Agenda Item No: 11

DEEP DIVE: DOMICILIARY CARE

To:	**Adults Committee**
Meeting Date:	**8th March 2018**
From:	**Executive Director: People and Communities**
Electoral division(s):	**All**
Forward Plan ref:	**Not applicable** *Key decision:* **No**
Purpose:	To note this 'deep dive' report on the domiciliary care which includes an update on the key trends and challenges arising, and plans to address these areas.
Recommendation:	To consider the report and provide comments on key trends and issues raised**.**

	Officer contact:		***Member contacts:***
Name:	**Shauna Torrance**	Names:	Cllr Bailey/Cllr Howell
Post:	Acting Head of Commissioning (Adult Social Care)	Post:	Chair/Vice-Chair
Email:	Shauna.torrance@cambridgeshire.gov.uk	Email:	annabailey@hotmail.co.uk/ mark.howell@cambridgeshire.gov.uk
Tel:	01223 714697	Tel:	01223 706398

1. BACKGROUND

1.1 A significant amount of work has been undertaken over the last two years to develop a more sustainable approach to commissioning domiciliary care within Cambridgeshire. This deep dive report aims to provide Adults Committee with an overview of:

- What domiciliary care is and how it is currently commissioned
- Key trends and challenges
- Current level of investment and the associated financial savings profile
- Plans to meet current challenges, create capacity and manage the market more effectively

1.2 What is Domiciliary Care?

1.2.1 Domiciliary care is provided to people who still live in their own homes but require additional support with household tasks, personal care or any other activity that allows them to maintain their independence and quality of life. Anyone at any stage of life could require domiciliary care including older people, those with learning disabilities, mental health problems, sensory impairment or physical disabilities. As a result the use of domiciliary care is highly personalised and tailored to the needs of each individual ranging from 24 hour care arrangements to medication prompts and meal preparation.

1.2.2 The Adult Social Care Transforming Lives Strategy (Appendix 2) is predicated on the ability of Cambridgeshire County Council to support people to remain safely in their own homes for as long as possible. Domiciliary care services underpin this approach, and it is therefore absolutely critical that these services are commissioned and managed in a way which promotes and increases the use of responsiveness, flexibility and high quality provision.

1.3 How is domiciliary care currently commissioned?

1.3.1 Historically domiciliary care has been commissioned from a limited number of strategic providers. Recognising that this approach did not support an ongoing increase in capacity, limited choice of provision for service users and carers and failed to maximise resource across different areas a new approach was progressed.

1.3.2 From November 2017, the Home and Community Support Contract replaced the existing Framework Contracts for domiciliary care services across adults, older people, children's social care and NHS Continuing Healthcare with a Dynamic Purchasing System (DPS); The main aim was to attract more providers into the market. The main difference is that the former is a closed framework involving a limited number of strategic providers, whereas the latter is an approved list of providers which opens every three months to enable new providers to join. This allows the model to flex and adapt to changes in the market.

1.3.3 The DPS also has a competitive element for allocation of care packages where there is more than one provider available and is based on a combination of price and "fit" for individual requirements. Within the new model, there is the scope to delegate more direct responsibility to providers to deliver outcomes and there is opportunity to bring

"micro enterprises" (small scale providers supporting one or two service users) into the DPS at any stage during the life of the contract. Other features of the contract include an extension from five to ten years to offer certainty to providers to encourage them to develop.

2. THE LOCAL CONTEXT AND KEY CHALLENGES

2.1 Strategy

2.1.1 The Care Act 2014 is driving changes in social care and our partnership with the NHS. Our shared agenda requires adult social care to adopt a person centred approach that focuses on promoting independence, choice and control through earlier advice, information and interventions to prevent, delay and reduce the demand for ongoing care. This is reflected in the Council's strategy for social care – Transforming Lives (Appendix 2). Provision of domiciliary care forms a key element of Tier 2 and 3 Services designed to underpin short term intervention and/or support long term care needs.

2.2 Demand

2.2.1 Domiciliary Care plays a critical role in supporting health and social care to manage increasing demand within the community through enabling people to maintain independence for longer. However, nationally continuous increases in demand have placed significant pressure on domiciliary care capacity available. To provide some context, key areas of demand have been outlined below.

2.2.2 **Population Growth**: In the last 6 years the 65+ population has grown from 99,500 to 118,600 – an increase of over 19% which has placed pressure on the capacity of all adult social care provision including domiciliary care.

