



DERBY CITY COUNCIL

The Review of Home Care Services and Charges



**Report of the Adult Services and Health
Commission**

October 2006

The Review of Home Care Services and Charges

Contents	Page
1. Introduction	3
2. Summary of Evidence	5
• Population Profiles of People aged 65 and over	5
• Service User Profile	6
• Comparator Authorities	8
• Views from Service Users	8
• Cabinet Member Adult Services	9
• Adult Social Services	10
• Director of Resources and Housing	13
• Direct Payments and Disability Direct	15
• Derby Seniors' Forum	17
• Supported Housing Offering Unity and Trust (SHOUT) and Southern Derbyshire Pensioners Association	19
• Derby City Council Advice Service Manager	20
3. Conclusions	21
4. Recommendations	22
5. Appendices	
Appendix 1 Witness list	24
Appendix 2 Comparator Authorities	25

The Review of Home Care Services and Charges

1. Introduction

1. Local authorities with social services have a statutory duty to provide community care services for people who are assessed as requiring those services and meet the eligibility criteria. Eligibility is based on the Fair Access to Care Services (FACS) eligibility criteria set by the Government. The criterion consists of four levels of need- Low, Moderate (high or low), Substantial and Critical. Authorities may decide for themselves which of the levels they can directly address based on their resources. Evidence shows that a growing number of authorities are no longer directly providing services to people with low needs with some providing services only in the substantial and critical band.
2. Charging for care services also varies significantly between local authorities. In April 2003 the Government introduced the Fairer Charging Guidance. This set out a framework to help councils ensure their charging policies were fair and operated consistently and allowed authorities the discretion not to charge for care services if they so wished.
3. In 2003 after taking legal advice and conducting detailed consultations with the relevant stakeholders including service users, Derby City Council adopted a charging system which was compliant with the Fairer Charging Guidance. Under this charging regime, home care services were provided at a charge of £4.84 per hour, which rose to a maximum of £33.88 per week for provision of 6½ hours or more.
4. In October 2005 the home care charges were abolished by the Council Cabinet. This was to:
 - ensure vulnerable people in need were not deterred by the charges from accessing the service
 - enable a higher number of services users to receive this service, maximising their independence, enabling them to remain in their homes and reducing the need for residential care
 - eliminate the differences in accessibility and to bring Derby in line with Derbyshire where residents were receiving a free service
5. At the time when the Council Cabinet decided to abolish the home care charges, there were 2,900 service users receiving home care services. Of these, approximately 920 received free service and 260 paid the maximum charge. The impact of this policy change on the budget was assessed to give a loss of income net of savings in collection costs of £913,000 per annum from 2006/07 onwards.

6. A Best Value Review of Home Care Services for Older People was carried out in accordance with the Council's toolkit and the review report published in October 2005 followed by an updated improvement plan in January 2006. The review found that:
 - the overall numbers of older people being supported at home are gradually decreasing as more "intensive" home care packages are commissioned from within the same resource base. The reduction in numbers also means that fewer people are benefiting from "lower level" prevention
 - the "higher level" prevention is not resulting in significantly fewer older people being admitted to residential or nursing care. Numbers of placements are slowly and steadily reducing, but not at the same rate as comparators.
 - home care service is still insufficiently focused on higher level needs to ensure independence for as long as possible
 - the procurement and contracting arrangements need to be improved so they are fit-for-purpose
7. Derby had been meeting all four bands of eligibility and decided that from 3 April 2006 it will no longer meet the needs of people in the low band to balance the increasing demands for services with limited resources and meet community needs. It is one of the last authorities to make this change.
8. At its 19 July 2006 meeting, the Council passed a motion:

"Council requests the Council Cabinet to reverse their ill conceived and prejudiced policy on Home Care charges and revert to the genuinely fairer charging policy and eligibility criteria set in place by the former Conservative/Liberal Democrat Alliance.

By removing this no charge but high cost policy, those most vulnerable will once again be allowed access to the support services of the Council, enabling them to believe once more that they are valued and equal members of our community.

Council also calls upon the Adult Services and Health Overview and Scrutiny Commission to undertake a review and make recommendations about the scale and type of service provision and financing of such provision that is appropriate for Derby."
9. The Adult Services and Health Commission met for the first time on 11 September since the Full Council meeting in July and agreed a work

plan for the review. The Commission agreed to makes use of the BVR exercise whilst seeking additional information where appropriate.

2. Summary of Evidence

10. The Commission considered evidence from a wide range of sources as part of its review. This comprised of a series of evidence gathering meetings held on 29 September including meetings with the Cabinet Member for Adult Services, Director of Resources and Housing, senior officers from the Adult Social Services, representatives of the Disabled People's Advisory Forum, Derby Seniors' Forum, Disability Direct, Southern Derbyshire Pensioners and Supported Housing Offering Unity and Trust (SHOUT). The Commission also considered the views of service users who responded to an article in the Derby Evening Telegraph on home care charges, evidence from comparator authorities and also population forecast published by the Office for National Statistics (ONS). The Commission had invited representatives from the independent care providers to give evidence but unfortunately none attended on the day.

