

Scrutiny-Sub-Committee for Strong Healthy and Safe Communities

5 September 2005



Aids and Adaptations and Domiciliary Care Issues

Report of Acting Director of Social Care and Health

Purpose of Report

1. To provide information to Members following the receipt of representations about Aids and Adaptations and Domiciliary Care issues.

Background

2. Representations have been received from the County Durham Service Users and Carers about the Aids and Adaptations and Domiciliary Care Services.

Aids and Adaptations

3. Comments have been received about the role of different agencies in relation to certain aspects of service provision which inhibit a whole service approach for users. For instance, the Health Service continues to be responsible for wheelchairs and the County Council and District Councils have discrete responsibilities for some aspects of adaptations but there is no effective single assessment process in place which enables one agency to undertake work on behalf of another.
4. Considerable progress has, however, been made over the past two years to improve the range and quality of services available. This includes the establishment of a multi-agency Community Equipment Board which includes service user and carer representation to address on-going concerns. There is a common approach to eligibility criteria, joint training and a new range of home independent shops to increase responsiveness to the public.
5. There are, however, a number of outstanding issues that are still to be resolved. The Aids and Adaptations Scrutiny Working Group continues to monitor and progress in this area and the next meeting of the working group will be held on 7th October 2005. This will be a joint meeting with Darlington Borough Council. Of the outstanding issues that are still to be resolved, the following are noteworthy:-
 - Increasing capacity within Services to deal with the rise in demands associated with an ageing population and more rapid hospital discharges.

- Seeking multi-agency support for a fully integrated service which is based upon a pooled budget, lead commissioning and integrated providers with a single assessment service.
 - Agreeing joint performance measures with partner agencies who are undergoing significant organisational change.
6. The situation is complicated by the current complex administrative arrangements within the County. Although performance has improved, there have been concerns about backlogs in referrals for assessment and delivery of services. The question of resourcing and future pressures upon budgets will need to be considered at some point given the profile in County Durham of an ageing population and increase in the number of people being cared for at home.

Domiciliary Care

7. Many of the issues highlighted above in the report in relation to Aids and Adaptations apply equally to domiciliary care services. There is concern about continuity of care, particularly over weekends and holidays and during times of staff sickness and staff annual leave. The natural preference of service users would be for one or a small number of carers attending to an individual's personal care needs as opposed to many carers carrying out 'tasks' done for them.
8. Many service providers are struggling to recruit and retain staff to provide basic services and the opportunities to achieve the quality of service demanded by service users as outlined above are limited in the current situation. Agencies do try to offer consistent inputs but the tasks have to be undertaken by the staff available to them. There is an impact arising from the working time directive and also the very nature of domiciliary care, where large numbers of services are required at specific times, stretches the availability of staff. Many of the staff from agencies who provide care at home now have to deal with very complex cases including personal as well as domestic care which requires a higher level of personal accountability and training. However, many of the staff providing these services receive low levels of remuneration and are becoming increasingly difficult to recruit and retain.
9. We have undertaken work to improve overall capacity within a domiciliary care market and ensure that we monitor public satisfaction. Most surveys continue to remain positive. However, we are aware that some older people are fearful that critical comments about services may result in their withdrawal and this may influence their responses in some instances. This may not be the case in the future and a higher number of service users are now expressing their higher expectations to us about service provision. Current standards may not, therefore, be acceptable in the future.
10. The question of performance of domiciliary care services is not simply a local issue. There have been a number of national investigations which have highlighted issues such as lack of regulation, poor standards of

personal hygiene, diminishing time allocations and a lack of flexibility in service provision. A number of improvements have been made to services in the past three years including setting clear standards for providers, establishing a preferred provider system so we can better manage the market and develop quality standards, routinely surveying customer views and engaging service users in key planning groups so as to better shape service provision.

Recommendation

11. This report is for the information of members.

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