

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

Date: 21 December 2023

Wards affected: All

Report Title: Domiciliary Care Nov 2023.

When does the decision need to be implemented: Updates 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

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 26th January 2023.

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 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

- 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 performance data, hours etc

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

Appendix 2: Torbay Outstanding Care Summary as at 05/12/2023

Supporting Information

1. Introduction and summary

- 1.1 Nationally we have seen a 0.5% Growth in the domiciliary care market, with a 1% increase in recruitment. Nationally there has been improvements in international recruitment, a slight reduction in turnover of staff (currently sat at 28.3% a reduction from 2021/22 rate of 28.9%). In real terms nationally the impact has led to a 7% reduction in vacant posts which now total 152,000 (Skills for Health 2023). This national picture helps set context for an even 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 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.
- 1.3 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.

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, this figure is similar in 2023 which runs between 57 – 80, giving a mean of 68 (Appendix 1 tab 3). 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, during 2022 the hours continued to increase through with December planned monthly hours sitting at 46,000. This trend continued in 2023 and currently stands at 58,359 (October 2023).
- 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 are aware the National Minimum Wage is due to be increased to £11.44 and this will impact on our market and rates, this will be picked up in as part of our annual budget cycle, but at this point it is too early to indicate the impact of this. 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 since 2018 our planned hours per month have increased in the order of 100%.

We have seen a percentage increase in the numbers of people who receive domiciliary care and are admitted to Hospital this may reflect a perceived increase in acuity amongst this cohort. In 2023 we have seen a mean average of 8.1% people in this cohort needing hospital admission compared with 6.9% in 2022. This will need to be monitored ongoing to understand risk to hospital admission within this cohort.

- 2.4 **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
- 2.5 **Areas for development** – Our aspiration would be to develop Dom Care into areas such as reablement which can support for people discharged from Hospital to regain independence. We need to consider if technology enabled care or specialist equipment can maintain independence safety in the home either in conjunction or instead of a traditional Dom Care package. 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 of working to the benefits of clients, staff and their business models.
- 2.6 **Covid challenges** - Has largely resolved, in the sense of infection control and limitations on practice.
- 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 of waiting for care. It should be noted for the period January 2022 to October 2023 this has dramatically improved. Although there are a few peaks and troughs the current situation is reported to show the current number of people waiting is 44 (5th December 2013). Broken down into those awaiting formal support but currently without formal support 8 people, those awaiting formal support in an alternative setting (ie not at home) 11 people and those awaiting formal support but receiving an alternative formal support at home 25 people. These numbers change daily as people are allocated care and new clients move into the system to also be allocated care, but the attached graph shows the improvement over time in relation to outstanding domiciliary care requests. **Appendix 2.**
- 2.8 The ICO hold oversight of quality performance monitoring with a monthly assurance process and a contract manager in place. The contract manager holds 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 held 6 monthly (face to face), although these are still fairly new (post covid) and have been slow to re-establish. Virtual meetings continue to be used Ad hoc and for any specific targeted work.

3. Financial Opportunities and Implications

- 3.1 Current framework March 2020 to March 2025, 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 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

- 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 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 a minor element of the market, 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

Updated by

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November 2023.