Agenda Item 8

Leicestershire County Council

ADULTS AND COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE

25 MARCH 2014

REPORT OF THE DIRECTOR OF ADULTS AND COMMUNITIES

OVERVIEW REPORT: DOMICILIARY CARE

Purpose of the report

1. This report provides the Adults and Communities Overview and Scrutiny Committee with an overview of a range of factors in relation to the provision of domiciliary care services for adults and older people in Leicestershire.

Definitions and the Regulatory Framework

2. The Care Quality Commission (CQC) definition of the regulated activity of personal care consists of the provision of personal care for people who are unable to provide it for themselves, because of old age, illness or disability, and which is provided to them in the place where those people are living at the time when the care is provided.

3. Personal Care / Social Care includes:

   For the purpose of this report and for the purposes of the regulatory requirements, 'personal care' is defined as undertaking any activity which requires a degree of close personal and physical contact with a person, regardless of age who, for reasons associated with disability, frailty, illness or personal physical capacity are unable to provide it themselves without assistance. These activities include for example:-

   - Assisting the person get up and dressed or undressed and going to bed;
   - Helping the person to have a wash, shower or bath including washing of hair, shaving and oral hygiene;
   - Assist with toileting requirements, including changing pads, sanitary pads and nappies / personal hygiene after toileting;
   - Helping the person to eat their food or take a drink;
   - Assisting the person with their medication or other health related tasks in accordance with the local agreed policies and guidelines;
   - Assisting a person get in or out of a chair;
   - Personal support of a confidential, sensitive or specialist nature.

4. Domiciliary care service providers are regulated by the CQC. In order to deliver services under contract with Leicestershire County Council service providers are required to be registered with the CQC.

5. Domiciliary Care is a community based service which contributes to the promotion of independence for service users and carers and delivers specific

outcomes in line with the Health and Social Care Act 2008, (Regulated Activities) Regulations 2009. Domiciliary Care services aim to maintain the independence of individuals by giving greater choice and control over the way in which their needs are met.

History and Rationale of the Current Contractual Arrangements

6. Prior to tendering for services in 2011 Adults and Communities identified a number of ways in which previous models of service delivery were unsatisfactory and failed to address on-going pressures on the overall delivery of the service. Amongst the main issues were:-

- That demand for home care was anticipated to continue to increase with an increased older population and a robust home care market therefore we needed to respond to this;

- The demand for home care was anticipated to increase due to growing numbers of people living with dementia and/or more complex needs in general enhanced rates are paid for the provision of services to people who have a diagnosis of dementia;

- Recruitment and retention of appropriately trained and qualified staff was and continues to be a major challenge for the industry with recruitment of carers resulting in demand out-stripping supply;

- Analysis of electronic data submitted by providers evidenced that over 60% of all care calls delivered to services users at the time were for calls of less than 30 minutes in duration. Prior to 2011 Leicestershire County Council guaranteed payments to providers at a minimum of 30 minutes.

