

Supporting Your Organisation To Take a Risk Positive Approach



Wesley Strahan-Hughes

Director of OperationsHertfordshire Care Providers Association









Housekeeping



Please keep your mobiles on silent during the presentations



Exits

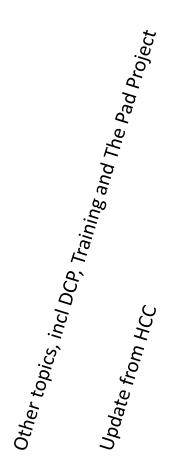


No planned fire drills



Comfort Break





Question Time

Safe_{guarding}

Capacity and Consent

Brunch and Networking

Question Time

Root cause analysis





































Update from Public Health





Connected Lives







Risk Positive approach



























Todays Event







Risk Positive & Root Cause Analysis

Capacity and Consent

Anyone who provides adult social care in Hertfordshire can be a member

From Residential and Nursing Homes, Care at Home, Day Services, Nursing Agencies and Hospices to Direct Employers & Supported Living.

Membership costs just £60 per site annually (£80 if not paying by Direct Debit)

The membership year runs from 1st April to 31st March.

Organisations based in neighbouring counties can become an Associate member if:

- They have a site within Hertfordshire
- Have 50% of their clients based within Hertfordshire

Direct Employers

For just £20, individuals who employ their own care staff can become a member of HCPA





The New Membership Year. What's New 2023 - 2024

- Updated benefits to Silver and Gold
- New membership brochure and others
- New fully funded projects and initiatives
- 'Ask Us Anything'!
- All your usual HCPA benefits plus more



Make the most of your 2023 HCPA Member Benefits

With Exclusive access to...

- Manager mentoring and coaching including support in a crisis
- 24/7 access to the government recognised Provider Hub support line
- Free access to our nationally recognised recruitment service
- Toolkits and checklists to help quality assure your business
- Bespoke fully funded Care Sector training
- Invitation to member networking events

































As a membership organisation we partner with leading businesses to support you in all your business needs. As a member you have exclusive access to...





- Legal advice 15% off Ridouts headline prices
- Up to 30% off essential supplies and clothing with Arco
- Exclusive discounted prices on photocopying equipment and bulk printing with Inception
- Preferred rates to join Peninsula Business Services, assisting with HR and Health and Safety
- Member rates on telecoms, mobile phones, SIM cards and Wi-Fi via SimCredible
- Preferred rates with Towergate insurance
- Large savings on Utility bills via Business Saving Experts
- Access to lower cost business support, consultancy, policy writing, food solutions and IT via our partner services

SILVER ELIGIBILITY

At least 10% of your staff using free Academy staff benefits.

2 x people who have each attended designated leadership courses.

Silver Benefit

Leadership culture ½ day course (webinar style, open to all silver members, by invitation, no cap)



STAN
IFS
Culture Check
PAMMS/CQC Good overall rating

Gold Benefit

Marketing package (Gold shout out/ Gold logo / Gold membership list in brochure)
Bespoke Behaviours Framework consultation with Leadership T.E.A.M ½ day







Brochure includes:

- Promoting membership
- Members benefits
- Services HCPA provide
- Services our strategic partners provide

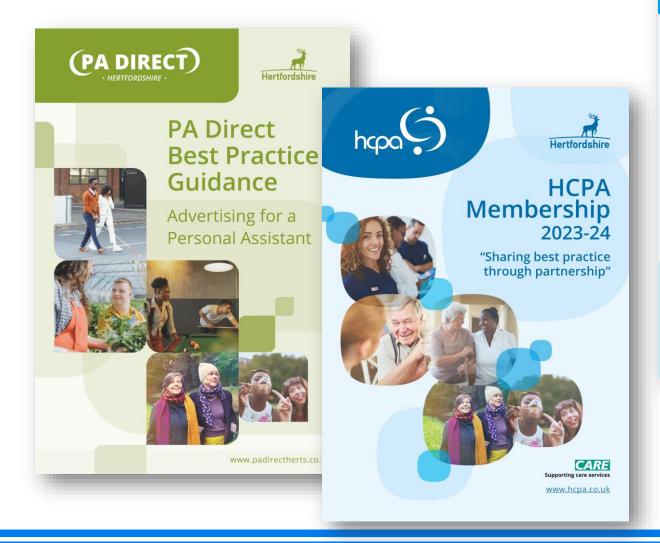
"The HCPA Team value each provider as individuals, working alongside each organisation to develop values skills and objectives. Bridging gaps between statutory and non-statutory organisations"







A catalogue of brochures and toolkits

























OCTOBER 2022



THE HCPA CARE PROVIDER HUB PROVIDING PEACE OF MIND.....





ASK us anything! We are your support service, here to answer your questions on all topics Adult Social Care related.



- Govt guidance, laws, standards and expectation.
- Covid: PPE, vaccinations and infection control.
- Liaison with Hertfordshire County Council.
- Funding, contracting and commissioning.
- Staff wellbeing and recognition.

- HR, Staffing and recruitment.
- Training and education.
- Business continuity.
- Data protection.
- Monitoring.
- Equipment.
- Insurance.

