

PERFORMANCE AUDIT

Homing in on care

A review of home care services for older people

EXECUTIVE SUMMARY



Summary

Most older people want to live in their own home rather than in residential care or nursing homes. To help them do this they need the right help in their home at the right time – services ranging from cleaning and shopping through to more intimate help such as assistance with bathing and going to the toilet. Many of these services must be available 24 hours a day, seven days a week. Around 445,000 people support a family member, friend or neighbour to stay at home. But not everyone has this help, and those that do may need further assistance from home care services.

Managing home care services is complex. Each year around 70,000 people have over 20 million hours of care in their own homes. This costs an estimated £143 million and involves over 10,000 whole time equivalent council staff, most of whom work part time.

The traditional 'home help' service has provided help with cleaning and shopping, mainly between the hours of 7am to 2pm. The home help service has been seen as the Cinderella of community care services, but this image is not justified. A range of services is now being developed in people's homes which:

- help avoid unnecessary admission to hospital
- support early discharge
- help people with complex needs to live at home rather than be admitted to residential or nursing home care.

Many of these services are being developed in partnership with local health bodies and the independent sector.

The key messages from our review are that:

- Older people and their carers appreciate the service they receive, and in particular value their individual home care workers. However, they must have a greater involvement in planning their own care.
- Councils will be unable to provide more personal care services in the home and protect the traditional 'home help' service without increasing the resources available. National figures show that:
 - there has been a reduction in home care spending in a third of Scottish councils between 1997/98 and 1999/2000
 - the number of home care hours fell by 2% between 1998 and 2000 (although there is the beginning of an upturn in these figures)
 - the number of older people receiving home care fell by almost 13% between 1998 and 2000. This reduction is in part due to some councils targeting services on those people who need more intensive home care.

- Councils should consider how technology could be better used to improve home care services. Basic management information is not readily available in all councils. This makes managing the service more difficult and prevents robust option appraisals on how best to deliver the service.
- There is still some way to go before home care is a genuine alternative to residential or nursing home care for any but a relatively small number of older people. Councils are beginning to deliver more services out of hours but 72% is still provided between 7am and 2pm.
- Home care workers will increasingly need specialist training over and above basic training such as moving and handling.

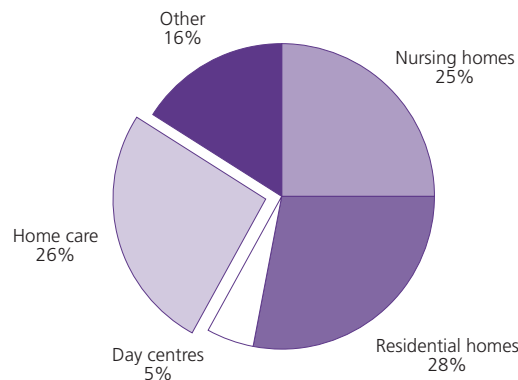
Elected members need to give a clear lead in developing older people's services in line with local needs. This will involve building on the current partnership working with health and housing agencies; working with other providers in developing services; identifying realistic budgets and technology to manage change effectively; training and developing staff; and setting objectives against which progress can be measured.

Introduction

In 1999/2000, it is estimated that Scottish councils spent about £143 million on home care services, of which £122 million is estimated to have been spent on services for older people¹. This represents just over one-quarter of community care expenditure on older people (Exhibit 1). The proportion spent on home care has fallen from 27% in both 1997/98 and 1998/99, to 26% in 1999/2000.

Exhibit 1: Community care net expenditure on older people, 1999/2000

More than half of community care expenditure on older people is spent on nursing and residential home care. About a quarter is spent on home care.