Population Profile for People aged 65 and over

AGE GROUP	2006	2007	2012	2017	2022	2027
65-69	9.8	9.8	11.7	11.7	11.4	13.0
70-74	8.9	9.0	9.0	11.0	11.0	10.8
75-79	7.9	7.9	7.8	8.0	9.9	9.9
80-84	5.7	5.8	6.1	6.3	6.6	8.3
85+	4.8	5.0	5.6	6.3	7.1	8.0
65+	37.3	37.5	40.2	43.3	46.0	50.0
65+ as % of All Ages	15.9	15.96	16.93	18.01	18.88	20.27
ALL AGES	234.6	235.0	237.4	240.4	243.6	246.7

Source ONS

11. The latest population forecast published by the Office for National Statistics (ONS) shows a large rise in older people's population over the next 20 years. The statistics show that the population of people aged 65 and over in Derby is projected to grow to 40,200 by 2012, an increase of by 7.2 %. It will grow to 43,300 by 2017, an increase of 15.5% and will reach 50,000 by 2027, an increase of 33.3% from the current position. The rate of population increase in people aged 85 and over is even more dramatic. It is forecast to increase by 12% in the next five year, 26% in the next ten and staggering 60% by 2027years.

12. In comparison, the city's total population will increase by 1.5% over the next 5 years, 2.2% over the next ten and projected to increase by 5% by 2027. The sharp rise in older people's population will have major implications on the provision of home care service in the city.
13. It should also be noted that the advances in medical science will also have an impact on the number of people eligible for care services, as people with debilitating diseases are likely to live longer and will have a call on the care services.
14. The statistics don't give a breakdown of ethnic minority population. Considering that a sizeable number of migrant workers from south Asia came to Britain in the 1960's and 70's who are now at or nearing retirement age, and therefore the service will also need to respond to their specific needs.

Service User Profile

15. There are currently 2840 people accessing home care services (Sept 06). Approximately 80% of the domiciliary services are provided by the City Council's in-house team and small but increasing number from the independent sector. The numbers of people accessing services through Direct Payments is also significant.

Service	Service Users
Domiciliary (DCC)	2,245
Domiciliary (Independent Sector)	257
Joint Package	73
Direct Payments	265
Total	2,840

September 2006

16. The table below shows a gradual reduction in the numbers of people receiving home care services in Derby since 2002. The figures do not include the steady increase in numbers of people accessing Direct Payments which was negligible to start with but is now quite significant proportion.

Date	Number of people receiving home care services*
8 November 2002	3760
6 December 2003 (FC introduced)	3320
7 October 2004	3113
2 March 2005	3041
19 July 2006	2541

17. Looking at the trend over the last 12 months, for six months before and six months after the change in the eligibility criteria in April shows the continued historical pattern of ongoing decrease in home care recipients. However, there has been ongoing increase in the total number of home care hours (i.e. more home care overall but fewer people overall).

Timeline	Number of users
Home Care Ended Due to No longer Eligible under FACS Since January 2006	352
Clients receiving Home Care - 1/10/2005	2891
Clients receiving Home Care - 1/04/2006	2757
Clients receiving Home Care - 1/10/2006	2344
Clients with Laundry services ended - April 2006 onwards	605
Clients with Laundry services ended who are still receiving another homecare service - April 2006 onwards	358

18. After 1st April 2006 when the new eligibility criteria began, the decrease in home care recipients accelerated. It is anticipated that more people will drop out of the home care service in the rest of the 2006-7 financial year when they receive their annual review, although the decrease is not necessarily expected to be so steep as between April and October.
19. It should be noted that 358 service users out of the 605 who lost their laundry service, some as a result of ineligibility and some as a result of choosing to make private arrangements when the Council's laundry contract ended), continue to receive a home care service from the Council.
20. The number of hours provided by in-house service has increased slightly although there has been a huge increase in hours provided by the independent sector over the past 3 or 4 months. The figures don't quite correspond with the dates for the other data, but do show the direction of travel.

Timeline	Hours
12-Aug-05	14,270 hrs
19-Jul-06	14,774 hrs
13-Oct-06	17,016 hrs

A snapshot of numbers of hours of service provided per week

Evidence from Comparator Authorities

21. The Commission looked at the eligibility threshold and home care charges of local authorities within Derby's Comparator Group (**Appendix 2**). Of the 10 authorities who responded to the request for information, none directly provides services in the low eligibility band, seven offer services in the moderate band of which three only offer short term assistance. All authorities make a charge with hourly rates varying from £7 to £11.60 per hour. The weekly rates range from lowest of £100 per week to the cost of full package by three authorities.
22. A national survey of 33 authorities conducted by Counsel and Care, a national charitable organisation (*The National Survey of Local Authority Care Charging and Eligibility Criteria 2006*) published on 21 September 2006 found that:
 - Eligibility Criteria – two thirds of the authorities only offer services at the highest criteria levels of critical and substantial
 - Weekly charges vary between authorities with 3% of authorities not charging whilst 39% have no maximum weekly charge. Of those who charge, the charge ranges from £3.91 per week to £315.90 per week. The average weekly charge across all those surveyed is £161.64.
 - Of the respondents who charge for services, 87% make hourly charge. The charges ranged from £5.15 per hour to £16.50 per hour with average of £10.39.