2.2.3 **Delayed Transfers of Care:** An increase in admissions of older people, particularly those aged 85 years and over, has had a direct impact on patient flow through the hospital and discharge arrangements. As demand rises, this is becoming increasingly challenging. In the 12 month period since October 2016, the levels of DTOC have fluctuated significantly. Since delays peaked in August 2017, social care DTOCS have shown a gradual improvement. However, this has increased the pressure placed on community based services such as domiciliary care. DTOC Levels have also impacted on the levels of complexity people are presenting post discharge from hospital, and therefore increasing support requirements placing pressure on existing capacity. Please see Figure 8 in Appendix 1 for more detail.

2.3 Market Conditions

2.3.1 **Workforce Pressures:** Retaining and increasing capacity within the independent domiciliary care sector to meet demand both now and in the future has become a national challenge. Analysis of the National Minimum Dataset obtained by Skills for Care indicated that providers operating within the homecare environment within Cambridgeshire will face significant challenges in recruitment and retention. It is likely that this will be exacerbated to some extent by the impact of Brexit.

2.3.2 Analysis of the data across Cambridgeshire's independent homecare provider workforce indicated the following:

- An ageing workforce is in place with 20% of workers being over the age of 55
- Whilst 62% of the workforce directly involved with the provision of care are British, in line with the national average, at 24%, the proportion of EEA (Non British) workers is significantly higher than the national and regional average. There is therefore real risk that policy development to support Brexit could have a detrimental impact on both retention of a significant proportion of the existing workforce, and the ability to expand the workforce using existing strategies to manage increase demand for homecare within Cambridgeshire.
- The Eastern Region has the second lowest ratio of workers to population aged 65+, second only to the South West of England.
- In line with national trends, data analysed indicated that local independent homecare providers are experiencing a high turnover rate of around 44%, with the average length of time in post being 2.9 years.
- Equally, however, analysis of 411 Cambridgeshire workers also suggested that one third of the workforce leave their role to move to a competitor indicating that the sector as a whole is retaining staff within Cambridgeshire. Furthermore, 63% of workers who reported their 'Leaver Destination' within Cambridgeshire moved to other roles working within the wider health and social care sector. This compares favourably to national (52%) and regional (59%) trends.

2.3.3 The strength of Cambridgeshire's economy, whilst positive, is impacting on expansion of the local homecare workforce due to the choice of occupations available to individuals and proximity to London. Cambridgeshire has a low unemployment rate of 2.9%, with a comparatively high number of jobs available per resident aged 18-64.The average weekly household income of £907.48 is also significantly higher than the average weekly incomes of a Care Worker (£289) and Senior Care Worker (£300). The impact of this is further exacerbated by the consistent increase in local property value within the area. Data therefore indicates that the relatively high cost of living, combined with the low level of income associated with work as a carer makes attracting a workforce to the homecare sector extremely challenging.

2.3.4 **Reablement:** Whilst the primary aim of the Reablement Service is provide an active programme of short term, targeted intervention to help service users to regain their independence, this service also acts as the Provider of Last Resort. The service provides mainstream domiciliary care on a short term basis where care cannot be sourced via usual routes and service users would be at risk in the absence of support. The need for Reablement to act has provider of last resort has increased in line with the capacity challenge over the last 12 months, with delivery of mainstream homecare within the service taking up 34% of capacity in November 2017. This represents an increase of on the previous year.

