



Can We Trust the Trusts?

Cuts to Vital Services for Frail and Older People

June 2013

Summary

Health Trusts across Northern Ireland are undermining government policy by cutting funding to vital services for vulnerable and older people.

- The Government's Transforming Your Care programme aims to ensure more people are cared for in their own homes, rather than in hospitals and care homes.
- Such measures clearly lead to a huge increase in the importance of domiciliary care, the range of services that ensure people can stay in their homes, as opposed to a hospital or residential home.
- Yet just as government is implementing the new strategy, the Trusts are cutting back on access to domiciliary care for those who need it, shortening visiting times, and driving providers to the brink by cutting their rates to unsustainable levels.
- Urgent action from government is needed to halt the Trusts' cutbacks, which are pulling the rug from under policy by forcing vulnerable people into care or hospitals – amidst dropping budgets – when, with help and support, they could lead independent lives at home.

The IHCP and UKHCA is calling for an urgent independent evaluation of the value for money provided by domiciliary care – action that is necessary to prevent disaster in our health care system.

What Is Domiciliary Care?

Domiciliary care is the range of services provided to help ensure people can stay in their own homes, as opposed to having to be treated in hospital.

Services are provided for older people as well as those with physical disabilities, learning difficulties or mental ill health.

They can involve a broad range of vital personal care, from helping people to wash and to dress, providing food, simple treatments, continence management and household cleaning, through to more intensive medical help in the home.

Around 24,000 people across Northern Ireland currently use domiciliary care services which play a key part in maintaining their health, well-being, dignity, and most of all their independence.

Domiciliary care is therefore a crucial lifeline for both clients and their families, helping them to live life as fully as possible.

These services are provided by the statutory and independent sectors. All told approximately 12,000 are employed in the industry across Northern Ireland, making it a significant part of the economy.

The independent sector, comprising private, community and voluntary organisations, delivers 64% of the work overall, 71% of out of hours work and 93% of overnight services. Independent provision is more cost effective than that provided directly by the Trusts.

Domiciliary care is not only a cherished service for its users, it also saves money by ensuring people are cared for in their own homes rather than in the more expensive settings of hospitals or care homes.

Transforming Your Care

The Health and Social Care Service in Northern Ireland is on the cusp of radical change, as the Transforming Your Care (TYC) initiative is implemented - and domiciliary care services will be at the heart of that transformation.

TYC is based on the landmark report authored by John Compton, chief executive at the Health and Social Care Board, published in December 2011.

The report has been endorsed by Health Minister Edwin Poots and is in the early stages of implementation.

Transforming Your Care concludes that the existing model of care in Northern Ireland is not fit for purpose as we look to the future.

It points out that our population is ageing with, for example, the number of people over 75 set to increase by 40% before 2020, while there has also been an increase in the numbers of people with long term conditions, such as Alzheimer's disease.

At the core of TYC is the principle that home will be the hub of services to ensure that as many people as possible are cared for in independent surroundings, including at the end of life. The consultation which accompanied the report strongly backed this concept, with 81% of people saying they would prefer treatment in the community or at home.

Transforming Your Care states: "The new model will provide more support to help people who are sick or frail to maintain their independence and stay in their homes as long as possible."

This new approach puts domiciliary care at the heart of our health service.

It will play a key role in enabling the vision, as outlined by John Compton, become a reality. If implemented successfully it will help to ensure people get the health care they want, need and deserve, with many more clients being able to maintain independence and be cared for at home.

The New Approach is Being Undermined

Despite the heavy emphasis on care at home in government strategy, we are finding that the new approach is being undermined by the Health and Social Care Trusts, who commission social care, even as government attempts to implement it.

The Health and Social Care Board wishes to see an expansion of community-based care delivered by independent and voluntary sector providers, yet at the same time the Trusts are implementing short-term financial savings which threaten the quality and sustainability of these providers, bringing the industry to the brink of crisis.

There are two significant consequences:

1. Reduced access to domiciliary services

The principle underlying Transforming Your Care is for people to be helped to live independently with dignity. And yet Trusts have set criteria for people to obtain domiciliary care so high that there is now increasing unmet need, right across Northern Ireland.

Their current focus is on intensive care packages for people with high levels of dependency and complex medical needs.

As a consequence people who need help with shopping, community meals, day care, cleaning and laundry are increasingly unable to get support, meaning that more and more are unable to stay in their own homes.

The irony of this is that by trying to save money on domiciliary services, the Trusts are actually increasing the overall cost of care as people opt for care homes or end up in hospital, when with a little more help they would be able to manage at home.

Transforming Your Care emphasises prevention as a way of helping people remain at home, but the focus of the Trusts remains on providing 'critical' care rather than the support that prevents people from falling into dependency, maintaining their pride, dignity, nutritional needs and well-being.