Summary of Views from Service Users

23. The Commission invited services users to give their views on home care provision. Although no one was able to attend the meeting, eight people gave their comments over the phone and two gave written submissions to the Chair. Nearly all the callers were against the charging, although a couple of the users stated that they would be willing to pay small amounts to cover administrative costs. They also stated that the types of services people needed depend on their personal circumstances and whether they had a physical disability or mental illness. The two people who wrote to the chair were also opposed to charging for home care services and suggested that many people had stopped receiving services when the charges were introduced.
24. The Commission also sought the views from the Disabled People's Forum. Two Forum members submitted their evidence in writing and were opposed to charging. One member stated that if the charges were to be reintroduced then these needed to be fair and transparent as in their view the income assessment doesn't take into account the true cost of living. They stated that user needs are likely to change with the

aging population and with increasing number becoming obese. They also stated that moderate and low level needs should also be met otherwise there is likely to a substantial increase in the numbers of people requiring high level needs.

Summary of Evidence from Cllr Fareed Hussain Cabinet Member Adult Services

25. Councillor Hussain stated that when the charges were introduced in 2003, the administrative cost of collecting the charge had been estimated to be between 40-50% of the total income. The Social Care and Health Commission which he chaired at the time reviewed this proposal and considered the proportion to be too high and recommended that the cost of collection be kept below 15%. The charges were estimated to generate a net income of £300,000. Comparing this against a total expenditure of the Council of approximately £500 million, it was considered to be miniscule. There was a noticeable drop in the number of users and hours over two years since charges were introduced as people cancelled their services.
26. It was the right decision to abolish charges and this was vindicated by an under spend of £1.4m in the Council's budget at the end of the last financial year whilst the Adult Services budget was also within limits. There is no pressure on us to reintroduce charges for the next year because we can make ends meet without them and can keep home care free without reducing either the quality or the quantity. We are looking for efficiencies where we can provide the service in a different way but still get that service out to those people who need it.
27. The change in policy of not providing home care to people with low level needs in April 2006 is not related to the abolition of charges. It has no relationship with the level of income, but is concerned with operational issues of providing care to people at all levels. No local authority in our comparator group provides services in the low level needs band and only 50-60% of authorities in the group provide for moderate level need.
28. Fair Access to Care Service criteria is based on an assessment of the range and severity of the individual's need alongside used to assess the level of risk to independence if the needs are not met. Our criteria are that if someone is going to be at risk as a result of us not offering a service then we will offer the service. The Government Inspectors look at the intensity and the numbers of users. There is no guidance on what level of need to provide the care service at and is left to authorities to decide based on local resources.
29. There are very few authorities who don't charge for home care services.

30. The change in the eligibility criteria has resulted in a slight reduction in the numbers of users accessing home care services as some people have lost laundry services but the hours have gone up. The Council is now spending more money on providing home care than last year. The trend is intensifying, giving more help to people who need it the most, rather than giving smaller chunks to everyone.
31. There hasn't been a huge reduction in the numbers of people going into residential and nursing care even with the allocation of extra resources. The situation could have been worse as the numbers of older people in the city has been accelerating.
32. Funds from other parts of the Council have always gone into providing care for both children and older people. This is also the case nationally.
33. Council staff are highly skilled and therefore the average cost of £15-16 per hour is high compared with the independent sector but we are converging.
34. It is recognised that not supporting people with low level needs could lead them to developing high level needs very quickly. However, using Council staff is not the most efficient and effective way to meet low level needs.
35. There is a system in place to monitor contracts within the Adult Social Services and this is monitored rigorously. Services are not provided to people who don't meet the threshold criteria and they are signposted to independent providers who make a charge for the service, or voluntary sector support.

Summary of Evidence from Adult Social Services

36. Evidence to the Commission was provided by the Senior Assistant Director for Adult Social Services, the Planning and Commissioning Manager and the Head of Direct Services for Older People. It was stated that the referrals for care assessment can come from a range of sources including friends, family and self referral. The reception screening service is usually the first point of contact for the referral. The reception screening team commissions an assessment of the prospective user and the speed at which the assessment is carried out depends on the urgency of need and the complexity of the case.
37. Adult Social Services aim to establish an assessment process that decide on the needs to be met, how these are to be met and where to commission the services, whether these are to be delivered in-house or externally provided. The aim is to get to a situation where there is choice as to how the service is provided.

38. The assessment process looks at all aspects of social care needs and not just homecare. The service is moving towards discussing the needs with the service users about the best way to meet their needs and who is best equipped to deliver it.
39. The focus is on maintaining independence for the service user and we will provide a piece of equipment rather than home care service if that is appropriate. The assessment looks at the needs of the individual rather than what services are available, although this may not have been the case historically. This is the policy of the Council as well as the Government. This change in culture and thinking will have an impact on the level of assessed need. As greater awareness increases about the impact of disability, the damage to opportunities and the risks to independence, so the style, flexibility and level of support from all sectors will look increasingly different from current ways of delivering services.
40. The key issue is how services should be provided to meet the care needs.
41. The Council needs to have strategies which clearly identify what is being provided and what this means for current and future provision in the city. It is inevitable that we will need to create more diversity of provision and offer more choice and a flexible response.
42. There can be a menu of things that can be purchased to meet particular needs. This can't be done if we retain large blocks of home care and day centres. There is a big underlying theme about developing commissioning approaches, reusing our resources in a different way, harnessing the skills of our staff and re-skilling staff to undertake a very different type of work in the future.
43. The numbers of older people in the city is expected to increase over the next ten years but rate of growth is different for different populations. People aged 85 and over are expected to grow significantly and are projected to increase by 17.8% between 2005 and 2010 and 13.2% between 2010 and 2015. This will be a significant issue for this service.
44. The trend is towards providing more intensive services. We are currently placing more people in residential and nursing care per head than almost any other authority in our comparator group. The Council is told by the Government to keep more people in their own homes so there is a need to focus on intensive care. We have been doing this and have reduced the number of people receiving in-house care from about 5500 since unitary status, when we offered an average of 0.97 hours per week, to around 2500 recipients currently. We don't spend any less than before but keep those that are more independent at home, where they want to be and they receive higher number of hours of care per week.