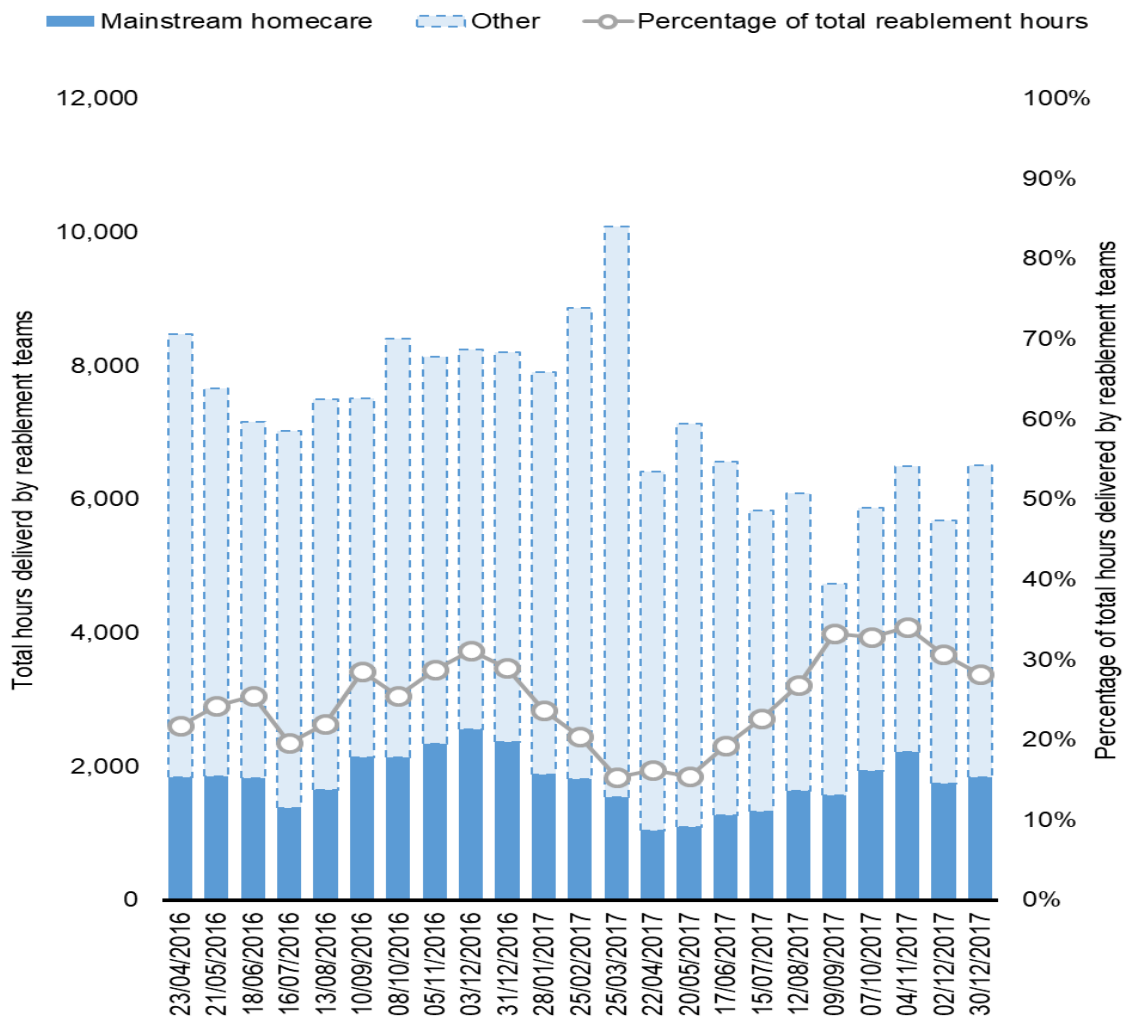


Figure 1: Mainstream homecare and other hours delivered by reablement teams and mainstream homecare hours as a percentage of total reablement hours, April 2016–November 2017

3. ANALYSIS OF KEY TRENDS IN DOMICILIARY CARE

3.1 **Key Message 1: Whilst domiciliary care is commissioned for all service areas, a majority of provision is commissioned to support older people and people with physical disabilities. Data indicates that this has enabled a large number of people to remain within their own homes for longer.**

3.1.1 In December 2017, there were approximately 2010 service users in receipt of domiciliary care. As detailed within the graph below, Older People and Physical Disabilities accounted for 74.1% of domiciliary care commissioned, with people with Learning Disabilities accounting for 21%. This breakdown is also demonstrated in the number of contacts resulting in a referral to domiciliary care, with a majority originating from the community (Figure 9, Appendix 1).

