



# FIRST STOP CARE ADVICE SERVICE

## Business Plan 2008 – 2011





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# 1. EXECUTIVE SUMMARY

## 1.1 Introduction

This summary highlights the key features of the One Stop Care Advice Service (OSCA) such as its aims, why it is needed, the method of service delivery, the operational and financial implications. It is set up by four organisations working in collaboration: Counsel and Care, Elderly Accommodation Counsel (EAC), Help the Aged (HtA) and Nursing Homes Fees Agency (NHFA.). Details of the partner organisations are given in Section 2.

## 1.2 Aims of the One Stop Care Advice Service

The One Stop Care Advice Service aims to become the UK's leading source of independent, clear and direct information and advice on any kind of care to older people.

It will provide older people, their relatives and carers with information, advice and advocacy on their choices and rights in the following areas:

- care and support
- accommodation
- money and benefits
- how to complain.

## 1.3 Need for the Service

In May 2005, the Office of Fair Trading (OFT) issued a recommendation report called "Care homes for older people in England. A market study" (See Appendix 1 – Executive Summary). The report highlighted a lack of awareness among older people about information sources, confusion about rights, a lack of transparency on pricing and care home fees and avenues of redress. The report recommended (S. 1.15) that "the Government should establish a central information source or one-stop-shop for people to get information about care for older people". The Government's response was to support the idea of a one stop shop for care advice. More detailed information is contained in Sections 1.4, 3.1 and 3.2 of this Business Plan.

## 1.4 The Structure

The development of the service is being carried out through the collaboration of the four organisations. The long term aim is for the OSCA to become a registered charity and company limited by guarantee. The management and staffing structures are discussed in Section 5 of this plan.

## 1.5 Service Delivery

OSCA will have a national core service comprising a national telephone helpline and website, together with local and regional partners providing a seamless service to the user throughout the UK, with the intention of becoming UK wide. The content of the service will be focussed in four main areas:

- **My care and support** (sourced by all 4 partners, particularly Counsel and Care)
- **My accommodation** (sourced by Elderly Accommodation Counsel and Counsel and Care)
- **My money and benefits** (sourced by all 4 partners, particularly NHFA in relation to financial solutions for self-funding older people)
- **My ways to complain** (sourced by Counsel and Care)

Access to the service will be via the telephone helpline and the Care Advice Online Website and via local partners. The range and level of service to be provided is discussed in Section 4. The project delivery plan is shown as Appendix 6.

## 1.6 Service Reach

By its fourth year of operation, our target is that the service will be used by 250,000 older people and their representatives to access information about their choices and rights in relation to their care, housing, benefits and the cost of funding care. Of these, 61,500 will receive expert, specialist level advice and support.

## 1.7 Finance

The financial implications and the funding strategy for the OSCA are discussed in detail in Section 6. Broadly, the launch of the OSCA has been made possible by a combination of contributions in cash and kind from the partner organisations and a recently awarded 3 year grant from the Big Lottery Fund.

By the end of a 3 year developmental period, the OSCA aims to have developed sufficient earned income streams, grant funding and central Government financial support, to ensure its sustainability and ability to meet the ever-increasing needs of older people and their representatives when deciding on their care options.

The projected cost of delivering the service rises from around £0.5m in year 1 to £2.3m in years 4 and beyond. Budgets are shown at Appendix 11.





## 2. THE PARTNERS

There are four organisations that are driving the development of this service. They have a joint collaboration agreement covering the initial development and delivery of the service. They are:

- Counsel and Care
- Elderly Accommodation Counsel
- Help the Aged
- Nursing Homes Fees Agency

A summary of their service areas and their core competences is discussed below. Our Collaboration Agreement is at Appendix 2.

### 2.1 Counsel and Care (C&C)

Counsel and Care is a national charity which gives advice and information to older people, their relatives and carers across the UK on community care, care homes and housing with care. It does this by phone, letter and e-mail and produces a range of factsheets and brochures designed to help people through the process of entering care. C&C also provides on-going support and advocacy to older people, their relatives and carers and guidance on what to do if things go wrong, from making an informal complaint through to taking legal action.

C&C also provides an “individual grants programme” to fund small expenditures on equipment or adaptations. Other activities include research projects and Government lobbying to improve legislation and services in relation to older people.

### 2.2 Elderly Accommodation Counsel (EAC)

EAC is a national charity specialising in helping older people, their relatives and carers to make informed choices about meeting their housing and care needs. The charity works in three main areas:

- Delivering an advice and information service to older citizens and their families via their telephone Advice Line, website and online tools

- Collecting and compiling information and developing techniques to support these services
- Developing partnerships with other agencies and professionals from the voluntary sector, government bodies and local authorities.

EAC runs an online resource [www.housingcare.org](http://www.housingcare.org) with a complete directory of care homes and sheltered accommodation in the UK, and all the key information required by people looking for care. Around 200,000 people a year now use the website. The advice line handles approximately 8,000 calls per year and provides a follow-up personalised report and homes listing service where appropriate.

### **2.3 Help the Aged (HtA)**

HtA is an international charity whose mission is to secure and uphold the rights of disadvantaged older people in the UK and overseas. Working with older people, the charity researches their needs, campaigns for changes in policy and provides services to alleviate hardship today and prevent deprivation tomorrow. HtA operates SeniorLine, a telephone advice and information service, available throughout the UK, for older people their relatives, carers and friends. SeniorLine offers advice and information about welfare benefits, disability benefits, community care, residential care, housing options and adaptations and other issues affecting older people.

### **2.4 Nursing Homes Fees Agency (NHFA)**

NHFA's public care fees advisory service provides financial and care advice on the many complex financial and legal issues older people or their families face when considering paying for care. Advice is given to all regardless of means through a telephone helpline, by post and over the internet. The service aims to enable older people to obtain and meet the cost of their chosen care thus preserving their independence, dignity and right of choice.

NHFA produces guides and a range of detailed fact sheets and is active in campaigning for the rights of older people requiring care. It is the provider for Help the Aged's Care Fees Advice and Equity Release services.

Much of NHFA's advice is effectively provided pro bono, helping state-funded care seekers by ploughing back income earned through clients who purchase financial products. The company will extend this profit-sharing to the One Stop Care Advice Service, as detailed in the Financial Analysis that follows.

**All four agencies already have qualified staff dealing with care enquiries over the phone.**



## 3. BACKGROUND AND STRATEGIC CONTEXT

### 3.1 Project Background

#### 3.1.1 The Care System

In principle, everybody is covered by the public long-term care system which involves:

- **Central and devolved Governments** which set policies
- **Local Authorities** which finance social care services provided to all people with sufficiently low incomes
- **NHS** which finances health care services provided to all on equal terms.

The historic separation between social care and health / nursing care, coupled with the application of means testing to one but not the other (outside Scotland), makes for an inherently complex system viewed from the consumer perspective. Rationing of services inevitably complicates matters further, for both consumers and the professionals involved. And the increasing range of care providers and forms of care provision can, at the typically stressful time of choosing and arranging care, add another layer of burden for the older person concerned and their family.

The “care pathway” that an older person requiring care needs to go through is:

- **Assessment of care needs:** Authorities have a legal duty to assess the care needs and the appropriate care service to be provided to any individual, regardless of their financial situation. A care manager suggests a package of services in a care plan appropriate for the older person. Older people have the right to challenge the care plan and/or the type and level of services recommended.
- **Assessment of Financial needs:** Having completed the needs assessment, the Authority must decide whether the person qualifies under the eligibility criteria for publicly funded care services.
- **Care Choice:** After the financial assessment has determined the level of public funding, if any, for which the older person is eligible, they should then have a choice of care provider.

The majority of care is provided in the person's own home. The reason for this is that people in general have a preference for staying at home as long as possible, but also due to recent Government policies that have explicitly been aimed at this. Older people can now elect to have Direct Payments enabling them to purchase their own care services in the home, rather than services provided by the statutory sector, so long as they are deemed to be capable of consenting to the Direct Payments scheme.

Institutional care is usually provided in nursing and residential homes, or in homes providing both services. If the assessment recommends placement in a care home, the older person will have to choose which home to enter or challenge the assessment if they do not wish to go into institutional care.

### 3.1.2 The Office of Fair Trading Report

In May 2005, the Office of Fair Trading (OFT) issued a recommendation report called "Care homes for older people in England. A market study". SPAIN (Social Policy Ageing Information Network - a coalition of voluntary organisations) prompted the study by means of a "super complaint". The study looked at how well the care homes market was serving older people, within the context of Government policies on care for older people.

The main findings of the report (see Appendix 1 for summary) were:

- **Information about moving into a home:** there was a lack of awareness among older people and their representatives about sources of information on the process of moving into a care home. There was a confusing multitude of different sources of information and no single clear reference point for people to consult
- **Authority obligations:** there was confusion about what advice and support Local Authorities should be providing to older people and their representatives
- **Price transparency:** many older people and their representatives lacked information about care home fees, services offered, and terms and conditions for living in a care home
- **Contracts:** a large number of contracts were potentially unfair and had unclear fee related terms, giving care homes scope to introduce arbitrary fee increases. Many contracts were unnecessarily complex or unclear,

making it difficult to assess the true rights and obligations of the older person and the care home under the contract

- **Access to making complaints:** there was low awareness of the avenues of redress open to older people and their representatives and a lack of support for people wishing to complain.

As one of its main conclusions, the report recommended that “the Government should establish a central information source or one-stop-shop for people to get information about care for older people”.

The Government response to the OFT report was issued in August 2005, highlighting that:

- “The Government is keen to establish what we can do, working with others, to address the provision of good quality care home services for older people most effectively. This response is therefore the start of an ongoing dialogue that we hope to have with our delivery partners”
- “We are fully committed in delivering the one-stop-shop recommendation. Our ambition is to develop a single information architecture, strong enough to support the delivery of information through different channels, be it online, by phone or face to face. This would bring together a number of strands, being developed through DirectGov and Link-Age, so that older people and their representatives know where they can obtain reliable information presented in a consistent and integrated way.”

Although the Government’s response to the OFT report was welcomed there were some reservations due to lack of detail and timetable.

### **3.1.3 Central Information Source/One Stop Shop**

Following several informal discussions, members of SPAIN including Age Concern England, Counsel and Care, Elderly Accommodation Counsel, NHFA and Help the Aged held a meeting to establish whether and how a partnership of national agencies could help the Government address the recommendations made by the OFT. They also recognised that the care sector was becoming more confusing and complex for older people and their care information and advice needs were increasing.

They concluded they it would be possible to address the OFT recommendations and the needs of older people by creating a national/local partnership of agencies from the public, voluntary and private sectors to deliver comprehensive information to care seekers. The main strengths of a partnership like this would be:

- The current activities of all these organisations are focused on the health and social care system and in the way it delivers services to older people
- All organisations currently offer information and advice to people who are at the beginning of the “care pathway” as well as those already receiving care
- All organisations understand the wide spectrum of care and aim to explain and clarify the options open to older people.

EAC, Counsel and Care and NHFA committed to go ahead with a project to set up a one stop shop/joint care service (now known as the One Stop Care Advice Service). Help the Aged subsequently joined the project. Age Concern adopted an external supporting role but is not at present part of the core operation.

## **3.2 The Need**

### **3.2.1 Market Size**

There are approximately 9.5m people over 65 years of age in the UK of a total population figure in the region of 60m. Although not every older person will be in need of long-term care – among people of 85 years or more, severe dependency rates only occur among one in five men and one in three women - it is likely that as they get older the need for information and advice about their care options will increase.

It is estimated that 3.2 million people over 65 (34% of the total age group) are receiving some kind of care, but only 1 million are getting it from the “formal” market.

- 426k people in domiciliary care
- 250k people in residential care
- 160k people in nursing care
- 116k people receiving some kind of community care service.

190k people (19%) are believed to be self-funding their own care. The rest are



receiving some kind of support from Local Authorities or the NHS towards care costs. It is believed that there are about 5m informal carers in England. Only 165k are receiving some kind of support from Local Authorities.<sup>1</sup>

The market reach during the period of this plan is discussed in Section 4.

### **3.2.2 The need for a Central Source of information.**

The need for a central source of information and advice on care and care homes is illustrated by the complexity of the care sector creating confusion and anxiety in older people and their relatives. It is also a recommendation of the OFT Report.

In recognition of an increasing need among older people for advice on care issues, the Government developed local Care Direct pilots in 2002 but these were discontinued in 2004 due to a change in political focus and priorities. More recently the Government has developed Link Age Plus pilots but both these initiatives focused on local developments rather than prioritising the establishment of a national core service.

The experience of the four partner agencies is one of increasing complexity of enquiries about all care issues against a backdrop of wider ranges of options available to the older person. This often means that callers may be signposted to other agencies if part of the enquiry is beyond the expertise of the receiving agency.

Several Government initiatives have also raised expectations of older people, such as the White paper on Wellbeing, Independence and Choice and the promotion of Direct Payments enabling the recipient to purchase their own care. Increasingly, older people will want assistance to challenge decisions by local authorities and care providers in order to establish their rights.

The private sector is developing financial products to assist with funding care and new models of retirement housing are appearing that claim to offer an alternative to residential care for some frailer older people.

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<sup>1</sup> Office of Fair Trading: Care Homes for Older People in England: A Market Study: May 2005

As more choice becomes available, the decision-making process becomes more complex, leading to confusion and anxiety and the need for information, advice and support.

### 3.3 Competitors

The OFT Market Study cited Counsel and Care and EAC services as examples of good practice in the provision of advice and information about care for older people, but noted low levels of awareness of their services and limited capacity. Beyond these two examples it saw “a confusing multitude of different sources of information and no single clear reference point for older people to consult”.

There are a number of other charities that provide information and advice about care to older people, mainly by telephone. They include:

- **Age Concern Organisations:** Their mission is to “promote the well-being of all older people and to help make later life a fulfilling and enjoyable experience”. Age Concern, as a network, provides generalist information and advice, including welfare benefits, to over 1 million people per year
- **Alzheimer’s Society:** The Society is the leading charity for people with dementia and their carers. It provides information and education, support for carers and quality day and home care. It funds medical and scientific research and campaigns for improved health and social services and greater public understanding of dementia.
- **Carers UK:** Their mission is to improve carers’ lives by: transforming the understanding of caring so that carers are free from discrimination and are valued by society; mobilising carers, decision makers and the public to bring about changes that make a real difference to carers’ lives; informing carers of their rights, what help is available and how to challenge injustice so they can lead fulfilled lives.
- **Relatives & Residents Association:** Their mission is “to provide a consumer voice to promote the well-being and represent the interests of older people in residential care settings”.

None of these organisations however attempt to cover, for the whole older population, the range of issues flagged by the OFT and they routinely refer clients to Counsel and Care, EAC and NHFA. Most are in fact members of SPAIN, and support the argument for the new comprehensive approach advocated by OFT.

Government has taken an interest in care advice for older people in recent years, as evidenced by the Care Direct pilot services it initiated in 2002, its ongoing Link Age pilots, and its recent concept “A Sure Start in Later Life”. However, with the demise of the Care Direct programme in 2004 came a broader perspective on older people’s information and advice needs, and consequent loss of focus on the specific complexities faced by the frailest older people who need care. Certainly it appears unlikely that Government will be in a position to take the lead on a care information service in the short term; however the sense is that it is taking great interest in this initiative and sees that a proven service model could later be woven into the wider framework it is seeking to construct.

The Commission for Social Care Inspection (CSCI), and to an extent its equivalents in Scotland, Wales and Northern Ireland, has begun recently to deliver more information to care seekers through its website ([www.csci.org.uk](http://www.csci.org.uk)). Discussions are taking place with CSCI about the OSCA with the aim that they will be actively involved in the service.

There are few commercial organisations in the field that offer either a face-to-face or telephone information service around care for older people, save for those whose primary business is financial advice. NHFA is perceived as exceptional in this category both for the quality of its service and its willingness to advise some state-funded care seekers alongside self-payers. However its service model relies on a high proportion of self-funders for viability, and it alone cannot be expected to deliver the comprehensive One Stop Care Advice Service that is required.