Source: 'Scottish Community Care Statistics 2000', Scottish Executive, 2001 and analysis of LFR3 Return

Recent policy papers from the Scottish Executive require councils to further develop home care services to provide a viable alternative to institutional care². An extra £60 million has been provided to develop the full range of home care services in each local authority area³. In addition, from April 2002, councils and their health partners are charged with the joint management and resourcing of services for older people⁴. These policy developments present councils with a challenging agenda for services for older people – resources are limited, the number of older people with significant needs is growing, and home care services need to develop to meet these needs.

In Scotland councils remain the biggest provider of publicly funded home care services: they solely provide 90% of home care services, with 7% solely provided by the independent sector (either private or voluntary organisations) and the remainder by a combination of local authority and the independent sector⁵. This contrasts with England where the independent sector provides 54% of publicly funded home care services⁶, largely due to different requirements placed on English councils in the 1990s to spend at least 85% of transferred Department of Social Security money in the independent sector. In addition, recent figures from the Care Development Group suggest that around three thousand older people in Scotland purchase home care services themselves directly from the independent sector⁷.

On behalf of the Accounts Commission for Scotland, Audit Scotland has carried out a study of home care services for older people (aged 65 and over) provided by Scottish councils. The main objective of the study was to contribute to councils' own Best Value reviews by providing a framework and methodology for assessing the quality and cost of home care services for older people. Audit Scotland worked with six volunteer councils across Scotland which were undertaking Best Value reviews of their home care service during 2000-01. The findings from the review are published in the national report '*Homing in on care: a review of home care services for older people*'⁸.

This summary is aimed at elected members and officers in councils responsible for the strategic development of community care services and for directly managed home care services. We hope that it will also be of interest to service users, their carers, councils' health and housing partners, and those in the independent sector who provide home care services.

Best value framework for reviewing home care services

The development of a comprehensive range of services to support people in their own homes is not simple. It requires a planned programme of change which takes account of Best Value – the need to achieve continuous improvement and balance the cost and quality of services. A Best Value review of home care services needs to answer four key questions:

1. How do we know we are doing the right things?
2. How do we know we are doing things right?
3. How do we plan to improve?
4. How do we account for our performance?

How do we know we are doing the right things?

We know that older people wish to remain in their own homes and enjoy as normal and independent a life as possible⁹. ‘Doing the right thing’ therefore involves putting in place a range of flexible services to make this happen. As part of this process, councils should develop a strategy for older people’s services which demonstrates:

- the demographic and other pressures which will influence demand for services in the future
- the needs, expectations and priorities of older people and their carers
- the changes planned in the existing balance of care in their local areas and the implications of national policy developments for local provision.

A growing demand for home care

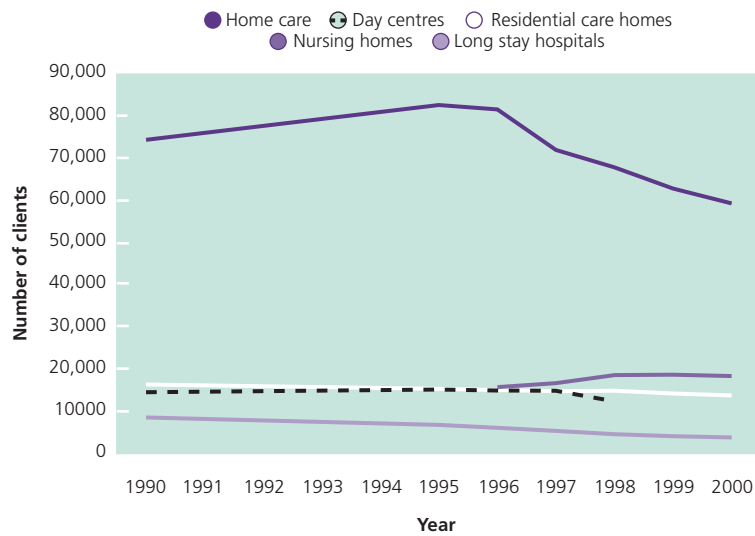
Twice as many older people receive home care services than residential or nursing home care. Around 20 million hours of home care each year are provided or purchased by Scottish local authorities for over 70,000 people, of whom 85% are aged 65 years and over¹⁰. By contrast, around 35,000 older people live in residential or nursing homes¹¹.