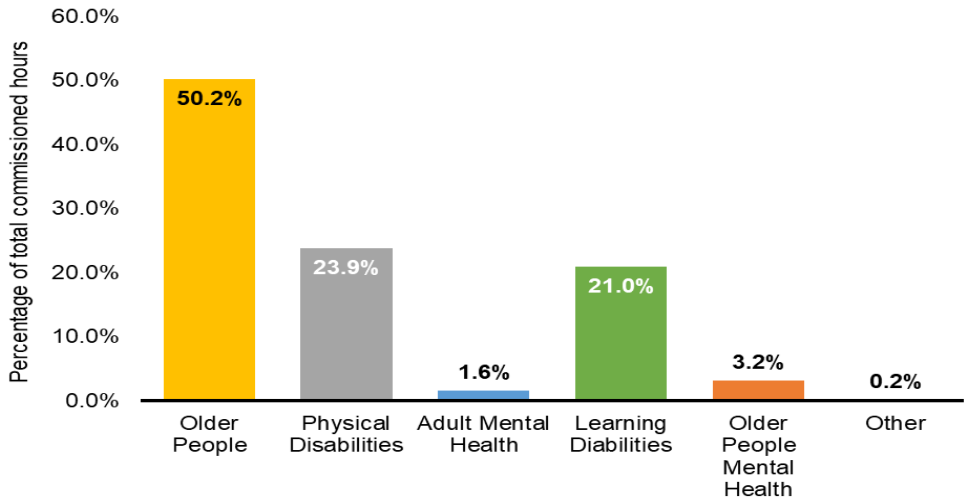


Figure 2: Percentage of total mainstream and 24-hour care hours by service area, December 2017

3.2 Key Message 2: Use of Homecare is evenly distributed across the County for Adults and Older People

3.2.1 Homecare is used in every ward across Cambridgeshire for older people, with East Cambridgeshire, Huntingdonshire and Fenland wards showing the highest rates of homecare provision ranging between 29.9 and 36.5 per 100,000 population. For adults aged 18-64, only 4 wards contained no home care provisions, with South Cambridgeshire exhibiting the highest use of homecare which ranged between 6.5 and 9.7 per 100,000 population. Maps detailing levels of homecare usage by ward have been included within Figures 10 and 11 in Appendix 1.

3.3 Key Message 3: Use of domiciliary care continues to increase across both mainstream and 24-hour care

3.3.1 In December 2017, a total of 158,695 mainstream domiciliary care hours and 24-hour care hours were delivered across Cambridgeshire for all service areas. This represents a 10.2% increase in mainstream care hours delivered and a 15.7% increase in 24-hour care hours delivered since February 2017.

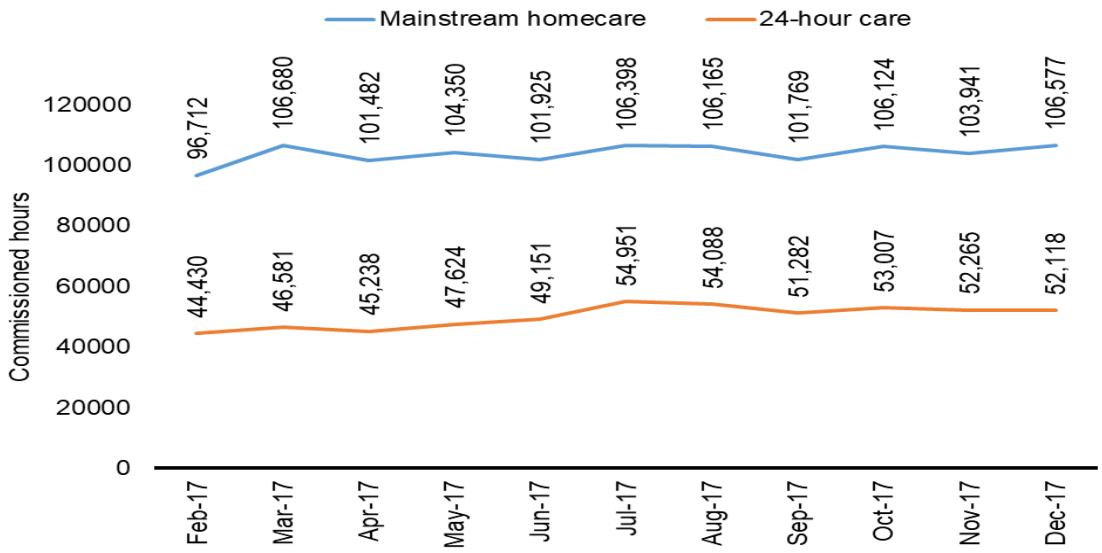


Figure 3: Total commissioned mainstream homecare and 24-hour care hours by month, February 2017–December 2017

3.3.2 When broken down by service area, the marked increase in the use of 24-hour care is for Older People (45%) and Older People with Mental Health (177%). However, these service areas have seen a minor decrease in the use of mainstream domiciliary care, with the increase in the use of this provision being identified within Physical Disabilities (19%), Mental Health (14%) and Learning Disabilities (14%).

