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## Report of the Head of Scrutiny and Member Development

### Adult Social Care Scrutiny Board

Date: 22<sup>nd</sup> September 2010

Subject: Terms of Reference - Inquiry into 'The Future Provision of Domiciliary Care and Reablement Services'

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**Electoral Wards Affected:**

**Specific Implications For:**

Equality and Diversity

Community Cohesion

Narrowing the Gap

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## 1.0 INTRODUCTION

**1.1** At the June 2010 Adult Social Care Scrutiny Board meeting members expressed their desire to conduct an inquiry into the provision of Domiciliary Care and Reablement Services to the residents of Leeds. The development and review of both service areas is planned during 2010/11 and beyond as part of the overall modernisation of adult social care services. It is appropriate for the Scrutiny Board (Adult Social Care) to conduct an inquiry at this juncture in order to influence decision making and assist with policy development which will ensure effective service delivery and value for money.

Members of the Adult Social Care Scrutiny Board are now asked to consider the proposed terms of reference.

**1.2** Guidance has been sought from the Deputy Director – Strategic Commissioning, the Chief Officer – Access and Inclusion and the Programme Manager involved in this area of service transformation, in order to recommend specific areas of focus for the inquiry.

**1.3** In line with Scrutiny Board Procedure Rule 13.3 the views of the relevant Director and Executive Member have been sought. Any views will be communicated to the Board by the Principal Scrutiny Advisor.

## 2.0 SCOPE OF THE INQUIRY

**2.1** It is recommended that the inquiry focuses on the current provision of Domiciliary Care and the requirement for modernisation to meet customer demand whilst providing a quality service to those who receive home care (sourced internally or externally) or those who may wish to purchase this service from the Council. It is also recommended that the inquiry considers the development of the Reablement Service, the benefits this service will bring and how this service is and will be delivered. The Board should pay particular attention to:

- Current Domiciliary and Reablement Service provision and aspirations for the future.
- Anticipated customer demand (both long and short term)
- Value for money
- Reablement and the Early Implementer Project
  - Methods of assessment, eligibility and charging criteria.
  - Equipment and Technology
  - Range of support to be provided
  - Mechanisms for monitoring the success of a Reablement Service.
- Current and future in-house service provision.
- Working with Partners and future commissioning.

### **3.0 TIMETABLE FOR THE INQUIRY AND SUBMISSION OF EVIDENCE**

#### **Session 1 – 28<sup>th</sup> September 2010**

##### **Background and Aspirations, Demand and Value for Money**

- The current situation in Leeds and the influences for change. Aspirational model(s) for Domiciliary Care, the evidence to support the direction of change and how will this deliver value for money. What are the anticipated benefits for the client and the Council?
- Comparative cost information for the provision of Domiciliary Care internally and externally and the reason for these differences. (In house service issues to be covered in greater details in session 4)
- Analysis for demand in the short and long term, and how this will be managed.
- Documented service user feedback for domiciliary services provided internally and externally.
- Homecare comparative service/benchmarking data with other large authorities.

#### **Session 2 – 7<sup>th</sup> October 2010**

##### **Reablement - Early Implementer**

- Project Scope, key dates, selection criteria for candidates to participate.
- Hours of service allocated to reablement overall – is this enough?
- Length of reablement service for individuals. How do we meet the requirement of a fast responsive service? What systems need putting into place?
- Resources applied – what structures are in place, what is the planned structure?
- Client time – Is extra time applied to each reablement case? Not treated as a homecare case.
- Promotion of service and training of customer service staff – how will this be done?

##### **Reablement - Assessment, Eligibility Criteria and Charging**

- What has historically been in place to assist people to help themselves?
- How and when is assessment undertaken?
- Who will qualify and how do we assess where reablement will have the greatest impact?
- Selection criteria for reablement - all clients or those new to Adult Social Care or those discharged from hospital?
- Charging structures – what will be put into place. How do we ensure clients are not paying for in house inefficiencies?
- What will be done to 'motivate' service users to participate in reablement?