Your hub, your support service.....

01707 708108 / **assistance@hcpa.co.uk** (Mon to Fri - 9am to 5pm). **www.hcpa.info/hub**

HCPA: 'Sharing best practice in care through partnership'





REAL SAVINGS

Making the most of your membership ensures that you can save up to £8000 yearly on key services for your business...



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- Invitation to member networking events

































Jim McManus Director Public Health Hertfordshire



Welcome to Connected Lives

Lucy Rush Principal Social Worker. Director of Practice and Quality.





The core purpose of adult care and support is to help people to achieve the outcomes that matter to them in their life Care Act 2014





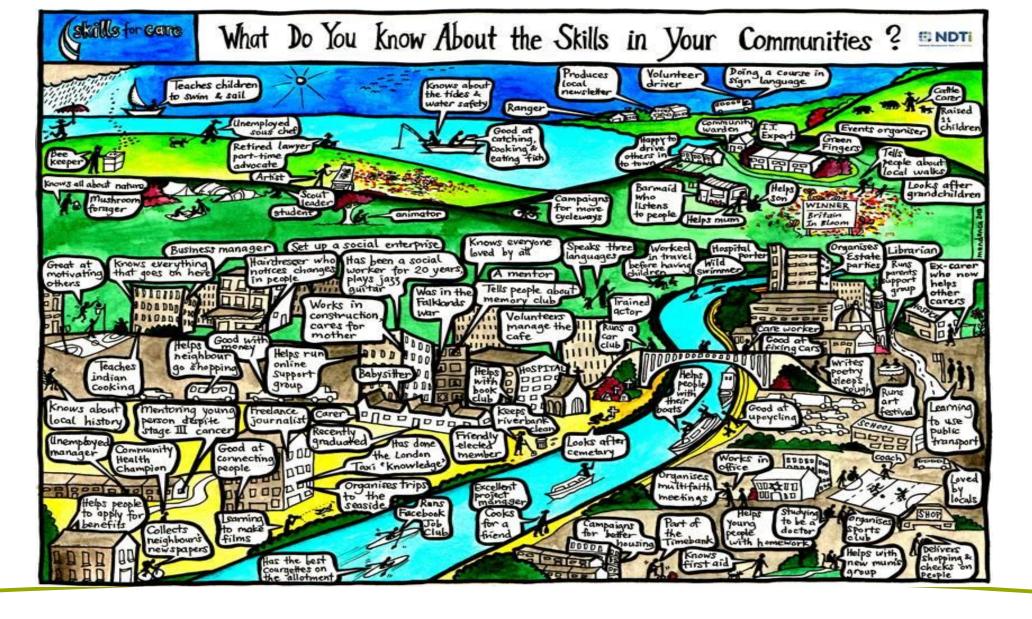


Principles

Independence and Citizenship Every contact is strength based and risk positive Alternative to Traditional care services Safeguarding Clear Understanding of the Legal Frameworks Timely and Defensible Decision Making Value for money, effectiveness and efficiency Working with partners and providers to deliver outcomes Support for our staff











Risk is good





What do we mean by risk?

Risk is the possibility of something bad or harmful happening, usually thought of in terms of danger, loss, threat, damage or injury.

Risk is an integral part of a well lived life. All decisions involve an element of risk, and fear of supporting people to take reasonable risks in their daily lives can prevent them from doing the things most people take for granted.

It's an inevitable consequence of a fully lived life. "Reasonable risk" strikes a balance between the need to avoid harm and make meaningful choices over the way we live our lives.





Benefits

Any effective risk assessment will highlight and understand the possible benefits of the risk as well as the possible harm.

Risk-taking can have positive benefits for people and their communities as they:

- play an integral part in exercising choice and control
- enable people to learn from their experiences
- enable individuals to understand their rights and responsibilities
- promote people to make their own decisions
- support people to change and grow in confidence.





Managing Risk positively

Managing risk positively means:

- weighing up the potential benefits and harms of exercising one choice of action over another
- identifying the potential risks involved
- developing plans and actions that achieve the desired outcomes of the person at the centre

All the while, minimising the potential harmful outcomes.





Positive approaches

These include:

- working with the person to identify what's likely to work for them
- listening to the views of carers and others around the person when deciding a plan of action
- weighing up the potential benefit and harm of choosing one action over another
- being willing to take a decision that involves an element of risk because the potential positive benefits outweigh the risk
- being clear to all about the potential benefits and harms of risk taking
- developing plans and actions that support the positive potential whilst minimising the possible harm to either the person or others
- ensuring that the person, their carer and others who might be affected are fully informed of the decisions, the reasons for it and the associated plans.





Don't aim for Good Care

Aim for Citizenship



What does Connected Lives look like?