3.3.3 Whilst an increase in the use of domiciliary provides positive indication that people across all services are being supported to remain within their own home for longer, these trends also suggest an increase in complexity is being manged within the community. Work has also recently taken to place to review the marked increase in the use of 24-hour care packages. An assessment of these cases indicated that the Council could benefit from undertaking some further work with health colleagues, particularly on discharge from hospital, to ensure a reduction in over-prescribing of care.

3.4 **Key Message 4: Although the total number of hours and visits delivered per week has risen in line with age profile, data indicates that on average older people require comparably less hours over an increased number of visits (Figure 4 and 5, below).**

3.4.1 Given that younger adults requiring domiciliary care support are likely have quite complex needs it is expected that a greater number of hours is required. It is also expected that the number of visits required increases in line with the age profile due to the need for regular activities around medication, meal preparation and other tasks to be completed and monitored throughout the day.

3.4.2 However, the varied geography of Cambridgeshire also produces a challenge in maximising the use of available domiciliary care capacity. Commissioners and providers are continuously navigating the complex task of matching limited resources to the often very specific care requirements of individuals which has an impact on the efficiency of the service.

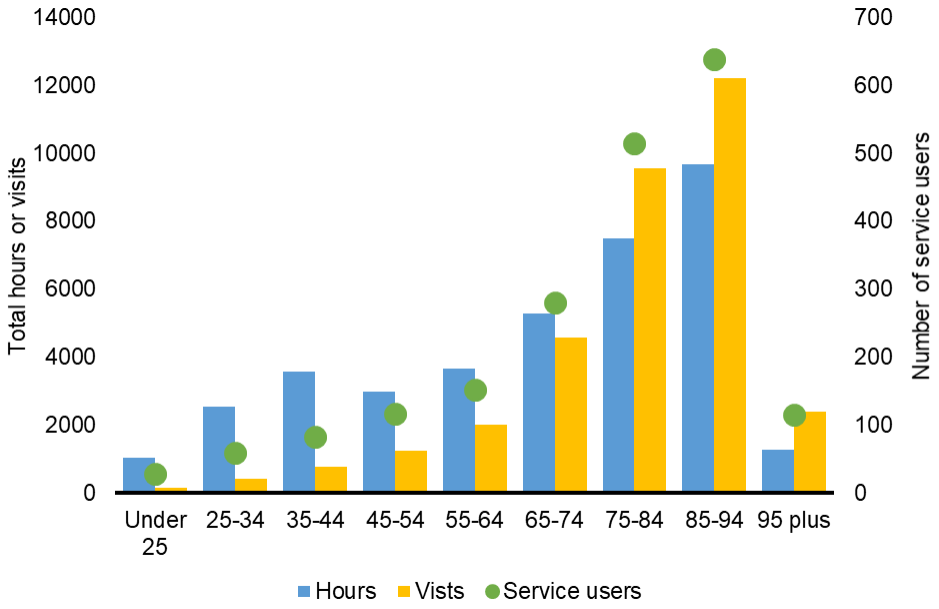


Figure 4: Total homecare hours and visits per week and number of service users by age band, December 2017

