

Meeting: Adult Social Care and Health Overview and Scrutiny Sub-Board

Date: 26th January 2023

Wards affected: All

Report Title: Domiciliary Care

When does the decision need to be implemented: Updates requested by Scrutiny Board

Cabinet Member Contact Details: Councillor Stockman

Director/Divisional Director Contact Details: Report by Steve Honeywill, Head of Adult Social Care Commissioning on behalf of the Director of Adult Social Care, Joanna Williams.

1. Purpose of Report

1. To provide the Scrutiny Sub-Board with information regarding how Domiciliary Care in Torbay is delivered, provided and monitored.

2. Reason for Proposal and its benefits

- 2.1 The information in this report and attached data is available to provide Members with assurance and pertinent information regarding the performance of the local Domiciliary Care market and its achievements and challenges.

3. Recommendation(s) / Proposed Decision

- 3.1 For Members of the Board to note the contents of the report and
- 3.2. Officers to follow up regarding any requirements from discussions or specific actions from the Board.

Appendices

Appendix 1: Domiciliary Care hours performance data, hours etc

Tab One, 15 minute visits, Tab 2 Hours over time, Tab 3 Hospital admissions

1. Introduction and summary

- 1.1 Torbay has a long-standing Domiciliary Care framework of currently 18 providers working in the community on a procured framework named “Living Well at Home” The current framework commenced in March 2020 and runs until March 2025. It should be noted that the start of these arrangements coincided with the pandemic so the initial operating period until mid-2022 was focused upon our response to the pandemic across the health and social care system and supporting providers and service services through a challenging and uncertain period.
- 1.2 Despite the above context the Domiciliary Care (Dom Care) market has responded consistently over a long period and has grown and sustained capacity despite the distress caused by Covid and structural issues such as the supply of Adult Social Care workforce and economic pressure providers have faced in a number of ways.

2. Overview of the market

This section of the report provides a summary of the successes and challenges in this market.

- 2.1 **Workforce, recruitment, retention and marketing.** Adult Social Care (ASC) workforce sufficiency is a much-reported topic in the media in recent time often seen through the prism of delayed discharges from Hospital. Our data in the attached appendix 1 demonstrates in different ways that we have sustained and increased hours over time and avoided some bed based admissions by helping people to remain in the community. By way of an illustration in mid-2020 around 60-80 people per month had been admitted to Hospital from Dom Care, in late 2022 this same measure was between 46-54 people. Regarding hours of Dom Care, in January 2018, 28,000 hours were planned in a month, after the lock down periods of 2020 into 2021 this had increased 40,000 hours at the end of 2020 and the start of 2021, more recently in October-December the planned monthly hours were between 43,000 and 44,000.
- 2.2 **Economy:** Despite the resilience demonstrated above the employment market had been a challenge with respect to recruitment and retention in all domains of ASC. Other comparator jobs locally have paid higher hourly rates, Dom Care typically pays £10 -£12 per hour, other jobs in Retail and Hospitality have raised pay in a tight labour market to £2/£3 per hour above this level. This has been the position for the last year or more. We do not know the exact rates that private businesses pay carers as that's sensitive market business information, but £10 - £12 is a range that has often been reported. Providers are creative with recruitment, marketing and retention proposals but competing on hourly rates

with other sectors and the better paid comparator in the public sector is a difficulty. The absence of a career pathway is an issue that is often raised as an impediment to increasing this workforce. It should be noted providers have different operational organisational models, some pay on time work and by tasks, different methods are used for travel costs, some may receive standard wages/pay. We have all worked hard locally to improve the situation, but the challenges are part of national funding for ASC if pay levels are to raise to make this carer work an attractive career option.