Connected Lives case example

Mrs D's needs were not being met at her previous care home

Though unable to express her views, staff worked to understand how to better meet Mrs D's needs by considering her previously communicated views, presented behaviours and family reports

Supported Mrs D to move to another care home to be reunited with her sister and enable her daughter to visit more. Mrs D is now more settled, more trusting of carers and accepting of support





Connected Lives case example

Residential closure and move into Hemingford Road SL service

- Residential service: restrictive, traditional, created dependency five people rarely left the service, with poor wellbeing outcomes
- Framework SL provider approached had a property available in a good, well-connected location
- Commissioning-ops-provider worked well together weekly partnership meetings before, during and after transition. Assurances around staffing and ability to meet people's individual needs and reach their potential
- Transition included strong management support and ADT and commissioner oversight
- **Fantastic outcomes** for the people who moved: all now accessing the community (first time in years) and doing the things they want to; have significantly improved their wellbeing and quality of life. Costs initially high but will reduce over time.



Link worker

Supporting a women in Supported Living to improve her mental health after a difficult few years

She can now cook healthy meals, has 2 new guineapigs and is planning to redecorate to make her flat feel like home











Commissioning

The needs of each person are identified through a Connected Lives assessment



- outcomes focussed care & support plan
 - risk assessment
 - a weekly sum of hours required to support these outcomes

Will also provide any **key information**



- · fixed times, spacing of visits, double ups
- · gender preference where this is important
- a suggested initial plan of care delivery (e.g. we would expect this to be delivered over 4 visits per day)
 - ebrokerage

Provider and individual should **agree how hours will be used** across week



can be adapted as person's needs change without coming back to ACS, but must meet the person's needs, not the provider's.





What about you?

- 1. How do you use Connected Lives in your role?
- 2. What are some of the challenges to working in a Connected Lives way for you?
- 3. What questions do you have about Connected Lives?
- 4. What support do you need to improve your use of Connected Lives?
- 5. Do you have an example of good Connected Lives practice to share?





Any Questions or Feedback?







Michelle Airey

Head of Education & Quality Improvement







Joanne Cooper

IQA and Teacher Training Manager









Active failures, shown as the "tip of the iceberg," reveal only the proximate causes of an event

Latent Conditions









- The invention of RCA is credited to Sakichi
 Toyoda the king of Japanese inventors, who was
 also known as the Japanese Thomas Edison and
 the founder of Toyota.
- Toyoda called the method the 5 whys, this asks why 5 times until the root cause of a problem is found

What is Root Cause Analysis?

- Is a problem solving tool for discovering the real causes of problems or difficulties, including incident management.
- These include concise or full investigations, serious case reviews and safeguarding vulnerable adults investigations.
- It aims to provide a clear and structured method to provide a consistent approach to incident reviews.
- The process also ensures openness with the victim, the family and the staff involved.



What is Root Cause Analysis?



- Root Cause Analysis enables us to dig deeper and establish the story behind the concern.
- RCA will support us to get things right the next time
- We must ensure that everyone involved takes an active role in trying to get the root and establish the cause
- RCA can be considered a reflective tool and to do this well, we must be focussed, open minded, patient and professionally curious.



What are the benefits of using Root Cause Analysis?





- It helps in developing a logical approach to solving problems.
- Continually improves the quality of your service
- Customer service
- Longer lasting solutions
- Improve safety
- Identifies training needs
- Encourages reflective thinking
- Encourages staff to become professionally curious

When should Root Cause Analysis be used

When you are trying to -

- Determine what happened.
- Determine why it happened.
- Figure out what to do to reduce the likelihood that it will happen again.

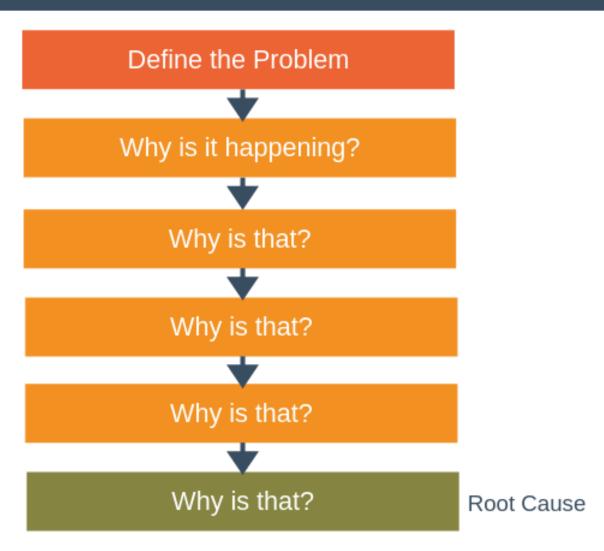
Considers failings in systems not people





The 5 Whys





How to use it



Write down the specific problem.

- This helps you formalise the problem and describe it accurately. It also helps a team focus on the same problem.
- Use brainstorming to ask why the problem occurs then, write the answer down.
- If this answer doesn't identify the source of the problem, ask 'why?' again and write that answer down.
- Loop back until the team agrees that they have identified the problem's root cause. This may take fewer or more than five 'whys?'



Why is it important to ask the right questions?

If you don't ask the right questions, you won't get the right answers.

An example of root cause analysis using five whys would be:

- The patient was late in theatre, it caused a delay. Why?
- There was a long wait for a trolley. Why?
- A replacement trolley had to be found. Why?
- The original trolley's safety rail was worn and had eventually broken. Why?
- It had not been regularly checked for wear. Why?