45. Research shows that people want to stay at home for as long as they can. It also shows that older people are dependant on family carers to assist them and consequently there has been a huge increase in the Council supporting carers over the last 10 years.
46. People want more flexibility of provision and they are no longer prepared to accept 'one size fits all' or 'take it or leave it' approach and we need to respond to that. People also want more flexible housing solutions which gives them greater independence and control.
47. The Council needs to change the way it uses its resources. It needs to consider how it will meet the demands of the growing population and people with increasingly complex needs in the future.
48. The Council's is putting resources at the high level needs band whilst developing preventative strategies with our partner organisations such as Derby Homes.
49. The Council needs to develop primary prevention strategies because these are certainly needed. However, it may not be appropriate for adult social care services to provide low level services at relatively high costs. There is a huge role for the voluntary and community sector in developing those sorts of services. Partnership approach also fits in with the Council's social inclusion and neighbourhood development programme.
50. Homecare profile has changed immensely in terms of numbers of users, the hours of care they receive and the number of intensive cases. This approach has reduced the numbers of people going into residential and nursing care homes year on year for the past three years.
51. There is a cost differential of approximately £3 per hour between the in-house costs and the independent sector. This is largely due to better terms and conditions enjoyed by local authority staff and the level of support we provide to them in terms of training. There are also much larger infrastructure and overhead costs such as implementing legislation and regulation, insurance and adhering to performance and quality monitoring. The Council also has a larger work force, currently 467 home care staff and therefore it is better placed at responding to emergency cases than the private sector and to assist with recovery and rehabilitation of people with complex needs. This justifies higher unit costs.
52. There is no great confidence that we can drive down in-house unit costs that would be acceptable to the Council.

53. There are also the future issues of Job Evaluation and equal pay where our unit costs are expected to go up rather than down. This will also impact on the private sector.
54. We wish to expand on the services purchased from the independent sector as they have lower fee levels. However providers can't be expected to provide high quality care if they haven't got the resources. There is a fear of lack of capacity within the independent sector to do different types of work. We may find that if we wish to expand what we purchase from the independent sector, we will have to address the issues of fee levels as they may be unable to meet additional demand unless we put up the fee rate accordingly. This issue has been identified in the Best Value Review.
55. The home care provision could be developed in three ways; the in-house service could focus on specialist, complex and emergency needs, stable packages can be transferred to the independent sector to achieve better value for money. And thirdly in developing the voluntary and community sector so that they can provide a wide range of lower level preventative services which are too expensive to deliver using care assistants..
56. In future, the in-house service will have a different role to play to get support quickly to people that need the service.
57. The largest impact of providing free home care has been on the loss of income. We were only able to manage the budget in 2005/6 with assistance from the corporate budget. It has been suggested that more people will accept services when they are free.
58. The answer to have more people approached us and are more people receiving home care services since the charges were abolished is no. Access to care services is controlled through eligibility criteria and is not related to charges. The provision of free service has resulted in a team being disbanded.

Summary of Evidence from Director of Resources and Housing

59. There is real absence nationally of some comparative information. Speaking to the Directors of Finance around the midlands area reveals that the trend for in-house costs is higher than the independent sector and this is repeated across the region. The main difference is that the independent sector costs in Derby tend to be lower than the average national figure. We need to be careful with what is going to happen to the costs in future as it is anticipated that the independent sector costs will rise to meet up with the national averages. The Job Evaluation process is due for completion in April next year and there is a high likelihood that home care pay rates for local authority staff will increase very significantly as a result. This will initially widen the gap between the Council and the independent sector resulting in more people

wanting to work for the high rates at local authority. The independent sector will have to start offering higher rates to retain staff and this is certainly going to have a budget pressure.

60. The wage pressure in the independent sector is upwards and moving fast. And in terms of procurement the Best Value Review identified block contracts instead of spot purchasing. This will provide some savings as it gives some certainty to the providers who can then give a better price. It also allows the Council to develop the care market by doing active work in the voluntary sector to encourage and prime the development of independent provides in the city.
61. There is no evidence of local authorities who have largely externalised domiciliary services that they are going back towards in-house provision.
62. There is a large projected increase in the population of people over 75 in Derby, above the national average, which will have an affect on the budget. Derby should be getting a greater proportion of the grant to reflect its age profile but the Government has put in a buffer which results in the city losing out on approximately £4m.
63. When Option B was selected under the Fairer Charging regime it was expected to raise £800,000 but it actually raised £1.2m as fewer people claimed benefits than originally estimated. Reintroducing the charge now would be different because the policies have changed by which people are eligible for care services.
64. Studies by Association of Directors of Social Services indicate that the national funding regime is insufficient to meet future needs of social care. As a result of the widening gap in social care and indeed in other services such as car parking charges there has been an expectation by the Government that fees and charges are a way of bridging that gap.
65. Derby City Council is a low spending authority and spends quite low per head on a range of other services which have not been at the expense of social care. The impact of abolishing home care charges was a net loss of income of approximately £900,000 per annum. Half of this was picked up by Adult Social Services and half by rest of the Council in efficiency savings. The total spend of the Council excluding schools budget is £150 m. The loss of income therefore represents 0.75 % of the total budget. Comparing this against the Council Tax, £1m represents 1.6% and therefore £900,000 is approximately 1.5% of the Council Tax.
66. The total cost of conducting the means tests and collecting money from the users was £215,000 when charges were in operation. This raised a total income of £1.13m. The true cost of providing home care was significantly higher than what was being charged.