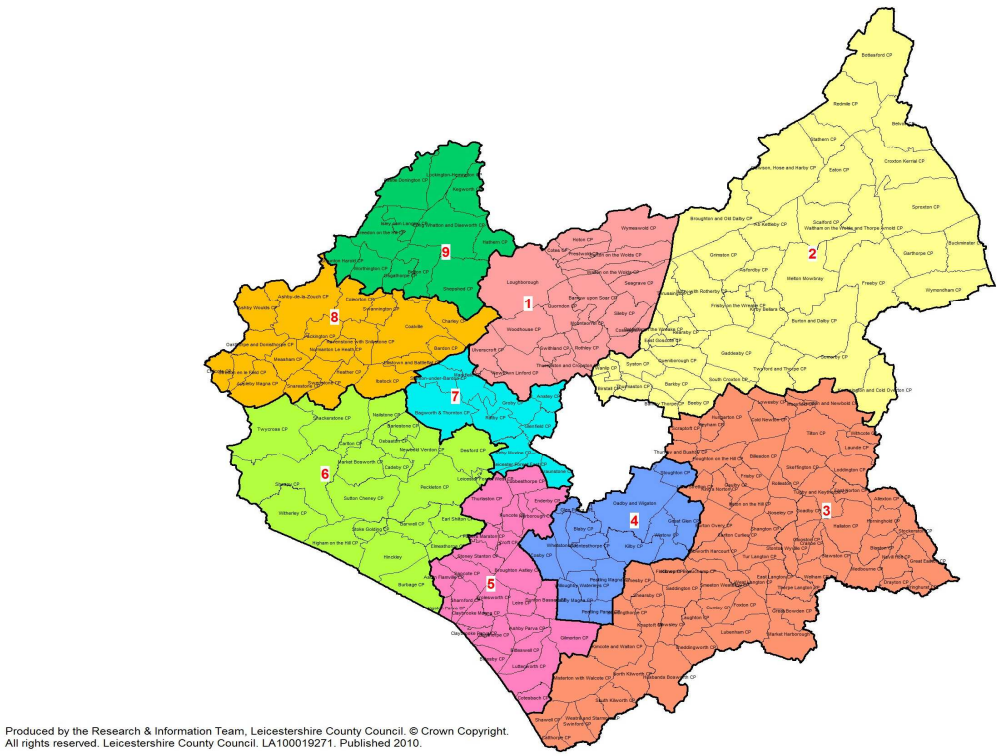
7. A decision was made to reduce the domiciliary care zones in the County following work undertaken throughout the previous contract period, which looked at the sustainability of service providers delivering small volumes of care, but with all the associated costs in relation to recruitment and training of staff. It was therefore anticipated that greater volumes of care will help in developing more sustainable businesses and reduce competition for staff recruitment.

8. In relation to the provision of home care services across Leicestershire, nine geographical zones were created in 2011, prior to this there were 19 smaller zones. The table on the next page shows the number of hours at the point of the tendering exercise for the home care services and volumes of care currently being delivered in each zone by independent sector providers.

Table 1: Volumes of hours per zone at the point of procurement and current volumes of hours.

Zone Number	(Coverage)	Actual number of hours paid for as at 31st March 2010	Actual number of hours paid for as of 31st March 2013
Zone 1	North	230,002	163,307
Zone 2	North East	246,888	167,849
Zone 3	South East	165,800	94,612
Zone 4	South Central	253,948	209,672
Zone 5	South	125,527	90,744
Zone 6	West	294,156	201,081
Zone 7	Central	261,144	152,281
Zone 8	West North West	225,391	173,102
Zone 9	North West	96,106	61,005
	Total	1,898,962	1,313,659

Diagram 1: Map of Leicestershire County Council home care zones.



9. The number of hours that the Adults and Communities Department currently pays for has diminished for a number of reasons. Prior to 2011 the Department commissioned services for people who had moderate, substantial and critical needs in relation to 'Fair Access to Care'. The threshold has now changed and only those who have critical and substantial needs now receive directly commissioned home care services from contracted providers. The way in which the Department pays for services has also changed in that in prior to 2011 the Department guaranteed providers payment for a minimum of 30 minutes and then made payments in 15 minute blocks rounding payments up or down in 7.5 minute bandings. Post 2011 providers are now only guaranteed 15 minutes and calls are rounded up or down in 5 minute blocks, e.g. if a care call is delivered at 17 minutes 29 seconds the provider will be paid 15 minutes above 17 minutes 30 seconds the provider will be paid 20 minutes and so on. An additional change in the market is that more people are purchasing their care direct from a provider using their personal budget. The biggest impact however, comes from the increasing numbers of people receiving their support through a cash budget. Currently a total of 1,870 service users receive a cash personal budget or direct payment and around 90% of these people will use this to buy domiciliary care.

10. While the number of hours the Department pays direct to service providers for services shows a decrease since 2011, the Department continues to commission more home care year on year. In the six months to the end of January 2014 there was a 22% increase compared with the previous year in the number of packages delivered from 1,456 to 1,782. During this same period there was a 33% increase in the hours of home care delivered indicating greater levels of need.