Mrs. Foster



- There was a raid by Immigration on Carefirst24 it was found that many of the staff were working illegally.
- The raid was planned with relevant agencies including ASC
- Staff responding were acting out of their usual roles.
- Funded clients known to ASC were identified in advance & their needs were met.
- Plan to prioritise protection of supported individuals. List of privately funded supported individuals was made available to ASC midday.
- Mrs. F name & contact details on that list & request to offer support & alternative provision were made that day.
- Arrangements were successfully implemented for everybody other than Mrs. F.
- Her name was forgotten.
- Friend visited on 17th Jan Mrs. F was laying on bed & grunted – Her friend was used to this & thought Mrs. F was grumpy.
- Parties believed that all service users had been cared for until 24th when Mrs. F was discovered to be dying by district nurse.







Brunch



Carolyn Mckintosh DoLS Team Manager



The MCA 2005

A guide to consent and decision making

Carolyn McIntosh DoLS Team Manager











Every adult has the right to make their own decisions if they have the capacity to do so. Family, carers and healthcare or social care staff must assume the person has capacity to make decisions, unless it can be established that they don't have capacity.

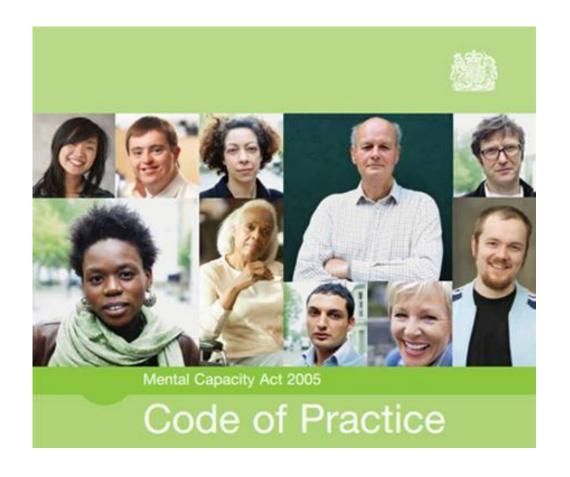
All people should receive support to make a decision before concluding that they lack capacity.

It is **Important** to balance people's rights to make decisions with their right to safety and protection when they may not be able to make a decision.

NB – getting this right is really important

Being found to lack capacity can restrict certain rights.

Being assessed as having capacity to make decisions you don't really understand could place you at risk of harm.







Maud

- Lives alone
- Has a diagnosis Parkinson's disease & Lewy Body dementia
- Is being treated for a UTI
- Has been incontinent during the night
- Needs support with changing her bedding and nightclothes
- Maud doesn't want any help with this task







The decision

Starting point –
Can Maud make
a decision to
decline your help
with this?

Is there reasonable belief that Maud might struggle to make this decision?

What information does Maud need to understand to be able to decide?

How can Maud be supported to understand?

How can I be sure I have Maud's consent?





Can Maud?

Understand?

Retain?

Use and weigh?

Communicate her decision?

Does Maud have an impairment of the functioning of the mind or brain? Is the impairment the reason she can't make the decision?





I believe Maud has capacity so what now?

If Maud has capacity, she is the decision maker

She may make a decision I don't agree with. This is her choice

I should keep a record of my conclusions

include evidence of the steps I took to support Maud with her decision making – Referred to in the Act as practical steps

I should record the decision Maud makes and evidence that she is the decision maker





If I cant gain consent to help what do I do?

The MCA 2005 says you can't do nothing

By this we mean you have to consider the options and be able to justify your actions

Think about how you will explain your decision

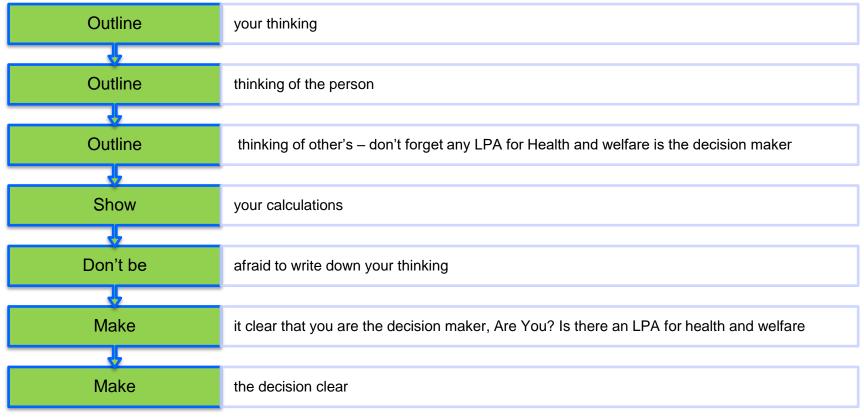
You may not be able to do what you wanted to help—that's ok if you can rationalise this and show it's in Maud's Best Interests

You will need to refer to others for support & consider advanced care planning





Recording for good practice, recognition and protection from liability







Any Questions?