The process used by Trusts in assessing care needs is undermining TYC by hampering peoples' ability to stay in their homes, cutting resources needed to support them, and eroding their ability to make choices as to how they wish to be cared for.

Our concern is echoed by the Patient and Client Council, which reported back from a wide-ranging consultation by saying:

"It was felt that the (domiciliary care) service should be wide-ranging and should encompass physical, social and psychological needs. There was also much discussion amongst focus groups about the decrease in assistance with less personal tasks such as cleaning, laundry and shopping. Many people felt that help with these activities was just as essential in enabling older people to remain at home as personal care." (Care at Home – Older People's Experiences of Domiciliary Care –Patient and Client council Report June 2012)

2. Reducing duration of homecare visits

To make matters worse, the majority of homecare providers are reporting a reduction in the time allowed for calls to clients, resulting in important care not being provided, or carers working beyond the time they are paid for. Many clients are now experiencing a 'rushed' visit resulting in them losing their independence in daily living skills and reducing the time available for social interaction.

Again Transforming Your Care emphasises the fact that many older people live isolated and lonely lives and our visits are often the only social contact they get day to day. We believe in treating people with dignity and what we are increasingly being expected to do works against that.

UKHCA's research suggests (*Care is Not a Commodity 2012*) that Northern Ireland has the highest proportion of 15 minute homecare visits in the UK, and shows the extent of concern expressed by care providers about the significant risks to dignity for people who use services.

We are concerned, for example, about being expected to help frail, elderly and disabled people wash, dress and use the bathroom in 15 minutes whilst affording them the dignity, respect and kindness that they deserve. In addition, providers are being asked to administer medication during these visits, including recording increasingly complex pharmacy instructions. Clients are increasingly presenting with elements of cognitive decline and require coaxing from the care worker, yet we see that there is an increasingly high demand from the fifteen minute visits.

Alarmingly, there have been suggestions more recently that calls should be reduced to eight minutes.

Such short-sighted commissioning will inevitably lead to increased anxiety for people who use services and their families.

As budgetary constraints tighten, fewer people who need domiciliary care are receiving it, thus increasing the burden on more expensive services, costing the public money, and undermining the principles that underpin a vital government initiative. This is a supreme example of how our current system is not fit for purpose.

The Race to the Bottom

1. Reduction in Hourly Rates

None of the Trusts have ensured domiciliary care services have been protected from inflation and so there have been no increases to meet mounting costs over the past few years, increasing pressure on providers in relation to both salaries and soaring fuel costs.

To compound matters, the Belfast Trust has cut the hourly rate by 7% during 2011/12 and is introducing a further cut of 20p to £11.70 in 2013, putting the sustainability of the service in jeopardy.

In a period of two years a cut to rates of 8.8% has been imposed which, when added to inflation of around 5.5% over the same period, gives a reduction on rate of over 14% in real terms. The Belfast Trust is not alone in failing to meet the inflationary pressures of domiciliary care. The refusal to increase rates across the other five Trusts has meant that agencies cannot guarantee the sustainability of their services into the future, when TYC states so clearly that the sector is key to its success.

The South Eastern Trust wrote to existing providers at the beginning of May 2013 suggesting a 3.3% reduction on its existing contract rates, as the Trust “finds itself in a position where it has become a Trust priority to expedite savings”. The Trust appears to believe that homecare can be supplied in a largely rural area at similar prices to a neighbouring urban Trust, where careworkers’ travel time is considerably shorter.

These behaviours suggest a lack of commitment from Trusts to deliver the objectives of Transforming Your Care for the Department. They will inevitably lead to a fall off in the quality and range of care and will undermine the dignity and independence of vulnerable and older people.

The Belfast and South Eastern Trusts must reverse their proposed cuts to avoid a direct threat to all that government is trying to achieve through Transforming Your Care. *We need all Trusts to provide a fair rate that enables sustainability of the sector. Domiciliary Care has for too long been seen as a source of savings for Trusts.* There is a need for proper investment in services that enable us to care for people in their homes not only because it is what they want and deserve but also because this investment will save money.

2. Implications of Cuts for the Industry

A well-motivated workforce is important for the delivery of high quality care. Low paid Trust staff have continued to receive an increase in earnings each year. However, independent and voluntary sector providers have been prevented from treating their workforce equitably, because of the commissioning practices of the Trusts. The lack of any increases and in some cases cuts in hourly rate has impacted on the value of carers working in the independent and voluntary sectors.

A well-motivated workforce is going to be vital to ensure that in the future we can deliver on the Transforming Your Care initiative. We are becoming increasingly concerned about our ability to both retain and recruit good staff and also the impact that cuts will have on the potential for non-compliance with the National Minimum Wage.

