

<b>Report to:</b>	<b>RESILIENT COMMUNITIES SCRUTINY COMMITTEE</b>
<b>Relevant Officer:</b>	Karen Smith, Director of Adult Services
<b>Date of Meeting</b>	9 March 2017

## THEMATIC DISCUSSION – CARE AT HOME SERVICES

### 1.0 Purpose of the report:

1.1 To inform the Committee about the Care at Home services available in the Community in Blackpool and support a thematic discussion.

### 2.0 Recommendation(s):

2.1 To consider the contents of the report and identify any further information/action required.

### 3.0 Reasons for recommendation(s):

3.1 To ensure services are effectively scrutinised.

3.2a Is the recommendation contrary to a plan or strategy adopted or approved by the Council? No

3.2b Is the recommendation in accordance with the Council's approved budget? Yes

3.3 Other alternative options to be considered:

None.

### 4.0 Council Priority:

4.1 The relevant Council Priority is 'Communities: Creating stronger communities and increasing resilience'.

## 5.0 Background Information

5.1 In Blackpool the term 'Care at Home' covers three distinct types of service:

- Care at Home for Adults
- Supported Living
- Care at Home for Children.

5.1.1 The care that people receive includes support with personal care; getting out of bed, washing, dressing, and support with other essential daily living activities and 1:1 care.

5.1.2 Supported Living usually takes the form of a shared accommodation arrangement where each individual requires support. The support provided will usually comprise shared background support, individual support, sleep in or waking watch provision.

5.1.3 Providing care for someone in their own home can prevent or delay admission to more expensive forms of institutional care such as care and nursing homes.

## 5.2 Key Market Trends

5.2.1 Nationally there are growing concerns about the instability of the domiciliary care market. There is evidence that more providers are considering handing back substantial packages of care to commissioning local authorities, and many have concerns about the viability of their businesses. **\*Source: United Kingdom Homecare Association Summary An Overview of the Domiciliary Care Market in the United Kingdom May 2016.**

5.2.2 The care sector as a whole, nationally and locally has significant difficulty attracting quality applicants and retaining good staff. Low wages, lone working and travelling are cited as barriers to retaining care staff.

5.2.3 The most pressing issue affecting the majority of providers locally is the ability to recruit and retain staff at current hourly rates of pay which average around £7.40 per hour. In addition jobs in the care sector are seen as more demanding with higher levels of responsibility, for example, the requirement to perform health related duties such as changing dressings and administering medication. The overall effect is that the size of the workforce remains fairly static with little increase in capacity possible.

5.2.4 Blackpool Commissioners aim to ensure that local care at home services are resilient and able to meet and respond to continually rising demand effectively. The Contracts and Commissioning Team are currently exploring a range of alternative ways to procure care at home in the future which may offer increased flexibility and resilience.

- 5.2.5 Some care providers have suggested that they would like to see fewer contracted providers delivering a higher volume of commissioned care hours in order to make care at home more efficient in terms of locations, cutting down on unnecessary travel time. In future there may be some scope for the Council and its contracted care providers to increase efficiency by reducing the amount of travelling time between visits by moving towards a Neighbourhoods or zoned approach to provision.
- 5.2.6 Unlike some other local authorities, Blackpool Council does not commission care visits of less than 30 minutes. The Council includes an element for travelling time paid in the hourly rate to its contracted care at home providers. The policy decision is intended to avoid 'call cramming' practices (leaving a call early/arriving late) and is founded in our commitment to the safety and welfare of service users and care staff.
- 5.2.7 A care at home model where fewer care providers deliver a higher proportion of care hours in a defined geographical footprint might offer opportunities for a smaller number of care providers to increase their turnover and profits by reducing associated operational and administrative overheads.
- 5.2.8 Between 2009 and 2015 the number of people receiving local authority funded domiciliary care in the UK decreased by 20%. Over the same period the hours delivered decreased by 6.8%. Fewer people are receiving more hours of care and support at home. This suggests that that nationally access to domiciliary care is being restricted to those with the greatest levels of care and support needs. **\*Source: United Kingdom Homecare Association Summary An Overview of the Domiciliary Care Market in the United Kingdom May 2016.**
- 5.2.9 However, locally Blackpool is bucking this trend by directing resources at Intermediate Care and Reablement services designed to assist people to overcome or adapt to recent illnesses or disabilities by learning or relearning skills necessary to maintain their independence at home. Increasing numbers of people have been supported either at or closer to home by Intermediate Care services.