There are a large number of commercial websites offering care information, and to an extent advice. These include:

- BetterCaring ([www.bettercaring.co.uk](http://www.bettercaring.co.uk))
- Care Directions ([www.caredirections.co.uk](http://www.caredirections.co.uk))
- Grace Consulting (<http://www.graceconsulting.co.uk>)
- Guide2Care ([www.guide2care.co.uk](http://www.guide2care.co.uk))

The progress of these and others have been tracked over several years. Whatever their early ambitions, each in turn has moved towards the

imperatives of earning income through product sales and moved away from comprehensive care information. Only those owned by product providers, typically Independent Financial Advisers (IFAs), have managed to sustain a telephone support function. All tend to signpost users to statutory and voluntary agencies for most advice.

Some sites, such as those of Care Directions and Grace Consultancy, do provide good information. They may have lessons to offer in terms of income-earning opportunities for the OSCA but they are not competitors for the kind of service envisaged.

### **3.4 Vision, Aims & Objectives**

#### **The Vision**

The One Stop Care Advice Service vision is to ensure that older people can maintain independence, well-being and choice over their lives and that later life is as fulfilling and enjoyable as possible.

#### **Aims**

To achieve its vision, the One Stop Care Advice Service aims to become the UK's leading source of independent, clear and direct information and advice on any kind of care to older people. In this context, "leading" means preferred, admired and dynamic, and being recognised for giving older people, their relatives and carers the best guidance on care.

#### **Long term Objectives**

The long term objectives are that:

1. a national One Stop Care Advice Service (OSCA) exists for older people, their relatives and carers throughout the UK, that provides information, advice and advocacy on their choices and rights in the following areas:
  - care and support
  - accommodation
  - money and benefits
  - how to complain.
2. OSCA will have a national core service comprising a national telephone helpline and website, together with local and

regional partners providing a seamless service to the user throughout the UK

3. the service is recognised as effective, efficient and essential for users
4. the service receives support from Government and funders and is financially viable.

### **Objectives Years 1 - 4**

The One Stop Care Advice Service's objectives are:

*In Year 1 to:*

- develop the national core service (IT and call management infrastructure)
- test out the national core service platform
- provide a national advice line and website and promote the service in one region
- provide information, advice and advocacy to around 44,000 service users, of whom 32,000 will use the website alone, and 12,000 will instead or also make contact by telephone or in writing (fax, letter, e-mail)
- identify local/regional agencies
- develop referral arrangements
- test out working relationships
- monitor and evaluate findings.

*In Year 2 to:*

- learn from year 1 and make improvements to the model and working practices as required
- increase the promotion of the service during the year to five regions
- continue to increase involvement of local/regional organisations
- continue to develop seamless referral arrangements
- provide information, advice and advocacy to around 95,000 service users, of whom 65,000 will use the website alone, and 30,000 will instead / also make contact by telephone or in writing (fax, letter, e-mail)
- identify and develop diverse income streams

*In Year 3 to:*

- develop and refine the operating model so that the service is provided throughout the UK by the end of Year 3
- provide information, advice and advocacy to around 177,500 service users, of whom 97,500 will use the website alone, and 80,000 will instead / also make contact by telephone or in writing (fax, letter, e-mail)
- continue to increase involvement of local/regional organisations
- develop local partnerships to provide a seamless service and face-to-face provision where appropriate
- to develop diverse income streams to the extent that by the fourth year the service will be financially sustainable.

*In Year 4 to:*

- consolidate and promote the new national service
- provide information, advice and advocacy to around 250,000 service users, of whom 150,000 will use the website alone, and 100,000 will instead / also make contact by telephone or in writing (fax, letter, e-mail)

### **3.5 Philosophy and Values**

OSCA aims to enable older people to make informed decisions about their housing and care needs and to empower them to exercise their rights and responsibilities. It will deliver services within the principles of confidentiality, impartiality, independence and with respect for diversity and equality.





## 4. SERVICE PROFILE/PROJECT DELIVERY

### 4.1 Introduction

The partnership between Counsel and Care, EAC, Help the Aged and NHFA will allow OSCA to provide all the information and advice about care that older people and their representatives need in a single and independent point of reference at any stage of their decision-making process. The virtual nature of the service means that it can be provided from the partners' premises although it is anticipated that as staffing numbers increase in years 2 and 3 additional office space will be required. (See Section 5)

### 4.2 Target Audience

OSCA will target all older people, regardless of their financial situation or ethnic origin, their relatives and carers seeking information about any kind of care, or associated problem, at any stage in their decision making process.

### 4.3 Market Reach

The core One Stop Care Advice Service will be available nationally but during year 1 will only be promoted in one region; then half the UK by the end of year 2, and across the whole of the UK by the end of year 3. NHFA's care fees advisory service will be available as a face-to-face service nationally from the outset.

The website, Care Advice Online, will cover the whole of the UK from Year 1. The forecasts of the volume of traffic likely to be generated by it, and of the proportion of users who subsequently contact the One Stop Care Advice Service, are based on EAC's experience of operating [www.HousingCare.org](http://www.HousingCare.org) alongside its Advice Line service and by considering the market size as discussed in Section 3.1.

As the combined service is a hybrid of fully national and gradual build up, market reach is presented against UK national targets from the outset.

	Year 1	Year 2	Year 3	Year 4
Care info seekers	530,000	530,000	530,000	530,000
Total customers	44,0000	95,000	177,500	249,500
Market reach (approx)	8%	15%	25%	40%

#### 4.4 Content of Service

The content of the service will be focussed in four main areas:

- **My care and support** (sourced by all 4 partners, particularly Counsel and Care)
- **My accommodation** (sourced by Elderly Accommodation Counsel and Counsel and Care)
- **My money and benefits** (sourced by all 4 partners, particularly NHFA in relation to financial solutions for self-funding older people)
- **My ways to complain** (sourced by Counsel and Care)

<b>My care and support</b>		<b>My accommodation</b>	
Care choices	Being in hospital	Housing decisions	About living in a care home
The community care system	Help at home	Staying at home	Paying care home fees
The care assessment	Help in a care home	How to get your home adapted	Top-Ups
Assistance with health problems	Help in a retirement home	How to maintain your home	Moving to a retirement house
	Assistance for carers	Moving to a care home	Buying, renting and other options
		How to choose a care home	
<b>My money and benefits</b>		<b>My ways to complain</b>	
Your money when in hospital	Interim finance for self-funders	Informal complaints	
Local Authorities funding	Enduring power of attorney	Formal complaints	
NHS Continuing Care	Allowances, credits and grants	Independent advocacy	
The financial assessment		Challenging Decisions of the Local Authority or NHS	
Direct payments	Financial solutions	Legal Action	
Self-funding your care	Financial support for carers		

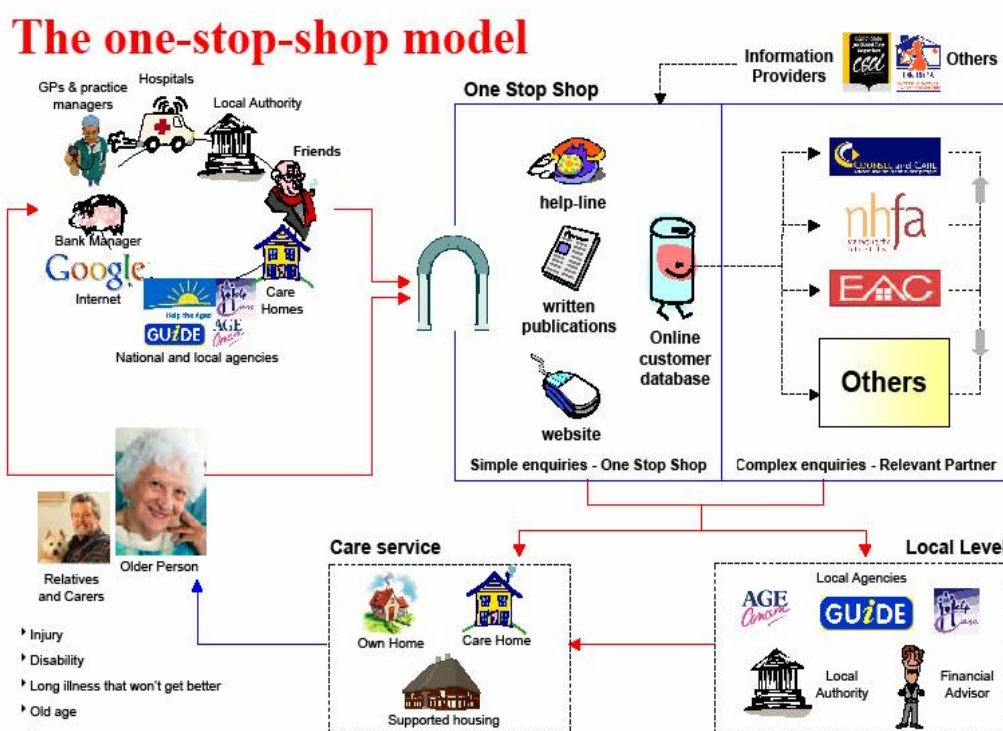
OSCA will not be a provider of care services but it will give guidance to users on their options and rights in order to make informed decisions about their care.

Information and advice provision will be structured to serve the needs of older people at any stage of the care pathway. They may be staying put in their own homes and requiring additional support, entering care for the first time, facing

changes in their care circumstances or wishing to complain about services they are receiving or decisions made about their care package.

### 4.5 Method and Level of Service Delivery

The core OSCA service will be delivered by telephone, website, e-mail, letter and fax supported by information materials in a wide range of formats. Where appropriate, the user will be “intelligently referred” between Partners with all the relevant data about the enquiry and the user.



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Partnerships with local agencies will be developed in each region in order to provide a face-to-face service and advocacy for those older people who need this level of service.

#### 4.5.1 Customer Relationship Management (CRM) System

An online customer relationship management (CRM) system is key to the integrated service and will enable all OSCA partner staff to access and update customer records. Details of all telephone, letter, fax and email interaction with callers will be entered on to the system by staff; website users will have the option to register and add/update their own personal details. System

security and access rights will meet the requirements of the Data Protection Register.

#### 4.5.2 Telephone Helpline

The telephone helpline will have three main roles:

- **Switchboard:** greeting the users and “teasing” for their care needs
- **Advice Level 1:** providing information and advice up to an agreed level of competence
- **Intelligent referral to Advice Level 2:** transferring the caller to the most appropriate partner or partners to provide advice for complex enquiries. Users will be offered the choice of an immediate transfer to the relevant person or a call back at a preferred time.

Operators at both Levels 1 and 2 will use Care Advice Online to access hard information for customers, and where required, print and post or email copies to them. Dispatch of materials will be automatically recorded on customer records.

#### 4.5.3 Care Advice Online Website

The Care Advice Online website will provide comprehensive and detailed information on each of the four areas highlighted in para 4.4 above. It will incorporate:

- searchable databases of care homes, home care services, assistive technology services and housing-with-care (‘extra care’) provision
- extensive libraries of written materials (including translations into main minority languages and ‘talking book’ technology) and of audiovisual materials
- graphical tools to aid decision-making
- the facility to contact the OSCA helpline by email or internet phone

It will also offer users the opportunity to register on the CRM database, in which case both they and OSCA advice staff will have access to their ‘case history’. Users will be able to bookmark site resources for ease of retrieval, and to record in their ‘case history’ any key materials they have accessed.

The website will encourage users who require further information and/or advice to phone or email the One Stop Care Advice Service. However we aim to ensure that the website alone can deliver the OSCA service to approaching 50% of its users, with the remainder moving on to use the telephone service.

Linked to and integrated with the CRM will be an online library of information materials about all aspects of care for older people. This will include:

- **Written materials**, many in multiple languages
- **Audio-visual materials**
- **Databases** of care services, care homes and supported housing settings

Most of the contents of this online resource, Care Advice Online, will be available equally to OSCA staff and the public at large.

#### **4.5.4 E-mail enquiries**

Email enquiries, whether generated through the website or otherwise, will be screened on receipt and handled by either Level 1 or Level 2 advice staff, as appropriate.

#### **4.5.5 Face-to-Face Advice and Support**

The Partnership Development Officer(s) will develop partnerships with local agencies to ensure, wherever possible, that those needing a face-to-face service can access it seamlessly through the One Stop Care Advice Service.

#### **4.5.6 Specialist Legal Advice**

The service aims to develop relationships with lawyers providing expert advice on the Community Care Act, Disability Discrimination Act and Mental Health Act and other relevant legislation, in order that

- (i) level 2 advisors are able to consult with them, and
- (ii) pro bono legal advice and representation is available on issues that may create caselaw and have a wide impact on the rights of older people.

#### **4.5.7 Level and Standards of Service**

The level and standards of service to be delivered by each organisation form part of the Service Specification agreed between the partner organisations. See Appendix 3.

## **4.6 Accessibility**

### **4.6.1 Access Hours**

In year 1, the telephone service will operate Monday – Friday, from 9am – 5pm. E-mails and correspondence will also be responded to during these times. In years 2 and 3, the aim is to extend the opening times of the telephone service but this will be dependent on the evaluation of the first year of service and resources.

From the outset, the website, with the ability to use electronic tools to aid decision making and to download information materials, will be available 24 hours, 7 days a week.

### **4.6.2 Reaching Older People and Older People from Disadvantaged Groups**

In order to ensure older people, and those from particular disadvantaged groups, are able to access information and advice, the service will:

- develop the website and information materials in accordance with the guidance from the Disability Rights Commission in relation to font size, colour and design
- have access to Language Line to assist those who do not have English as their first language
- promote the service in the minority and trade press
- promote the service through the partner organisations' mailings, websites and other methods of reaching older people
- promote the service through other older people's organisations and advice networks (Age Concern, AdviceUK, Citizens Advice)
- promote the service through network organisations supporting disadvantaged groups of older people
- using the role of the Partnership Development Officer to make contact with local agencies supporting older people and those from disadvantaged groups.

The service will continually monitor its data and review its services to ensure it is accessible to all older people.

## **4.7 Delivery Tools**

### **4.7.1 Information Materials**

Much of the material required for the service has been produced and/or compiled by the Partners already (see Appendix 4: Information Materials). Their collective bank of publications, articles, guides and factsheets is extensive, and this, along with selected publications by other organisations is already catalogued and available online. Some of the materials are already available in different formats for disabled people and in languages other than English. The collection of information materials will be branded for the One Stop Care Advice Service and a new basic guide will be produced for each of the four areas of enquiry: My Care, My Housing, My Money, My Ways to Complain.

### **4.7.2 Information Databases**

Users and advisors will be able to access the information databases via the Care Advice Online website. The databases will have information about all housing and care provision for older people throughout the UK as well as other organisations that may be able to assist the older person. EAC has an online database of care homes and sheltered accommodation that will be made available to OSCA.

### **4.7.3 Information and Advice tools**

There will be electronic tools available via the website to assist older people with their decision making in relation to their housing and care needs.

Each of the Partners has also developed its own procedures and 'scripts' to guide its advisors in those aspects of care they specialise in, and provide a framework for training new staff. These will provide the basis for scripting both levels of the joint service. The project's Operations Group (made up of Advice Team Leader's from the partner organisations) have defined the depth and subject areas of advice that will be delivered at service levels 1 and 2 and where handovers should take place. See Appendix 5: Internal Referral Flowchart.

#### **4.7.4 Online CRM Database and Website**

The website solution will allow for the provision of general and specific information and advice to users and the communication by e-mail with the OSCA. The website will support the role of the helpline representative in providing the right information and advice on the phone.

The online CRM database will facilitate communication when transferring a user for advice level 2. The user, the helpline and the partner organisations will be able to access a web based central database where they can visualise the “story” of each information seeker, avoiding asking the same information twice and allowing the tracking of each care advice intervention.

