

## HASC 15 mins Care Visits Inquiry – 6 month progress on Recommendations

**Select Committee Inquiry Report Completion Date:** 11<sup>th</sup> August 2015

**Date of this update:** 22<sup>nd</sup> March 2016





**Lead Officer responsible for this response:** Ali Bulman (Reco 1), Marcia Smith (Recos 2a, 2c, 3.) Adam Payne (Recos 2b) Rachael Rothero (Reco 4) Trevor Boyd (Reco 5)

Accepted Recommendations	Original Response and Actions	Progress Update	Committee Assessment of Progress (RAG status)
<p>1: The Cabinet Member agrees the “Delivering Dignified Care Policy (15 min calls)” as a key decision, as required by the Council’s Constitution and Operating Framework to formally validate it as Council policy.</p>	<p>The service will submit this as a policy but the HASC work has identified to the service that we need to be clear about what is a policy and what should be issued as guidance to our staff and partners. It is the officer’s view that in hindsight this document is more appropriate as guidance.</p> <p>The use of 15 minute calls has been in place for many years and the essence of this ‘policy’ was to provide guidance and clarity for officers and partners about the appropriateness of 15 minute calls. A reviewed policy document is being submitted for key decision in September 15.</p>	<p>The policy has been submitted for a key cabinet member decision which will be due in March 2016. See link: <a href="https://democracy.buckscc.gov.uk/mg/issueHistoryHome.aspx?Id=43087&amp;Opt=0">https://democracy.buckscc.gov.uk/mg/issueHistoryHome.aspx?Id=43087&amp;Opt=0</a></p>	<p>30<sup>th</sup> September 2015 deadline</p>
<p>2: We recommend that there are clear monitoring and implementation arrangements in place to ensure that policy compliance is regularly reviewed. Improvement arrangements should include:</p> <p>a) Stronger communications of the Council’s policy to staff, providers and stakeholders.</p> <p>b) Improvements to the quality and detail of care plans to ensure consistency across the service</p> <p>c) Greater proactive utilisation of</p>	<p>a) Once the revised policy/guidance has been approved the Service will recirculate the policy to staff and instruct that this is to be reviewed at team meetings, with confirmation required including minutes of the meeting at which it is discussed.</p> <p>We will re-circulate to our providers and ask them to confirm that this has been cascaded to their front line staff. We will also, promote the policy at the next Provider Forum on the 20th October 2015.</p> <p>A leaflet on the dignified care policy will be devised and providers will be asked to ensure it is shown to all clients and that it is kept in the client handbook for all users and their families to be reminded of, for future use if needed.</p> <p>b) A piece of work has been commissioned from our business and systems team to review the current care</p>	<p>a) This is being done on an ongoing basis as we get new clients and new spot providers</p> <p>b) Every individual care plan is now signed off and authorised by a care</p>	<p>a) 31<sup>st</sup> Oct 2015</p> <p>b.) 31<sup>st</sup> Dec 2015</p>

<p>data to monitor scheduled visits which regularly exceed allocated time to ensure compliance with the policy.</p>	<p>plan arrangement to improve on the system for recording and the outcomes identified for individuals. The guidance has been re-written and will be launched as part of the new ways of working.</p> <p>c) Monthly reports are run which identify where the total time allocated/commissioned to a visit is either exceeding or under-utilised. In the first instance, care providers will be questioned to identify why this has occurred i.e. whether this is a one off or likely to be ongoing and change requests made as appropriate.</p>	<p>supervisor and care plans are being completely rewritten and made simpler and clearer, this action is still ongoing.</p> <p>c) This is being done on an ongoing basis</p>	<p>c.) with immediate effect</p>
<p>3: A monthly change request analysis report is produced as part of the Service Area Performance Scorecard, to review and monitor the impact of the process as part of the contract monitoring process. The analysis should include:</p> <ul style="list-style-type: none"> <li>a) The number of requests received for the period and whether they are for increases or decreases in time.</li> <li>b) Whether the requests were accepted or not (if not reason)</li> <li>c) Date that change request was received and date change</li> <li>d) Identification of delays in the process (para 40-48).</li> </ul>	<p>All these points will be included.</p>	<ul style="list-style-type: none"> <li>a) In place</li> <li>b) In place but manual audit of case files is required</li> <li>c) In place</li> <li>d) In place</li> </ul>	<p>With immediate effect</p>
<p>4: To help drive quality of care, and staff recruitment and retention, new contracts for Domiciliary Care from March 2016 should include a contract clause that requires staff to be paid for their hours of work, which should include travel time</p>	<p>Providers, in line with their national policies, utilise a range of contract terms and conditions to pay Bucks based carers. These may include travel time as part of an enhanced hourly rate or they may pay time travel time and mileage in addition to a basic hourly rate. Buckinghamshire County Council commissions hours of care which we pay for using a composite rate, currently averaging £17.85 per hour. We expect the composite</p>	<p>The evaluation process for the Council retender of dom care services included an assessment of each bidder's position on appropriate remuneration over travel time for care workers. The winning bidders have confirmed that travel time is accounted for within their payment</p>	<p>April 2016</p>

<p>between care visits.</p>	<p>rate to cover all costs incurred by suppliers, including travelling time incurred by carers between each care visit.</p> <p>For the new contracts being awarded from April 2016, Providers will need to demonstrate how they calculate the composite rate they submit and how travel time is costed as part of this rate.</p> <p>We accept the recommendation in part, because we will achieve the required outcome, although not through contract stipulation, but through our contract monitoring. We will gain evidence and assurance that, however staff are paid, they receive at least the national minimum wage when calculating the total time that they have spent on duty including both care time and travel time.</p>	<p>rates to their care workers. As this will be within the contracted price, the contract clause would not be necessary, other than contract monitoring to be applied.</p>	
<p>5: The Cabinet Member for Health and Wellbeing should, in future, take key decisions on how services are commissioned prior to going out to tender where those contracts and services are deemed to be significant, as defined in the Council's Constitution.</p>	<p>The service will be fully compliant with the Council's Constitution.</p>	<p>This has been agreed and in in place as part of policy guidance issued to staff</p>	<p>With immediate effect</p>

*RAG Status Guidance*

	<p><i>Recommendation implemented to the satisfaction of the committee.</i></p>		<p><i>Committee have concerns the recommendation may not be fully delivered to its satisfaction</i></p>
	<p><i>Recommendation on track to be completed to the satisfaction of the committee.</i></p>		<p><i>Committee consider the recommendation to have not been delivered/implemented</i></p>