's Help at Home provides support at home, whether in sheltered or extra care housing or in ordinary mainstream housing. Other providers have also set up services that combine housing with care services. The roundtable highlighted that there are challenges for extra care with the advent of personalisation, with services put at risk due to block contracting models. One delegate recommended that housing related support needs to look more widely at other care and support options with the removal of the Supporting People ringfence.

It will therefore be increasingly important for social housing providers to examine ways of providing choices for those who may have moved in to the scheme before they had care needs. This may mean partnership working with homecare providers, or developing in house homecare services for a more holistic model that is provided under one umbrella. The impact of personalisation and in particular personal budgets is important to consider, because older people's services tend to be less well resourced than others.²³

Home improvement agencies, a priority low level service which can be crucial to help older people remain living in their own homes, have become financially unviable, according to a roundtable delegate. There are constant funding challenges which mean that home improvement agencies need to be funded outside of Supporting People contracts if they are to survive.

Homecare v residential care: how long do we enable care at home before considering a move to a care home?

There are some wider questions around homecare that relate to the shift towards personalisation for discussion - how long should an older person who is deteriorating receive care at home before looking at a move into residential care? With dementia in particular set to increase and the increasing prevalence of long term conditions, a discussion needs to be had as to how far over-stretched services can continue to provide good quality homecare for people with high level needs? Whilst unpaid family members who provide care often are the people that help the older person remain at home, should services be relying on them to the extent that they are, especially as more older people are living alone with no close family members or social networks to call upon?

²³ Manthorpe, J and Vallely, S (2009) Building Choices part 2: 'Getting Personal'. The impact of personalisation on older people's housing. Housing 21, Beaconsfield

The individual older person's choice must be paramount here – the social care market needs to offer sufficient flexibility to meet the needs of older people who wish to remain at home. The market also needs to provide options for those whose needs are too complex or intense to be managed by families and carers, many of who are under a great deal of pressure as alluded to in page three of this paper.

The role of telecare in homecare provision

In some quarters there are questions about telecare technology and the extent to which local authorities may use it to cut services. However, it does have a major role in keeping older people at home, taking over from homecare workers when they leave, as opposed to replacing them. Telecare can act as a 24 hour preventative tool for older people prone to falling, for example.

Using technology can also offer support to unpaid carers, providing them with assurance during the periods they are not with the cared-for person. Telecare solutions are tailored to the individual, which can enable choice and link with personalisation.

Telecare is one of a range of innovative solutions and choices to improve the provision of homecare and allow older people to remain at home. It should never be presented by a local authority as a tool by which to cut down on human contact, or be used to reduce the choice of options if the person would prefer to have a check-up call from a care worker rather than a telecare option.

Who pays? In light of *Shaping the Future of Care Together*, how can we pay for more older people to be cared for at home?

There has been much consternation in the sector about 'reverse e-auctions' (also reported in the BBC Panorama programme) where prices are being 'bid' downwards in order to pay the lowest possible price for homecare. There have also been reports of this happening in the NHS.²⁴ This type of commissioning was intended for items such as stationery and office furniture, but due to increasing pressure to drive down prices, the practice has seeped into social care purchasing. The question of commissioning specific short time slots – in some cases as low as 15 minutes - for homecare was also raised at the Ceretas annual conference following a presentation by Cynthia Bower, Chief Executive of the Care Quality Commission. Delegates at the event were assured that the Care Quality Commission would look at this practice if it was seen to be

²⁴ TimesOnline 1 June 2009 'Elderly left at risk by NHS bidding wars to find cheapest care'
http://www.timesonline.co.uk/tol/life_and_style/health/article6401002.ece accessed 22 June 2009

proliferating and was seen to be threatening the quality of homecare people are receiving.

The care and support green paper mentions homecare as one of the ways in which social care is delivered –and all of the funding options presented for debate i.e. partnership, insurance and comprehensive, would, it is assumed, cover payment for care at home. We shall be including the recommendations in this paper in our response to Shaping the Future of Care Together to ensure that in the ensuing White Paper, there is much clearer reference to it in terms of how government will end the lack of eligibility to low level services which is threatening the prevention that is a key strand of the National Care Service.