The website will have interfaces with external data sources in order to provide users with a wide range of information in a single place.

#### **4.7.5 Call Management Systems**

All partner organisations have experience of call management and enquiry recording systems. Help the Aged has experience of running a frontline call centre for older people (Senior Line) and initially will run the OSCA switchboard and level 1 service. As the service grows, a telephone call handling system will be developed and integrated with the CRM.

#### **4.7.6 Qualified Staff**

HtA has experienced, competent staff operating a frontline, call handling, telephone enquiry service via its Senior Line. The other three organisations have specialist, qualified staff currently dealing with care, housing and support enquiries over the telephone and by e-mail, letter and fax.

### **4.8 Quality Standards**

The four partner organisations currently deliver services that meet nationally recognised quality standards, for example:

- EAC is a member of the Telephone Helplines Association (THA) and holds the Community Legal Service (CLS) Quality Mark at Assisted Information level



- Counsel and Care is also a member of THA and holds the CLS Quality Mark at the General Help and Casework level
- Help the Aged is a member of AdviceUk and operates at the CLS Quality Mark General Help level
- NHFA is authorised and regulated by the Financial Services Authority.

The four organisations are committed to quality and will ensure the new organisation delivers a quality service and will obtain a nationally recognised quality standard as soon as practicable.

## **4.9 Statistical and Outcome Monitoring**

The CRM, the telephone call handling system and the website will have sophisticated systems to enable the capture of data to inform and influence the ongoing development of the OSCA. Statistical information will automatically be collected on number and length of calls, number of enquiries via the website, telephone, e-mail, the subject of enquiry, methods and level of assistance/advice given. User profile information will also be collected on the client database element of the CRM to enable the monitoring of the users of the service.

The impact of the information and advice on the user's life will also be recorded where known. Users of the website will be invited to give feedback electronically and callers will be surveyed for their views on the service and what impact the information and advice had.

The statistics from all systems and user feedback will be analysed and evaluated to influence the future development of the service. See Section 7 for the Monitoring and Evaluation plan.

## **4.10 PROJECT DELIVERY PLAN**

This is shown as Appendix 6.



## 5. OPERATIONAL IMPLICATIONS

This section details:

- the legal status
- how the service will be managed and governed
- the financial management arrangements
- staffing
- marketing strategy
- resources available
- resources required

### 5.1 Legal Status

In the long term the aim is for the OSCA to be a separate legal entity and to be a company limited by guarantee and registered charity. This is not envisaged until the end of the third year of this plan although the current arrangements will constantly be reviewed during the development of the service. It is anticipated that when a separate legal entity is set up that the current members of the Project Management Group (PMG) – see para 5.2 below - would become the first company directors.

### 5.2 Management & Accountability

The project's management body is the Project Management Group whose members are the Chief Executives of Counsel and Care, EAC, NHFA and the Director of Community Affairs at HtA. They are governed by their collaboration agreement and the terms of reference of the Project Management Group – see Appendices 2 and 8. The Board of Directors/Trustees of each organisation are fully informed of this initiative and have entrusted decision making powers to their officers on the Project Management Group. Regular reports are given to the Board of Directors/Trustees of each organisation who remain ultimately accountable and liable.

Where a partner has become a major fundholder for the service, such as EAC with the Big Lottery funding, the PMG recognises that the organisation will take lead responsibility on that funding and decisions associated with it and will have the casting vote at Project Management Group meetings on matters associated with that funding stream.

A full-time project manager (employed by EAC with Lottery funding during years 1 - 3) will manage the development and day to day running of the service. The management structure of the service in year 1 is shown as Appendix 9.

## **5.3 Financial Management**

### **5.3.1 Lottery Funding**

EAC has the responsibility for the financial management of the Big Lottery funding. The PMG acknowledges that any partner organisation acquiring grant funding for the service will necessarily be the lead body on that funding stream. EAC will set up a separate bank account for the Lottery grant.

### **5.3.2 Trading**

There may be a need in the future to set up a trading company for the processing of some commercial earned income streams, with the company covenanting its profits to OSCA for the delivery and future development of the service. However, there are no immediate plans to do this but this situation could be reviewed if legal and financial advice is that it would be tax efficient to do so.

### **5.3.3 Financial Arrangements between partners delivering part of the service**

Partners delivering an aspect of the service, that one or more of the partners is the fundholder for, will make a call down request for their element of the funding. It is anticipated that this will be quarterly but may depend on the payment arrangements with that particular fundholder.

### **5.3.4 Financial Reporting**

Quarterly financial reports will be prepared by EAC's finance officer and presented to the Board of Trustees. The Chief Executive of EAC will provide quarterly reports to the Project Management Group. Annual accounts will be audited by EAC's auditors Hays MacIntyre.

Day to day financial matters will be handled by the Project Manager and EAC's finance officer.

## 5.4 Protocols/Procedures

The four partners all have protocols and procedures relating to their organisations in respect of recruitment and selection, equal opportunities, complaints, health and safety, financial procedures, enquiry handling and information and advice giving for their organisations. Staff will be responsible to their employing organisation on organisational policies but will have to adhere to the Service Specification agreed between the four organisations and the associated protocols on Core Service Delivery Standards, Case Recording, Complaints and Vulnerable Adults.

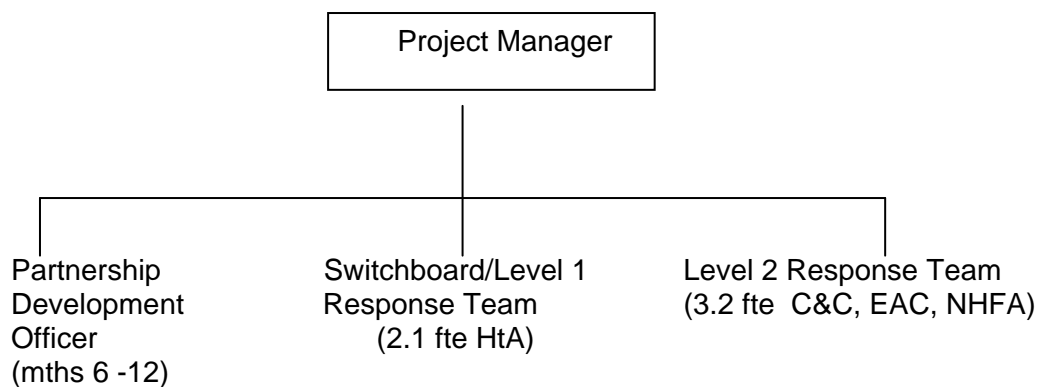
## 5.5 Staffing

An estimate of staffing requirements for the project over the first four years are shown in Appendix 10: Customer Volumes and Staffing.

### 5.5.1 Year 1

During year 1, there will be a full-time Project Manager who will be line managed by the Chief Executive of EAC for contractual matters and will be accountable to the Project Management Group for all aspects of the delivery and performance of the OSCA. After six months, s/he will be joined by a Partnership Development Officer.

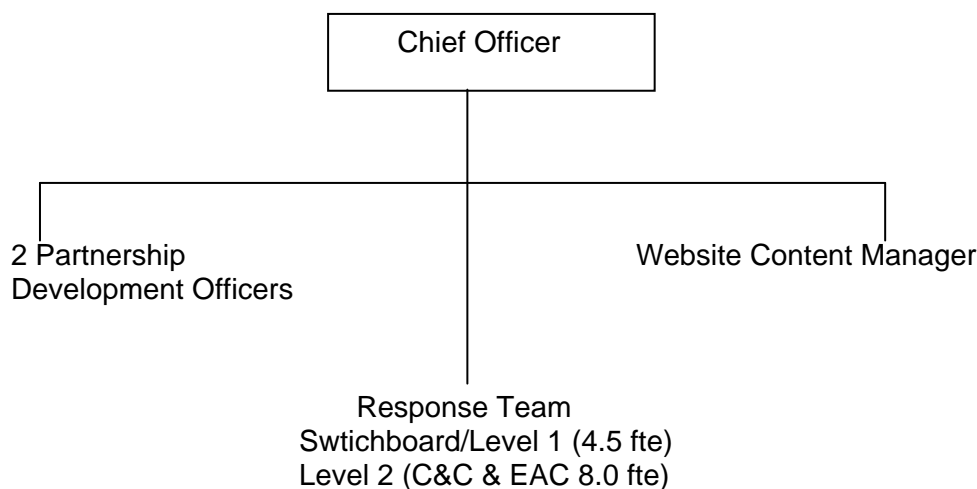
The Switchboard/Level 1 service will be delivered by 2.1 fte staff at HtA. The level 2 response service will be provided by 3.2 fte advisors employed by Counsel and Care, EAC and NHFA. All level 2 staff will be based in their employing organisation's offices. The CRM online database together with modern telephone call handling technology will be sufficient to ensure integration of the two service levels. The proposed structure for the staffing is shown below:



**Year 2**

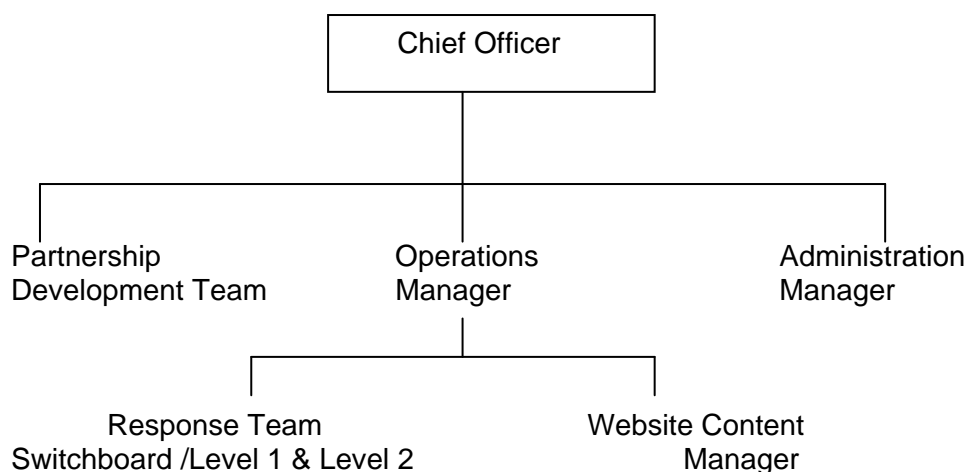
During year 2 the response team will be expanded at both levels 1 and 2 to 4.5 and 8.0 fte respectively to reflect the broader reach of the service. The Project Manager will become the Chief Officer, and a second Partnership Development Officer will be recruited along with a Website Content Manager. It is anticipated that the OSCA will move to its own premises.

The proposed staffing structure for year 2 is as follows:



**Year 3**

During year 3 the Response Team will grow to match demand with the appointment of additional level 1 and level 2 operators (to 10.3 and 19.0 fte respectively), and the recruitment of the Administration Manager, the Operations Manager and third Partnership Development Officer will complete the management and staffing structure shown below:



The projections for the composition and size of the Response Team are based on the partners' experiences. The assumption is that switchboard/level 1 operators will handle approximately 10,000 new customer contacts each per annum, whilst level 2 advisors will handle 2,500.

### 5.5.2 Recruitment of Staff

The expectation is that new posts will be recruited to externally in accordance with equal opportunities, recruitment and selection procedures, and the requirements of funders. However, it is understood that partner organisations must make decisions about recruitment that are compliant with employment law and good practice, and that reflect their current circumstances, which may result in redeployment of a member of staff or additional hours being offered to a member of staff. In those situations, the reasons for not going to open recruitment will be discussed with the PMG and the relevant funder if applicable.

## 5.6 Marketing and Communications Strategy

### Introduction

There will be a staged marketing and promotional drive throughout this 4 year plan. During the first year, marketing activity will focus on the chosen geographical region in order to test take-up, the ability to respond, and to evaluate the success or otherwise of different marketing methods. It will also focus on those who can assist with the development of the service.

### 5.6.1 Marketing Audience

The marketing plan will be based on generating awareness of the OSCA to:

1. Older people, their families and representatives.
2. Local Authorities, hospitals, GPs, care homes, local and national charities and agencies etc.
3. Policy makers, key stakeholders
4. Potential funders.

### 5.6.2 Marketing Methods

A combination of direct marketing activities such as, promotion in the media and organisation of events will be designed. Direct marketing will include: mailshots, flyers, advertisements in trade press.

It will be the main role of the Partnership Development Officer, and ultimately Partnership Development Team, to promote and raise awareness of the OSCA amongst local agencies and 'first points of contact', and to develop service delivery partnerships with them.

The Project Manager and members of the PMG will:

- Lobby government
- Network with other relevant charitable organisations
- Promote the benefits of marketing services with OSCA to housing and care providers, financial product providers, equipment and service providers.

Care Advice Online will also be promoted to all potential audiences through optimising its visibility to search engines, securing links from and to related sites and ensuring that its content and style have authority and reflect the OSCA's philosophy and values.

## 5.7 Resources

### 5.7.1 Already Available

The four organisations have resources that will be built upon for the OSCA.

These are:

- **Response capacity:**  
Level 1



HtA have pledged to provide the switchboard/telephone call handling service during the first year

### Level 2

EAC and Counsel and Care will expand the capacity of their existing Advice Line teams to deliver the OSCA service.

NHFA will expand capacity also, and has pledged to fund its contribution to the level 2 service out of its own resources.

- **Research and development:** the OSCA will benefit from the extensive work being done in this field by all partners and potential external contributors
- **Networking:** all partners have good relationships and connections with local and national organisations, the Government and the media
- **Charity operational know-how and fundraising experience:** Counsel and Care, EAC and Help the Aged are running successful charitable organisations and will prove to be sources of good practice
- **Business acumen:** NHFA has run a highly successful care fees advisory service and will bring sound business acumen and entrepreneurial expertise to the development of the service
- **Brands:** the brands of all partners are highly recognised within the care field, particularly with local and national organisations
- **An internet site to build upon:** EAC has offered its website to serve as the base for the OSCA internet presence
- **A database of housing and care providers to build upon:** EAC has offered its Care Options and Housing Options databases as OSCA information sources
- **Experience of call handling:** Help the Aged has experience of running a call centre. NHFA has experience of outsourcing to a call centre. Counsel and Care and EAC have internal call handling systems
- **Monitoring:** All four organisations have sophisticated management monitoring systems in place to enable them to report to their board, existing funders and contractors.
- **Information Materials:** The four partners all produce information materials to support the information and advice-giving function. Appendix 4 details the wide range of information materials that are produced between the partners and will be available to OSCA in hard copy and from the website.

- **Experience of providing free, confidential, impartial, independent, quality advice:** The four partners all deliver advice within these principles. They have considerable experience of advising users and employ competent, qualified staff to deliver their services.
- **Income:** Financial support from NHFA and HtA towards start up and operating costs. For details see Section 6.3 Project Income.

### 5.7.2 Resources Required

- **Staff:** The staffing resources required are as follows:

#### Year 1

2.1 fte level 1 advisors

3.2 fte level 2 advisors

1 Project Manager

1 Partnership Development Officer (for latter six months)

#### Year 2

4.5 fte level 1 advisors

8.0 fte level 2 advisors

1 Project Manager/Chief Officer

2 Partnership Development Officers

1 Website Content Manager

#### Year 3

10.3 level 1 advisors

19.0 level 2 advisors

1 Project Manager/Chief Officer

3 Partnership Development Officers

1 Website Content Manager

1 Administration Manager

1 Operations Manager

- **An internet site with a CRM online database:** This will be required from the outset to ensure that information about a user's enquiry can be accessed by all partner organisations alleviating the need for callers to repeat themselves and to ensure a seamless service is provided. The CRM online database will record the nature of the enquiry, the

assistance/advice given and details of any referral made to other organisations, and will have a comprehensive statistical recording function.