The demand for community care services in general, and home care services in particular, is likely to increase over the next decade because of several factors including people living longer due to improvements in public health and medical care. The 75+ population is projected to grow by over 10%, from 352,000 to 389,000 people, between 2001 and 2011; and the number of people aged 85 and over is projected to increase by almost one-fifth over the same period from 85,000 to 101,000¹².

Achieving the right balance of care to meet people’s needs

Getting the right balance between institutional care (like residential and nursing homes) and non-institutional care services (like care at home) has been an issue for the past decade. Exhibit 2 shows the changes in the balance of care for older people since 1990. Over the most recent five-year period from 1996 to 2000, the number of NHS long stay beds decreased by over a third, from 6,098 to 3,816. The number of residents in residential homes decreased by almost 10% over the same period, from 15,037 to 13,762. There was an increase of 17% in the number of residents in nursing homes, from 15,730 to 18,353. In overall terms, places in the long-stay sector have therefore reduced by almost one thousand. But it is estimated that about one-quarter of people in nursing homes are not dependent on nursing care and could be cared for at home if services were available¹³.

Exhibit 2: Balance of care for older people, 1990-2000



Source: 'Scottish community care statistics 2000', Scottish Executive, 2001

With national policy focusing increasingly on care at home, where appropriate, rather than in institutional settings, a shift in the balance and nature of home care services is needed. This includes the development of a full range of home care services, from preventative services through to intensive personal care. However, an examination of home care data shows that:

- at a national level, expenditure on home care for older people increased by 10% between 1997/98 and 1999/2000, from around £110 million to £122 million. But the change in amounts spent is more marked at a local level with almost one in three councils showing a decrease in expenditure over the same period¹⁴
- there is significant variation among councils in the proportion of their community care budget spent on home care, ranging from 8% to 31%¹⁵
- the number of client home care hours provided or purchased by councils fell from over 401,000 hours per week in 1998 to over 375,000 hours in 1999, although this rose to 393,000 hours in 2000¹⁶
- there was a fall of almost 13% in the number of older people receiving home care from almost 68,000 to below 60,000 between 1998 and 2000¹⁷. Some of this decrease can be explained by a concentration on fewer clients with increased levels of need
- the number of whole-time equivalent (WTE) home care workers employed by local authorities fell from 11,326 in 1996 to 10,055 in 2000, a decrease of 11%¹⁸.

Understanding the needs, expectations and priorities of older people and their carers

Working with users to set quality standards for home care can help councils ensure that services meet need, and can also help prioritise those areas for improvement which will have the biggest impact on the quality of older people's lives. This emphasis on meeting users' needs and continuous improvement is at the heart of Best Value but it was clear from our review that not all councils have systems in place to enable regular monitoring of the quality of the service.

We have developed a number of quality indicators for home care, from the perspective of service users and carers. Using these indicators we found that:

- older people are overwhelmingly positive about their individual home care workers and value the service and staff very highly
- they need to be more involved in their own care planning
- home care is still largely delivered between the hours of 7am and 2pm. This profile of service delivery will need to change significantly if home care is to be a realistic alternative to residential or nursing home care.

Involving older people in determining their own care needs

Older people and their carers should be fully involved in assessment and care planning so that services meet their needs. Some councils have increased intensive personal care services by reducing the more traditional domestic or 'home help' services. However, service users report the value of domestic services in helping them maintain independence and self respect, and the Scottish Executive has recently required councils to have a full range of home care services¹⁹.

Our study shows that improvements to service planning and delivery can be achieved by:

- placing a greater emphasis on listening to service users and involving them more fully in planning their own care
- reviewing needs on a regular basis – two in five service users have not had their needs formally reviewed in over a year
- providing more information to service users about the service, particularly about what to expect during staff absences due to holidays or sickness, points of contact and complaints procedures. One in three service users surveyed feel that they do not have good enough information and do not know how to make a complaint.