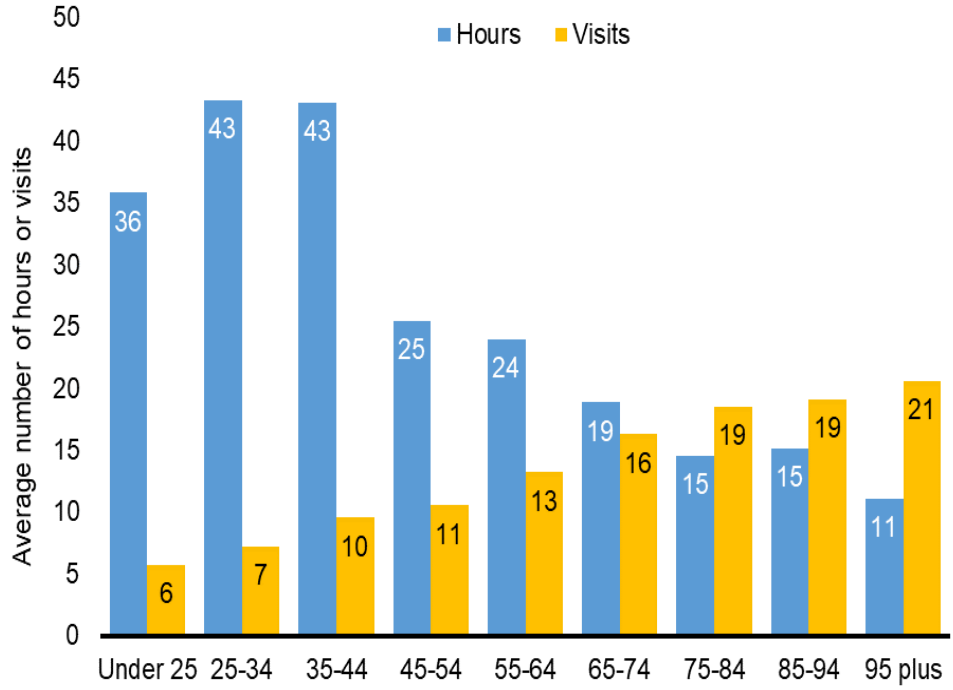


Figure 5: Average homecare hours and visits per week per service user by age band, December 2017

3.5 Key Message 5: Despite an increase in the number of hours delivered, the levels of unmet demand for domiciliary care have continued to increase.

3.5.1 Despite an increase in the delivery of care hours, at the beginning of January 2018, there were 295 people either awaiting a change to their current domiciliary care service, or awaiting a new package of domiciliary care. Although the reduction in December 2018 demonstrates that additional capacity commissioned as part of the

Home and Community Support Contract marginally decreased levels of unmet need, demand has continued to rise significantly since. This has had an impact on services right across the health and social care system.

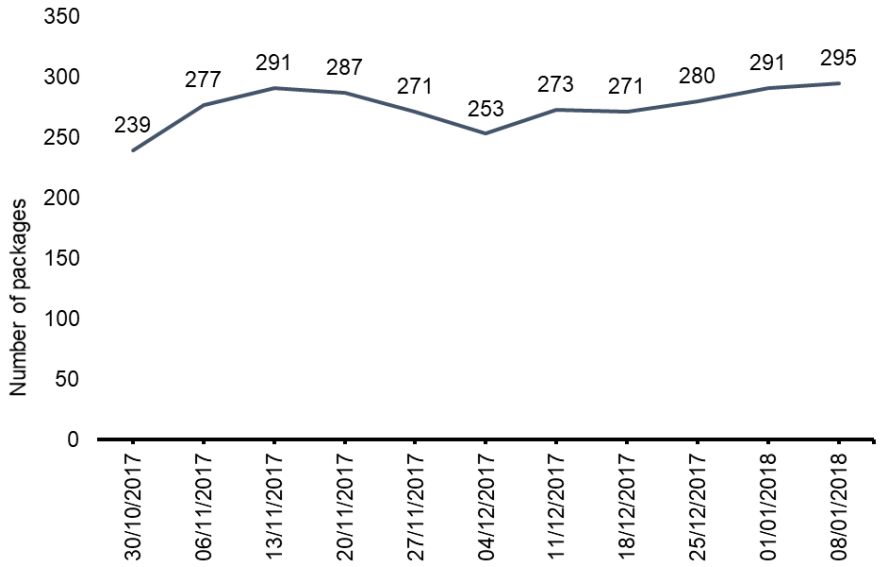


Figure 6: Number of homecare packages pending, November 2017–January 2018

3.5.2 These trends also magnify the scale of the challenge the Council faces when considered in the context of the recruitment and retention pressures experienced within the independent sector, domiciliary care market. Whilst the Home and Community Support Contract has been successful increasing provision, more work is required to meet growing demand for these services.

3.6 **Key Message 6: Whilst there is an expectation that the hourly rate of domiciliary care will rise in line with inflation and cost of the National Living Wage, the Home and Community Support Contract has taken a more transparent and planned approach to managing this.**

3.6.1 Through the Home and Community Support Contract the Council have sought to develop a transparent approach to managing the ongoing costs of domiciliary care through:

- Setting a floor and ceiling hourly rate for all providers (£15.63 - £16.22) to create an element of competition within the market
- Development of a formula to calculate sustainable annual uplifts based on inflation and the national living wage. This has supported the Council in financial planning processes and also providing the market with some financial certainty.

3.6.2 Whilst in the early stages of implementing the Home and Community Support contract, the graph below indicates that this approach is beginning to have an impact on hourly rate.