Useful information

- The Mental Capacity Act code of practice is available at: https://www.gov.uk/government/collections/mental-capacity-act-making-decisions
- The DoLS Team <u>dolsteam@hertfordshire.gov.uk</u> Tel 01438 843800
- SCIE www.scie.org.uk
- POhWER

 Provider of Advocacy and IMCA services for Hertfordshire via:
 Tel 0300 456 2370

 www.pohwer.net





Samantha Guest

Ridouts







RIDOUTS

Safeguarding: a practical discussion

Samantha Guest Lawyer, qualified in New Zealand



A definition:

Safeguarding is -

"protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted..."



Six Principles:

- 1. Empowerment
- 2. Prevention
- 3. Proportionality
- 4. Protection
- 5. Partnership
- 6. Accountability



... working together...



Investigation Outcomes:

- 1. Substantiated: there is evidence to prove the allegation.
- 2. Malicious: there is sufficient evidence to disprove the allegation and there has been a deliberate act to deceive.
- **3. False Allegation:** there is sufficient evidence to disprove the allegation, however there is no evidence to suggest that there was a deliberate intention to deceive.
- 4. Unsubstantiated Allegation: there is insufficient evidence to either prove or disprove the allegation.
- 5. Unfounded: this reflects cases where there is no evidence or proper basis which support the allegation being made.



... working together...



Points to Remember:

- Request <u>all</u> available information.
- Stay Calm!
- Don't feel any pressure.
- Keep the purpose in mind.
- Work together.



And remember:

... we are always here to help!



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Sarah Joubert

The Pad Project









INTRODUCING THE PAD PROJECT UK TO HERTFORDSHIRE

SARAH JOUBERT – FOUNDER

ALETHIA SHIOLOU – CHARITY PROJECT MANAGER

CHRIS CHATTERTON – EXPERT BY EXPERIENCE

Supported by

















WHAT IS GOING IN THE BIN?

In many countries adult incontinence pads now outsell infant nappies (Japan, USA and UK)

NHS spends £80 million per year on incontinence products (NHS England report, 2018)

A single pack of 24 adult all-in-one wrap around incontinence pads can cost over £20

Research from Queensland university (2022) found that adult Inco products will outnumber infant nappies in landfill between 4 and 10 times by 2030

With rapidly ageing populations across the world, this issue is only going to grow

Infant nappies and adult pads can take up to 150 years to break down in landfill

Resource intense products (water, paper pulp, saps, waterproof plastics & energy)



HOW THE PAD PROJECT WORKS

RECYCLING

SUPPORT FAMILIES

SUPPORT FOR YOU



RECYCLING

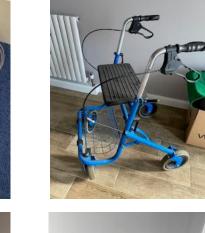
THE HUB

A CENTRAL RECYCLING HOME FOR THE COLLECTION AND RECYCLING OF DONATIONS OR UNUSED MEDICAL HYGIENE CARE SUPPLIES.

DROP ZONE

A DESIGNATED AREA FOR PEOPLE
TO DONATE MEDICAL HYGIENE
CARE SUPPLIES WHICH WILL BE
COLLECTED AND TAKEN TO
THE HUB FOR RECYCLING
TO PEOPLE WHO NEED THEM.















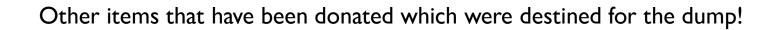
















SUPPORT FAMILIES





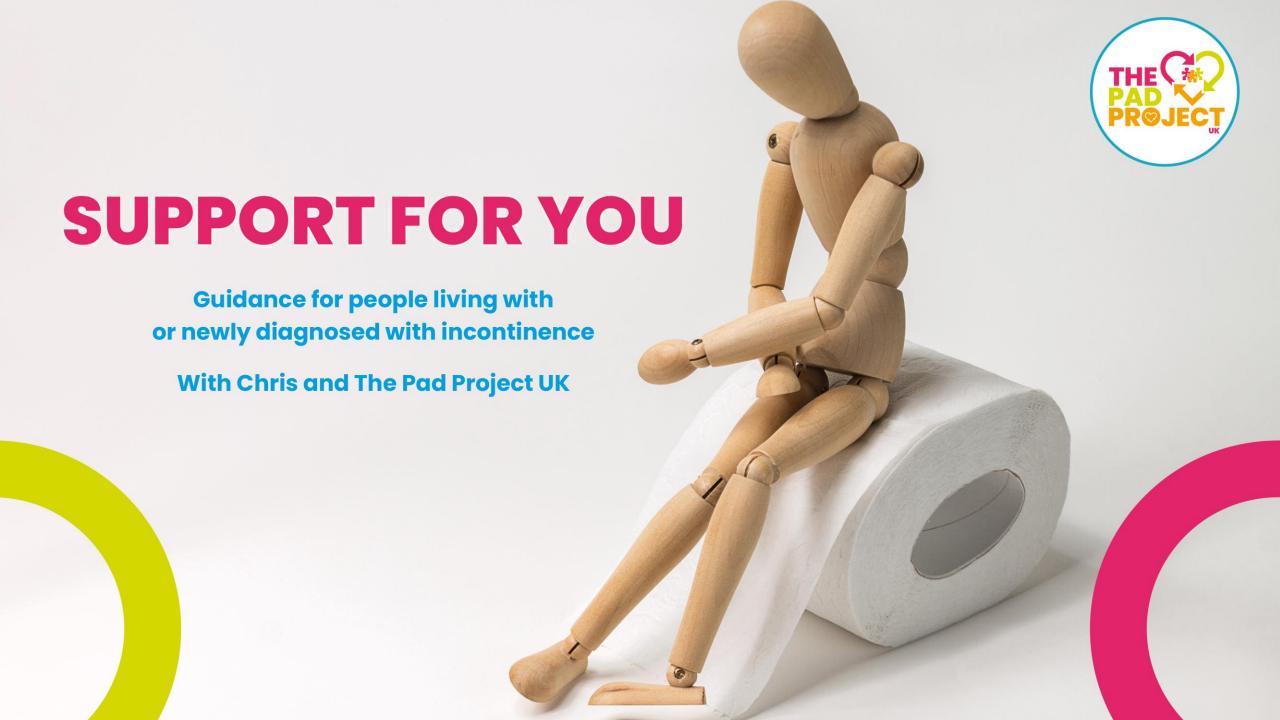
Items cleared for families following the loss of a loved one