The additional impact of Trusts' ability to reduce price means that homecare workers will receive as little as £1.55 (Gross) for 15 minutes spent caring for someone in their home. This is further evidence of a lack of appetite to implement Transforming Your Care, and we have growing fears that it opens up the sector to operators who are prepared to cut costs to the detriment of frail and older people which in turn will bring the industry into disrepute. Currently, providers receive no enhancement for delivering shorter homecare visits – providers will receive between £2.60 and £3.08 for delivering a fifteen minute call, from which they need to meet all their business and travel costs and meet requirements under the Wages Acts. They must also meet the quality requirements of RQIA and train staff to deliver the care. It is no wonder then, that staff retention is an issue of great concern to providers.

3. Tendering of Services

Recently the Western Trust wasted a significant amount of money in a botched tendering exercise (estimated at a minimum of £400,000 loss to service provision). This tendering process has been investigated by the Comptroller and Auditor General and is the subject of scrutiny by the Public Accounts Committee. The weighting in the process puts a 70% emphasis on price and a capped limit of £10.40 per hour (one of the lowest in the UK). This demonstrates the Western Trust's lack of commitment to quality care and its

lack of respect for the dignity of some of the most vulnerable people who live in the area it serves. It undermines their quality of life and their capacity for independent living.

We believe it is about to repeat this exercise and we understand other Trusts are poised to follow the approach. It puts cost before people in the most short-sighted way imaginable – because the net result will be an increased burden on acute services in its area. The Trusts have not sought to properly consult with our sector in order to determine what are the true costs of delivering a service.

Conclusion:

As budgetary constraints tighten, less people who need domiciliary care are receiving it, thus increasing the burden on more expensive services, costing the public money, and undermining the principles that underpin a vital government initiative. At the same time cuts are undermining the dignity and independence of vulnerable and older people *and* threatening the industry's viability. This demonstrates how our current system is not fit for purpose.

The Need For Independent Evaluation of Domiciliary Care

In 2011 the Health and Social Care Board announced it was to carry out a value for money audit (VFM audit) of domiciliary care services across Northern Ireland.

We believe such an audit is vital because it will provide the independent evaluation of cost and quality of domiciliary care services required to ensure our older and vulnerable people are supported to live independent and healthy lives in their own homes, for longer.

Evidence from the Information Centre for Health and Social Care (an executive non-departmental public body) stated in 2011/12, that the cost of providing in-house domiciliary care (i.e. statutory provision) averaged across English Local Authorities at £35.50 per hour. The average cost of provision in the same report for independent and voluntary providers was £14.70. We do not believe that these figures vary substantially for publicly provided domiciliary care in Northern Ireland. We had hoped this was what the Value for Money Audit would demonstrate and that some headway could be made to allow

savings to be delivered by further contracting of services to the independent sector and to allow providers more scope to provide a quality service to clients and retain good staff in the sector by improving their terms. Regrettably the Department of Health has not seen fit to authorise funds for this audit.

We believe that unless the Value for Money audit is urgently executed *and its evidence acted upon to retain a viable sector*, considerable damage will be done.

What Needs to Happen

- We must insist that the dignity and safety of domiciliary care clients (ie. a quality service) is paramount in the mind of commissioners and that the providers are enabled to deliver the kind of care required and can invest in staff skills to ensure the success of TYC, a vision we are fully committed to delivering.
- We must ensure that the human rights and dignity of clients is protected and that they receive a safe service with adequate time allocated to ensure the wishes of clients are met.
- The Belfast and South Eastern Trusts must reverse their proposed cuts to avoid a direct threat to the well-being of vulnerable people right across the areas which it serves. They cannot be allowed to undermine a key government initiative just as it is being implemented.
- We need support in demanding that the independent value for money audit into domiciliary care is carried out without further delay. This analysis must be held before further tendering of services and in the meantime payment of inflation linked increases in line with care homes will enable low paid carers to receive increases in line with the public sector.
- The IHCP and UKHCA call on politicians, the Department of Health, the Health and Social Care Board, and all stakeholders with an interest in health matters to work together to ensure Transforming Your Care is fully implemented and not undermined before it can be realised by vested interests in the Health Trusts.

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“Supporting Providers in Delivering Quality Care Services”

IHCP is the recognised member organisation for those providing services for vulnerable adults and older people in N. Ireland. Over 11,000 people are cared for by IHCP members in residential and nursing homes, sheltered housing and in the community.

“Working for Quality in Homecare”

UKHCA is the professional association for homecare providers in the four UK nations. Its member organisations deliver more than 1.7 million hours of care each week to 115,000 service users at any one time.