Offering flexibility

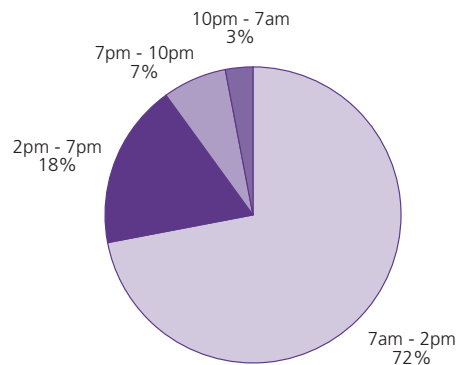
Older people want a reliable service from home care workers they know. They also want a service which can respond flexibly to their needs, including flexibility in the types of tasks undertaken and the times at which home care is provided.

The increasing number of clients with personal care needs means that the traditional period of service delivery (Monday to Friday, 7am to 2pm) is no longer appropriate for many people. Older people needing help with personal tasks, like going to the toilet and getting into and out of bed, require assistance at various times of the day, evening and even during the night, seven days a week.

In 2000, 90% of home care was delivered between 7am and 7pm, with 72% delivered between 7am and 2pm (exhibit 3). For the purposes of our study, home care services delivered outside the period 7am to 7pm were classed as

‘out of hours’. However, between 1999 and 2000, there was an increase at a national level in the proportion of home care hours delivered out of hours, from almost 1.4 million hours (7%) to over 2 million hours (10%), which shows a positive move in some councils to deliver more services out of hours.

Exhibit 3: Time of day when home care is delivered



Source: 'Community care statistics 2000', Scottish Executive, 2001

How do we know we are doing things right and how do we plan to improve?

Home care services are complex to manage even without the need to increase and diversify provision. Large numbers of staff are employed, most of whom work part time. And home care must serve a large number of people with many and varied needs that will change over time. Good information is essential to support efficient and effective management and in identifying where improvements can be made.

The importance of good management information systems

Best practice means having an up-to-date database of all clients with details of their wishes and assessed needs and full information about what, when and how their services are being provided. This system should be integrated with other IT systems within the council, including the payroll and client charging systems. A staff database is also required, including information about their skills and training to enable effective matching of staff with clients.

Some councils urgently need to improve their management information systems for home care. Many managers find it difficult to get the time to keep essential information up to date; often entering the same data several times where systems are not integrated; and using paper-based time recording systems for staff. This administrative burden limits the time available for reviewing the quality of services. Furthermore, the need for good information on social care services is likely to grow.

- Best Value requires services to compare their performance with others, including the independent sector, in order to evaluate options on how best to deliver services to meet need, ensure equity and achieve value for money. This requires good management information to ensure that the quality, efficiency and cost of services are compared on a like-for-like basis. Our review has shown that this is difficult to undertake at present because of the limited information available.

- The introduction of national care standards for home care will put the onus on councils to demonstrate that they meet minimum standards.

The users of community care information recognise that this problem needs to be addressed as a matter of some urgency, that it requires commitment at a national and local level, and that it is likely to involve capital investment. It is important that elected members also recognise the need for robust management information to enable them to discharge their responsibilities in relation to Best Value.

Managing the home care service

Many councils have been carrying out their own Best Value reviews in order to provide more cost effective services. Several councils have put in place new service delivery models, such as separate meals, shopping, pension collection and laundry services. In addition, councils have been working with their health partners to establish home care teams which can respond in emergencies to avoid unnecessary admissions to hospital, and support early discharge back home. All these developments require careful plans for:

- supervising and supporting staff
- training and development
- developing partnerships with health, housing and other providers to ensure a 'joined up' service for users.