We will arrange for equipment left behind to be collected by the services providing them:

- □ Beds
- **□** Hoists
- □ Tables
- Walkers
- Commodes
- □ Everything!

Incontinence items and carer provisions will be collected by The Pad Project UK

- □ Incontinence Pads
- Disposable pads or pants
- Absorbent bed pads / waterproof
- Reusable bed pads
- □ Toileting aids
- □ Everything!





- Originally a lab-basedResearch Scientist
- Now a Sociologist of Health and Illness
- Published academic works in Continence Care
- An expert by experience, living with both Bladder and Bowel Incontinence
- Lay articles for NGOs,Business & Universities
- □ Blogs, Podcasts & Talks'Living with Incontinence'







WHAT'S NEXT?

CHARITY STATUS

EXPERIENTIAL TRAINING NEW COURSES FOR YOUR TEAMS

DISTRIBUTING
OUR DONATIONS
TO PEOPLE IN OUR
COMMUNITIES

RAISE AWARENESS OF LIVING WITH INCONTINENCE

FUND RAISING

LAUNCH ACROSS
HERTFORDSHIRE

REDUCE THE ENVIRONMENTAL IMPACT

STOP ANY
REUSABLE CARE
ITEM BEING
THROWN AWAY

ANY QUESTIONS?



Supported by



Comfort Break



Michelle Airey

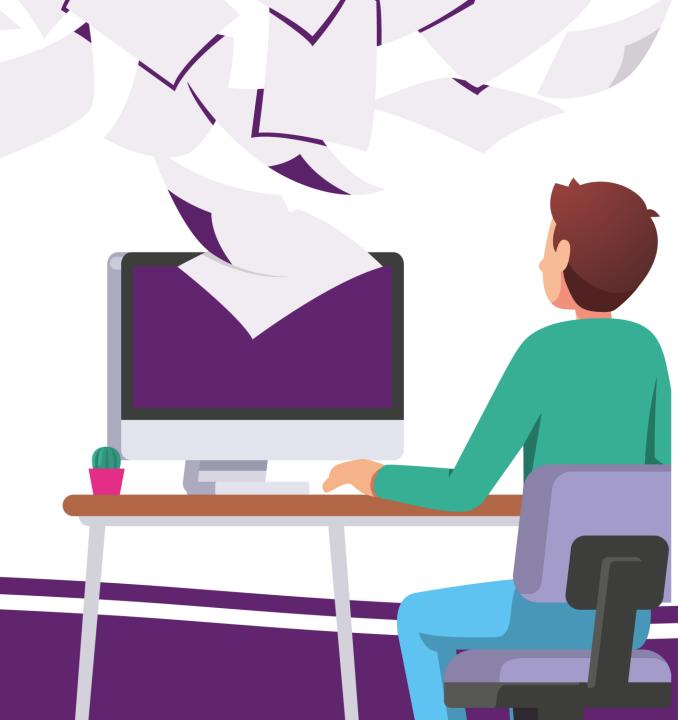
Head of Education & Quality Improvement







Digital Social Care Record Funding







Digital Social Care Records Funding

What are Digital Social Care Records?

A Digital Social Care Record (DSCR) is a system that allows the digital recording of care information and care received by an individual. DSCR's should replace traditional paperbased recording.







Digital Social Care Records Offer

50% of Year One Implementation Costs*



Requirements= DSPT, Secure Email + Evaluation *Up to £10,000



Quality Care Records

- Audits and Reviews
- Record Keeping
- Using all aspects of software

- Measuring outcomes
- Monitoring trends
- Record Access











Digital Social Care Records

29th March 2023 at Robertson House



Topics to be covered:

- Purpose and benefits of Digital Social Care Records
- Case studies from provider using Digital Social Care Records

- Data Security Protection Toolkit
- Eligibility and Funding
- Update from CQC Chief Digital Officer





























Education





The Last Year!