Summary of Evidence from Disability Direct and Direct Payments Project Manager

67. Evidence on issues related to Direct Payments was provided by the Chief Executive of Disability Direct and the Direct Payments Project Manager. It was stated that Disability Direct is a voluntary sector organisation of disabled people and the majority of its board and trustees are disabled people. It is affiliated to national bodies such as Radar, the National Centre for Integrated Living and the British Council for Organisations of Disabled People. It provides advice and support on a range of areas including welfare benefits and direct payment support service. It also has a contract with Walbrook Housing Association to support their disabled tenants. Its services are extended to carers as often the advice also affects them. It is quite strong in supporting disabled people and carers from BME communities.
68. People wishing to access care services require an assessment of their care needs. The Fair Access to Care Service Eligibility criteria is used to decide if people are eligible for funded services. Regulations state that we must make Direct Payments to people who are eligible to receive them. The Direct Payment is a cash payment instead of a service. For example in home care where we would normally send out a member of staff or contract with independent sector, the users are given a cash amount for them to go and purchase their own home care.
69. The amount given to individuals is aligned with the contracting rates of the independent sector of £10.20 per hour. The amount of money paid through Direct Payments is based on the assessment to meet the needs. If the individual required five hours a week then it would be five times the base figure.
70. Direct Payments can be used to employ personal assistants or buy agency support in which case a flat rate fee is paid to the agency. The rate personal assistants are paid is usually below the £10.20 as Direct Payment users need to pay tax and national insurance as employers. Disability Direct can advise people on this process.
71. Agencies in Derby are commonly charging anywhere between £12-£14 per hour and therefore users are required to use their own resources to top up the deficit which is not covered by Direct Payments. Severely disabled people with speech impairments or traumatic head injuries have difficulties in recruiting and retaining staff on low rates. A lot of the people that receiving Direct Payments have to recruit staff regularly as they often employ students during the holiday period or people who look for extra money around Christmas.
72. Direct Payment has to meet the needs identified on the care plan and it has to be tied into the care assessment process. Since people's lives don't stay the same Direct Payments offers some flexibility in provision.

However, if someone was assessed to require 5 hours per week and was only purchasing 1 hour per week which continued for a few months the assessment process would be revisited to assess whether their situation had changed significantly. The majority of people average out on the amount they are assessed as required.

73. There can be problems for care users with opening bank accounts. We therefore write to all local branches to see if there are any mechanisms that could satisfy their security requirements and help this small group of people to open an account.
74. There can be problems for care users with opening bank accounts. We have surveyed Direct Payment users for their experiences of opening bank accounts to identify ways we may be able to help.
75. Assessing the benefit system in this area can sometimes be particularly difficult and authorities are left with questions about disability related benefits that aren't made clear by the Departments of Works and Pensions. There is a vague sense that disability benefits are given in order to purchase carer support but also to meet the additional costs incurred by having a disability such as extra heating or extra footwear, depending on the particular condition.
76. During the previous home care charging process the financial assessment process attempted to identify the disability related expenditure related to personal care needs. But equally it could be about the whole cost of additional laundry, additional heating and other additions that the disabled people may state as essential. Our assessment should take into account people who are providing care and whether or not they are receiving a carer's allowance.
77. When Disability Direct received the contract for Direct Payments in April 2004, the Council was in the process of charging for care service. When home care charging stopped, we noticed a dramatic increase in Direct Payments. One of the reasons for that increase was that people were no longer required to make a contribution themselves. One of the things that may be noticed is if charging is reintroduced Direct Payments will go down again. Certainly for people who are assessed with small packages, who get care plans from social services for 2 hours a week a) it's hard to recruit somebody for two hours a week and b) if you are going to have to contribute to that as well it makes the whole thing not so exciting.
78. Disabled people's movement nationally is against charging and it is hard to say to disabled people that it's right to take income off their DLA when they've been fighting for this for years. Direct Payments can take up to four to six weeks to be started whilst DLA can take up to six months where you also have to go through a much more rigorous process to get it.

79. It's a very grey area in terms of what the DLA or Attendance Allowance can be used for. It is actually awarded to individuals on recognition that they have additional needs but the award doesn't say what the money needs to be spent on. You may be assessed as needing x number of hours' support in cooking or x number of hours' supervision when you are outdoors but that doesn't mean that you are actually going to use it for that.
80. If charging is reintroduced the Council will either pay the direct payment gross, £10.20, and then everybody who receives a service will get an invoice from the authorities saying these are their charges for this month and we would expect a cheque back, or the route where direct payments were paid net. So £10.20 less the charge and then people are forced to contribute if they want to buy the level of services that they have been assessed as needing.
81. There are currently about 288 people receiving direct payment, of those the vast majority are people aged between 18 and 65. There are 16 families with disabled children which receive Direct Payments but the charging wouldn't apply to them as these are covered by children's services. There are 18 people with learning difficulties and 85 people over the age of 65 receiving direct payment.

