

**Date:**            **Thursday 12 February 2004**

**Venue:**           **Committee Room 3, National Assembly for Wales**

**Title:**            **Review of Interface between Health & Social Care Services - Response  
from Expert Reference Group Domiciliary Care Wales (ERGDCW)**

British Association Domiciliary Care Officers (BADCO)  
Care Forum Wales (CFW)  
National Homecare Council (NHC)  
United Kingdom Home Care Association (UKHCA)  
Voluntary Sector Representative

## **1. The Current Situation**

Domiciliary care, provided formally by public, private and voluntary sectors, to some of the most vulnerable people in society, is undertaken on a day-to-day basis at the interface with health colleagues.

Formal domiciliary care providers also work in close co-operation with carer's, families and other social care networks in domiciliary care settings.

Our experience suggests that this whole raft of inter-dependencies will need to be taken into account in this review. 'Joint working' and particularly joint planning between health & social services is too narrow to reveal many of the key issues.

As practitioners we recognise there is considerable scope for improvement in domiciliary care provision. We welcome the growing understanding of the inter-relationship of health & social care. We fully anticipate domiciliary care will play a major role in the implementation of the Wanless Review, as funding moves to primary care settings and community support services.

We firmly believe the Regulation and upgrading of domiciliary care, particularly the step change requirement to have named, qualified and responsible front line managers in place, will considerably

improve trust and confidence between all sectors working within front line domiciliary care settings.

## 2. Domiciliary Care Workforce

A short fall of domiciliary care workforce was first becoming apparent 3 years ago and has become more serious year on year.

A piece of research instigated by members of the ERGDCW, funded by Wales Office Research & Development, undertaken in conjunction with University of Wales Bangor and currently awaiting publication '*Retention & Recruitment of Care Workers in Wales*', provides considerable evidence of the problems and suggests some remedies necessary to address the increasingly serious situation where demand is out-stripping available supply.

Pay, terms and conditions are all major factors but lack of job satisfaction is the key deterrent. The increasingly rushed delivery which impedes quality care and the allotted time, which is often insufficient to meet the true needs of the service user is un-sustainable. Researchers conclude that the need for a major overhaul of the domiciliary care sector is apparent from the evidence gathered.

Whilst issues of status, pay and conditions of service need addressing **and must be addressed** if retention and recruitment is to improve, the issue of support for care workers, who work with high dependency service users on a day-to-day basis, will be addressed through the new regulations to be applied from 2004.

However, ensuring there are sufficient front line managers and that they are competent to undertake the new roles required by the legislation will also need addressing. For most providers this will be a new post, or series of posts in larger organisations; for some it will be an up grading of staff with the potential to develop new skills. These posts and the training will have significant cost implications for the domiciliary care sector and therefore the funding of domiciliary care. **Training and development of these new manager post holders will be an urgent matter for the Care Council for Wales** to engage in with employers and training agencies.

## 3. Major & Fundamental Changes in 2004

The new Regulations and Standards for domiciliary care, agreed by Health & Social Services Committee, will ensure protection of service users and improve delivery by upgrading both the service focus and the support staff. The new front line managers will be pivotal to the re-focussing of domiciliary care.

Evidence gathered at a conference held by the ERGDCW clearly indicated much work will be needed to enable providers to meet the new regulations. (See annex 1.)

The sector will need considerable support if it is to achieve the desirable smooth change to the new and

more service user focused provision.

We welcome the new National Provider Forum, which will be set up by CSIW, but we have some overarching concerns that will need to be addressed by the Welsh Assembly Government.

**We welcome this opportunity to place on record that providers will not be able to deliver to the required standards unless the current commissioning arrangements are adjusted to accommodate the changing legislative position, and sufficient monies are available to enable purchasers to meet the inevitable increase in costs.**

**Also that it appears that if additional funding is not available, we can expect to see a reduction in services volumes available, with the inevitable knock on effects to the health sector, both in terms of hospital discharge and hospital avoidance.**

**All provision of domiciliary care impacts positively or negatively on health supplies as the two are inextricably linked.**

## **4. Recommendations**

**4.1** Ensure work is undertaken with commissioning agencies, from both health & social care sector to confirm they understand the implications of the new Regulation of domiciliary care on contract and commissioning roles.

**4.2** Ensure funders of domiciliary care are aware that services will need to be targeted more specifically in future to ensure maximum effectiveness and efficiency.

**4.3** Ensure that workforce terms and conditions for the care sector are addressed.

**4.4** Ensure new front line manager posts funded and post holders supported.

**4.5** Ensure all training support agencies take account of the new needs of the sector, in particular those relating to the new front line manager role, and that adequate training and funding for training is available.

**4.6** Ensure domiciliary care providers across all sectors are sufficiently supported through this enormous step change.

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## **Domiciliary Care Regulations & Changing Roles Seminar 11/11/03**

### Questions Raised by Delegates on the Day

#### **1. Relationship between Commissioner and Provider**

- a. Clarification on Commissioner/Provider roles in assessment and review.
- b. Have Commissioners done any work on the effect of the standards on provider contracts?
- c. Are the Care Manager's needs assessment and the Provider needs assessment the same thing?
- d. Clarification required on Care Management and their need to understand.
- e. How will the providers needs assessment dovetail with unified assessment?
- f. In the LA: Who holds the budget and authorises increases to packages of care?

#### **2. Training**

- a. Will there be funding for training and will it be equally accessible to North & South Wales?
- b. If there is additional funding, how will it be made available to small providers?
- c. Where is the money coming from? Not aware of any monies.
- d. Is there an appropriate NVQ for staff caring for children?
- e. North Wales has no access to NVQ or M&H courses – How are we expected to obtain these?
- f. Realistic timescales to ensure training and qualification targets are met.
- g. How will organisations train staff to NVQ4 to wait to fill vacancies – they will move to vacancies outside!.

#### **3. Registered Provider & Registered Manager**

- a. Further clarification needed on who, within the agency structure, will be the registered manager.
- b. Some agencies are already registered as care homes or foster care services: will there be any 'Read across' within CSIW?
- c. Clarification on who is to be Registered Managers?
- d. Clarification for organisations regarding whom within their structure should be the 'Registered Manager'.
- e. How 'front line' is a 'front line' manager.

#### **4. Implementation costs**

- a. The DOH has estimated an increased cost of £2 per hour to cover the regulations. What plans have

local government made to cover this spend?

- b. When is it envisaged that WAG will fund the shortfall that will occur in the negotiations between the private sector and LA?
- c. Are LA's aware of the cost of implementation to private providers.
- d. We have discussed cost increases with various LA's who have said they do not have sufficient funds at present.

## **5. Inspection**

- a. How will CSIW cope with number of inspections?
- b. How will CSIW ensure consistency of approach?
- c. Will service users be involved in inspection?

**90 Delegates, 40 Providers, 12 Local Authorities represented and 3 'others'.**

**Achieved objective of sharing information and raising awareness of regulation, impact and implementation issues.**

**Added value – identified some key areas of concern and general understanding of where providers and commissioners are starting from.**

ERGDCW November 2003