- 2.3 **Consistency and growth:** In the appendix 1 data overview this contains information that demonstrates the consistency and growth in Dom Care to help people live independently in the community. By way of illustration as touched on in 2.1 above since 2018 to 2022 our planned hours per month have increased in the order of 60%. This has helped with Hospital admissions which in April /May 2020 was around 70 per month which was now between around 45- 54 per month, which assists pressure on the acute system. We are also managing more complex clients in the community via Dom Care
- 2.4 **ASC system** is under pressure nationally although our integrated local arrangement has helped managing and mitigate these pressures. The latest reported data in the media shows that 165,000 ASC vacancies nationally, a 51 per cent increase in the past year. This now appears to be structural workforce concern. At the end of 2018 we had three clients in receipt of more than 35 planned visits per week, at the end of 2022 this had increased to 25 clients per week demonstrating the increased complexity being managed in the community as alternative to bed based care and preventing hospital admissions
- 2.5 **Areas for development** – Our aspiration would be to expand Dom Care into areas such as reablement support for people discharge from Hospital and if technology enabled care to provider equipment maintain independence and safety in the home in conjunction with Dom Care input. Dom Care providers have undertaken innovations that occurred during the pandemic period, for example improvement IT system to monitor rotas and client contact time, use of fleet vehicles for carers use for home visits and e-bikes. This sector is keen to look at efficient ways or working to the benefits of clients, staff and their business models.
- 2.6 **Covid challenges** had a significant impact upon the operations of Dom Care and has a difficult legacy in terms of staff fatigue and recruitment and retention to front line work. Currently PPE is still free but at some point, it is assumed this will become an extra cost to these businesses. The legacy of covid is still very real to providers and carers.
- 2.7 Following a Care assessment a **wait for a service** for both logistical and operational reasons has always been a factor. An established prioritisation process is in place in teams to make this, those without any informal supporting and living alone would be the highest risk waiting for care. It should be noted for the period March 2022 to December 2022, with a few peaks and troughs these outstanding lists have been broadly static, and the situation has not worsened, the mean average number waiting at any given time is 138, those without informal supported would be around 30-40 in this group. Of course, these

numbers change daily as people are allocation care and new clients move into the system to be allocated care.

3. Financial Opportunities and Implications

- 3.1 Current framework March 2020 to March 2025.
- 3.2 Council Commissioners with Trust colleagues over the next 18 months to develop an approach to re commissioning of the framework to enhance the model to support local needs. The Council Market Sustainability Plan, which a requirement of the government Fair Cost of Care process will be published at the end of March 2023 that will touch upon these matters, but this will be aligned to our existing Market Blueprint Plan published in 2021.

4. Legal Implications

- 4.1 None from this briefing

5. Engagement and Consultation

- 5.1 Engagement with the Domiciliary Care market has always been important to commissioners and our delivery partners in Torbay and South Devon NHS foundation Trust.
- 5.2 During the pandemic we worked very closely with the framework providers in the deployment of Covid grants support to target interventions financial and practical, including using funds to undertake a marketing campaign to work in Dom Care locally, help with overseas works recruitment, temporary money to makes retention payments to staff or funds provided to providers to increase pay as an acknowledgement and thank you for working through the pandemic. Subsequently the Trust have reinstated face to face care collaborative meetings with providers as soon as this was practical. Engagement and transparent communication continue to be our approach with the care market.

6. Purchasing or Hiring of Goods and/or Services

- 6.1 Not applicable to this briefing.

7. Tackling Climate Change.

- 7.1 Not applicable for this briefing.

8. Associated Risks and other information

- 8.1 In addition to the analysis in Section one and two of this report and the appendix data the follow items are also relevant context.
- 8.2 The Dom Care framework has grown and delivered in Torbay, however other providers are in the local market either supporting self-funded clients who to do receive care after a Care Act assessment or supplement framework capacity on a case-by-case basis during pressure points of demand. This is a smaller element of the market, between August and December 2022 only 2% extra Dom Care capacity was commissioned over and above the framework hours.
- 8.3 Historically a view has been in places that too many short 15 minutes Dom Care visits form part of the home care offer. This is now only as minor element of the market whole, for example of the planned 44,252 Dom Care Hours in December 2022, only approximately 200 hours fell into this grouping, less that 1% on the whole planned hours allocation, therefore this is no longer a material issue based on the evidence. (See Appendix 1)

9. Equality Impacts - Identify the potential positive and negative impacts on specific groups

This is an assessment of the Living Well at Home Framework

	Positive Impact	Negative Impact & Mitigating Actions	Neutral Impact
Older or younger people	X		
People with caring Responsibilities	X		
People with a disability	X		
Women or men			X
People who are black or from a minority ethnic background (BME) (Please note Gypsies / Roma are within this community)			X
Religion or belief (including lack of belief)			X
People who are lesbian, gay or bisexual			X

People who are transgendered			X
People who are in a marriage or civil partnership			X
Women who are pregnant / on maternity leave			X
Socio-economic impacts (Including impact on child poverty issues and deprivation)			X
Public Health impacts (How will your proposal impact on the general health of the population of Torbay)			X

10. Cumulative Council Impact

10.1 None

11. Cumulative Community Impacts

11.1 None

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Torbay Council

January 2023