Recommendations

The future of homecare - how do government, commissioners and providers respond to the needs and aspirations of current and future cohorts of older people?

- **Listen to what older people say** they need and want from homecare – put quality and safety before funding. Services should not be rigidly categorised - the CSCI report proves that often what older people want cannot always be categorised. Older people need flexible, responsive services, and unpaid carers - the people that take over when the homecare workers leave - also need to be part of the debate about the future of homecare, with access to support, reliable respite (not only on an emergency basis), and physical and mental healthcare and treatment.
- **The Care Quality Commission needs to take the work started by the CSCI in its review of homecare forward.** The new regulator will also need to address the practice of reverse e-auctions, as it is already affecting the level of service that older people receive at home.
- **Make a review of council homecare charging a priority.** The care and support green paper has raised concerns about the future of Attendance Allowance and Disability Living Allowance, the former of which many older people rely on as a flexible, non means-tested benefit. Older people currently cannot understand why they are having to pay ever-increasing charges yet they still cannot get the quality of care they need - or they cannot get it at all from their local authorities if their care needs are not critical and substantial. The care and support green paper's options around a national/local/part national part local system will be crucial here.

- **Deliver the social care workforce strategy** in a meaningful way that ensures that social care is professionalised, that the role is more respected by society, and not seen as the 'poor relation' to health.
- **Homecare providers must accept their responsibility** to ensure that the care provided by their staff is of a high quality. There have now been two Panorama programmes about homecare, which only serves to damage its reputation with the public.
- **Housing – in particular specialist housing - needs to be linked in.** The removal of the Supporting People ringfence has major implications for the options that will be afforded to older people who wish to live in supported housing rather than move into residential care. The government needs to fulfil the key priorities of personalisation highlighted in the Housing 21 research summary of universal services, prevention, social capital choice and control.
- **Examine ways for homecare to - when necessary - move seamlessly into residential care.** This will mean that providers of home and residential care will need to build strong partnerships with each other so that they work positively with older people, their families and carers, as well as local authorities, to ensure that the person with care needs is able to exercise choice and control over the setting in which they receive that care. Independent providers of advice, information and advocacy also need to be part of the equation.
- **The response of stakeholders to *Shaping the Future of Care Together*, the social care funding green paper, ought to include questions about the future of homecare** as a discrete item. Homecare needs to be transformed along with the rest of social care, and the proposed National Care Service needs to show clarity around how this will take place, and how the funding options mooted will support this.

Conclusions

As the government moves ever-closer towards a personalised social care world in which older people are expected to shape their own packages of care, and with the vast majority of older people living in ordinary housing as opposed to living in residential care homes or specialist housing, the way that homecare is commissioned, provided, and delivered must not be neglected. To do so would contradict the government's aims and could let down the growing numbers of older people who wish to remain in their own homes, receive high quality homecare, and stay independent for as long as possible.

Counsel and Care
October 2009



Counsel and Care

Counsel and Care is a national charity working with older people, their families and carers to get the best care and support.

We reach around 250,000 people, providing in-depth, independent advice over the telephone, through our 64 guides and factsheets, and through our website. And we reach many more people through our media coverage – for example in July 2009 circulation figures featuring Counsel and Care’s name amounted to over 6.5 million.

We work to influence government policy by highlighting the concerns and experiences reported to our advice service in policy papers, articles, and at events. We also run stakeholder engagement projects to further involve older people in the influencing work that we do.

Ceretas

Formerly known as the British Association of Domiciliary Care or BADCO, Ceretas is the professional association dedicated to individuals working in homecare.

Ceretas, in promoting professional care at home, aims to follow the example set by the British Association of Domiciliary Care by continuing to support managers and homecare workers in the provision of professional care for those people who wish to be cared for at home.

Ceretas will continue to be the organisation representing the views of those involved in providing homecare services, irrespective of sector or position in the industry. Members will continue to receive our practical support and advice on issues that affect them and Ceretas will continue to lobby government and others on issues affecting our members.