Staff supervision

Supervision of home care staff at all levels is important because of the vulnerability of older people, and the need to monitor care delivered in clients' homes. Home care workers are also in a vulnerable position since they nearly always work alone.

Councils need to improve the formal supervision of their home care workers. While regular arrangements for supervision of home care managers and supervisors are in place, supervision arrangements for non-office based staff are generally poor – only 34% of home carers have a regular arrangement for supervision of their work²⁰.

Training and development

As more people with special needs receive home care services there will be an increasing need for specialist training. At present this specialist training is limited. For example, of the home care workers surveyed who care for at least one client with dementia, only 12% said they have received training in dementia in the previous three years²¹.

Working in partnership

There is evidence to show that specialist home care teams can provide effective alternatives to hospital care. Across Scotland they have been funded in a number of ways including the use of resource transfer, NHS winter initiative monies and mainstream social work expenditure. The requirement for councils and health bodies to have in place joint management and resourcing of services for older people from April 2002 should help accelerate these developments.

Home care staff need to work on a day to day basis with professional staff from a number of different agencies who also deliver services to people in their own home. During 2000, as well as the 20 million hours of home care delivered by councils, health visitors and district nurses made over 3.4 million home visits to older people²². This highlights the need for good

communication and joint working between the two agencies, and indeed other agencies involved in caring for individuals. Most importantly, service users and carers should receive clear information about who is providing which elements of their care package. Keeping a joint case record, including a shared care plan, in the service user's home provides a vehicle for improving communication, and also benefits older people and their carers. In practice, only 16% of service users surveyed said they have a written copy of their care plan or care timetable in their home²³.

Cost and charges for home care

Whilst the quality and effectiveness of home care services are paramount, it is also important to manage the cost of the service. Staff costs account for over 90% of the total cost of providing home care. This means that controlling costs needs to focus on:

- ensuring that the most effective management structure is in place – one which ensures adequate management support capable of adapting to changing demands
- actively managing sickness absence through established good practice such as contact with staff off sick, medical examinations and return to work interviews
- ensuring that staff are deployed in a way which minimises travel time and distances travelled. Clearly rural areas are likely to spend more on travel per client than urban councils
- reviewing enhancements for out of hours working. Many councils have carried out constructive negotiations to phase out enhancements, for example, within the context of 'single status' changes, and through recruiting new staff on fresh contracts
- ensuring that training concentrates on the key skills necessary to deliver an enhanced home care service. Best Value requires a balance between investing in quality and containing costs. Councils will need to make judgements about what is an affordable investment in training.

The hourly cost of home care in five study councils ranged from approximately £8 to £11, excluding central overhead costs. However, it was extremely difficult to identify reliable costs on a like-for-like basis. This is partly due to different ways of providing the service; for example in some councils home care managers and supervisors assess clients' needs while other councils do this through care management. A bigger problem, however, is that financial systems for home care in some councils are not capable of supporting effective management. This must be addressed as part of an overall management information review because a number of initiatives over the next year or so will require councils to understand and manage the costs of their services. These initiatives include:

- the introduction of free personal care, as recommended by the Care Development Group²⁴. If councils continue to charge for domestic services these costs will need to be clearly differentiated from personal care costs. Some councils can already make this separation, but many cannot.

- the introduction of single status, which will move home care staff from a manual workers' pay scale to a unified pay scale for local authority services. This will add to overall costs as hourly rates, on-costs and leave entitlement for home care staff will rise. Councils need to model the impact of this on their overall costs and plan accordingly.

Home care services support vulnerable people, often on low incomes, to be as independent as possible. Councils rely on income generated by charges to continue to provide and develop the service. But charging for services can also have a negative impact, acting as a possible deterrent and causing anxiety for service users. The cost to councils in administering their charging system also needs to be considered.

