

9 June 2016		ITEM: 8
Health & Wellbeing Overview and Scrutiny Committee		
Domiciliary Care		
Wards and communities affected: All	Key Decision: Non- Key	
Report of: Catherine Wilson, Strategic Lead Commissioning and Procurement		
Accountable Head of Service: Les Billingham, Head of Adult Social Care		
Accountable Director: Roger Harris, Corporate director of Adults, Housing and Health		
This report is Public		

Executive Summary

The purpose of this report is to inform Health and Well Being Overview and Scrutiny Committee members about the current local and national domiciliary care situation and the effects that our current difficulties are having on service delivery in Thurrock. The report will outline the response made by the Council to fulfil the Local Authority's duty of care under the Care Act 2014 and its duty to prevent market failure by stabilising the market. The report will detail the reasons for a new direction of travel in developing a new service model to deliver support at home. A new approach will be an integral part of the second stage of Building Positive Futures which is our model for the transformation of adult social care. The second stage of this transformation is to ensure that people are enabled and supported to be Living Well in Thurrock and the support to individuals in their own homes and communities will be encompassed under a new model to be developed to ensure people are Living Well @Home. Services cannot remain as they are currently. The fragility of the market within domiciliary care means that services are of poor quality and lack capacity to meet growing demand

1. Recommendation(s)

Members are asked to:

1.1 Note the current situation as regards domiciliary care in Thurrock and the measures being taken by the Department to stabilise the situation;

1.2 Agree that a further report is brought back to Scrutiny Committee in September with a detailed proposal about how a new model of service will be developed when the contract finishes in 2017.

2. Introduction and Background

Domiciliary Care Market in Thurrock

2.1 Thurrock Council has experienced unprecedented challenges within the local domiciliary care market. In January 2015 it was evident that capacity within the commissioned domiciliary care providers was reducing - this was evidenced by an inability to transfer people's care from our in house Joint Reablement Team to any of our commissioned providers. This meant that the pressures on in-house services were increasing. The three contracted providers were, at that time, Manor Court Home Care (previously known as John Stanley), Sanctuary and Triangle. To support capacity the Council also had a number of spot purchase contracts with other providers - two of the most significant being Temp Exchange Limited and Professional Care. The challenge from the contracted providers was that the hourly rate of £13 was not sufficient to deliver the service. There are a number of concerns locally, replicated nationally, that are putting significant pressures on domiciliary care providers. These concerns are low wages, a perceived low status job and a lack of or little payment for mileage in between calls. The introduction of the National Living Wage in April of 2016 also led to significant cost pressures for local providers.

Locally the contract was let so that each successful agency could work in any part of Thurrock meaning a large area to cover which did not lend itself to getting to know the local community or to consistent responses from care workers. Most agencies run by not allowing travel time.

2.2 Concerns regarding the sustainability of domiciliary care were growing nationally through 2014, many local authorities pay hourly rates that providers think are unsustainable and this view was gaining momentum particularly through the UK Home Care Association. In a response to growing concerns Paul Burstow MP commissioned a report to examine the future of the homecare workforce. It was clear that there were national as well as local issues.

2.3 Thurrock Council began negotiations with providers to try and support the failing market, a proposal was made to offer what were termed resilience payments to each provider based on the number of hours delivered. In practical terms it would mean capacity could be added.

2.4 In August 2015 Sanctuary gave 6 months' notice to the Council, stating that the contract was no longer financially viable for them. Also at this time the Council was becoming increasingly concerned over the quality of some of the services on offer in particular from Temp Exchange. As a result the Council

imposed an embargo on Temp Exchange as a number of complaints had been received regarding quality of care delivered and a contract monitoring visit, by the Contract Compliance team had found a number of concerns over the quality of the service on offer. Thurrock Council reported its concerns to the Care Quality Commission (CQC). The subsequent CQC inspection resulted in the removal of Temp Exchanges registration as a domiciliary care provider from their Thurrock Office. 67 people were being supported by Temp Exchange which equated to 602 hours a week. After careful evaluation a decision was made to bring these hours back in house and add them to the Joint Reablement Team, it was also agreed that the care workers would be interviewed and placed on our bank of staff under variable hours contracts so that they could continue to work and add capacity to the Council service to deliver support.