### **5.3 Service Users**

- 5.3.1 Many Service Users are poorly and present with a range of complex needs and health conditions requiring increasing levels of support with medication regimes and routines. Some Service Users also present with very challenging behaviours.
- 5.3.2 Approximately 1,056 Adults (including Learning Disability and Mental Health clients) in Blackpool receive care at home services each week and contracted providers deliver a combined total of around 22,000 hours of care at home each week.
- 5.3.3 Around 27 Children in Blackpool receive care at home services each week totalling approximately 187 hours per week.

## **5.4 The Cost Of Care at Home In Blackpool**

5.4.1 The rising expenditure is reflective of financial pressures across the care sector including; National Living Wage increases and employers pension contributions. Over recent years the reducing reliance on residential care has led to more people with complex needs and health conditions receiving care at home for longer than was previously the norm.

5.4.2 Adults care at home (includes: Older Adults, Learning Disability, Mental Health) across 2014 -2016 and projected costs for 2016/17:

2014/2015 – £6.780m  
2015/2016 - £7.408m  
2016/2017 - £8.270m

5.4.3 Supported Living (Shared accommodation where each individual requires support) across 2014 -2016 and the projected cost for 2016/2017:

2014/2015 - £5.335m  
2015/2016 - £6.687m

5.4.4 2016/2017 - £7.763m (up to the end of December 2016) Children's Services care at home commissioned spend up to end December for 2016-2017 is £101,196.

## **5.5 Care at Home Providers**

5.5.1 Care at Home Providers are regulated under the Health and Social Care Act 2008 by the Care Quality Commission which took over from the Commission for Social Care Inspection on 1 April 2009.

5.5.2 Blackpool Council Contracts with 17 Care at Home providers (Table 1), some of whom cover more than one client group across Adults, Learning Disabilities and Children's Services. Of these:

- Eight of the 17 providers are contracted to deliver care at home to Adults.
- Nine of the 17 providers are contracted to deliver care at home to Adults with a Learning Disability.
- Six of the 17 providers are contracted to deliver care at home to Children.

5.5.3 14 contracted care at home providers are rated by the Care Quality Commission as 'Good' and three are rated as 'Require Improvement' (one x Generic Adults and two x Learning Disability care at home providers). The quality of local contracted provision compares favourably with the national picture.

5.5.4 A further six domiciliary care providers operate within the Blackpool area, although Blackpool Council does not hold contracts with them.

5.5.5 The In-House Care Team is registered with the Care Quality Commission to deliver care at home and is rated 'Good'. The service focuses on stepping up/down care at home, urgent care, reablement at home, end of life specialist care and primary night care.

5.5.6 Table 1

<b>Contracted Domiciliary Care Providers operating across Blackpool</b>	<b>Adults</b>	<b>Adults LD *Autism and ABI</b>	<b>Children</b>
Autism Initiatives		* X	X
Carewatch (Blackpool, Fylde and Wyre)	X		
Cherish UK Limited	X	X	X
Comfort Call - Blackpool	X		
Creative Support - Blackpool Service (Learning Disabilities)		X	
Fylde Community Link		X	
Guardian Homecare (Blackpool)		X	
Homecare For You (Blackburn)	X		X
I Care (GB) Limited	X		
Napier Homecare Services Limited	X		
Safehands Care Limited	X		X
Sevacare - Blackpool	X		X
The Oaklea Trust (South Cumbria and Lancs)		X	
The Ormerod Home Trust Limited		X	X
UBU		X	
United Response (St Annes DCA)		X	
Lifeways		* X	

## 5.6 Local Workforce

5.6.1 Around 600 paid carers work for contracted external care at home providers delivering support to Adults and Children across Blackpool.

5.6.2 A further 467 paid carers work for contracted external Care At Home providers delivering Supported Living.

5.6.3 In addition, the Council's own In-House Care Team employs 40 staff, and a further 14 In-House care staff deliver the In-House Primary Night Care service which supports people requiring care during the night to remain at home.

5.6.4 Care providers offer a range of incentives to attract staff to join and remain with them. For example; by offering discount schemes, interest free loans, etc., but these benefits are not seen as attractive as the higher rates of pay offered locally in the retail and leisure sectors (Aldi, Lidl and Morrisons all offer an hourly rate of more than £8.20). A comparative Health Care Assistant post with the National Health Service pays between £7.84 – £9.34 per hour.

