

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

**Date:** 7<sup>th</sup> November 2024

**Wards affected:** All

**Report Title:** Domiciliary Care Nov 2024.

**When does the decision need to be implemented:** Updates for 2024 requested by Scrutiny Board.

**Cabinet Member Contact Details:** Hayley Tranter

**Director/Divisional Director Contact Details:** Report by Lee Baxter, Divisional Director, Adult Social Care. Sponsored by Director of Adult Social Care, Joanna Williams.

## 1. Purpose of Report

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1. To provide the Scrutiny Sub-Board with information regarding how Domiciliary Care in Torbay is delivered, provided and monitored.
2. This report serves as an update from the previous report dated the 20<sup>th</sup> November 2023.

## 2. Reason for Proposal and its benefits

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- 2.1 The information in this report and attached data is available to provide Members with assurance and an update regarding the performance of the local Domiciliary Care market and its achievements and challenges.
- 2.2 This paper will support addressing the questions around quality and value for money.

## 3. Recommendation(s) / Proposed Decision

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

## Appendices

**Appendix 1:** Domiciliary Care hours snapshot as of 27/10/2024

**Appendix 2:** Torbay Outstanding Care Summary as at 29/10/2024

## Supporting Information

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### 1. Introduction and summary

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- 1.1 There continues to be growth year on year in the domiciliary care market, both in the volume of work being commissioned and the number of people employed in the sector. Skills for Health provide insights annually by the release of their Workforce Intelligence report. ([www.skillsforhealth.org.uk](http://www.skillsforhealth.org.uk)). This report shows a national picture that reflects the current situation in Torbay. Pre-pandemic the workforce in domiciliary care was nationally 1.68 million but has subsequently grown by approx. 20,000 posts to 1.635 million by the end of 22/23. Pre pandemic the vacancy rate amongst the workforce was circa 9.5% but post pandemic this has increased to 12.9% in 22/23 and 12.7% in the first quarter of 2023. This seems to be a direct correlation to the increase in demand and workforce and the gap caused in recruitment challenges. Nationally there has been improvements in international recruitment, however turnover within the workforce nationally remains high at 30.6%. This national picture helps set context however we recognise that in relation to turnover we have a more favourable picture in Torbay.
- 1.2 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 It has been agreed, within the terms of the contract, that it will be extended for a further 3 years, ending in March 2028. This will afford commissioners the time to thoroughly review the domiciliary care market. It should be noted that the start of these arrangements coincided with the pandemic.
- 1.3 The Domiciliary Care (Dom Care) market in Torbay has maintained consistency 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. Our unsourced care numbers are best within the region with very low numbers of people waiting for care to be allocated. (see appendix 2.)

## 2. Overview of the market

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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 within the second table significant growth. In Jan 2018 we commissioned 44,633 hours of care per month, in Mar 21 this had increased to 55,033 and currently sit at 74,100 hours.

It is notable that there is a growing reliance on the use of international staff within Torbay's commissioned and private sector home care market. A number of local providers now have Home Office licences for the sponsorship and employment of international recruits, which brings a range of issues into the Torbay's health and social care sector. The positive side of this is that care providers can maintain their staffing capacity and are less dependent on the huge pressure of recruiting from a dwindling local workforce. However, there is national and regional evidence that some homecare providers have underestimated the complexity of adhering to the sponsorship licence conditions, leading to licence revocations, and there have been varying standards of pre-placement vocational training, spoken English and cultural preparation by providers for overseas staff. Devon, Plymouth and Torbay social care commissioners have been working closely together to ensure there is formal support in place for providers with sponsorship licences and pastoral support in place for international recruits.

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 £12 -£15 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 couple of years. We are aware the National Minimum Wage has increased to £11.44 and this impacts our market and rates, this and other inflationary issues are considered as part of our annual budget cycle. We do not know the exact rates that private businesses pay carers as that's sensitive market business information, but £12 - £15 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 **ASC system** is under pressure nationally although our integrated local arrangement has helped managing and mitigate these pressures. 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 (the data for 2023 is not available at this time) demonstrating the increased complexity being managed in the community as alternative to bed based care and preventing hospital admissions
- 2.4 **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.
- 2.5 **Covid challenges** - Has largely resolved, in the sense of infection control and limitations on practice.
- 2.6 Following a care act assessment, people who have an identified need for a domiciliary care package will have a request made to the market through our arranging support team and will await a service to match with the request being made. An established prioritisation process is in place and this work extremely well with an effective market to pick packages up in a timely way. These numbers change daily as people are allocation care and new clients move into the system to be allocated care, but the attached graph shows the improvement over time in relation to outstanding domiciliary care requests. **Appendix 2.**
- 2.7 The ICO hold oversight of quality performance monitoring with a monthly and have a contract manager in place, who hold quarterly contract review meetings. The providers send monthly KPI data which produce monthly dashboards. The Quality Officer will visit providers based on any quality concerns raised triangulated with information from CQC, Safeguarding data and the NHS Datix data incident reporting system.

Provider forums are recommencing and will be held 6 monthly (face to face), although these have been slow to re-establish. Current virtual meetings continue to be used Ad hoc and for any specific targeted work.

### 3. Financial Opportunities and Implications

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- 3.1 Current framework March 2020 to March 2025, to be extended to March 2028, offers us an agreed cost for activity and in the current context delivers well. We see the providers delivering within the agree fee structure against the contract.
- 3.2 There is a risk around the volumes increasing which in turn puts pressure on the budget. Our transformation work is focusing on reablement and identifying lower-level support from the voluntary sector and advice and guidance to reduce further growth in this area. However, it is important to note that to reduce the use of bed-based options and due to the demographic changes within our population we expect this market to remain challenging and continue to be well utilised.
- 3.3 Council Commissioners with Trust colleagues continue to work towards transformation whilst providing market overview. Our Commissioning team work with the ICO to ensure we are aligned with our Market Position Statement 2021-24 and our Market Blueprint 2021.

### 4. Legal Implications

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- 4.1 None from this briefing

### 5. Engagement and Consultation

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- 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

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- 6.1 Not applicable to this briefing.

## 7. Tackling Climate Change.

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7.1 Not applicable for this briefing.

## 8. Associated Risks and other information

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- 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 good outcomes in Torbay, however there are other providers are our local market either supporting self-funded clients who do not receive care after a Care Act assessment or supplement framework capacity on a case-by-case basis during pressure points of demand. This also an element of the domiciliary care that is purchased off of the LW@H framework and this accounts for 37% of our contracting for care at home, however this includes complex care, CHC, S117 and other types of care that fall outside of direct social care commissioning.
- 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 and accounts for **less than 1% on the whole planned hours allocation**, therefore this is no longer a material issue based on the evidence.

## 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

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10.1 None

## 11. Cumulative Community Impacts

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11.1 None

Updated by

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November 2024.