We reviewed the charging policies in 23 councils which provided us with information on their policies. This showed the wide variation among these councils in how charges are made for home care. One council does not charge, several do not have an hourly rate but instead levy a weekly charge regardless of hours delivered, and the remainder have hourly charges ranging from £4.50 to £7.50.

The wide-ranging differences among Scottish councils in their charging policies for home care services was highlighted in the report of the Joint Future Group. It recommended that the Convention of Scottish Local Authorities (COSLA) should develop guidance on charging policies to reduce inconsistencies in how councils charge for home care, and noted the government's intention to seek legislative powers to take action if necessary. Together with the recommendations of the Care Development Group on charging for personal care, this creates an opportunity to tackle charges at a national level.

How do we account for our performance?

In order to account for their performance in delivering community care services to older people councils need to have in place an implementation plan, linked to the strategy for older people's services. This should be developed with local health and housing partners as determining the right balance of care will involve reviewing the full range of social, health and housing support services for older people. This plan should have clear targets which can be used to monitor progress and demonstrate to key stakeholders that local services are meeting people's needs in the most cost effective way.

Our report demonstrates the need for an active approach to managing change. Elected members have an important role to play in setting a clear direction and determining the appropriate level of expenditure required to meet current and future needs. In addition to the report Audit Scotland will produce a self assessment handbook early in 2002 which will assist councils in the collection of robust information to support local Best Value reviews of home care services.

End notes

- ¹ Analysis of net expenditure per LFR3 Return (estimate of expenditure on older people based on 85% of clients are aged 65+)
- ² ‘*Modernising community care: an action plan*’, The Scottish Office, 1998 and ‘*Report of the Joint Future Group*’, Scottish Executive, 2000.
- ³ ‘SE2645/2000’, Scottish Executive press release.
- ⁴ ‘*Report of the Joint Future Group*’, Scottish Executive, 2000.
- ⁵ ‘*Scottish community care statistics 2000*’, Scottish Executive, 2001.
- ⁶ ‘*Community care statistics 2000: home help/home care services, England*’, Department of Health, 2001.
- ⁷ ‘*Fair care for older people. Care Development Group report. September 2001*’, Scottish Executive, 2001.
- ⁸ ‘*Homing in on care: a review of home care services for older people*’, Accounts Commission, 2001.
- ⁹ ‘*Attitudes and aspirations of older people: a review of literature*’, Boaz A et al, University of Warwick for DSS, 1999.
- ¹⁰ ‘*Scottish community care statistics 2000*’, Scottish Executive, 2001.
- ¹¹ ‘*Vacancy monitoring in residential care homes and nursing homes, Scotland 2000*’, Scottish Executive, 2000.
- ¹² General Register Office for Scotland, Projected population of Scotland (1998 based).
- ¹³ ‘*Low dependency residents in private nursing homes in Glasgow*’, Prentice G et al, Health Bulletin 59(1), January 2001.
- ¹⁴ Analysis of net expenditure per LFR3 Return (home care on older people estimated at 85% of total expenditure on home care).
- ¹⁵ Expenditure on home care from Scottish Executive analysis of SEDD Local Government Finance Statistics – LFR3 Return; expenditure on community care from ‘*Changing for the future – social work services for the 21st century*’, Scottish Executive, 2001.
- ¹⁶ ‘*Scottish community care statistics 2000*’, Scottish Executive, 2001.
- ¹⁷ ‘*Scottish community care statistics 2000*’, Scottish Executive, 2001.
- ¹⁸ Social Work Statistics Division Home Care Return Form H1.

¹⁹ *'Report of the Joint Future Group'*, Scottish Executive, 2000.

²⁰ Audit Scotland survey of home care workers (n=583).

²¹ Audit Scotland survey of home care workers (n=291).

²² *'Health briefing, number 01/05'*, ISD Scotland, 2001.

²³ Audit Scotland survey of service users (n=832).

²⁴ *'Fair care for older people. Care Development Group report, September 2001'*, Scottish Executive, 2001.



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