- Aldi £8.53 – £10.15 per hour (Blackpool Aldi)  
<https://www.aldirecruitment.co.uk/apply/>
- Lidl £8.25 - £10.60 per hour (Blackpool Lidl)  
[http://careers.lidl.co.uk/cps/rde/career\\_lidl\\_uk/hs.xsl/customer-assistant-1735.htm](http://careers.lidl.co.uk/cps/rde/career_lidl_uk/hs.xsl/customer-assistant-1735.htm)
- Morrisons - £8.00 per hour (Blackpool)  
<https://www.google.co.uk/#q=morrisons+jobs+salary>
- NHS Healthcare Assistant (Health Care Assistant Pre Degree) £7.84 - £ 9.34 per hour (£15,100 – £17,978 Pay grade 2). Patient care responsibilities include: direct care of patients in the placement areas, assisting with observations, hygiene needs, fluid balance, dressing changes movement, positioning and transfer of patients, completion of appropriate care records, supporting primary care practitioners and the clients in their self-care.  
[https://www.jobs.nhs.uk/xi/vacancy/44f67b080343edeb7bfafcaf1252a7af/?vac\\_ref=914511296](https://www.jobs.nhs.uk/xi/vacancy/44f67b080343edeb7bfafcaf1252a7af/?vac_ref=914511296)

5.6.5 The overall effect of these pressures is that the size of the workforce remains fairly static with little to no increase in capacity.

## 5.7 Local Fees and Financial Viability

5.7.1 The cost of delivering care at home (Adults) to the Council is approximately £152,000 per week. The figure varies depending on the number of hours commissioned and delivered each week.

Service	2017/18	2016/17	2015/16	2014/15	2014/14
Generic Rate	13.21	12.55	11.35	11.35	11.00
% Increase	5.3%	10.6%	0%	3.2%	
Learning Disability Rate	13.71	13.00	Varied	Varied	Varied
% Increase	5.5%	4%			
Children's Rate	13.21	12.55	Varied	Varied	Varied
% Increase	5.3%	10.6%			

**N.B.** Every penny increase across care at home, direct payments and residential care rates costs almost £40,000 to the Council.

5.7.2 In 2016 Blackpool Council agreed to increase the fee rates to be paid Care At Home providers. This was necessary to enable care providers to meet their statutory obligations to pay at least the National Minimum Wage, to meet pension auto enrolment duties, and to provide for the effective training and workforce development. The Council proposed a number of practices and behaviours, or 'asks' that it expected to see established across the care sector in Blackpool. These are as follows:

1. Staff are paid in accordance with National Minimum Wage regulations for all hours worked and this includes payment of the National Living Wage to all eligible staff.
2. Zero hours arrangements are only used for 'bank' staff or for staff who genuinely want casual hours.
3. The Council offers the use of I-Pool for mandatory training areas.
4. Staff attend appropriate training during paid working hours.
5. All time at work is paid time.
6. Rest days are not used for sickness.
7. Consistency of carer is provided where possible.
8. No 'call cramming'.
9. Essential equipment is provided at no cost to staff.

10. Staff have the opportunity to meet with other care workers periodically to share best practice and learn from colleagues.
11. There is a clear process for staff to raise concerns about the people in their care and these are responded to appropriately.
12. Providers will join with the Council in delivering a positive message about pay rates and the care industry.

5.7.3 The Council also made a commitment to keep the care at home fees model under review and allow for a continuing dialogue with providers. Consultation with providers of social care has been underway since August 2016 with discussions focusing on:

- Contracted care providers would like to be able to pay over National Living Wage in order to attract a suitable workforce capable of meeting increasingly complex care needs around medication, dementia and challenging behaviours.
- Encouraging contracted care providers to move away from use of zero hours contracts. The current Care at Home Framework contract does not specify this, although the Council does not support the use of zero hours contracts. Some contracted care at home providers already offer staff fixed hours contracts of 15 – 30 hours per week or hours on availability, for example, (Wed, Thu, Fri) with the flexibility to pick up more hours by mutual convenience.
- Concern amongst local providers about their ability to maintain financial viability given level of profit margins and the uncertainties in the sector, for example, National Living Wage, pensions contributions, contract tendering exercises, potential future fee rates/uplifts and other challenges related to pay and conditions.
- Other financial factors affecting some providers include the introduction of an apprenticeship levy from April 2017, which will require providers with a payroll bill of more than £3million to pay a levy of 0.5% of their total pay bill to HM Revenue and Customs. There is also growing pressure from levels of the Care Quality Commission fees for care at home providers with a 60% increase planned for 2017/2018 as the Care Quality Commission moves towards whole cost recovery.

5.7.4 Provision has been made within the Council's medium term financial sustainability strategy for increases to the National Living Wage and minimum pension contributions expected over the next four years so that fee rates can be set at a level that allows providers of commissioned care, in particular care at home and residential care, to meet their statutory obligations.