Summary of Evidence from Derby Seniors' Forum

82. Two members from the Derby Senior's Forum attend the meeting and gave evidence to the Commission. They stated that there is a need for some sort of low level support to allow people to feel comfortable and remain independent. It is more important that they should have the care. For instance having a meal brought in or just having someone to come and say hello can make all the difference for some people. If the only way forward is to charge then it would be fairer to introduce charges on a scale that people could afford which enables them to receive the care they need.
83. Derby Seniors' Forum cannot offer support to individual users as the group is run entirely on voluntary basis and struggle sometimes to get volunteers to manage its own centre. Voluntary sector would obviously require funding to provide this service but volunteers are not readily available. It is quite difficult to get people to care for others nowadays. In the past, it would be neighbours and friends that would go in and make sure that people were alright but we haven't got that kind of caring society any more so there is a need to look at other ways to do this.
84. The Live at Home schemes conduct home visits as well as bringing people into centres so it might be worth looking to see if they are getting enough funding to address isolation issues. There is quite a lively scheme in Derwent and a lot of people benefit from it. They help with shopping and carry out visits on a one to one basis and meet low

level needs. It may also be worth considering using local churches since many of the people that go to church often carry out a lot of voluntary work. There may be a need to meet administration costs, travel costs and other support costs that make it easier for people to offer voluntary services.

85. Even in sheltered housing there are many people who don't leave their properties. These are the types of people that really should be targeted and it was the same when Loner's Lunches were provided by the Southern Derbyshire Pensioners Association.
86. A considerable number of people who received benefits refused to take a means test when charges were introduced and some dropped out of the system. A lot of old people are very much against means testing and if you do introduce charges they are going to leave the service.
87. The needs of older people vary from requiring personal care to needing help with meals and shopping. The service needs to be suited to the individual person and offered more flexibly. It must be needs led. If the intermediate care services were used as the base for the care packages then that would be ideal.
88. People have differing views whether the services are relevant and meet the necessary needs. Some people who had used the intermediate care services said all short term needs were met whilst others stated that the services were too rigid and not flexible enough to meet individual needs.
89. All respondents to a short questionnaire conducted by the representative of the Seniors Forum agreed that there should be charges for home care services. People asked that there should be a minimum charge per hour charged as it assumed that those receiving home care services would either be in receipt of disability living allowance or attendance allowance. Should the Council revert to charging, everybody that was asked answered yes. Some people are capable of dusting and some are capable of cooking and some aren't. The services therefore have to be targeted at people and as long as there is a scale of payments, most people would be happy. None of the respondents disagreed with paying for the services because the majority of them were in receipt of disability benefits.
90. People would be more willing to pay for services if they knew someone they could trust as this is the major concern for older people. People would be prepared to pay voluntary organisations such as the Help the Aged who could carry out small jobs such as putting up curtain rails and mending leaking taps. It would be ideal if there was a volunteer handyman.
91. There views on the type of services required by older people over the next ten years varied. As the older people live longer it is possible that

they will require more services especially general care services that will need to be more focussed.

92. There is one initiative in Derwent, called Time Bank. It's like the old neighbouring scheme which allows people to offer their talents such as baking or dressmaking and in return they are given credits on the Time Bank database which they can use to get work done for them.

Summary of evidence from Supported Housing Offering Unity and Trust (SHOUT) and Southern Derbyshire Pensioners Association

93. Three members of the Supported Housing Offering Unity and Trust and one member from the Southern Derbyshire Pensioners Association attended the Commission meeting. SHOUT represent the views of supported living tenants, their families and carers. It has a core group of 12 members who meet regularly to receive and respond to information and reports relating to the Sheltered Housing service that affect supported living tenants.
94. Members from Shout stated that many people are paid by social services to pay their care costs and therefore only a few people that had to pay the charges when these were in force. If the charge is to be reintroduced then it should be kept to a fair charge.
95. The Government requires all local authorities use fairer charging if they are make a charge. This means that the income level has got to be above the income support plus another 25%. Until that threshold is reached people don't pay anything. It worked out in Derby when we did charge that half the people didn't actually pay anything and the remainder only paid somewhere between £5 and £45 a week. The charge was highly subsidised unlike some places in the country where people can pay hundreds of pounds a week. This would be considered highly unreasonable in Derby.
96. The argument of many people who have worked for 41 years is that they've paid taxes and National Insurance to look after them at the time when they need it most. Members of SHOUT therefore feel that the Council should pick up this responsibility to provide home care services.
97. Services to disabled people have improved significantly and there's still more to be done. Things need to be worked out properly to assess whether people who really need services actually get them.
98. The percentage of people who can afford to pay is not very large. The majority of pensioners are at bottom of the income scale.
99. Older people struggle most with cooking, cleaning, shopping and gardening. Home help often state that they can't go shopping because they are not allowed to handle money or they can't go in the garden

and do the gardening. The care service seems to be regimented and tells you what you can and cannot have. There should there be more flexibility.