- **A communications system:** The telephone call handling system will facilitate the seamless transfer of calls between the service delivery partners, and link with the CRM to ensure that user details are available on handover. OSCA will have a main freephone number plus direct dial numbers to individual partners and their Advisors for follow-up calls.
- **Infrastructure – location, premises and equipment:** During year 1 the OSCA will run as a virtual office. The project manager will be based at EAC. The switchboard and Level 1 service will be located within Help the Aged's Senior Line offices. Counsel and Care, EAC and NHFA will provide the level 2 service from their own premises. The website and CRM will be maintained from EAC's premises. As the service develops across the country, premises in which to locate staff and equipment will become necessary.
- **Marketing materials:** see Section 5.6 above.
- **Financial resources:** the financial resources to deliver and develop the services are discussed in Section 6: Financial Analysis.



## 6. FINANCIAL ANALYSIS

This section covers:

- The project costs
- The funding strategy
- Project income
- Financial forecasts
- Project Budget

### 6.1 PROJECT COSTS

The following paragraphs explain the rationale for the costings and are based on the Operational Implications discussed in Section 5. The project costs and income streams are shown in Appendix 11: The Project Budget.

#### 6.1.1 Year 1

##### **Expected Start-up Expenses**

The service will be launched with the minimum infrastructure necessary to test the proposition and to provide intelligence for the future development of the service. Staff will be located in partners' existing offices, but linked and supported by a sophisticated IT system. The expected "cautious" capital and operating expenditure items for the first 12 months are calculated as follows:

- Capital expenditure limited to the development of an integrated web-based IT system comprising CRM database, website and telephone system – plus marketing services and professional and legal advice.
- Staffing as shown in Section 5.7.2 above.
- Communication costs include the use of a 0800 (or equivalent) number and the cost of all calls received.
- Website / CRM costs cover all development, hosting & maintenance for the year.
- Marketing expenses cover the cost of acquiring professional expertise to market and to promote the service to the public directly, and to help develop commercial income streams to support the venture.

### 6.1.2 Year 2

Assuming a successful first year, the OSCA will move into its own premises in year 2. Additional capital and operational costs will be required to cover:

- Investment in office premises and equipment with enough capacity for the expansion of the venture
- Recruitment of staff towards the model described in Section 5.7.2 above.

### 6.1.3 Year 3

During year 3 the OSCA will incur substantial additional costs, primarily for additional Response Team staffing as the service goes fully national and the recruitment of an Operations Manager and Administration Manager..

## 6.2 FUNDING STRATEGY

The aim of the funding strategy is to ensure the financial sustainability of the OSCA. To achieve this, the OSCA must have:

- More than one source of income
- More than one way of generating income
- Regular strategic, action and financial planning
- Adequate financial systems
- A good public image
- Clarity about its values
- Financial independence.

It is based on a 3 year budget and a six pronged strategy combining income generated from trusts, statutory bodies, commissioned work, fees, sales and cost control.

### 6.2.1 Values

The strategy will be pursued within the premise that “survival at all costs” is not acceptable. The following principles will therefore apply:

- work will not be undertaken that compromises the independence, the integrity and quality of the service
- accountability to the wider community for the responsible use of all resources
- the belief that it is necessary to take on work commissioned for special purposes, both for financial sustainability and because such work can benefit older people in relation to care issues. The budget and the funding strategy are premised on this understanding.

The values will apply to both national, regional and local developments.

### 6.2.2 Diverse Income Streams

The long-term sustainability of the service is a prime concern, which means that it should not be wholly dependent on statutory or charitable grant funding. Hence the enthusiasm of all the parties to have a major and respected commercial enterprise, NHFA, included within the core partner group from the outset. NHFA have pledged to invest back into the service from earnings derived from its participation as well as support on equipment and marketing the launch the service. This is regarded as one model for involving other commercial operators as the service develops.

The funding sources envisaged for the service are:

- Grants from Charitable and Beneficial Trusts
- Government and Statutory Bodies
- Beneficial Associates
- Earned income (fees, sales, tenders)
- The public (donations, legacies)

#### Grants from Public Sector, Charitable and Beneficial Trusts

Appropriate grant making bodies and charitable trusts will be identified and applications made for services delivered nationally, regionally and locally. The emphasis in the first three years will be on the sustainability of the national core service whilst identifying service development opportunities in the regions.

#### Government and Statutory Bodies

Lobbying for support for the service is already underway with the Department of Health and Department of Communities and Local Government both at

ministerial and civil service levels. The Government has acknowledged the need for the service (see Section 3). The project is being set up on the premise that Government support will follow once the model is proven and the benefit to older people is unquestionable.

For regional developments, the service will identify opportunities and make applications where appropriate to funders such as the European Regional Development Fund and the Regional Development Agencies.

For local developments, the service will identify opportunities and make applications where appropriate to funders such as local authority housing and social service departments, Primary Care Trusts.

#### Beneficial Associates

These Associates will be organisations that wish to invest in the service in order to raise their profile with older people to improve their customer base. For example, Independent Age, a beneficial trust that provides grants and donations to older people in need, has expressed interest in investing in the service in order to reach more older people in need. Contributions from beneficial associates might also be in kind e.g. staff, marketing support, accommodation, or sponsorship.

#### Earned Income

Earned income may come from a number of sources:

- Commercial
- Public sector
- The Public

Services delivered, or contracts entered into, will always be within the values discussed in paragraph 6.2.1 above.

#### *Commercial*

Opportunities for commercial income identified are:

- Advertising on the website and information materials e.g. equipment & aids, financial products, retirement and sheltered housing vacancies, care training providers, care service providers, leisure/holiday companies targeting the over 50s



- Introducers' fees from financial product providers
- Selling/licensing of retirement housing data to private sector housing developers
- Contractual: e.g. (i) providing market reports on housing and care homes for older people (ii) delivering a service
- Sponsorship (this may be in the form of materials, marketing support etc.).

NHFA, the commercial partner, has already pledged to plough back profits into the development and maintenance of the service.

#### *Public Sector*

The opportunities for earned income from the public sector are likely to be:

- The intelligence service to national and local government about older people's housing and care aspirations and needs
- Advertising of vacancies in retirement and sheltered housing by registered social landlords and local authorities
- Selling retirement housing data to government departments to assist with the Housing Strategy
- Selling of county guides with listings of sheltered housing and care homes to Social Service Departments and other professionals working with older people
- Contractual – tenders to deliver services on behalf of government or other statutory body.

#### *The Public*

Earned income from the public is likely to be from:

- Sales of publications
- Donations
- Legacies

The three charities in the partnership already have these income streams and will be working together to ensure that the methods of payment for sales, making a donation or leaving a legacy are as easy and efficient as possible.

### 6.2.3 Cost Control

For the funding strategy to be successful there must be careful costing, cost control and regular monitoring of the finances. In order to achieve this, the following will be instituted:

- Full cost recovery on tenders, contracts and sales of services, products
- Monthly monitoring of income and expenditure by the finance officer and project manager
- Quarterly financial management reports, including cashflow projections, to the Project Management Group and Board of EAC.

### 6.2.4 Prioritising

The first priority is to secure funding for the national core service for the first three years. Success with this has already been achieved with the commitment from NHFA and the award from the Big Lottery Fund (see details in Section 6.3 Project Income). The business model assumes that financial support will be secured from the Government and, obtaining this, will be a top priority for the service. The three charities already receive some funding from central government which enables them to provide information materials, databases and specialisms to the OSCA.

Commercial income streams will be prioritised in years 2 and 3 when there is a critical mass of users of the service.

## 6.3 PROJECT INCOME

The secured and projected income for the service over the first three years is shown in Appendix 11: The Project Budget.

### 6.3.1 Secured

#### NHFA

NHFA have pledged to meet the start up costs of commissioning and installing the CRM and website, legal fees and marketing/publicity costs.

They have also agreed to plough back 14% of commission from financial product sales to the service.

### Help the Aged

HtA have pledged to assist with overall costs to the value of £56k in year 1 and have included OSCA in the targets for their Fundraising Department. They are also underwriting the cost of the telephone system for the switchboard/level 1 service, together with associated costs such as printing and mailing of information materials.

### Big Lottery Fund

The Big Lottery Fund has awarded EAC £500k towards the cost of developing the service during years 1 – 3. The award is to cover staffing costs for:

2.1 fte level advisers for year 1

1.5 fte level 2 advisers for years 1 and 2

1 fte Project Manager for years 1 – 3.

The award also covers a contribution to running costs and overheads.

## **6.3.2 In the Pipeline**

### Independent Age (Beneficial Associate)

Independent Age had expressed an interest in joining the partnership and committing £100k to the service. However, the sudden departure of the chief executive late last year and the lack of recruitment to the post until very recently, halted these discussions.

Contact has been made with the new chief executive who has expressed a continued interest but is unlikely to be able to take this forward for the next six months due to other priorities. This will be pursued following the setting in operation of the service.

### UK Government

A bid has been submitted to DH under Section 64 funding for a grant towards the development of the partnerships with local and regional agencies. The amount requested is £300k over 3 years to fund a Partnerships Development Officer, together with other associated costs.

In addition, members of the PMG are in regular contact about the development of the service with Ministers and civil servants in the Department of Health and Department for Communities and Local Government. All have expressed their

interest and support for the model but, at the present time, none is able to commit funding until the results of the Comprehensive Spending Review are announced later in the year.

Achieving substantial financial support from Government for the OSCA service is a priority and will be actively pursued by members of the PMG and the Project Director, once in post.

#### Devolved Administrations

The OSCA aspires to be a truly UK-wide service, and we hope to initiate dialogue shortly with the Scottish Government, the National Assembly for Wales and the Northern Ireland Government, in the hope of securing their support for this venture.

#### Help the Aged

HtA hopes to assist financially beyond year 1 and the OSCA is identified in their fundraising targets. As this has not yet been quantified a token £10,000 has been included in the year 2 income streams in the project budget.

#### Tenders/Grant Applications

It is anticipated that the OSCA will respond to tenders and make grant applications to produce income streams by year 2.

#### Commercial Income Streams

Major private sector companies that target the over 50s (such as SAGA) have already registered an interest in being involved and contributing financially to the service. These will be followed up during the latter half of the year when the Partnership Development Officer is in post and the platform for the delivery of the service is proven to be efficient and effective.

Income from sales, fees, donations, legacies throughout the three years are based on the known income streams from the three charities. (See Section 6.2 Funding Strategy)

### **6.3.3 Summary**

Within the first 12 months of operation, the service model will be tested and refined to analyse the assumptions made about commercial income generation.

Within the first 24 months, the following hypotheses will be thoroughly tested:

- That the service model delivers what care seekers want
- That Government can be persuaded to contribute substantially to an ongoing service
- That substantial commercial funding can also be attracted to the service without impacting adversely on its impartiality or integrity.

During year 2 the OSCA will be expected to demonstrate its capacity to attract additional funding, both from commercial commissions and sponsorship, and from central Government. NHFA commission income is also projected to rise substantially, with a corresponding increase in the level of profits ploughed back into the OSCA. Targets for all income streams are shown in the Project Budget shown as Appendix 11. It will be key to the continuation of the OSCA venture that these are met – or alternative and equivalent income streams are proved to be realisable by the end of year 2.



## **7. MONITORING AND EVALUATION**

Throughout the three years, there will be monitoring and evaluation of how partner organisations work together, whether the service is meeting its targets, and of how a seamless service is being provided with the involvement of local organisations.

### **7.1 MONITORING SYSTEMS**

All four organisations already have sophisticated management monitoring systems in place and are used to reporting to existing funders and contractors. As explained in Section 4, for the integrated service systems will be devised to ensure good management information relating to call handling, length of calls, type and number of enquiries and methods of assistance/advice in order to inform and influence the ongoing development of the OSCA. In addition, user's views about the service will be sought via regular user feedback questionnaires.

Throughout the three years, there will be monitoring of how partner organisations work together and of how a seamless service is being provided with the involvement of local organisations.

### **7.2 MILESTONES, OUTCOMES, TIMESCALES**

Specific targets agreed with the Big Lottery Fund, the project's major initial funder, are shown in Appendix 13.

### **7.3 MANAGEMENT MONITORING**

The Project Manager will provide the PMG with management reports on a quarterly basis. In addition, members of the PMG will ensure that the management reports are available to their Boards of Trustees/Directors. A review of the service will be carried out annually.

### **7.4 EVALUATION**

An evaluation exercise, considering all the statistical data and user feedback, will be carried out at the end of years 1 and 3.





## **8. RISK MANAGEMENT**

All the partner organisations are experienced in delivering services and of managing projects. They all have experience of managing unpredictable situations in a rapidly changing environment. Their strengths are in being adaptable and flexible, of having a problem solving attitude, and a commitment to making a success of their work for the benefit of older people.

The OSCA is the result of a considerable amount of time and resources expended by the partner organisations and is now coming to fruition. They are totally committed to its success and the planning carried out to date and in the future will be key to this.

The risk management strategy is shown in Appendix 14.



# Care homes for older people in the UK

A market study

May 2005

# 1 EXECUTIVE SUMMARY

## Introduction

- 1.1 This market study looks at how well the care homes market serves people over 65 in the UK.
- 1.2 In 2004, an estimated 410,000 older people lived in residential and nursing homes across the UK. There are about 15,700 private, voluntary and Local Authority (Authority) care homes in the UK, providing care at an estimated annual value of more than £8 billion per annum.
- 1.3 For most older people, moving into a care home is usually a lasting decision taken under very difficult circumstances. They may often be in poor physical or mental health, under pressure to make a decision quickly, and typically have little previous experience of choosing a care home. In this situation, even with help from friends and relatives, it can be difficult to make a considered decision on care. Yet entering a care home is a major decision that will have an on-going effect on the older person's daily quality of life; and for some older people and their families, it will require a large financial commitment.

## Background

- 1.4 This study was launched on 29 June 2004. It was initiated by a super-complaint made by Which? in 2003. It looks at how well the care homes market is serving older people, within the context of government policies on care for older people. Although the large majority are privately owned, care homes operate in an environment closely controlled by government. In particular, under government policy, all older people in care homes have a right to care at a certain minimum standard. Older people's access to care is means tested on the basis of government criteria and their personal resources taken into account according to regulation set by the government. The government also specifies the minimum care standards and determines the level of public funding available for care.

- 1.5 By providing security, company, warmth, regular food and assistance with daily tasks as necessary, a caring and well-run home provides a vital service, both for older people themselves and for their relatives. Such a home offers frail and vulnerable older people a safe and supportive place to live, allowing them to continue their life without being dependent on relatives or friends for their care.
- 1.6 Nevertheless, few older people move into a care home because they prefer this to living in their own home. The reality is that the process of moving into a care home is often very distressing for the older person and frequently also for their families. The older person may be coming directly from a hospital stay, as is the case for about half of those moving into a care home, and will normally have suffered some kind of loss that necessitates the move. The loss could be in physical or mental ability or could be the loss of a partner or relative who may previously have cared for them. Additionally, the move often has to be arranged quickly, with all the stress that time pressure adds, and the older person and their representatives may not have much, if any, experience of arranging care. Once settled in a care home, very few older people choose to move to another home.

## Findings

- 1.7 Under these difficult circumstances it is very important that older people entering care homes are given the best chance of making a good initial decision, with effective safeguards in place for preventing and remedying problems during their stay. Good quality information about the rights of the older person and the obligations of the Authority, fair and clear contract terms, and the ability to make a complaint are complementary mechanisms for the protection of this group of older people.
- 1.8 However, we found cause for concern in the following areas:
- **information about moving into a home** – there is a lack of awareness among older people and their representatives about sources of information on the process of moving into a care home. There is a confusing multitude of different sources of information, and no single clear reference point for people to consult

- **Authority obligations** – there is confusion about what advice and support Authorities should be providing to older people and their representatives. In particular, there appears to be a lack of clarity about when additional third party payments (which can be used to pay for more expensive accommodation) are appropriate. There also appears to be some variation in what different Authorities offer to older people who are not eligible for Authority funded care
- **price transparency** – many older people and their representatives lack information about care homes' fees and services offered, and about terms and conditions for living in a care home. Older people and their representatives need this information quickly, prior to making a decision about moving into a care home, and in an easily accessible and high quality format
- **contracts** - we have identified a large number of contracts that are potentially unfair or have unclear fee related terms, giving care homes scope to introduce arbitrary fee increases. We also found that many contracts are unnecessarily complex or unclear, making it difficult to assess the true rights and obligations of the older person and of the care home under the contract, and
- **access to making complaints** – older people and their representatives face particular difficulties in making complaints, including low awareness of the avenues of redress open to them and a lack of support for people wishing to complain.

