

SCRUTINY COMMISSION FOR RURAL COMMUNITIES	Agenda Item No. 4
18 NOVEMBER 2013	Public Report

Report of the Executive Director of Adult Social Care

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USE OF HOMECARE MONITORING SYSTEM - UPDATE

1. PURPOSE

1.1 The Committee requested that the Assistant Director, Strategic Commissioning, Adult Social Care report back to the Commission in three months time with:

1. a data report from the Electronic Monitoring System covering each village by post code.
2. a data report on the increase of take up of direct payments in the rural areas since September 2012.

2. RECOMMENDATIONS

2.1 The Scrutiny Commission for Rural Communities is asked to note and comment on the contents of this report.

3. LINKS TO THE SUSTAINABLE COMMUNITY STRATEGY

- 3.1 The provision of adult social care supports the deliver of the key outcome *Creating opportunities – tackling inequalities*, specifically in relation to improving health and supporting vulnerable people.
- 3.2 Community based social care also supports the key outcome to *Create strong and supportive communities* in terms of empowering local communities and supporting people to engage in and be part of their local community.

4. BACKGROUND

4.1 The Scrutiny Commission for Rural Issues requested a report from the Adult Social Care commissioning team on access to homecare for people living in rural areas. This report was presented to the Scrutiny Commission on 13 September 2012.

4.2 The report covered a range of issues detailing the Adult Social Care Department's commitment to ensuring equity of access to support in rural areas through:

- supporting access to homecare through enhanced hourly rates in rural areas
- the use of Direct Payments to enable the employment of local personal assistants to provide support
- the plans to monitor homecare delivery through electronic monitoring systems.

4.3 The Scrutiny Commission requested an update on the implementation of electronic homecare call monitoring which was presented to the Commission on 17 June 2013.

5. KEY ISSUES

5.1 Electronic call monitoring systems record information on homecare calls by logging when a call starts, when it ends and which worker provided the support. This means it is possible to monitor whether

people a receiving their planned support at the expected time and for the expected duration. Consequently, any short fall or increase in expected support can be identified and responded to.

5.2 Concerns have been raised in relation to people living in rural areas not receiving the expected support due to care workers cutting calls short to enable them to travel between calls. Electronic call monitoring enables the Council to monitor whether this is a particular issue for people living in rural areas.

5.3 Electronic Call Monitoring system usage

5.3.1 A review of homecare delivery in rural areas has been carried out using electronic call monitoring (ECM) data supplied by homecare providers and cross referencing this information against frameworki, the adult social care case recording system. The information provides a snapshot view over a four week period for providers on the Council's Independent Living Support Services framework and aims to give a view of care delivered against planned hours broken down by village (and surrounding area) using postcode data held on frameworki. ECM data was manually cross-referenced against frameworki post-code data where a direct match could be made.