11. By the end of January 2014 3,020 people were receiving domiciliary care services in Leicestershire from external service providers and 360 from the Department's Homecare Assessment and Re-ablement Team (HART). Some people receive as little as 1 hour per week and others in excess of 35 hours a week, the number of calls will also vary and is linked to support being provided to meet assessed need. The overall contract value for externally commissioned services currently stands at approximately £26m.

The Current Market

12. There are currently 57 service providers delivering homecare services under contract for service users who have chosen to take the personal budget in the form of a managed account. In 2011 14 providers were issued with spot contracts following a procurement exercise, a further 17 providers were issued with interim contracts. The reason for issuing interim contracts was to enable time for the Department to review those service users receiving their care from interim service providers to be reviewed and their care packages to transfer to spot contracted providers. Contracts were awarded on the basis of quality, providers had to reach a quality score of 70%, then providers were ranked in numerical order in each zone based on their tendered price. It was the Department's intention to place packages of care with providers in ranking order.

13. Due to issues relating to capacity in the market a decision was made, in line with the Council's 'Contract Procedure Rules' to increase the number of providers in the Leicestershire market. Those providers that had been issued with interim contracts in 2011 were offered spot contracts in 2012. These providers had also achieved a quality score of 70% but were not on the original ranking list as their tendered hourly rate was above that of ranking providers. Awarding interim providers spot contracts generated more capacity in the market and it allowed those who had been having their care provided by interim contractors to retain their care provider allowing continuity of care for those service users.

14. Officers continue to work with new care providers in Leicestershire to increase capacity as there continue to be problems with demand for services out-stripping supply. Since the original procurement exercise took place further providers have been awarded contracts. Contracts are awarded if service providers are able to demonstrate through a monitoring of their service, that they can provide a quality service. New service providers must also meet a number of other criteria including having agreed levels of insurance cover and being registered with the Care Quality Commission.

15. The domiciliary care market in Leicestershire is made up of a range of local and national care providers, the volume of care delivered by the providers also varies with some providers delivering thousands of hours per week and others only a few hundred. The minimum hourly rate paid was £8.36, this was in relation to a sleeping night service. The maximum hourly rate paid was £16.43 for a specialist dementia service. On average in 2013/14:-

    - Hourly rate paid £13.95;
    - Average weekly package cost £130;
    - Average weekly hours delivered per service user is 9.4.

16. In late 2011 the Department also took a step to ensure that there was increased availability of care in certain rural areas of the County. In two areas of Leicestershire it had become increasingly difficult to place packages of care, the two specific areas are shown on the map as zones 2 and 3 they are on the eastern side of the County and roughly are aligned to the areas of Melton and Market Harborough. In 2011 senior officers in discussions with the Council's Corporate Procurement Unit, ESPO and legal services made a decision to increase the hourly rate paid to providers by an additional £1in zones 2 and 3, this was formally sanctioned by the 'Fee Rate Review Panel'; any changes in rates of payment to providers are now agreed on an annual basis by the panel.

17. In early 2014 officers from the Department's Compliance Section undertook in partnership with providers analysis of the current domiciliary care market. 14 of the current 57 providers responded. The analysis was undertaken with a view to officers having a greater understanding of the some of the particular issues that are affecting the delivery of the service. Consideration was given to a number of themes that have been raised nationally such as payment rates to frontline workers, issues relating to the recruitment and retention of care staff etc. Detailed feedback from providers can be found in Appendix A. Some of the key factors relating to the Leicestershire market are listed below:-

- All providers who responded pay rates above the 'National Minimum Wage (NMW), the lowest hourly rate being £6.35 and the highest rate being £11;
- All providers have workers on zero hour contracts;
- The majority of providers pay mileage rates to care workers but not travel time;
- Many providers state reasons for carers leaving the market as the cost of travel and not being able to guarantee hours of work.