2598 unique learners

from 429 member sites

attended 4138 courses

7680 days of training





Accredited course achievement rates +20%

Knowledge & confidence +64%

Learner voice:
Course CONTENT 9.4/10
Course QUALITY 9.5/10
Course flow 9.4/10
Inclusivity of learning 9.6/10
Recommend course 9.6/10





New Booking Website

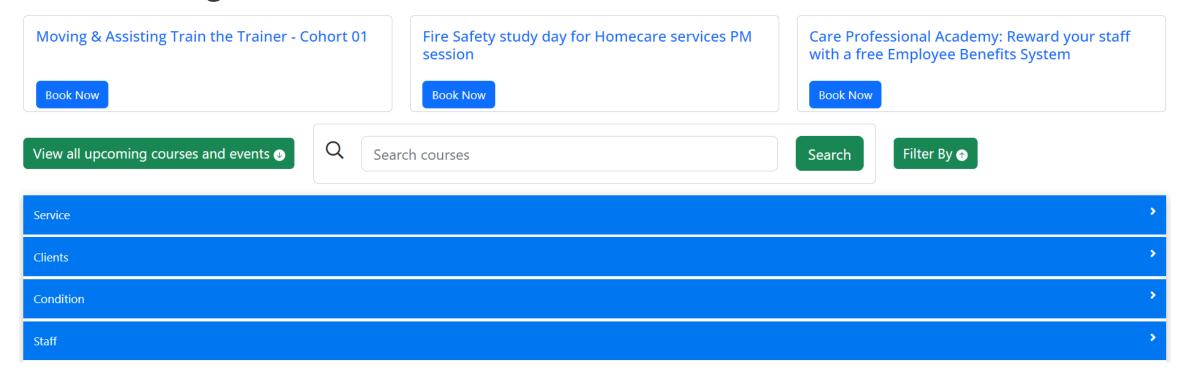
Leadership

Funding

Approved Trainers

Qualifications

HCPA Training and Events





Training Course Planner | Jan-Mar 2023



HCPA are working in partnership with Hertfordshire County Council to deliver quality training for the sector with 'Care to Step Up', which is part-funded by European Structural and Investment Funds. Core and Mandatory training are fundamental for delivering good quality care and meeting regulatory requirements. Below you can see upcoming HCPA training. It has been arranged by Core and Mandatory subject areas linked to CQC requirements. **Visit our website for all scheduled courses**, **www.hcpa.info/training**.

The 'Care to Step Up' programme is part-funded by the

Category	CQC Standards	Course	Jan	Feb	Mar	
<u> </u>				e website for durations		
Assisting & Moving People	KLOE: Safe: S2, S3; Effective: E1, E2 Fundamental standard: Safety	Enabling & Mobility CHAMPION for Older People Care Services	9th		7th	
		Enabling & Posture CHAMPION for Learning Disability Support Services		1st		
		Falls & Frailty CHAMPION			22nd	Ει
		Moving & Assisting Train the Trainer	13th			á
		Moving & Assisting Governance			1st	1
		Moving People Safely Refresher	11th 16th 23rd	6th 17th	6th 13th 27th	He
Care Induction Standards	KLOE: Safe, Effective, Caring, Responsive Fundamental Standard: All	Care Certificate	5th 16th 23rd	6th 16th 21st	6th 10th 16th	
Events & Forums	N/A	Adult Disability Provider Forum	25th			
		Homecare Provider Forum			30th	
		Mental Health Provider Forum		27th		Scar upc on t
		Nursing Home Provider Forum		9th		
		Older People Care Home Provider Forum			24th	
		HCPA Members Network Event			8th	hcp
Infection Prevention & Control	KLOE: Safe: S5, S6	IPC Back to Basics			1st	
	Fundamental Standard: Premises and equipment	IPC CHAMPION	16th	21st		
		Conflict Management: A guide for Leaders	20th			
24.30 x 34.03 in		Managing difficult conversations: A guide for Leaders		20th		V.
						L





Continuing for 23/24

Care Certificate

Champions

Inspire

Succession Planning

M&A TTT

First Aid



Leadership

Inspire

- Bespoke training for your organisation
- + "Pick 'n' Mix" the content
- Include your values, policies& procedures

Succession Planning

- Open courses with other organisations
- Two stages: Succession Planning & Continuing Professional Development

Learn through Skills for Care endorsed training, sharing of experiences and from the extensive knowledge of HCPA's leadership trainers.

- HCPA's TEAM Building Tool
- + Lead to Succeed
- + Well-Led

- Understanding Performance Management
- Understanding Self-management Skills
- Understanding Workplace Culture



Continuing for 23/24

Qualifications

M&A Trainer Updates

Competencies

Train the Trainers

Condition Specific

Oliver McGowan



Qualifications

Level 2 Diploma in Care

For Care professionals to develop once completing the Care Certificate.

Level 3 Diploma in Adult Care

For experienced Care professionals in a Senior position or with enhanced responsibilities, a natural progression after achieving the Level 2 Diploma in Care.

Level 4 Certificate in Principles of Leadership and Management for Adult Care

For managers new in post as a route towards the Skills for Care Manager Induction Standards.