## **Information about moving into a care home**

- 1.9 When choosing to go into a care home the older person and their representatives need to understand the various steps in the process, and should get clear, up-to-date, and timely information at each stage. Our research shows that there are significant gaps in the information being provided to people at almost every stage of choosing a care home. Therefore, we make a number of recommendations to the key institutions involved in the care homes sector.

- 1.10 First, we have found that people lack information about the availability and range of care homes. Authorities provide directories of the care homes in their area. These should contain enough good information on the care homes to enable older people and their representatives to choose an appropriate home. However, despite some examples of best practice, our research found that Authority directories often lack important information, sometimes containing no more than the name of the care home manager and contact details of the care homes in their area. This is not enough to allow older people and their representatives to determine which care homes would be suitable for their assessed needs, and therefore which they should contact. They also need information about the levels of funding that their Authority generally makes available for care home places for older people, about the services and facilities offered by relevant care homes, and about when homes require an additional payment over and above what the Authority would usually be prepared to pay to accommodate the older person.
- 1.11 **We recommend that Authority care home directories cover all care homes for older people in their area, that they list services offered by the care homes, state the levels of funding that their Authority generally makes available for care home places for older people, and that they identify all care homes that require additional payments above the amount the Authority is usually prepared to pay (so-called 'top ups'). Care home regulators and inspectorates should monitor that Authorities provide this information.**
- 1.12 The care home regulators in the four administrations of the UK produce inspection reports that provide an independent assessment of the standard of services in care homes. Potentially these could help people reach an informed decision when choosing a care home. However, not all of these reports are currently accessible on the internet, and many could be made easier to read and understand.
- 1.13 To ensure that this source of information is made as useful as possible **we recommend that all care home regulators should make their care home inspection reports available online, and make them more user-friendly, for example by including a short summary at the beginning. Care home regulators and Authorities should support and encourage**

**older people and their representatives to use these reports. Care homes should provide new residents with a copy of the latest inspection report when moving into the home and inform residents when a new inspection report is available.**

- 1.14 Alongside the gaps in the information available to people engaged in choosing a care home, there is also confusion about where they should turn to get the information they need. While there are many sources of good quality information, in particular provided by voluntary organisations, there is no single, clear and authoritative point of reference with comprehensive information for people choosing a care home.
- 1.15 **Therefore we recommend that government should establish a central information source or 'one stop shop' for people to get information about care for older people. This could, for example, be an internet site supplemented by a telephone helpline or a one stop shop with information about care for older people.**
- 1.16 The information source should contain information such as how to have a needs assessment done, local care options, funding of care and the use of top ups, what to look for in a care home and how to use care home inspection reports, advocacy schemes for older people in care homes and also the complaints information, discussed later under 'Making complaints'.

### **Authority obligations**

- 1.17 The Authorities play a key role in helping older people and their representatives to navigate through the process of choosing a care home, and have certain legal obligations that they must meet. For example, Authorities are required to carry out an assessment of the care needs of any person who it appears may need care services. Where an older person meets the means testing criteria for eligibility for publicly funded care, the Authority must provide them with a care home place suitable to their assessed needs. This support in finding a suitable place is an important part of the service Authorities provide to older people and their representatives.



- 1.18 However, we have found that there is some confusion about what services Authorities are obliged to provide to older people prior to them going into a care home. In particular, some Authorities may not provide support in finding a suitable home to older people who do not qualify for Authority funded care, so-called 'self funders'. The vulnerability of older people entering a care home is not limited to those with low financial assets, and given the importance of the initial decision in choosing a care home it is vitally important that no one is barred from sources of help.
- 1.19 **We recommend that government should clarify the guidance to Authorities on the Choice of Accommodation Directions to make it clear that self funded older people with an assessed need should have access to the same advice, guidance and assistance on choice as older people receiving public funding. We also recommend that Authorities ensure that self funded older people with an assessed need get advice after the test of their financial assets and entitlements and are guided during the whole process of setting their care needs if they so wish. Care home regulators and inspectorates should monitor that Authorities do this either through their own social services departments or through 'out-sourcing' the task of guiding self funders.**
- 1.20 Another area where there appears to be confusion with regard to Authority obligations is the use of additional payments by third parties, so-called 'top ups'. Top ups can give older people receiving Authority funding a wider choice of care homes and of facilities within a home. The use of top ups should be voluntary and to the older person's advantage. The guidance from the Department of Health and the devolved administrations states that top ups are intended to be used solely when the older person wishes to enter a more expensive home than the Authority would normally fund for someone with their level of assessed needs. The English guidance makes it clear that individual residents cannot be required to secure a top up because of market inadequacies or commissioning failures.
- 1.21 Our research suggests that an increasing number of people are paying top ups, and 40 per cent of the Authorities that we surveyed suspected

that more top ups are being paid in their area than they know about. We also believe, based on our analysis of Authority information leaflets about top ups, that some people are likely not to get all the necessary information on top ups. This means in some cases where an older person is entitled to Authority funding of a care home place they and their relatives may mistakenly believe that a top up is required before a care home place can be found.

- 1.22 To address this, **we recommend that Authorities ensure their advice and information materials to older people and their representatives state very clearly that an older person with an assessed need, who is entitled to Authority funding, does not need to secure a top up in order to find a care home place that is suitable for their needs.**

### **Price transparency**

- 1.23 People engaged in choosing a care home should be able, as far as possible, to compare services and fees offered by different care homes. We found that more than one in 10 care homes failed to provide basic price information to our researchers, even after persistent prompting. Other care homes did not provide information on what was included in the fees, extras services available and simple contractual information.
- 1.24 **We recommend that care homes should provide the price in writing of accommodation and residential or nursing fees promptly and prior to the older person making the decision to enter a home.**
- 1.25 To ensure that price transparency improves, **we also recommend that government amend the relevant regulations to include this as a requirement.**

### **Written contracts or statements of terms**

- 1.26 Older people resident in care homes often stay in their initial choice of home for the rest of their life. As this may therefore be a lasting decision, it is important that older people have a written contract or statement of terms from their care home that is clear about the responsibilities of the care home to the older person, sets out fair terms

for when fees and additional charges may be altered, and is easy to read and understand. The contract or statement of terms should protect the older person from unfair price increases or alterations in service levels, and should provide a written statement of what would happen in the event of a change in the circumstances of either the older person or the home.

- 1.27 A previous study by the OFT found that older people in care homes had very low awareness of whether they had a contract in place with the care home. This report similarly finds that many older people do not know if they have a written contract or statement of terms, or if it meets their needs. Our consumer survey found that many of the older people interviewed did not recall either themselves or their family receiving a contract prior to moving into a care home. This is backed up by our mystery shopping research which showed that in about a third of cases our researchers were unable to get the care home to provide them with a contract or statement of terms and conditions. This is a concern, as it could leave older people vulnerable to an unfair price increase or without information about the consequences of a change in their circumstances.
- 1.28 **We recommend that care homes for older people ensure urgently that all their residents are provided with written contracts or statements of terms and that care home regulators and inspectorates monitor this to ensure that significant improvements are delivered in the shortest possible time.**
- 1.29 We found that although Authorities are responsible for the full cost of a care home place they are in many cases not involved in the contractual arrangements for payment of the third party top up contribution, when placing an individual in care. This means there currently is no system in place for Authorities to understand increases in top up fees being charged and let them inform their commissioning strategy. The third party contributor therefore loses a significant safeguard in an area where there is potential for detriment through unjustified increases in top up fees.

- 1.30 **We recommend that the Department of Health and, as far as it is within their power to do so, the devolved administrations, amend relevant legislation and guidance so that Authorities are responsible for contracting and paying for the full costs of accommodation, including any top up fees. (The Authority will recover the top up fee from the third party).**
- 1.31 The final contract issue we looked into was care home contracts for self funders. We examined unfair fee related terms and the absence of fee review terms which give care homes scope to introduce arbitrary fee increases. Complaints received by the OFT suggest that terms about fees, and in particular, changes to fees post-contract, are the cause for the greatest concern.
- 1.32 Under the Unfair Terms in Consumer Contracts Regulations 1999 unfairness can arise wherever a standard term in a consumer contract gives powers [or safeguards] to the care home that could be used to the detriment of the older person, whether or not actual detriment or harm is currently being caused. Standard terms in consumer contracts can also be considered unfair if they are not drafted in plain and intelligible language. Unfair terms in consumer contracts cannot be enforced against the older person or their representatives. Where there is a dispute between a care home and an older person or their representative it will ultimately be for a court to decide if a term is unfair.
- 1.33 Our analysis of care home consumer contracts found problems in the majority of such contracts for older people funding their own care. In particular, nearly three-quarters of the contracts we analysed had fee related terms that were either unfair or unclear, and in 47 per cent of the contracts it was unclear who should pay what amount.
- 1.34 **We are therefore alerting care homes to our general guidance on the Unfair Terms in Consumer Contracts and also our guidance on unfair terms in care home contracts. We will continue to take enforcement action against potentially unfair terms in care home contracts where appropriate.**

- 1.35 We also encourage trade associations for care homes to draw up model consumer contracts or model terms for such contracts so that their members can adopt these. We would be happy to work with them to achieve this aim.
- 1.36 During our study, we also examined a number of contracts governing the relationship between Authorities and care homes. As these are not business-to-consumer contracts there is no legal obligation for them to be consumer friendly. However, these contracts are about the health, accommodation and care needs of an older person. They should be clear enough to allow the older person and their representatives to understand whether their statement of terms and conditions fairly reflects their rights under the contract between the Authority and care home.
- 1.37 It is therefore our view that they should be clear, simple and drawn up in the spirit of fairness and plain intelligible language required by the Unfair Terms in Consumer Contracts Regulations 1999 that apply to business-to-consumer contracts. We consider that the current efforts by the Department of Health and by the devolved administrations to develop guidance and model terms will help address the care homes' demand for simpler and more standardised contracts and support this work.
- 1.38 **We support and are contributing to the guidance and model terms for Authority contracts currently being developed by the Department of Health and by the devolved administrations.**

### **Making complaints**

- 1.39 We looked at whether older people and their representatives face difficulties in accessing complaints procedures that stop them from voicing and resolving problems they have regarding their care. The number of complaints received by the care homes in our business survey appeared low. Similarly the older people we surveyed expressed high levels of satisfaction, with 79 per cent saying that they would definitely recommend their care home to a friend.

- 1.40 We did, however, encounter difficulties throughout our study in obtaining data on complaints and their outcomes. This makes it difficult to assess whether there are sources of significant dissatisfaction among older people in care homes. In particular, the complaints data collected by the care homes regulators is often too highly aggregated to discern the levels of complaints about care homes for older people or which areas give the most cause for dissatisfaction.
- 1.41 **Therefore, we recommend that the care homes regulators across the UK should improve their collection and use of complaints data in respect of older people in care homes so that they can quickly recognise any significant rise in complaints, whether local or in aggregate, and make an efficient and targeted response appropriate to the problem.**
- 1.42 There does appear to be a significant minority of care home residents who encounter problems. In our survey, 28 per cent of older people said that they had had cause to be dissatisfied at some point in the past, and a small proportion said they had decided not to go on to make a complaint.
- 1.43 We also received a large number of comments on this issue from the consumer groups, charities and other organisations that we consulted during our study. Most agreed that older people and their representatives were often reluctant to complain, which may mean that the data on complaints understates the true extent of problems. The reasons cited for this reluctance included:
- low awareness of complaints procedures
  - lack of support in making a complaint, and
  - fear of repercussions for the older person.
- 1.44 While we cannot be sure of the true scale of the problem, considering the vulnerability of older people in care homes it is clear that access to complaints procedures is a vital safeguard for them. There is already a great deal of information available about complaints mechanisms but it appears that many people are not aware of it or do not know where to access the information. Half of the residents in our survey said that they

had received no information about complaints procedures, and of those who said that they did receive information, many said that they did not get any written information or guidance. This is clearly of concern, since if people are not aware of their rights they may be less likely to make complaints.

- 1.45 **Therefore, we recommend that care home regulators should produce an easy-to-understand document that provides practical information to all older people living in care homes and their representatives about the redress avenues open to them. This should include information about when and how they can complain to the care home, the Authority, the regulator, the Local Government Ombudsman and the Parliamentary Ombudsman, or seek judicial review. Regulators should provide care homes with this information and monitor that homes include it as an annexe to the older person's contract or statement of terms and signpost it in suitable places in the care home. Department of Health and the devolved administrations should amend the relevant regulations to include this requirement.**
- 1.46 Older people in care homes are in a vulnerable situation, and many will not enjoy the support of friends and relatives. Even for those who do, making a complaint can be a daunting prospect. We believe that the provision of advocacy services would enable older people to voice their concerns more easily and obtain appropriate redress. Through the provision of advocacy services older people would be supported by an individual who would provide them with a one-to-one source of help and support, and would be able to represent the older person throughout the process of resolving complaints.
- 1.47 Advocacy services may have significant benefits for older people in care homes and also for care homes and Authorities if complaints are resolved faster and more effectively through the use of advocacy services. However, providing such services will also carry a cost for government.

- 1.48 **Therefore, we recommend that the Department of Health and the devolved administrations should run pilot projects to measure the benefits to older people, care homes and Authorities of advocacy services being provided to older people entering or living in care homes as well as the costs of providing such services.**
- 1.49 Information about substantiated complaints is potentially an important tool for helping older people and their representatives assess the quality of individual care homes. It may also demonstrate that it is possible to pursue complaints successfully. **Therefore we recommend that care home regulators should make public the outcome of non-trivial substantiated complaints about care homes by including a short summary with key information in inspection reports.**

### **Paying for care**

- 1.50 Throughout this study and the OFT's initial response to the super-complaint, the issue of the level of government funding has been raised by a range of stakeholders. In particular, people have told us that the fees paid by Authorities to care homes for older people do not cover the full costs to the care home of providing care, plus a reasonable profit margin. Their concerns about the consequences for older people of low levels of funding are that:
- excessively low prices paid to care homes may force care homes out of the market and lead to a shortfall in capacity in some areas, and
  - care homes may be charging higher fees to self funders in order to cross subsidise publicly funded residents.
- 1.51 Our focus in this study has been on how well care home services work within the framework and objectives set by government. Issues such as the service required and the levels of public funding provided to care homes are for the government to decide. It is for the OFT to assess whether, given the policy objectives, the market is working efficiently.



## Excessively low prices

- 1.52 The policy objectives set by government in this respect are clear. Authorities are under an obligation to ensure that older people in need of care receive this, if necessary, in a care home. In some parts of the UK, Authorities are fined if they fail to quickly provide a place for older people moving from hospital into a care home. Authorities will need to use effective procurement practices to ensure that there are enough care homes, offering the necessary mix of services, to meet their obligations. This means that Authorities cannot sustainably offer care homes fees that do not cover the cost of care.
- 1.53 It is important, however, that publicly funded older people and their representatives are made aware of their rights to a care home place without a top up being required. Our recommendations for a central information source and improved information about top ups will assist older people in claiming their entitlement.