100. It is important to explain to users that they are not going to get one person who comes in and does everything for them. There is the suggestion that there should be a shopping service provided separately and that possibly there would be a laundry service provided quite separately. It would be very wasteful one home care worker was to come in and do the laundry then go out doing shopping.
101. One of the biggest problems affecting older people is isolation. Some services to tackle this issue are available but many people don't know about them.
102. The Good Neighbour scheme should be expanded at community centres or in the community rooms at sheltered housing. This encourages people to meet for coffee or for other social activities such as bingo. For this to work effectively it requires someone to take the lead.
103. To older people living on their own, the loner lunch is another important service. It allows them to socialise and receive information on a range of services which can be more important than the dinner.
104. There are two issues to providing low level services. Firstly there are services already out there that need promoting and secondly to develop the ideas about how current initiatives could be, with a little bit more help, of benefit to people. The Care Link, Good Neighbour scheme and Loner Lunches can help to address isolation.

Evidence from Derby City Council Advice Service Manager

105. The Commission wished to understand the links between the disability benefits and home care provision. It therefore invited the Derby City Council Advice Service Manager to explain whether Disability Living Allowance and Attendance Allowance are means tested and whether people receiving benefits are required to use this money to pay for their care costs.
106. The Advice Service Manager stated that DLA and AA are broad national benefits that are designed to capture every type of condition. The assessment is solely related on the extent of the disability. It is based on the help that is required and not the help people get. People receiving these benefits are not means tested and they have the freedom to spend the money how they choose. There are no conditions on how to spend the money with some limited exceptions.
107. People receiving residential or nursing care services are means tested and may be required to make a contribution towards the cost using

these benefits. Authorities that make a charge for home care also include these benefits where they are paid in recognition of needs for care as part of the income for means testing.

108. Standards for Council Tax Benefit assessment are very detailed. However, under the charging regime for home care provision, authorities are required to conduct additional assessments for Disability Related Expenditure as part of the Fairer Charging process. The guidance on this requires authorities take account of 'disability related expenditure' disability such as extra costs for heating, cooking, equipment, transport etc. This is part of a detailed financial assessment procedure set out in the guidance. There is a requirement to repeat the assessment process although the frequency on how often this is carried out is unclear.

3. Conclusions

109. The population profile for people aged 65 and over in Derby shows a big rise over the next 20 years. The figures for people over 85 are even more dramatic with a projected increase of 60% by 2027. This will have significant impact on the type and level and funding of the home care provision in Derby.
110. The Council decided in October 2005 to abolish home care charges in order not to discourage those people that required the service from accessing it. This position was confirmed by a number of witnesses who felt that some people had stopped receiving services when charges were introduced. However, the statistical information supplied by the Adult Social Services on the number of people receiving home care over 12 months since the charges were abolished show a fall in the numbers of users but an increase in the hours. The reduction in numbers is partly explained by the changes to the laundry services but also the changes to the eligibility criteria introduced in April 2006. It is difficult to determine whether the abolition of charges has increased the take up of home care provision.
111. The Council changed its eligibility criteria decided to focus on the needs of people in the moderate band and above. It no longer provides direct services to people low level needs. The evidence from service users and organisations working with older people suggests that there is still a need to meet low level needs to prevent people going into high needs bracket prematurely. The preventative service however, does not need to be directly provided by the Council as there are more effective and efficient means of achieving this.

4. Recommendations

112. The Commission has considered the evidence and makes its recommendation on the scale, type and financing of home care services in accordance with the Council's request.

Recommendation 1

113. The Commission recommends that low domiciliary care needs should be met and that the Council Cabinet should look to the capacity of the voluntary and independent sector to provide through service level agreements.

Reasons:

114. The evidence showed that there is a demand for low level needs to be met in order to directly promote individuals' practical abilities to manage at home but also to promote a sense of dignity and well-being.
115. It is likely to be more cost effective to undertake tasks like shopping, domestic odd jobs etc from the private and voluntary sector than relatively highly paid home carer workers whose salaries reflect skills in undertaking intimate personal care. The Commission endorses the Best Value Review recommendations to use Council staff on intensive and urgent cases.

Recommendation 2

116. Where a client received the service at recommendation 1, it would remain cost effective to continue to use the private and voluntary service providers should the client later need personal care tasks

Reasons:

117. It would not be an effective use of public money to have domestic tasks undertaken by staff paid to deliver personal care. It would also provide some continuity in personal contacts.

Recommendation 3

118. Continue to promote Direct Payments in line with the Government policy.
119. Direct Payments provide greater flexibility and choice for the service user on how to meet their specific needs.

Recommendation 4:

120. To avoid over rigid adherence to particular home care tasks on days of the week, there should be flexibility within the agreed assessed needs.

Reasons

121. There was evidence that client requests for even modest variations in the particular tasks undertaken on individual days are not

accommodated. The recommendation would enable such leeway, whilst still being limited to agreed needs and not broadened to clients 'wants'.

Recommendation 5

122. The Commission held detailed discussions on the how the service should be financed. Members considered arguments both in favour and against reintroducing a charge for home care services. The Commission does not however wish to see the reintroduction of home care charges based on the evidence provided.