Level 5 Diploma in Leadership and Management for Adult Care

For those managing an adult care service, including the role of registered manager, to demonstrate an in-depth understanding and effective practice in leadership and management for adult care services.

Claim back costs via WDF!



Oliver McGowan

Tier 3

Health, social care and other professionals with a high degree of autonomy, able to provide care and support in complex situations and/or may also lead services for autistic people.

Tier 2

People with responsibility for providing care and support for an autistic person or people, but who could seek support from others for complex management or complex decision-making

Tier 1

People who require a general understanding of autism and the support autistic people may need



- Core Capabilities
- Code of Practice
- Roll out and Monitoring



Connected Lives

- All education and support linked
- 2. New resource mapping to PAMMS and CQC for Evidence
- 3. ½ day course for Managers on Connected Lives Culture and Evidence





New education topic requests





Jackie Albery Director, Planning and Resources Hertfordshire County Council



Hertfordshire County Council Fee Uplifts & Cost of Care

Summary presentation March 2023







Agenda

- HCC Overall Financial Position
- Care provider fee setting
- Market sustainability plan
- Cost of care exercise
 - Executive summary
 - Care and nursing home analysis
 - Homecare analysis







HCC Overall Financial Position

- In September 2022 a report was published identifying an in year overspend of £23.5m.
- In addition, the position for 23/24 had deteriorated significantly with funding gaps identified of £26.2m in 23/24 rising to £61m in 24/25
- As part of the recently published integrated plan a balanced position for both years has been proposed. This has been achieved through:
 - Plans to deliver £27.4m of savings in 23/24
 - Using £19m of reserves
 - Extra grant funding announced in the autumn statement
 - Increasing council tax by 4.99%







Executive summary - homecare

- The reported median cost was £27.23 per hour
- The table below shows the median cost for 15/30/45/60 minute visits compared to current rates
- 34 returns were received of which 8 were not included due to discrepancies including costs of £2.72 per hour and £14k per hour
- This represents 17% of providers identified as in scope
- Care worker costs represented 74% of the reported cost

Visit length	Current rate	Care Providers	Distance from
	paid	median value	median cost
15 minutes	£8.93	£6.81	(31%)
30 minutes	£13.40	£13.62	2%
45 minutes	£17.86	£20.42	13%
60 minutes	£22.33	£27.23	18%

Profit was applied at 5% to the reported median value







Executive summary - conclusions

- For both care & nursing homes and homecare the reported value was higher than the current rate paid
- This was more evident for care & nursing homes
- In both reports, there was a significant variance in reported costs. It was not possible to identify if these represented true cost differences or issues with reporting due to difficulty verifying returns
- The reported values were higher than benchmarked values
- Less than a third of care homes and less than 20% of homecare providers in scope were included in the analysis
- The care home survey broke care into four categories which is an oversimplification of the services provided. This is demonstrated by the significant variances in carer support per person per week within the same categories. It is not possible to confirm from the data if this is a result of differing needs, operational models or inconsistencies in data submitted
- The delay in the implementation of reform to October 2025, including self-funders accessing local authority care home rates 18(3), was announced after the completion of the exercise.

Cost of care – next steps

- Cost of care reports to be published on HCC website by 1st Feb
- Market sustainability plan to be published by 27th March
- Some concerns over accuracy of results due to significant variation in reported costs, low response rate and challenge verifying returns
- Very interesting results and keen to understand cost variations
- Ambition to undertake continued further work with providers to understand the significant range in reported costs
- Providers should have been informed about outcome of fee uplift discussions
- ongoing review of cost of care model







Tom Hennessey



Adult Care Services Overview

Helen Maneuf

Operations & Commissioning Director,

Older People





Winter grinds on...

- A long and tough winter
- Resilience a theme across the piece:
 - Industrial action
 - Worries about fuel and power outages
 - NHS pressures, covid, demand
 - Cost of living pressures
- Thank you for your brilliant support!





Spring is coming

- Signs of market growth especially in domiciliary care
- Some better news on funding & pausing of Social Care Reform nationally
- HCC Councillors strongly backing providers in 23/24 budget round
- Integrated Care System starting to move ahead



Overview

- LGA Peer Review
- CQC inspection of Local Authority Adult Care Services from April onwards
- 'Providing Support' theme reflects our work with providers, highlighting:
 - Investment in workforce
 - Commitment to partnership working
 - Strengthening dom care market quality and supply



Overview – ACS themes for year ahead

- Prevention
- Co-production
- Connected Lives
- Quality
- Diversity & Inclusion, culturally competent care
- Workforce
- Carers



thank you





THE HCPA CARE PROVIDER HUB PROVIDING PEACE OF MIND.....





ASK us anything! We are your support service, here to answer your questions on all topics Adult Social Care related.



- Govt guidance, laws, standards and expectation.
- Covid: PPE, vaccinations and infection control.
- Liaison with Hertfordshire County Council.
- Funding, contracting and commissioning.
- Staff wellbeing and recognition.

- HR, Staffing and recruitment.
- Training and education.
- Business continuity.
- Data protection.
- Monitoring.
- Equipment.
- Insurance.

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HCPA: 'Sharing best practice in care through partnership'