## Cross subsidy

- 1.54 People have stated that some care homes charge self funders more in order to 'subsidise' the costs of caring for Authority funded older people.
- 1.55 As discussed above, Authorities cannot offer care homes fees that do not cover the cost of care in the long term as it would mean that they could not meet their obligations.
- 1.56 We recognise that it can be seen as unfair when older people are charged different prices for the same standard of accommodation and level of care. Our research shows that around one in five homes charge self funders more than Authority funded residents for a similar room and similar care. This means that the majority of homes do not discriminate between residents according to their source of funding.

- 1.57 Where care homes do charge self funders more for care the key issue is how they are able to do this. Their ability to raise prices to self funders will be limited if older people and their representatives have enough information to identify and avoid homes that do this. Our recommendations of increased price transparency and the provision of advice and assistance to self funders with an assessed need should help self funders avoid homes that they think charge excessive prices.

# ONE STOP CARE SERVICE COLLABORATION AGREEMENT

## 1. INTRODUCTION

This collaboration agreement sets out the terms of the working relationship between four organisations; Counsel and Care, Elderly Accommodation Counsel (EAC), Help the Aged and Nursing Homes Fee Agency (NHFA) in developing and delivering a joint national care information and advisory service, hereinafter referred to as the One Stop Care Service (OSCA).

Details of the four organisations are as follows:

1. **Counsel and Care**, Registered Charity No. 203429 of Twyman House, 16 Bonny Street, London NW1 9PG.
2. **Elderly Accommodation Counsel**, Registered Charity No. 292552 of 3<sup>rd</sup> floor, 89 Albert Embankment, London SE1 7TP.
3. **Help the Aged**, Registered Charity No. 272786 of 207-221 Pentonville Road, London N1 9UZ.
4. **NHFA Limited**, whose principal office is at St Leonards House, Mill Street, Eynsham, Oxford OX29 4JX.

### 1.1 Specific Objectives

The specific objectives of the collaboration are to:

- Develop a model for a national care information and advisory service
- Draw up a business plan for the service
- Identify other partners
- Identify and secure funding for the roll-out of the national service
- Investigate and identify an appropriate customer relations management system
- Develop the website and online database
- Deliver the service in accordance with the Service Specification (see Annex A)

- Agree on the most appropriate legal structure and set it up.

**1.2 Duration**

This agreement shall take effect on the date hereof (the “Commencement Date”) and shall continue thereafter until a new legal structure is in place or until terminated in accordance with Clause 8.

**2. ROLES AND RESPONSIBILITIES**

**2.1 Decision-making Process**

All decisions about the development of the Service will be made by the four parties represented on the Project Management Group (PMG) and in accordance with the terms of reference of the PMG.

**2.2 Declarations of Interest**

All parties will be transparent on matters concerning the collaboration and will declare conflicts of interest.

**2.3 Liaison**

The designated point of contact will be the project manager at EAC with regard to arranging meetings and forward action. Outside of meetings there will be liaison between the four parties by e-mail, telephone and face to face.

**2.4 Meetings**

It is anticipated that project meetings will be held every two months or as agreed between the four parties.

**2.5 Fundraising**

Each of the parties may pursue fundraising activities in relation to the development of the service and will check with each party that it does not cause a conflict of interest. If one of the parties is successful with a funding bid, they will be the fundholder during the term of this agreement.

**3. COSTS**

Costs incurred in relation to phone calls, travel and attendance at meetings, and other associated expenses will be met by the individual parties during the development period and until otherwise agreed by the PMG.

**4. PUBLIC RELATIONS**

All four partners will be referred to equally in any materials during the period of this collaboration.

**5. INTELLECTUAL PROPERTY**

The four parties to this agreement will respect the intellectual property rights of each party.

Each party retains their intellectual property rights to materials, data and information that it supplies to the website and any other OSCA resource.

**6. CONFIDENTIALITY AND DATA PROTECTION**

Each party will maintain confidentiality about information pertaining to the four organisations and comply with data protection requirements.

**7. TERMINATION**

This collaboration agreement will terminate when a new legal structure for the service begins operation.

Each party to the collaboration may, at any time, choose to terminate the collaboration by giving three month's notice of termination.

**8. DISPUTE RESOLUTION**

Misunderstandings and conflict will be addressed at an informal level to seek resolution.

Where a resolution cannot be found, a majority decision will be made between the four parties which will be binding on all parties.

If this is unacceptable or a majority decision cannot be reached, then the Chartered Institute of Arbitrators Arbitration Rules shall apply.

**9. AMENDMENTS TO THE AGREEMENT**

No amendment or modification to this agreement shall be effective unless it is in writing and agreed and signed by all parties.

**APPENDIX 2**

Signed \_\_\_\_\_ Date \_\_\_\_\_

Status \_\_\_\_\_ on behalf of Counsel and Care

Signed \_\_\_\_\_ Date \_\_\_\_\_

Status \_\_\_\_\_ on behalf of Elderly Accommodation Counsel

Signed \_\_\_\_\_ Date \_\_\_\_\_

Status \_\_\_\_\_ on behalf of Help the Aged.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Status \_\_\_\_\_ on behalf of NHFA.

## ONE STOP CARE ADVICE SERVICE

# SERVICE SPECIFICATION

### 1. AIMS AND OBJECTIVES OF THE SERVICE

The One Stop Care Advice Service aims to be the UK's leading source of independent, clear and direct information and advice on any kind of care to older people. It will provide older people, their relatives and carers with information, advice and advocacy on their choices and rights in the following areas:

- Care and support
- Accommodation
- Money and benefits
- How to complain.

It aims to provide a seamless service to users which will be achieved by:

- National telephone information and advice service
- Website linked to databases with information on housing and care matters
- Customer Relations Management System linking all levels of the service
- Face to face provision developed with partners.

### 2. SERVICE PARTNERS

The partners delivering the service are Counsel and Care, Elderly Accommodation Counsel, Help the Aged and Nursing Homes Fees Agency.

### 3. PURPOSE OF THIS SERVICE SPECIFICATION

The purpose of this specification is to set out the service requirements from each partner organisation that must be adhered to.

### 4. PRINCIPLES OF THE SERVICE

The OSCA Service aims to achieve excellence in the quality of information and advice it provides to users. The service will be delivered within the following principles of:

- Confidentiality (excluding actions between partner agencies)
- Impartiality
- Independence

### 5. USER GROUP

The service may be provided to older people, their carers, members of their family, or professionals working with them.

## 6. MANAGEMENT AND DEVELOPMENT OF THE SERVICE

The four partner organisations will provide decision making officers to sit on the Project Management Group (see PMG Terms of Reference) to oversee the development of the Project, to review financial and management reports, and to ensure that the service is operating efficiently and effectively and that there are adequate resources. The Project Manager will report to the Project Management Group.

In addition, Advice Team leaders from the four partner organisations will attend the Operations Group to assist with the development of quality standards, policies and procedures and other service delivery issues. The Operations Group meeting will be chaired by the Project Manager.

## 7. SERVICE DELIVERY

### 7.1 Switchboard/Level 1 – delivery partner Help the Aged, Year One

#### *Access*

The switchboard/level 1 service will operate from Monday – Friday from 9am – 5pm, excluding bank holidays.

#### *Scope*

This service will provide basic information and advice to the user and will refer to the appropriate partner organisation for more complex matters in accordance with the referral flowchart diagram (see Annex A).

This service will assist users to access information materials, either via the website, or by downloading information from the website and sending it on to the user.

### 7.2 Level 2 – delivered by Counsel and Care, EAC and NHFA, Year One

#### *Access*

All level 2 partners will operate the service from Monday – Friday from 9am – 5pm, excluding bank holidays.

#### *Scope*

This service may provide information, advice and support to the user in the subject areas indicated on the referral flowchart diagram (see Annexe 1).

This service will assist users to access information materials, either via the website, or by downloading information from the website and sending it on to the user.

Ongoing support and advocacy (not representation) will be offered to those users who are unable to benefit from the information and advice without further support and who are unable to access local agencies.

#### *Authority to Act*

If a level 2 organisation is negotiating with third parties on the user's behalf, that organisation must have a written or electronic authority to act from the user.



*Repeat Callers*

Callers who are receiving ongoing support from a level 2 partner organisation will be given an ex-directory number to call direct to the level 2 service.

**7.3 At Both Levels 1 and 2**

*Telephony*

Until a more sophisticated telephone system is installed between the partners, there will be an out of hours, or when all lines busy, answerphone service directing callers to the website or asking them to call back.

*E-mails, letters and faxes*

There will be an immediate standard response/acknowledgement to all e-mails received.

*Response times*

Level 2 advisors must respond to referrals from Level 1 within one working day.

An automated acknowledgement will be sent to all enquiries made by e-mal.

A full response to e-mails, letters and faxes must be provided within 5 days or, alternatively, the user contacted to explain why there may be further delay.

**7.4 Information Materials & Information Databases**

Each partner organisation will provide information materials and/or information databases to support the information and advice service provided at levels 1 and 2, and in accordance with their key subject areas (see para 10) and to support website content.

Information materials and information databases must be accurate and up to date.

**7.5 Website**

Website content must be provided by each partner organisation and must be regularly updated.

**7.5 Core Service Standards**

The Core Service Standards are being developed by the Operations Group and the Service Delivery standards discussed in paras 7.1-7.5 should be viewed as a minimum standard.

**8. SIGNPOSTING AND REFERRAL**

At all levels, no advisor should provide information and advice beyond their competence. In these circumstances, the advisor must signpost the user to another organisation or make an internal or external referral. This must be carried out in accordance with the Signposting and Referral Procedure.

## 9. CASE RECORDING

### 9.1 The Customer Relations Management System

All advisors must use the online customer relations management system (the CRM) for recording details of the enquiry and action. The information that should be captured at each level is described in Annex B – Case Recording. The CRM will automatically put on the client record any materials sent to the caller that have been downloaded from the website or databases, in addition to standard letters.

### 9.2 Purpose of Case Recording

The efficacy and accuracy of case recording will ensure information is collected and analysed to provide:

- social policy information on issues affecting older people to influence national and local government, housing and care providers, and others providing services
- performance monitoring information to funders/contractors and the PMG
- evidence to shape the future development of the service
- evidence on the accuracy and quality of advice given
- evidence on training and development needs of staff
- a complete case history of a user's information and advice needs and the assistance given.

## 10. AREAS OF INFORMATION AND ADVICE

The four partner organisations will provide an information and advice service covering the following four main areas:

- **My care and support** (sourced by all 4 partners, particularly Counsel and Care)
- **My accommodation** (sourced by Elderly Accommodation Counsel and Counsel and Care)
- **My money and benefits** (sourced by all 4 partners, particularly NHFA in relation to financial solutions for self-funding older people)
- **My ways to complain** (sourced by Counsel and Care)

The subject areas and the level that will be provided by each partner organisation, dependent on their specialisms, is shown in Annex A: Referral flowchart.

## 11. QUALITY STANDARDS

The OSCA aims to provide a quality, effective, service to its users. It will ensure it does this by:

- Monitoring and evaluating performance
- Obtaining user feedback
- Being responsive to changing needs and changing service requirements.

It will work towards acquiring a nationally recognised quality standard as soon as practicable.

#### **11.1 Partner requirements**

All partner organisations must have:

- Competent staff who deliver the service
- Professional Indemnity Insurance that covers their service delivery area
- A Complaints Procedure, and willingness to abide by the complaints procedure adopted for the service.

#### **11.2 Poor Performance Resolution**

##### *Staff*

The Project Manager will address issues of poor performance with the line manager/supervisor of the member of staff and agree an action plan. If this does not resolve the matter, the Project Manager will raise the matter with the PMG for resolution.

##### *Service Delivery Partner*

If a partner organisation's performance in this collaboration gives cause for concern, the Project Manager will raise this with the PMG who will review the situation and agree a course of action.

### **12. ACCESS TO INFORMATION, RECORD-KEEPING AND MONITORING**

Full records will be kept by partner organisations in relation to staff, telephony, and activity that is not captured by the CRM and will be available to the PMG and Project Manager for monitoring and evaluation purposes. The Project Manager will provide monitoring and statistical reports to the partner organisation.

Partner organisations will provide records of all complaints received in relation to the OSCA.

Financial records will be kept on all funding streams for the OSCA and will be made available to the PMG and Project Manager.

### **13. DISPUTE RESOLUTION**

In the event of a dispute between any of the partners and failure to resolve the matter at Project Management Group level, the Chartered Institute of Arbitrators Arbitration Rules shall apply. See [www.arbitrators.org.uk](http://www.arbitrators.org.uk) for a copy of these rules.

*This Service Specification forms part of the collaboration agreement between the partner organisations.*



## INFORMATION MATERIALS

The partner organisations produce a range of factsheets, guides and leaflets, to support the information and advice-giving function. These will be a resource for the Care Advice Service. The topics covered by the information materials are shown below and the letters in brackets identify the source organisation and the reference number/description.

### Care and Support

1. The Right of Choice (NHFA IS1)
2. Legal Framework (NHFA IS3)
3. Community Care: Understanding the System (C&C1)
4. Health Difficulties: how to cope with changing needs (C&C8)
5. Memory Loss, Depression, "confusion" and dementia (C&C9)
6. Carers: what support is available (C&C10)
7. Hospitals: what to expect (C&C11)
8. Assessment and Services from your local council in England (C&C12)
9. Assessment and Services from your local council in Wales (C&C70)
10. Community Care Assessment and Services in Scotland (C&C50)
11. Hospital Discharge in England (C&C13)
12. Hospital Discharge in Scotland (C&C51)
13. Hospital Discharge in Wales (C&C71)
14. Help at Home: what may be available in your local area (C&C14)
15. Home Care Agencies: what to look for (C&C15)
16. Care Home Fees: paying them in England (C&C16)
17. Care Home Fees: paying them in Scotland (C&C52)
18. Care Home Fees: paying them in Wales (C&C52)
19. Grants from Charities for People on low income (C&C21)
20. Home Care: Using Direct Payments (C&C23)
21. Health difficulties caused by hot and cold weather (C&C26)
22. Continuing Care – should the NHS be paying for your care? (C&C27)
23. Making a decision about Care (C&C Complete Care Home Guide)
24. Making the Right Choices (EAC2 For You and Yours)
25. Bereavement (HtA booklet)
26. Coming out of hospital (HtA 22)
27. Equipment For Daily Living (HtA 15)
28. Going Into Hospital (HtA 14)
29. Help in the Home (HtA booklet)
30. Shingles (HtA booklet)
31. Your Health Services: Where to Start (HtA 30)
32. Help in Your Home (HtA booklet)
33. Beating the Blues (HtA 11)
34. Better Hearing (HtA booklet)
35. Better Sight (HtA booklet)
36. Bladder and Bowel Weakness (HtA booklet)
37. Care at home (HtA 13)
38. Elder abuse (HtA booklet)
39. Fitter Feet (HtA booklet)
40. Healthy Bones (HtA booklet)
41. Healthy Eating (HtA booklet)
42. Keeping Mobile (HtA booklet)
43. Managing Your Medicines (HtA booklet)
44. Older Men's Health (HtA 31)
45. Staying Steady (HtA booklet)
46. Information – other useful organisations (C&C24)