Arguments in favour of reintroducing the charge

- The income can kick start support of the voluntary sector. The money can also support service charges, Council Tax and other budgets
- Enable the Council to provide more services particularly in the moderate needs category
- The Director of Resources and the Senior Assistant Director Adult Social Services both stated the job evaluation is likely to increase the wage pressure of social services staff which will have knock on effect on the independent sector. This will further increase the pressures on the Adult Social Services budget.
- The ratio of the cost of collecting the charge against the income derived from it may be lower than previously due to the change in FACS criteria which no longer meets the needs of people in the low need category. The cost of collection should be kept low.
- Due to the growing older population, more people will be requiring care services and we will need to spend more just to maintain at the current level in the future.
- It needs to be set in the context of the forthcoming difficult budget round.

Arguments against the charge

- The majority of service users who responded to the article in the Derby Evening Telegraph were opposed to the reintroduction of the charge
- Resources can be found within other parts of the Council to support free service
- The charge can have a deterrent effect on the majority of the users according to the Chief Executive of Disability Direct
- Legislation requires each applicant to undergo financial assessment and conduct a means test which increases administrative cost of collection
- The cost of collection was considered to be too high relative to the income

Witnesses List

Witnesses	
Cllr Fareed Hussain	Cabinet Member Adult Services
Mick Connell	Senior Assistant Director Adult Social Services
Phil Holmes	Planning and Commissioning Manager Adult Social Services
Pat Gallimore	Head of Direct Services for Older People
Paul Dransfield	Director of Resources and Housing
David Brewin	Derby Advice Manager
Stephen Saddler	Direct Payments Project Manager
Amerjit Raju	Chief Executive Disability Direct
Marta Hancock Judi Bateman	Disabled People's Forum (written submission)
Brenda Tunncliffe Maureen Parker	Derby Seniors Forum
Harold Cox	Chairman Southern Derbyshire Pensioners Association
Terry Rogers, Phil Raffle, Jack Wray	Supported Housing Offering Unity and Trust (SHOUT)
Service Users	Two written submission and eight phone calls

Comparator Authorities

Local Authority	Eligibility Thresholds 2006-2007				Home Care Charges	
	Low	Moderate	Substantial	Critical	Hourly Rate	Weekly Charge
Coventry		Short term services only	✓	✓		Maximum charges are based on approximately 75% of the average overall cost to Social Services of providing each type of service
Stoke		Potential for services if needs are likely to be eligible within 3 months	✓	✓	£11.60	£116
Derby		✓	✓	✓		
Darlington		✓	✓	✓	£9.08	Full cost of package
Sandwell					£7.00	Whichever is lower out of: <ul style="list-style-type: none"> • Full cost of care plan • 47% of the amount by which income exceeds Income

						Support plus 25%
Bolton		✓	✓	✓	£10	£175
Oldham		May help patients in hospital or care home who have Moderate need if it enable them to leave and go home quickly	✓	✓	10.50	Cost of Package
Stockton		✓	✓	✓	£11.60 – blocks of 15 minutes at £2.90	80% of residential rate
Tameside		May include adaptations, provision of equipment, rehabilitation training and counselling	✓	✓	£9.70	£162.25
Rochdale		✓	✓	✓	£9.50	£110
Wakefield			✓	✓	£9.50	£100
Dudley					£10.30	Full cost of package
Peterborough					£11.40	

Plymouth			✓	✓	£10.30	75% of residential rate
Lincolnshire					£5.15	
Leicestershire					£7.20	£100
Leicester City					£7.00	£200
Nottinghamshire					£7.00	£56
Nottingham City					£7.15	£55
Rutland					£10	£100

Local Authority	Commissioning plans older people
Coventry	Improve commissioning
Stoke	9,000 hours independent sector 3,000 hours in house. Plan over time for independent sector to take on longer-term packages and in house to provide specialist service to provide rehab to ultimately reduce the package handed over to the independent sector.
Derby	
Darlington	Restructuring unable to give the name of the responsible person.
Sandwell	In house services will be, and in some cases are, used for more emergency and last minute services. Packages are supported on the whole by the independent sector.
Bolton	Following a review of home care services, in house to provide a more specialist short-term service the independent sector will be commissioned to take on long-term stable packages.
Leicester City	In house to provide a more specialist short-term service the independent sector will be commissioned to take on long-term stable packages. Smaller packages will go directly to the independent sector.
Stockton	✓
Rochdale	
Wallsall	The service will be going out to tender next year in house provide a 6 week service unless there is a need for specialist services. This is a recent change and will continue like this for some time.
Dudley	Short Term Assessment and Rehabilitation and treatment team - Can give a quick response to service users by providing all personal care needs throughout the day and evening. Service is provided up to a maximum of 28 days. During this period care staff will contribute to the assessment of the persons needs through regular reviews. Once the care package is stable the care will be transferred to a long term provider of home care service, should a care package continue to be required. The START carers will also work closely with Occupational Therapists in assisting with reablement programs for the service user to promote the

	<p>independence of the individual. Some service users will not require care following this initial period of support.</p> <p>EMI Support Team</p> <p>Currently operate in the Brierley Hill district. However, it is anticipated this will be provided across the Borough by mid Autumn of 2005. The team will provide support services for people with dementia or of working age dementia, helping to promote independence and social inclusion of service users. Care staff work closely with the service user, their carers, family and other professionals such as Social Workers, Community Psychiatric Nurses and Day Opportunities. This service will be provided on a short term basis to establish how the individual needs of the service user can best be met in the long term.</p>
Peterborough	
Plymouth	