#### **Session 3 – 21<sup>st</sup> October 2010**

##### **Reablement - Equipment and Technology, Range of Support and Monitoring Progress.**

- The range of assistive technology available to individuals.
- Waiting for equipment, technology and adaptations. Responsibilities and expectations for delivery, what may be the blockages that could prevent or delay reablement?
- Environment and Neighbourhoods Dept– Reablement support through adaptations and care ring – how will these services be delivered in the future? How does reablement fit into the Adaptations Strategy?
- What range of overall support will be provided to individuals?

- What monitoring systems are or will be in place?
- How are we measuring success?

### **Working with Partners and Future Commissioning**

- What is the plan for future commissioning – have we/will we consider external providers for the reablement service?
- Who are we working with? What Service Level Agreements/Framework agreements are/need to be put into place and what are the timescales?
- Health Service – partnership approach to reablement or referral of cases to Adult Social Care? How are OT's utilised in the process? How does the reablement service fit with intermediary care and hospital discharge?
- Hours of Reablement Service - to ensure hospital discharge is not delayed
- NHS support in terms of funding or resources. What is/can be provided and does this meet Council expectation?
- Provision of fast on-going care delivery. Is this achievable overall?

### **Session 4 – 10<sup>th</sup> November 2010**

#### **Current and Future In-house Provision (Following on from Session 1 in greater detail)**

- Cost of in house provision – comparison in terms of cost and quality to external provision.
- Details of current inefficiencies in the way the in- house services are being provided. How easily and realistically can these issues be rectified? What has been done so far and what have been the results/improvements.
  - Capacity to meet future demand and projected cost.
  - Historical and current productivity and resource issues, including attendance management.
  - Flexibility – Contract arrangements and rota patterns
- Culture and Staff retraining – how are we going to change ways of thinking/culture when providing services? Will staff involved in reablement have NVQ's or specialist training?

There is a range of available approaches to evidence gathering which the Board could seek to adopt as part of the scrutiny inquiry process. Approaches include:

- Submission of documentation and reports
- Discussion with key stakeholders
- Visits to selected establishments, as appropriate, to engage with service users and staff
- Visits to and/or discussions with other organisations identified as delivering best practice, as appropriate

#### **4.0 WITNESSES**

**4.1** The following witnesses have been identified as possible contributors to the Inquiry:

Executive Board Member (Adult Health and Social Care)  
 Director of Adult Social Services  
 Deputy Director of Adult Social Services – Strategic Commissioning  
 Head of Commissioning (Adult Social Care)  
 Chief Officer – Access and Inclusion  
 Social Services Human Resources and Training  
 Chief Officer for Health and Environmental Action Services (Adaptations)  
 Health Service Representatives  
 Head of Service – Support and Enablement  
 Adult Social Care Programme Manger(s)  
 Experts by Experience

Staff involved in providing reablement services  
Service Delivery Experts from Other authorities (where a reablement service is operational).

## **5.0 WORKING GROUP**

**5.1** The Board has agreed that a working group arrangement will be put into place following the September Board meeting to allow the inquiry to proceed more quickly than through full Board meetings. The working group will consider evidence and question key witnesses

## **6.0 POST INQUIRY REPORT MONITORING ARRANGEMENTS**

**6.1** Following the completion of the Scrutiny inquiry and the publication of the final inquiry report and recommendations, the implementation of the agreed recommendations will be monitored by the Adult Social Care Scrutiny Board (or its successor) or a specific working group as stipulated by the board.

**6.2** The final inquiry report will include information on the detailed arrangements for how the implementation of recommendations will be monitored.

## **7.0 MEASURES OF SUCCESS**

**7.1** It is important to consider how the Scrutiny Board will deem if their inquiry has been successful in making a difference to local people. Some measures of success may be obvious at the initial stages of an inquiry and can be included in these terms of reference. Other measures of success may become apparent as the inquiry progresses and discussions take place.

## **8.0 RECOMMENDATIONS**

The Adult Social Care Scrutiny Board is recommended to:

**8.1** Note the information contained within this report, make further recommendation to update the terms of reference where necessary and agree the terms of reference for the Future Provision of Domiciliary Care and Reablement Services inquiry.

**8.2** Note that the terms of reference may incorporate additional information during the inquiry should the working group or the Adult Social Care Scrutiny Board identify any further scope for inquiry within the area of Domiciliary Care and Reablement Services.

## **9.0 BACKGROUND PAPERS**

None