- 2.5 It was therefore agreed to create Thurrock Care @Home as a new in-house provision to also encompass the Sanctuary hours which were 1018 a week supporting 129 service users and transfer the Temp Exchange hours of 602 a week to this service.
- 2.6 Having this new service managed by the Council has given us the ability to have more control. All of the issues, concerns and complaints have been acted upon and are being investigated. To support the safe delivery of the service and address the issues raised an independent consultant has been engaged to investigate all concerns and complaints. Thurrock Council is clear that poor quality is not acceptable and must be addressed. The safeguarding issues are undergoing separate safeguarding investigations.
- 2.7 To achieve this transfer and create the new service, has placed considerable pressures on Council staff all of whom have worked extremely hard over and above their contracted hours to ensure the service can be delivered.

3. Issues, Options and Analysis of Options

Thurrock Position and the National Picture

- 3.1 To inform our strategic commissioning approach it is important to understand the Thurrock position regarding domiciliary support and other services that support people to live at home. The adult social care budget is £47 million and of that £8 million + is currently spent on supporting people at home; this includes the in-house provision, commissioned domiciliary services and other services such as meals on wheels, equipment and assistive technology. In total 6,488 hours of domiciliary support are delivered a week which is 337,376 a year. It is vital that we start to look at a new direction of travel for the provision of these services.
- 3.2 As is evident domiciliary care providers nationally are in a state of crisis and realise through both the outcomes of the UK Homecare Association Report: The Homecare Deficit (March 2015) and the findings of the Burstow Commission Report: Key to Care (December 2014), that change is required. Recognising the current limitations that fundamental change is so difficult

when providers are in a cycle of trying to provide a service with the challenges of capacity, ability to recruit and retain staff, concerns about funding levels and working in Thurrock to a contract that we all recognise is not now fit for purpose we want to work with providers

- 3.3 Members will be aware that Adult Social Care produced its Market Position Statement (MPS) in 2015, a requirement of the Care Act 2014 to support market development and sustainability. As Members will also be aware the current health and social care economy is under severe strain - all areas of health and social care are facing unparalleled challenges e.g. there has been considerable media attention regarding the Essex Success Regime which is meant to tackle the significant financial overspend in the health economy across Essex. Other areas of social care are no different and combined with concerns over quality and viability, this is why we have to change the way we commission domiciliary care. The current model based on task and time with a framework agreement across the Borough is no longer fit for purpose.
- 3.4 As the MPS states Thurrock will see a significant increase in its older population, by 2022 there will be an 18% increase in people aged between 50 and 64 and a 26% increase in those aged 75 to 84. Demand will increase in real terms and the budget reductions Adult Social Care face will also increase meaning that from 2017 to 2020 we could be asked to find a further £6.5 million saving. To achieve any part of that saving there is no standstill position which is why we began the Transforming Adult Social Care agenda through Building Positive Futures. This has involved the development of a strength based approach to supporting service users and their carers. The developments have been really positive:
- Local Area Co-ordination: rather than providing a formal social care or health service the approach is to ask people "what would make a good life for you?", and help them find how best to lead that life in their local community.
 - Stronger Together is a partnership that promotes local community activities that strengthen the connections between people. Stronger Together also encourages local people to have a greater say in what happens in their neighbourhood and to take control over where they live and the decisions that affect them.
 - Homes and communities to support health and well-being this includes the development of specialised housing for older adults and for young people with autism spectrum disorders and learning disabilities who may need specially designed homes
 - Integrated health and care services builds on the success of our Rapid Response and Assessment Team and Joint Re-ablement Team to provide a Single Point of Access to all health and care services.
- 3.5 The next phase of Transforming Adult Social Care is to ensure that people are further supported to Live Well in Thurrock in their local communities and a key part of this approach will be Living Well @Home. We have examined

approaches taken by other Local Authorities in particular, Suffolk, Wiltshire, Torbay and Calderdale we have spoken with their commissioning and operational teams and have been sent specifications, presentations and learning from the processes undertaken. They have all decided to take a smaller locality focus for delivery of domiciliary support, which is outcome focussed, they have all advised a staged approach to changing models of delivery to support communities individuals and providers the opportunity to work through the concept of change. At the centre of each service redesign was the fundamental question: what do people who require support really want. Each local authority has taken a differing view of what to include in a new service redesign. One has taken an integrated approach with Health, another has included equipment and assistive technology and another has taken the approach of using Individual Service Funds (which is where the provider holds the clients personal budget on account and they can draw it down when they want to) to support people to be in control of their own support without using direct payments.