## **5.8 Managing Quality Standards Complaints and Poor Performance**

- 5.8.1 Local care providers are interested in delivering quality services in a challenging market with an ever changing client base and the demands working in the care sector places upon them. Care staff work largely unsupervised in an often isolated and uncontrolled environment delivering increasingly complex care plans to people with challenging needs, health conditions and behaviours, also managing and supporting medication regimes and routines.
- 5.8.2 The focus of care at home contract monitoring is to work with partners to support care providers meet the Council's required standards of care, and to develop and improve care at home services with emphasis on the safe delivery of care and the eradication of late and missed visits; making sure systems are in place for ensuring carers are where they need to be at the right time.
- 5.8.3 The working relationship between the Care Quality Commission and the Contracts Team is collaborative, and is based on a significant degree of trust and the shared goal of driving up standards of local care provision. There are lines of communication between individual Care Quality Commission inspectors and Contracts Team members and intelligence about individual services and service issues is proactively shared. The Council is not bound to follow the Care Quality Commission's lead and the Care Quality Commission is not bound to follow the Council's lead in respect of individual providers. However, where possible within the confines of the Care Quality Commission's regulatory regime and Council policy, there is consultation between the Care Quality Commission and the Contracts Team and feedback and ideas are shared.
- 5.8.4 Action and improvement activity is discussed by both parties in advance of implementation and where possible such action is coordinated. The relationship between the Care Quality Commission and Blackpool Council is recognised nationally as good practice.
- 5.8.5 The Contracts and Commissioning Team monitors social care providers that Blackpool Council holds contracts with. Contract Monitoring involves assessing Provider compliance with pre-defined performance criteria and contract terms. The Council and the Clinical Commissioning Groups operate a joint Managing Poor Performance Policy and procedures which are bespoke to Blackpool Council and Blackpool Clinical Commissioning Group and reflect successful local joint working arrangements.
- 5.8.6 In broad terms, a developmental approach is adopted that reflects mutual dependence and partnership and supports improvements in the first instance. Actions are proportionate to the perceived risks to service users; the seriousness of the issues; whether contractual obligations have been breached; the relationship with the service, and their view of and response to the poor performance. Decisions about actions to be taken are made on a case-by-case basis and take account of any related actions already

being taken through the Council's or Clinical Commissioning Group's Complaints Procedures and/or Safeguarding Adults Procedures.

5.8.7 Through performance monitoring the Council aims to address poor performance at an early stage by providing appropriate support to improve. Depending on the concerns identified support via quality monitoring may include:

- Expert provider support to develop and ensure compliant policy and practice across care at home sector
- Medication training
- Medication Management Pharmacist support
- Access to Council training sessions
- Access to Council's iPool training system
- Expert Dementia Awareness training sessions
- Expert Learning Disability Awareness training sessions.

5.8.8 The Council works collaboratively with contracted care at home providers (Table 2). Commissioners and managers regularly meet with sector representatives at the Adults Care at Home Provider Forum and the Learning Disability Provider Forum. The purpose of the Forums are to:

- develop quality care at home services
- share good practice
- develop strong communication
- promote networking within the sector
- promote partnership working.

5.8.9 A representative from the Council's Communications Team recently attended the Adults Care at Home Forum to discuss ways in which the Council can assist in raising the profile of care at home locally by publicising 'good news stories' and events such as the Annual Carer of the Year Awards.

5.9

**Table 2 – Care Quality Commission Inspection Results - Contracted Domiciliary Care Providers in Blackpool**

Location Name	Last Inspection	Overall
Autism Initiatives	12.02.16	GOOD
Carewatch (Blackpool, Fylde and Wyre)	25.06.16	REQUIRES IMPROVEMENT
Cherish UK Ltd	29.09.15	GOOD
Comfort Call - Blackpool	01.07.16	GOOD
Creative Support - Blackpool Service (Learning Disabilities)	27.05.16	GOOD
Fylde Community Link	05.10.16	REQUIRES IMPROVEMENT
Guardian Homecare (Blackpool)	25.06.16	GOOD
Homecare For You (Blackburn)	12.10.15	GOOD
I Care (GB) Limited	24.06.16	GOOD
Napier Homecare Services Limited	04.03.16	GOOD
Safehands Care Ltd	23.04.16	GOOD
Sevacare - Blackpool	02.07.16	GOOD
The Oaklea Trust (South Cumbria and Lancashire)	11.08.16	GOOD
The Ormerod Home Trust Limited	22.12.15	GOOD
UBU	14.10.16	GOOD
United Response (St Annes DCA)	10.02.16	GOOD
Lifeways	13.01.16	REQUIRES IMPROVEMENT

Does the information submitted include any exempt information?

No

**List of Appendices:**

None

**6.0 Legal considerations:**

6.1 None

**7.0 Human Resources considerations:**

7.1 None

**8.0 Equalities considerations:**

8.1 None

**9.0 Financial considerations:**

9.1 None

**10.0 Risk management considerations:**

10.1 None

**11.0 Ethical considerations:**

11.1 None

**12.0 Internal/ External Consultation undertaken:**

12.1 None

**13.0 Background papers:**

13.1 None