18. The Department does not specify to domiciliary care service providers what terms and conditions they should employ their staff under, employers are required to meet statutory duties e.g. NMW. Contracts with the Council do state how recruitment should be undertaken in order that the correct and relevant checks are undertaken to ensure that vulnerable people are safeguarded. Contracts also specify that workers should receive training in order to carry out the requirements of their role.

How Services are Currently Commissioned in Leicestershire

19. In Leicestershire domiciliary care services are provided by either in-house HART or independent sector providers, depending on the type of service required.

20. In the majority of cases where a service user is assessed as being eligible for domiciliary care, HART will offer the clearest benefit in terms of an ongoing assessment process and the realisation of reablement potential. In view of this, all reasonable efforts are made to commission with HART when a person is first assessed as being in need of care. The team will work with all adult service user groups (excluding only those people where it is clear from the outset that no benefit would be gained from short term assessment and reablement process), including people with learning disabilities and older people with either mild or non-diagnosed dementia.

21. The team will provide an extended assessment period (for up to six weeks), and work with the service user (and carer/s) to identify and achieve goals of daily living, adjusting the support plan in response to changing needs. At the point when the team concludes no further benefit can be gained from its involvement, an updated support plan will be produced, a review held and any residual care needs commissioned from independent sector providers by the HART manager, via the broker.

22. Packages of care to external providers of care are placed on a spot basis; the Department makes no guarantees to service providers on the volume of care it will place with them. Care packages are placed following a handover visit by in-house staff if necessary. Service providers are reminded that they should ensure that they have specific details available to provide to care staff. This is to ensure that care can be delivered to a service user that is able to meet ongoing need and continues wherever possible to work towards maintaining skills and independence. The handover is a vital part of ensuring that these objectives continue to be met. HART is not in a position to take packages back due to a failure on the part of the service provider to secure accurate details at the point of transfer in establishing how the care is to be provided. Accurate

details should include up to date support plans, orders and any risk assessment information in relation to moving and handling and/or medication.

23. Commissioning workers when placing care with HART and external providers must ensure that wherever it is applicable, Time Windows are used. Time Windows were introduced to aid flexibility in commissioning and create capacity within the home care market. The benefits to service users include a quicker allocation of their care package with potentially less time spent in hospital and/or on the Await Care list. The Await Care List is a list of people who currently require care services to meet their care needs, the number of hours required by a service and the reason why the care is required. Service users will appear on the await care list until the package of care has been commissioned. The outcome of a speedier placement of care is improved circumstances for themselves and their families as needs are met more efficiently

24. In order that the Department can monitor the volume of care being placed with external providers and to ensure that priority cases are placed with service providers more promptly there is a system in place whereby commissioning workers should not approach domiciliary care providers to place a care package direct. All care commissioning should go through the Broker Team. Commissioners brokering their own care packages undermine the financial and strategic aims of the delivery of domiciliary care, causing difficulties for the Compliance Section, Systems & Support and independent sector providers. Packages of care are placed in order of priority.

    Priority Levels are defined by the Department as:

    High - services need to be provided urgently in order to avoid

    - Continued hospital stay (delayed discharge);
    - Admission to hospital / residential care (imminent home support breakdown).

    Medium – services need to be provided as quickly as possible in order to

    - Reduce the risk of hospital / residential care;
    - Free up capacity in HART.

    Low – services are needed when available in order to:

    - Improve the well-being of the service user (and / or carer).

25. Packages of care are subsequently reviewed on an annual basis in line with statutory requirements; however reviews of need may occur more frequently to address changing need.

26. Social care workers in Leicestershire are able to deliver some tasks that will ordinarily be delivered by health care workers visiting someone in their own home. Some but not all tasks can be delegated in line with a locally agreed protocol, 'The Health and Social Care Protocol'. Social care workers should not hold sole responsibility for health care tasks and social care staff must receive training and be signed off as competent by health care staff in order to undertake the tasks. Only health care tasks designated as such within the protocols that follow may be delegated to social care workers.