5.3.2 Table 1 below gives a breakdown of the ECM data:

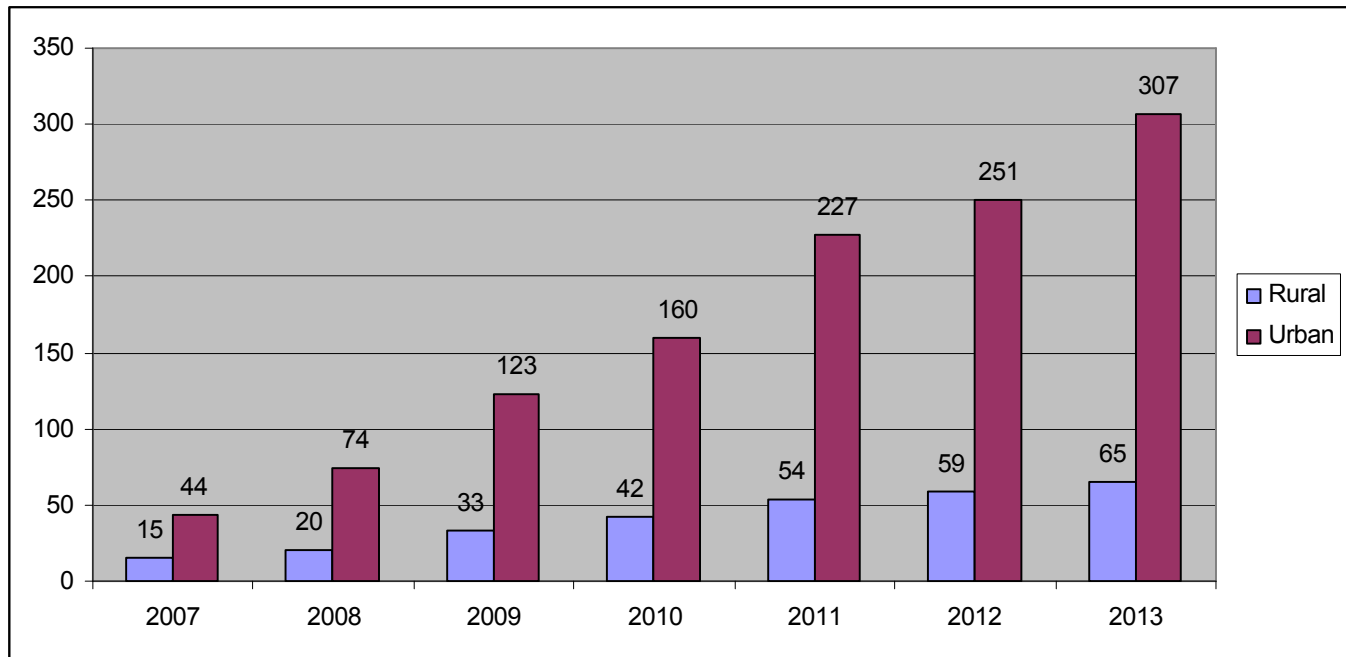
Village	Hours planned	Hours delivered	Variance	Cases (number)
Ailsworth	56	54.45	-2.77%	1
Castor	16	16	0.00%	1
Eye	620.55	615.59	-0.80%	10
Farcet	91	59.97	-34.07%	3
Glinton	242.65	230.32	-5.08%	7
Hampton	303	301.61	-0.46%	5
Helpston	53.25	48.27	-9.35%	4
Newborough	138	126.26	-8.51%	3
Northborough	87	79.01	-9.18%	4
Maxey	37.5	29.4	-21.60%	2
Milking Nook	35	29.2	-16.57%	2
Thorney	224.4	215.15	-4.12%	4
Ufford	162.75	138.09	-15.15%	6
Wansford	35.75	26.3	-26.43%	2
Wittering	27.5	25.92	-5.75%	2
TOTAL	2130.35	1995.54		56

5.3.3 As can be seen there is considerable variation across the villages, this appears to be mainly due to case specific issues. The total number of actual care hours delivered is 94% of the total planned hours. This in line with original estimates based on experience of other areas implementing ECM that indicate between 88% and 97% of planned care is delivered on average.

5.4 Direct Payment uptake

- 5.4.1 There has been a steady increase in Direct Payment uptake over the period 2007 to 2013 across all areas with the rate of uptake in rural areas within Peterborough being slightly slower than in urban areas.
- 5.4.2 Table 2 below sets out the number of active Direct Payment recipients for each calendar year, the number for 2013 has been forecast using data from the first six months of the year.

Table 2: Direct Payments by post code (number of active cases)



- 5.4.3 As can be seen from Table 2 there does not appear to have been a significant increase in rural Direct Payment recipients since 2012, however, the introduction of the Direct Payment Guidance in August 2012 may have impacted on numbers.
- 5.4.4 An audit of all Direct Payment cases over 2011 and 2012 raised concerns about the appropriateness of Direct Payments in some cases and to a number of Direct Payments being ended or transferred to managed support. This also led to the development of guidance to social work teams to ensure that Direct Payments were used appropriately to deliver outcomes and meet need.
- 5.4.5 Overall, the ongoing increase in Direct Payment uptake in rural areas is positive, the current review of Direct Payment policy and guidance provides an opportunity to increase awareness and to increase uptake further. The Adult Social Care Transformation Programme is reinvigorating the focus on Personal Budgets and Direct Payments, as a part of this programme the take up of Direct Payments in rural areas will be prioritised.

6. BACKGROUND DOCUMENTS

Used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985

- 6.1 None used.

7. APPENDICES

- 7.1 There are no appendices to this report.

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