47. Meal Delivery Services to Your Home (EAC factsheet)
48. Living with Family – points to consider (EAC factsheet)

### **Accommodation**

1. Housing decisions and options in later life (C&C7)
2. Hospital Discharge in England (C&C13)
3. Hospital Discharge in Scotland (C&C51)
4. Hospital Discharge in Wales (C&C71)
5. Help at Home: what may be available in your local area (C&C14)
6. Care Home Fees: paying them in England (C&C16)
7. Care Home Fees: paying them in Scotland (C&C52)
8. Care Home Fees: paying them in Wales (C&C52)
9. Care Home Fees: third party top ups in England (C&C17)
10. Care Home Fees: third party top ups in Wales (C&C73)
11. Care Home Fees: third party top ups in Scotland (C&C53)
12. Care Homes: what to look for (C&C19)
13. Health difficulties caused by hot and cold weather (C&C26)
14. Housing: adapting your home to stay independent (C&C28)
15. Housing: how to pay for the maintenance of your home (C&C29)
16. Choosing a Care Home (C&C Complete Care Home Guide)
17. Living in a care home (C&C Complete Care Home Guide)
18. Thinking about Moving into a Care Home – England (EAC)
19. Thinking about Moving into a Care Home – Scotland (EAC)
20. Thinking about Moving into a Care Home – Wales (EAC)
21. Thinking about Moving into a Care Home – N.I. (EAC)
22. Introduction to Housing Options (EAC)
23. For You & Yours – guide to housing options (EAC Booklet)
24. Questions to ask about Care Homes (EAC9)
25. Rented Retirement Housing (EAC10)
26. The Support Charge in Rented Sheltered Housing (EAC12)
27. Transferring the Ownership of Property (EAC13)
28. Care Homes (HtA booklet)
29. Home Repairs And Improvements (HtA 4)
30. Housing Matters (HtA booklet)
31. Sheltered Housing (HtA 2)
32. Fire (HtA booklet)
33. Keep Out the Cold (HtA booklet)
34. Neighbours (HtA 7)
35. Your Safety (HtA booklet)
36. Your Security (HtA booklet)
37. Information – other useful organisations (C&C24)

### **Money and Benefits**

1. Interim Finance for Self-Funders (NHFA IS1)
2. Treatment of Property (NHFA IS2)
3. Local Authority Charging Procedure (NHFA IS4)
4. Deprivation of Assets (NHFA IS5)
5. Case Studies (NHFA IS6)
6. Equity Release (NHFA Brochure)
7. Care Fee Payment Plans (NHFA IS6)
8. Top Ten Tips (NHFA IS6)
9. Treatment of Couples (NHFA IS7)
10. NHS Nursing Care Contributions (NHFA IS8)
11. Inheritance Tax (NHFA IS9)
12. Enduring Power of Attorney (NHFA IS10)
13. Pension Credit (C&C2)

## APPENDIX 4

14. Disability benefits: Attendance Allowance and Disability Living Allowance (C&C3)
15. Grants and loans from the state for people on low income (Social Fund) (C&C4)
16. Moving to and returning from abroad: benefits and services (C&C5)
17. Transferring Ownership of Property (EAC13)
18. War Pensions (C&C6)
19. Health Difficulties: how to cope with changing needs (C&C8)
20. Memory Loss Depression “confusion” and dementia (C&C9)
21. Carers: what support is available (C&C10)
22. Hospitals – what to expect (C&C11)
23. Community Care: Assessment and Services (C&C12)
24. Hospital Discharge and Free Health Care in England (C&C13)
25. Assessment and Services from your local council in England (C&C12)
26. Assessment and Services from your local council in Wales (C&C70)
27. Community Care Assessment and Services in Scotland (C&C50)
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33. Care Home Fees: paying them in England (C&C16)
34. Care Home Fees: paying them in Scotland (C&C52)
35. Care Home Fees: paying them in Wales (C&C52)
36. Grants from Charities for People on low income(C&C21)
37. Council Tax and Housing Benefit (C&C22)
38. Home Care: Using Direct Payments (C&C23)
39. Health difficulties caused by hot and cold weather (C&C26)
40. Continuing Care – Should the NHS be paying for your care? (C&C27)
41. Housing: adapting your home to stay independent (C&C28)
42. Housing: how to pay for the maintenance of your home(C&C29)
43. Paying for a Care Home – Who pays for my care home fees? (C&C Complete Care Home Guide)
44. Paying for a Care Home – What do I pay if I am a supported client (C&C Complete Care Home Guide)
45. Paying for a Care Home – What do I pay if I am a Self-funder? (C& C Complete Care Home Guide)
46. Older People in Paid Employment (C&C31)
47. Attendance Allowance (HtA 3)
48. Can You Claim It? (HtA booklet)
49. Check Your Tax (HtA booklet)
50. Claiming Disability Benefits (HtA booklet)
51. Council Tax (HtA 8)
52. Health Benefits (HtA 9)
53. Questions On Pensions (HtA booklet)
54. Thinking About Money (HtA booklet)
55. Welfare Benefits for Older Carers (HtA 5)
56. Bereavement benefits (HtA 23)
57. Direct Payment of Pension and Benefits (HtA 32)
58. Entitlements for the Over 60s (HtA 29)
59. Financial Help from Benevolent Societies (HtA 6)
60. Pre-paid funeral plans (HtA 24)
61. Paying for your care home (HtA 10)
62. The Support Charge in Rented Sheltered Housing (EAC factsheet)
63. Supporting People (EAC factsheet)
64. Information: other useful organisations (C&C24)

**Ways to Complain**

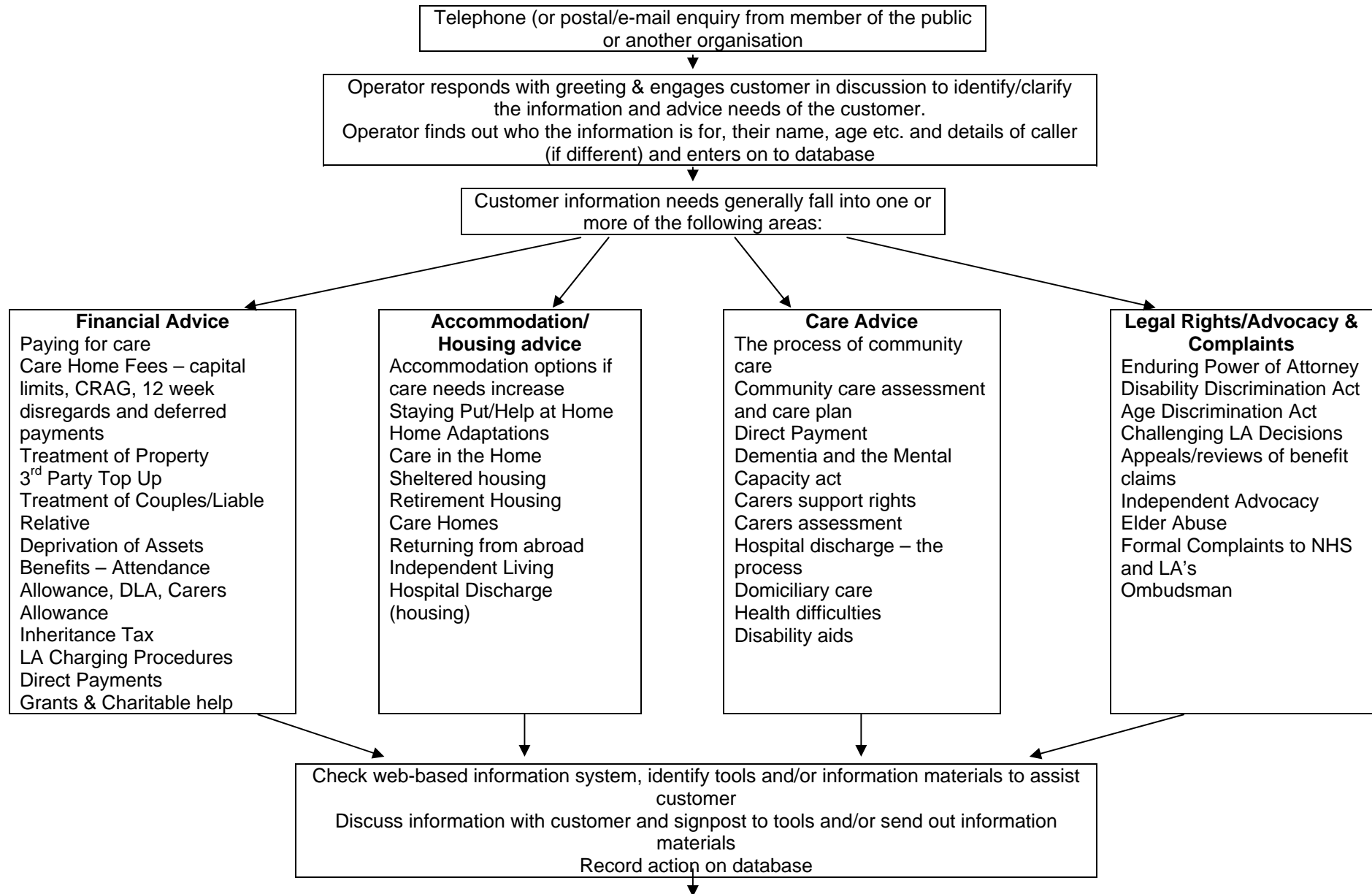
1. Assessment and Services from your local council in England (C&C12)
2. Assessment and Services from your local council in Wales (C&C70)
3. Community Care Assessment and Services in Scotland (C&C50)
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13. Care Home Fees: third party top ups in Wales (C&C73)
14. Care Home Fees: third party top ups in Scotland (C&C53)
15. Complaints about Community Care and NHS Services in England (C&C18)
16. Complaints about Community Care and NHS Services in Scotland (C&C54)
17. Complaints about Community Care and NHS Services in Wales (C&C74)
18. Abuse: Older people at risk (C&C20)
19. Home Care: Using Direct Payments (C&C23)
20. Advocacy (Independent) (C&C25)
21. Continuing Care – Should the NHS be paying for your care? (C&C27)
22. Housing: adapting your home to stay independent (C&C28)
23. How to make a complaint (EAC factsheet)
23. Information: other useful organisations (C&C24)

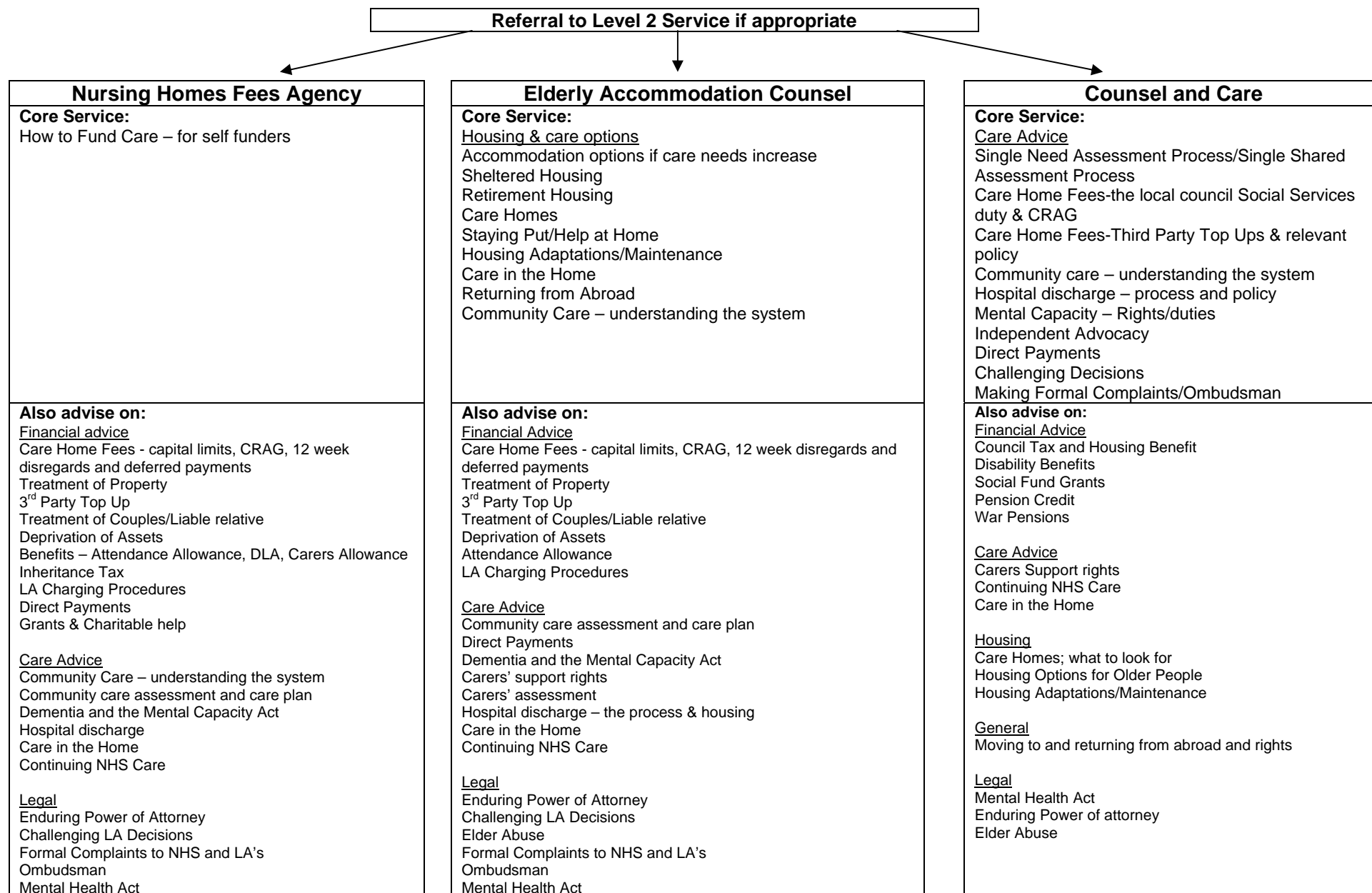
**Other**

1. Holidays (HtA 12)
2. Buying Goods or Services at Home (HtA 19)
3. Gardening (HtA 20)
4. Leisure Ideas (HtA 25)



**OPERATION OF THE FRONT LINE SERVICE**













## OSCA PROJECT MANAGEMENT GROUP

### TERMS OF REFERENCE

#### Aims of the Project Management Group (PMG)

To be responsible for the management and development of the OSCA and the co-ordination of the partnership by:

- Providing management support to the Project Manager
- Being responsible for the strategic direction of the OSCA
- Raising the profile of the service
- Influencing and campaigning for support for the service
- Ensuring there are sufficient resources for the service
- Ensuring that the service operates efficiently and effectively.

#### Membership of PMG

The PMG is made up of the officers from the organisations working in collaboration to develop and deliver the OSCA. These are:

Stephen Burke, Chief Executive, Counsel and Care  
John Galvin, Chief Executive, EAC  
Daniel Pearson, Director of Community Affairs, Help the Aged  
Phil Spiers, Nursing Homes Fees Agency

The heads of advice services at the partner organisations may attend PMG to provide information on aspects of development and report back from the Operations Group. Once in post, the Project Manager will report regularly to the PMG.

#### Decision-making

Wherever possible the PMG will reach joint decisions about the development and delivery of the service. Where one of the partners is the fundholder for an aspect of the service, it is recognised that they have responsibility to comply with the conditions of funding and as such should have an overriding say in any decision that might affect that funding.