27. The Protocol also states where services are being provided to people in their own homes, delegated health tasks will only be performed during visits previously planned in order to meet social care needs. Before any task is delegated a full assessment must have been undertaken by the health worker. Health workers remain responsible for the health tasks they delegate and it is the responsibility of the health worker to monitor the health care being given to their patient by social care workers and the risk management of such delegated tasks.

28. Care is currently commissioned in units, a unit in Leicestershire is made up of 15 minutes, commissioning workers will commission a number of units of care based on a person's assessed need and in order that a person's specified outcomes can be met. The number of units is placed on an order form which is then shared with the external service provider. For example a person who requires a morning call 7 days a week for a period of 1 hour will have 4 units of care per day, 28 units in total per week. Commissioning workers will also work with service users to specify key tasks that are to be completed and these tasks along with the outcomes service users want to meet will from part of a person's support plan. A 50% tolerance is applied to an order in relation to paying the service provider for the delivery of a service, this allows service providers to provide services above the volume stated on the order. Service providers do not have to request an additional order, for example if a service user is experiencing a short term illness and an increase in their needs is required, this allows flexibility in the delivery of services.

29. The current payment model is however based on time and task and not solely on meeting outcomes. This may result in providers holding on to cases for longer than needed and not undertaking reablement and rehabilitation.

Contract Monitoring and Quality

30. The Regulated Compliance Team has since the award of contracts in 2011 been working to a planned programme of proactive monitoring across all domiciliary care providers. Proactive visits replaced a system of reactive monitoring, although where concerns or information received indicate increased risk, planned visits are brought forward and a reactive visit is undertaken. The Department has in place a written procedure for contract monitoring. Contract monitoring happens in a variety of ways:

    (a) By feedback from Service Users and / or their carers to Commissioning Workers on the standards of Services being provided.

    (b) By Commissioning Workers / Review Officers reviewing whether or not the care package is meeting the Service User's assessed needs or requires amendment.

    (c) By Service User survey completed by the Council.

    (d) By systematic monitoring visits to the Service Provider by the Council, to evaluate and record the service delivered against the Specification and Contract Compliance Monitoring Procedures, (contract monitoring). The visits may include:

        i) Visiting the Service Provider's premises;

ii) By consulting with and visiting Service Users and / or their representatives.

(e) By the investigation of complaints.

(f) By Provider Performance Monitoring Forms (PPMF). PPMFs are cross-referenced to the contract documentation and a criteria / scoring system will be applied. This system defines actions to be taken and / or penalties for failure to comply.

(g) By inspecting written procedures and records for both Service Users and staff.

(h) By the Service Providers submitting to the Council an annual statement detailing the number and outcomes of Quality Assurance visits to Service Users.

(i) Through external inspection reports from CQC.

31. Between January 2013 and December 2013 five out of 57 providers were placed in breach of contract. The reasons for providers being placed in breach of contract ranged from having poor recruitment processes, a failure to deliver commissioned services, and staff not having up to date training. When a provider is placed in breach of contract Compliance Officers will clearly outline the reasons why the service provider is in breach, the actions required on the part of the service provider and timescales by which the service provider should achieve compliance with the requirements of the contract.

32. Themes and / or trends identified through the contract monitoring process in relation to improvements needed to the quality of services are:

- Service providers not ensuring that care plans are regularly updated to meet need and are person centred;
- Service providers ensuring that staff receive regular training and supervision;
- Daily records not being reflective of support provided to service users;
- The need to ensure that medication administration records are completed;
- The need to ensure that calls are delivered in line with commissioning requirements, e.g. late or missed calls are at a minimum;
- Pre and post-employment checks are carried out in line with contractual requirements e,g. DBS checks are updated 3 yearly.

33. The Department used some of the resources transferred from the NHS to strengthen our approach to contract management and to provide more support to service providers to raise standards. The additional resources have been used to develop a team of officers who work with care providers to support an overall improvement in the quality of the services they deliver. Although the team was initially established to support only providers of residential and nursing care, they now offer support to a domiciliary care service providers across the County. Referrals for input from the Quality Improvement Team are made in the same way as they are for residential and nursing care services.