3.6 An international view of change has also been reviewed; an approach in the Netherlands called the Buurtzorg Approach: Humanity over Bureaucracy. Again this focussed on simplifying the system and taking a much more locally based response, the founder of this approach Jos De Blok stated:

3.6.1 “We started working with different Countries and discovered that the problems are the same, the message every time is to start again from the *person’s* perspective and to simplify the systems.” (Journal of Research in Nursing 2015)

South Ockendon Pilot

3.7 To support the development of our redesign we have decided to implement a pilot in partnership with the community, the voluntary sector, health and housing to start again and look at new ways of working, this will be a pilot of the development of a redesigned model of support. The focus will be on a specific area of South Ockendon, with 75 people who receive some form of care and support, mainly domiciliary support, meals on wheels and equipment. Mapping of community assets will take place and a Good Neighbour Day is being organised to bring together the community and find out what skills people can offer. In offering domiciliary support we will start with each person and create a plan that will support them to have the outcomes they have met through a combination of approaches that best meet their needs. The vision is to have a local response that will be consistent and will connect the person to their local community. The first planning meeting has been held and the pilot will be documented and evaluated to inform the redesign of current approaches.

4. Reasons for Recommendation

4.1 To ensure that Health and Well Being Overview and Scrutiny Committee Members are fully aware of the current domiciliary care crisis both locally and

nationally and of the measures being taken by the Department to stabilise the local situation.

- 4.2 To ensure that Members are aware that the current service model is being redesigned and the options for future service delivery will be brought back to Health and Well Being Overview and Scrutiny Committee in September 2016

5. Consultation (including Overview and Scrutiny, if applicable)

- 5.1 We have held two soft market testing days to discuss the current situation and how this could be changed with a different way of working. Providers and partner agencies have been very receptive to the idea of change and recognise that working in the current silos cannot be sustained.
- 5.2 We have also held an engagement day with adult social care operational staff and partners from health and across the Council. This again was very successful and again it was recognised that services as they currently are delivered for domiciliary care are not sustainable.
- 5.3 Both of these events illustrated one fundamental premise to any service is that it focusses on the person and the outcomes they want.
- 5.4 We have with the support of our Engagement Group designed an engagement approach to be undertaken with people who currently use services this will be very comprehensive and will enable us to include what is important for people who receive domiciliary care. Anecdotally and through the current issues raised through complaints it is that care and support are consistent, of high quality, does what they need and reduces isolation and loneliness, there will be a great deal to add to this as the engagement proceeds.

6. Impact on corporate policies, priorities, performance and community impact

- 6.1 Not applicable

7. Implications

7.1 Financial

Implications verified by: **Jo Freeman**
Management Accountant Social Care & Commissioning

There are significant pressures facing Adult's Social Care. The 2016-17 budgets already reflect the Thurrock Care @ Home function being carried out in-house and increase in NLW. More long-term financial implications of further

transformation within the service will be provided within the update report in September.

7.2 Legal

Implications verified by: **Paul O'Reilly**
Projects Lawyer, Law & Governance

The Legal Services Officer has discussed the issues and potential service model options with the authors of the report and the Living Well team and can advise that all options are feasible and achievable under legal and procurement procedures and good practice. Legal Services will support the Living Well team throughout the pilot stage and the further procurement exercise as required to ensure the success of the project and reduction of risk to the Council.

7.3 Diversity and Equality

Implications verified by: **Natalie Warren**
Community Development and Equalities Manager

Community support provided through domiciliary care enables some of our borough's most vulnerable residents to remain independent, including older people, and people with disabilities. As highlighted by the pilot planned for Living Well at Home, it is essential that the voice of the resident drives the principles for how we transform the service in the future. A review will aim to improve efficiency whilst ensuring that the new offer remains person centred.

7.4 Other implications (where significant) – i.e. Staff, Health, Sustainability, Crime and Disorder)

Not applicable

8. Background papers used in preparing the report (including their location on the Council's website or identification whether any are exempt or protected by copyright):

- None

9. Appendices to the report

- None

Report Author:

Catherine Wilson

Strategic Lead Commissioning and Procurement

Adults, Housing and Health