#### Responsibilities

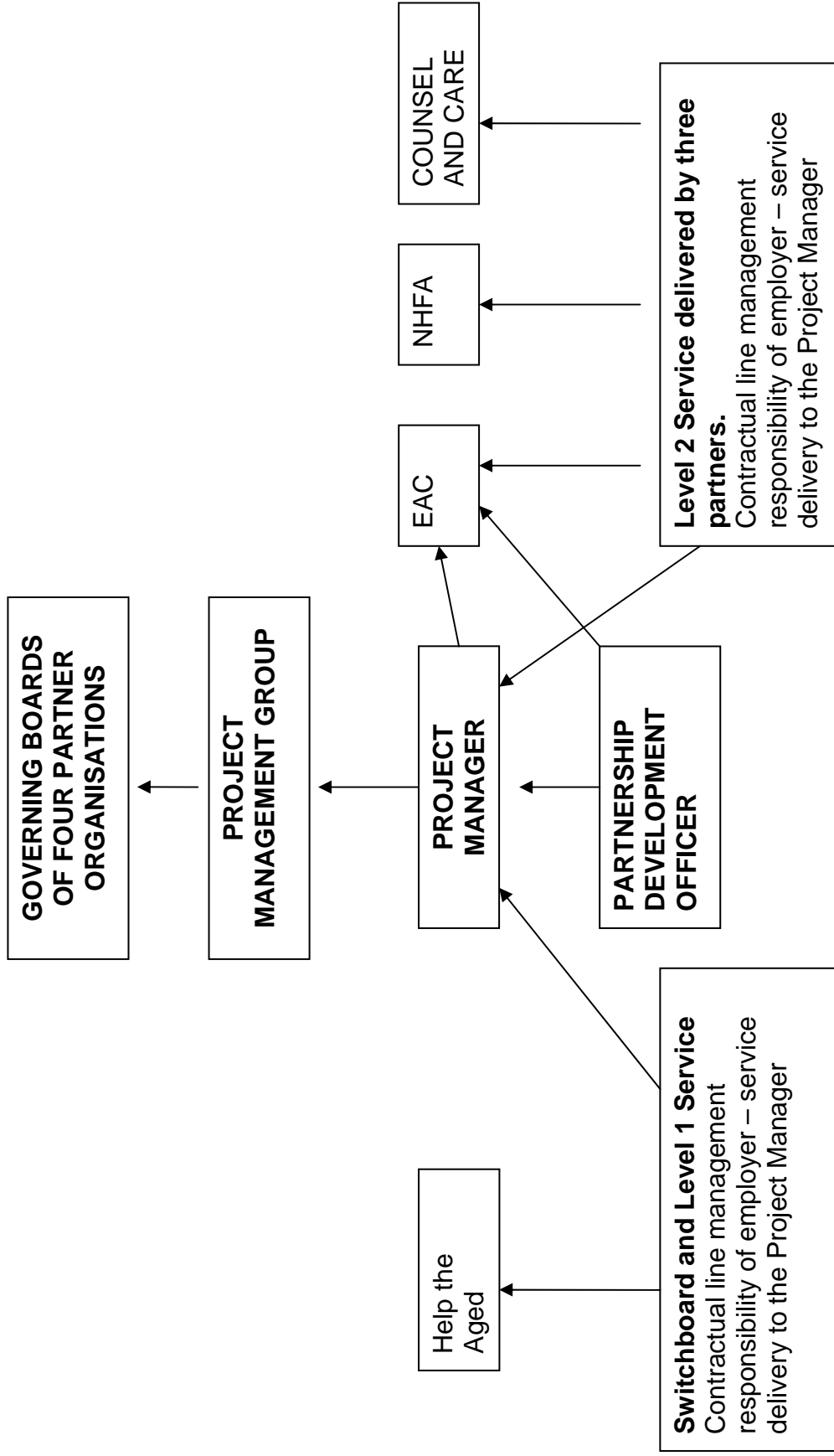
The PMG will be responsible for:

- developing the service in accordance with the strategic vision and aims
- ensuring the service is delivered and developed with adequate resources
- overseeing the quality and standards of operation at different levels
- performance and contract monitoring
- reviewing complaints
- seeking funding from other parties
- the financial management of the service.

**Operation**

1. The PMG will meet every two months during the development phase and first year of the project, and quarterly thereafter.
2. The project manager will report to the PMG.
3. The PMG will review financial and management reports from the Project Manager at each meeting.
4. The Project Manager will service PMG meetings.
5. Minutes of the meetings of the PMG will be taken and circulated to all parties.





\*For new staff employed in subsequent years, contractual line management may depend on which of the organisations obtained the funding for the post. The management structure will also change if a separate legal entity is created.



## Customer volumes and staffing

	Year 1	Year 2	Year 3	Year 4
<b>Direct access</b>				
Switchboard/Level 1 service only	6,000	15,000	40,000	50,000
Switchboard/Level 1 service + Level 2 service	6,000	15,000	40,000	50,000
<b>Via website</b>				
Website only (>3 minutes)	25,000	50,000	75,000	115,000
Website + Switchboard/Level 1 service only	5,000	10,000	15,000	23,000
Website + Switchboard/Level 1 + Level 2 service	2,000	5,000	7,500	11,500
<b>Totals</b>				
Website users	32,000	65,000	97,500	149,500
Switchboard/Level 1 service users	19,000	45,000	102,500	134,500
Level 2 service users	8,000	20,000	47,500	61,500
Total service users	44,000	95,000	177,500	249,500
<b>Market reach</b>				
	Year 1	Year 2	Year 3	Year 4
Care info seekers	620,000	620,000	620,000	620,000
Total customers	44,000	95,000	177,500	249,500
Market reach	7%	15%	29%	40%
<b>Staffing levels</b>				
	Year 1	Year 2	Year 3	Year 4
Switchboard/Level 1 staff (year average)	2.1	4.5	10.3	13.5
Level 2 staff (year average)	3.2	8.0	19.0	24.6
Project Manager / Chief Officer	1.0	1.0	1.0	1.0
Partnership Development Officers	0.5	2.0	3.0	3.0
Operations Manager	0.0	0.0	1.0	1.0
Administration Manager	0.0	0.0	1.0	1.0
Website Content Manager	0.0	1.0	1.0	1.0



## Income & Expenditure Budgets by year

	Year 1	Year 2	Year 3	Year 4
<b>INCOME</b>				
Partner contributions				
Help the Aged (contribution to pre-launch costs)	15.0	0.0	0.0	0.0
Help the Aged (contribution to staff costs)	56.0	10.0	0.0	0.0
NHFA (contribution to pre-launch & set up costs)	52.8	0.0	0.0	0.0
NHFA (contribution to staff costs)	34.6	86.4	205.2	265.7
NHFA (profits ploughed back)	17.4	114.8	265.1	487.9
Grants				
Big Lottery Fund	252.8	163.8	83.4	0.0
<b>TOTAL INCOME</b>	<b>428.5</b>	<b>375.0</b>	<b>553.7</b>	<b>753.6</b>
<b>EXPENDITURE</b>				
Switchboard/Level 1 service - staff costs	58.3	124.2	282.9	371.2
Level 2 service - staff costs	103.7	259.2	615.6	797.0
Project Manager / Chief Officer	49.9	49.9	49.9	49.9
Partnership development - staff costs	21.5	85.8	128.8	128.8
Operations Manager	0.0	0.0	46.4	46.4
Administration Manager	0.0	0.0	34.2	34.2
Website Content Manager	0.0	34.2	34.2	34.2
All other office costs incl. rent	116.6	276.7	596.0	730.9
Marketing expenses	30.0	50.0	150.0	100.0
Pre-launch costs	36.0	0.0	0.0	0.0
<b>Sub total expenditure</b>	<b>415.9</b>	<b>880.0</b>	<b>1,938.0</b>	<b>2,292.6</b>
<b>One-off set up costs</b>				
Website/CRM/phone system - development & installation, including pre-launch costs	70.0	0.0	0.0	0.0
Website/CRM/phone system - maintenance & upgrades	0.0	20.0	20.0	0.0
Legal & Professional	10.0	10.0	0.0	0.0
Premises set-up & Equipment	0.0	30.0	0.0	0.0
Level 1 + Level 2 set up costs & training	0.0	15.0	15.0	10.0
<b>Total one-off set up costs</b>	<b>80.0</b>	<b>75.0</b>	<b>35.0</b>	<b>10.0</b>
<b>TOTAL EXPENDITURE</b>	<b>495.9</b>	<b>955.0</b>	<b>1,973.0</b>	<b>2,302.6</b>
<b>Deficit / target for new income generation</b>	<b>-67.4</b>	<b>-580.0</b>	<b>-1,419.2</b>	<b>-1,549.0</b>



Outcomes, milestones and targets for Big Lottery funded parts of this plan

OUTCOMES	MILESTONES	TIMESCALES*	ACHIEVEMENT EVIDENCED BY:
<p><b>Outcome 1:</b> There will be one national telephone number and website for older people and their representatives seeking independent and quality advice on care issues</p>	<p>1. Setting up telephone number, call centre and website 2. Setting up Customer Relations Management System 3. Publicising telephone number and website in the regions</p>	<p>1st quarter 1<sup>st</sup> quarter  <ul style="list-style-type: none"> <li>▪ One Govt region from 2<sup>nd</sup> quarter</li> <li>▪ 50% of Govt regions by end of 2<sup>nd</sup> year</li> <li>▪ 100% coverage by end of year 3</li> </ul> </p>	<ul style="list-style-type: none"> <li>▪ Phone line operational</li> <li>▪ Website operational</li> </ul> <p>CRM in place and accessible via the website</p> <ul style="list-style-type: none"> <li>▪ Flyers produced</li> <li>▪ Mailing to local agencies</li> <li>▪ Mailing to local authorities, Primary Care Trusts</li> <li>▪ Mailing to housing and care providers in the region(s)</li> </ul>
	<p>4. Training of Staff</p>	<p>1<sup>st</sup> quarter and ongoing</p>	<ul style="list-style-type: none"> <li>▪ Training session for all staff delivering the service in all partner agencies on use of CRM and website</li> <li>▪ Training session for staff on case recording requirements</li> <li>▪ Training Records</li> </ul>
	<p>5. Development of materials and databases</p>	<p>1<sup>st</sup> quarter</p>	<ul style="list-style-type: none"> <li>▪ Ability to access databases</li> <li>▪ Materials available from the website</li> </ul>
	<p>6. Development of scripts and referral procedures between Level 1 and 2 staff</p>	<p>1<sup>st</sup> quarter</p>	<ul style="list-style-type: none"> <li>▪ Written scripts</li> <li>▪ Written procedures</li> </ul>
<p><b>Outcome 2:</b> 254,307 older people and their representatives will be able to access information about their choices and rights in relation to their care, housing, benefits and the cost of funding care, during the first three years of operation</p>	<p>1. 40,507 users will access the website and advice level 1 and 2 services 2. 81,000 users will access the service 3. 132,000 users will access the service</p>	<p>By end of first year of operation By end of 2<sup>nd</sup> year of operation By end of 3<sup>rd</sup> year of operation</p>	<ul style="list-style-type: none"> <li>▪ Analysis of usage of website</li> <li>▪ Analysis of statistical reports from the CRM</li> </ul> <p>As above As above</p>

<p><b>Outcome 3:</b> 37,397 older people and their representatives will receive expert, specialist level advice and support about care and housing issues during the first three years of operation.</p>	1. 4,507 advice level 2 users	By end of 1 <sup>st</sup> year of operation	Analysis of statistics from the CRM
	2. 12,000 advice level 2 users	By end of 2 <sup>nd</sup> year of operation	As above
	3. 20,8000 advice level 2 users	By end of 3 <sup>rd</sup> year of operation	As above
<p><b>Outcome 4:</b> There will be a seamless service for older people and their representatives on any topic relating to care and housing and at whatever level of advice is required.</p>	1. Setting up Customer Relations Management System ensuring access to data by partner agencies	1 <sup>st</sup> quarter	Analysis of data inputting on CRM to identify which partners provided the service and were involved in the enquiry
	2. Developing internal referral procedures and protocols	1 <sup>st</sup> quarter	<ul style="list-style-type: none"> <li>▪ Written referral procedures between partners</li> <li>▪ Automated referral procedures</li> <li>▪ Analysis of activity from CRM</li> </ul>
	3. Developing external referral procedures in regions	2 <sup>nd</sup> quarter and ongoing	Written referral procedures for external agencies
<p><b>Outcome 5:</b> There will be ease of access/improved referrals to face-to-face provision by identifying and developing local partnerships with agencies in all regions by the end of 3<sup>rd</sup> year.</p>	1. Identifying and developing local partnerships with agencies in one Govt Office region.	By end of 1 <sup>st</sup> year	<ul style="list-style-type: none"> <li>▪ Analysis of referrals made to local front line organisations from data on CRM</li> <li>▪ Records of source of enquiry held on CRM</li> <li>▪ Reports to PMG from Partnership Development Officer(s)</li> </ul>
	2. Identifying and developing local partnerships in 50% of regions	By end of 2 <sup>nd</sup> year	As above
	3. Identifying and developing partnerships in all remaining regions in England	By end of 3 <sup>rd</sup> year	As above
	4. Links created between CRM system and local agencies	By 3 <sup>rd</sup> quarter and ongoing	Data from website and CRM on links and useage by local organisations.

\*Due to the uncertainty as to when the Business Plan will be approved and funding released from the BLF, the Timescales are written in quarters of the year and year ends to indicate at what stage in the development of the project activities will happen. Once the start date is agreed, the timescales will be amended to show actual months and years.



RISK	IMPACT	PROBABILITY	EXISTING CONTROLS	ACTION REQUIRED	LEAD RESPONSIBILITY
<b>STAFFING</b>					
Failure to recruit Project Manager	high	Medium/low	Staff with experience of project management in all four organisations	Other options – head hunting, secondments, RL to continue with PM until PM in post	JG
Failure to recruit PDO(s)	medium	low	Could be covered temporarily by PM	Head hunting, secondments	PM
Difficulty recruiting switchboard/level 1 advisers	high	low	Staff in all four agencies capable of providing switchboard/level 1 service	Consider different model with call centre staff/offer trainee places/level 2 providers increase their service	PM
Difficulty recruiting to Website Content manager	high	medium	Staff at EAC capable of filling the gap	Secondment of staff member from EAC on temporary basis, contract with outside company	PM/EAC
Difficulty recruiting to Operations Manager	high	low	PM and PDOs able to fill the gap temporarily.	Secondment of staff member from partner agencies, head hunting	PM
Difficulty recruiting to Administration Manager	medium	low	All staff used to self servicing	Secondment, head hunting, or contracting with agency	PM
Loss of key staff	high	Medium/low	Sufficient skills and experience across the four agencies to plug the gap at whatever level	Immediate analysis of impact on service and plans to plug gap. Recruitment to post asap.	PM/EAC

RISK	IMPACT	PROBABILITY	EXISTING CONTROLS	ACTION REQUIRED	LEAD RESPONSIBILITY
<b>COLLABORATION</b> Partner agency pulls out of collaboration	high	low	Collaboration agreement, trust, working in the same sector	Review impact on Business Plan and service. Recommendations to PMG and to funders re amended service plans and targets.	PM
Dispute re service standards of partner agencies	high	low	Collaboration agreement, service specification and core service standards, quality standards and systems for monitoring services	Investigation by other members of PMG of evidence. Decision on action to be taken. If not resolved, refer to external dispute resolution as described in agreement.	PMG
<b>FUNDING</b> Anticipated funding streams do not materialise	high	medium	4 partners all pursuing funding streams for service. Flexible funding model with diverse income streams – no one funder in control.	Review financial projections and impact on service. Identify and seek out other opportunities for funding. Revamp service model with agreement of existing funders.	PM/PDOs
Pattern of diverse income streams is different to projections	low	high	Flexibility of model, ability to pursue a range of income streams	Review financial projections, provide revised budgets to funders, trustees and PMG	PM

RISK	IMPACT	PROBABILITY	EXISTING CONTROLS	ACTION REQUIRED	LEAD RESPONSIBILITY
Funding streams come in later than anticipated	high	high	Flexibility of model, ability and willingness of partners to support the service and proceed with developments	Review financial projections against service development plan. Revise plan and projections – submit to funders, trustees and PMG	PM
Untested, unknown financial product providers wish to be involved and contribute fees for introductions	low	high	Agreement to vet financial product providers at PMG. Adoption of value statement in funding strategy.	Develop questionnaire for all approaches, investigate background, qualifications etc. and seek testimonials. Develop electronic and hardcopy referral feedback form.	PM/PMG
<b>TECHNICAL</b>					
Hitches with the technical platform	high	high	Scoping of service and letting of contract by EAC with experience of inhouse web and client database management.	Piloting for one month before operation.	EAC
<b>TAKE-UP</b>					
Demand outstrips supply	high	low	Partner organisations continue to provide their existing services. Flexibility of model.	Provide information on answerphone and website about partner organisations' helplines. Review service model	PM/PMG
Low take-up	medium	medium	Marketing strategy. Promotional materials.	Review marketing strategy – increase publicity.	PM