National Issues and Domiciliary Care

34. Recently there has been a significant amount of national attention on the delivery of domiciliary care services in Britain, reports have been produced by the charity Leonard Cheshire and the United Kingdom Home Care Association as well as The Equality and Human Rights Commission. All of these have highlighted issues in relation to the treatment of older people under a "time and task" model, particularly in relation to 15 minute calls as well as the effects on care workers of zero hours contracts and non-payment of travelling time.

35. 15 minute care calls are currently commissioned to meet people's needs in the County and recently the Association of Directors of Adult Social Services have argued that in some cases, 15 minute visits to older people at home are `fully justified, and fully adequate'. In Leicestershire analysis of data is underway to ensure that 15 minute care calls do not contain elements of personal care. Further instruction will be given to commissioning workers in order that service users receive a care call that does not make people feel rushed in relation to having their needs met and that the service that provided is a dignified one. Where calls of 15 minutes are being commissioned alternatives to these calls should also be considered, for example the provision of a mobile meal or the use of assistive technology should be considered by commissioning workers. As previously mentioned weekly tolerance levels of up to 50% above the commissioned order can be applied to allow flexibility in the overall number of hours people receive to meet need. Service users and service providers may also have a review of the commissioned time allocated to provide a service if this is deemed not to be adequate to meet need.

The Future of Domiciliary Care in Leicestershire

36. In order to look at how best to meet the needs of local citizens and to make best use of resources a programme is to being set up. 'The Help to Live at Home Project was established within the Council last year to develop, re-commission and implement a model of care to better support people to live independently and provide an improved care experience, better care outcomes and more cost effective service delivery.

37. What is being proposed by the Department in partnership with the two Clinical Commissioning Groups (CCGs) in Leicestershire is a new model that seeks to address these issues and lead to a more dignified, holistic and coordinated experience for customers as well as a better working conditions and progression opportunities for care staff. A better skilled and more stable workforce will also help to improve quality in a more sustainable way.

38. The Department aims to work with the CCGs to co-design an integrated model with the Council as part of the Better Care Fund to achieve shared benefits for us all, including our customers, whilst delivering significant savings to meet reducing budgets.

39. The programme seeks to address the following matters:

- The periodic problems with capacity in the market exacerbated by problems with recruitment and retention of skilled care staff by providers, particularly in rural areas and where there are competing industries;

- Removing the current payment model based on time and task and not outcomes. This results in providers holding on to cases for longer than needed and not undertaking reablement and rehabilitation. The Council's in house reablement team (HART) can experience capacity issues, resulting in packages of care going straight out to independent providers;

- The need to promote and maintain independence through reablement and an outcome based approach across all providers, thereby reducing reliance on long term and / or higher cost care;

- The need to increase the value for money and make better use of local voluntary and community resources, as well as reduce the time wasted and poor coordination of the range of support services that help a person remain independent at home.

40. This new pathway to deliver services is to enable customers to live at home as independently as possible and also has other certain key elements at its core:

- There would be a single point of access
- It will be co-ordinated with NHS services
- It will be delivered locally calling on social capital and resources in the voluntary and community sector
- It will incentivise providers to re-able customers to their optimum with payment being made on achievement of outcomes in relation to the health and wellbeing of the customer
- All aspects of support are to be better coordinated and planned

41. It is the aim of Department to have the new service model in place by sometime in 2015.

Recommendation

42. The Adults and Communities Overview and Scrutiny Committee is recommended to note this report.

Background papers

None

Circulation under Local Issues Alert Procedure

None

Officers to Contact

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Appendix

- Appendix A - Analysis of the current domiciliary care market - Feedback from Providers

Relevant Impact Assessments

Equal Opportunities Implications

43. The Council will be mindful of its duties under the Equalities Act 2010 and Human Rights Act 1998 when any service changes are being considered. A draft Equalities and Human Rights Impact Assessment has been produced to screen for anticipated impacts. This will be considered by the Adults and Communities Departmental Equalities Group (DEG) at a time appropriate to the overall timetable for future changes.