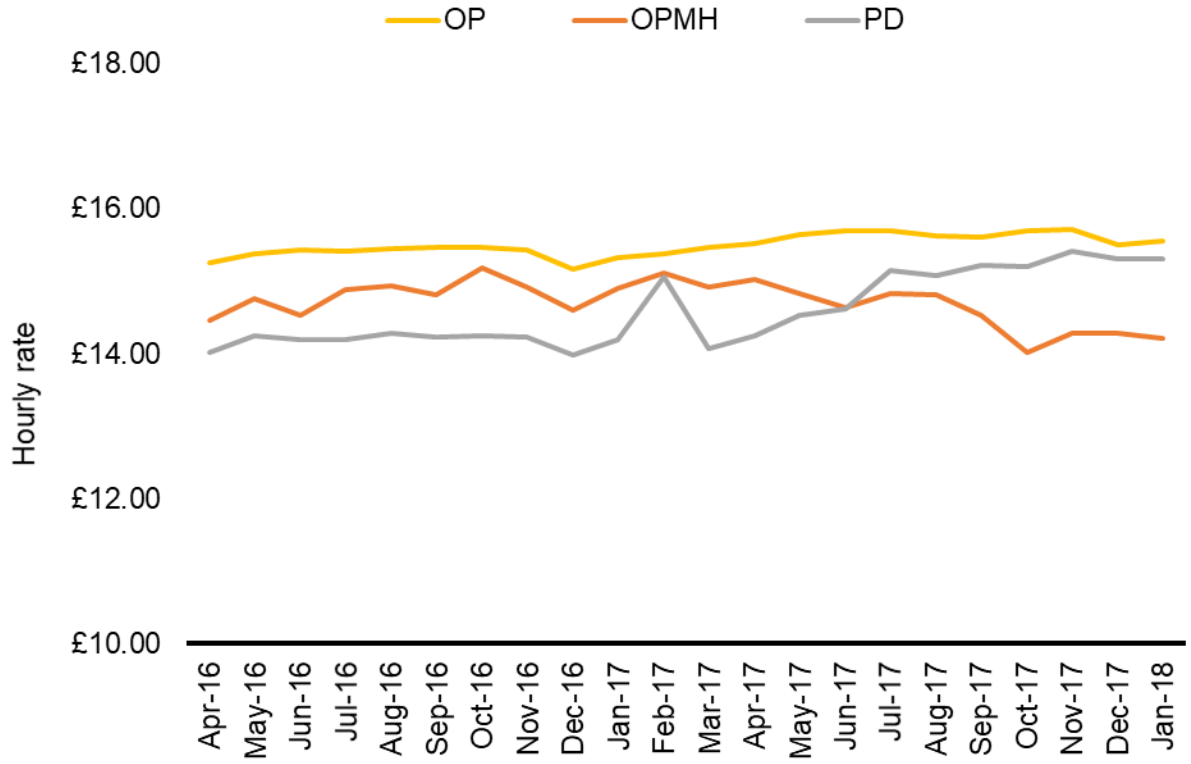


Figure 7: Hourly rates for homecare by service area, excluding Learning Disabilities, April 2016–January 2018

3.7 Budget and Actual Spend (2017/18) for Domiciliary Care

3.7.1 At present, the Council invest just over £28.6m in domiciliary care. However, given demand pressure a majority of service areas are reporting a financial pressure to the sum of £783,956.

Service Area	**Budget (£)**	**Actual Spend (£)**	**Variance(£)**
Older People	13,466,837	13,883,091	**416,254**
Physical Disabilities	4,063,701	3,841,733	**-221,968**
Older People Mental Health	546,342	510,709	**-35,633**
Learning Disabilities	9,493,045	10,072,208	**579,163**
Mental Health	708,501	861,180	**152,679**
AAT	351,626	245,087	**-106,539**
Total	**28,630,052**	**29,414,008**	**783,956**

Table 1: 2017/18 Budget and Actual Spend, Domiciliary Care

3.8 Savings Profile

3.8.1 The financial savings profile for domiciliary care for 2017/18 and 2018/19 is based on a 1% decrease in cost. These have already been applied to budgets for this year and next year and will be absorbed by the services.

Service Area	**17/18 (£000)**	**18/19 (£000)**	**Total (£000)**
Learning Disabilities	71	100	171
Older People/ Physical Disabilities	206	166	372
Total	**277**	**266**	**543**

Table 2: 2017/18 -2018/19 Savings Profile, Domiciliary Care

3.8.2 The Home and Community Support Contract is in the early stages of implementation. Further time is therefore required to assess whether the contract has successfully delivered through the re-tender.

4. MEETING THE KEY CHALLENGES

4.1 There are clear challenges to overcome to ensure the sustainability of domiciliary care market in meeting growing demand moving forward. The Home and Community Support will provide the flexibility required to enable the Council to address key areas of challenge through:

4.2 **Increasing Internal Efficiency and Market Oversight:** As part of the tender process, the Council have sought to undertake a more consistent approach and make best use of available homecare capacity across the County through development of a centralised Brokerage Team who will undertake responsibility for the identification and purchasing of all homecare packages. Supported by a new electronic system from March 2018, this approach will reduce duplication of work from across operational teams, enable use of more consistent and challenging conversations with the local market, and greater oversight of capacity.

4.3 **Increasing the use of Outcomes Based Commissioning:** Throughout the life of the contract it is envisaged that the Council will explore, test and transition towards a model of commissioning domiciliary care which is based on outcomes rather than a standardised 'time and task' approach. It is envisaged that this will give providers more flexibility to work with the outcomes and preferences of each service user whilst also maximising the use of available capacity. An outcomes based approach is currently being piloted with key domiciliary care providers within the Huntingdonshire Older Peoples Locality Team. Through this approach providers take a lead role in working with the service user to agree how their outcomes can be delivered within a block number of hours specified within their Support Plan. Evaluation of this pilot will inform the roll out of this approach moving forward.

4.4 **Workforce Development Initiatives** will prove critical to increasing capacity of domiciliary care in line with growing demand. It is critical that the Commissioning Directorate works in partnership with the market to increase the profile and brand awareness of a career in care, and supports the independent sector, alongside our health partners to develop a recruitment and retention strategy. Whilst this work has already begun through links with Skills for Care, Huntingdon Regional College and work experience initiatives, to make a real impact regional buy-in and involvement is required.

4.5 **Development of Micro-Enterprises:** There is also the opportunity to bring “micro enterprises” (small scale providers supporting one or two service users) into the DPS at any stage during the life of the contract. The intention is to support initiatives like the Neighbourhood Cares pilots that are based on the Buurtzorg model.

4.6 **Use of prevention rather than intervention:** A continued focus on self-care and prevention is also required to enable people, wherever possible, to maintain their independence through the use of Tier 1 and Tier 2 services (Appendix 2). The Council continue to increase investment in this area through the use of provision such as assistive living technology, third and voluntary sector support, reablement and other community based assets. Multidisciplinary working between health and social care teams will also prove critical to maximising the use of limited market capacity through ensuring an asset based approach to care planning is taken which encourages positive risk taking and a reduction of over-prescribing, particularly on discharge from hospital.

5. ALIGNMENT WITH CORPORATE PRIORITIES

5.1 **Developing the local economy for the benefit of all**

There are no significant implications for this priority.

5.2 **Helping people live healthy and independent lives**

There are no significant implications for this priority.

5.3 **Supporting and protecting vulnerable people**

There are no significant implications for this priority.

6. SIGNIFICANT IMPLICATIONS

6.1 Resource Implications

There are no significant implications within this category.

6.2 **Procurement/Contractual/Council Contract Procedure Rules Implications**

There are no significant implications within this category.

6.3 **Statutory, Legal and Risk Implications**

There are no significant implications within this category

6.4 **Equality and Diversity Implications**

There are no significant implications within this category.

6.5 **Engagement and Communications Implications**

There are no significant implications within this category.

6.6 **Localism and Local Member Involvement**

There are no significant implications within this category.

6.7 **Public Health Implications**

There are no significant implications within this category.

Implications	**Officer Clearance**
Have the resource implications been cleared by Finance?	Yes or No Name of Financial Officer:
Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by Finance?	Yes or No Name of Financial Officer:
Has the impact on statutory, legal and risk implications been cleared by LGSS Law?	Yes or No Name of Legal Officer:
Have the equality and diversity implications been cleared by your Service Contact?	Yes or No Name of Officer:
Have any engagement and communication implications been cleared by Communications?	Yes or No Name of Officer:
Have any localism and Local Member involvement issues been cleared by your Service Contact?	Yes or No Name of Officer:
Have any Public Health implications been cleared by Public Health	Yes or No Name of Officer:

Source Documents	**Location**
None	

Appendix 1: Data

Figure 8 - Overall Delayed Transfer of Care Rate: Target and Actual, October 2016 - November 2017

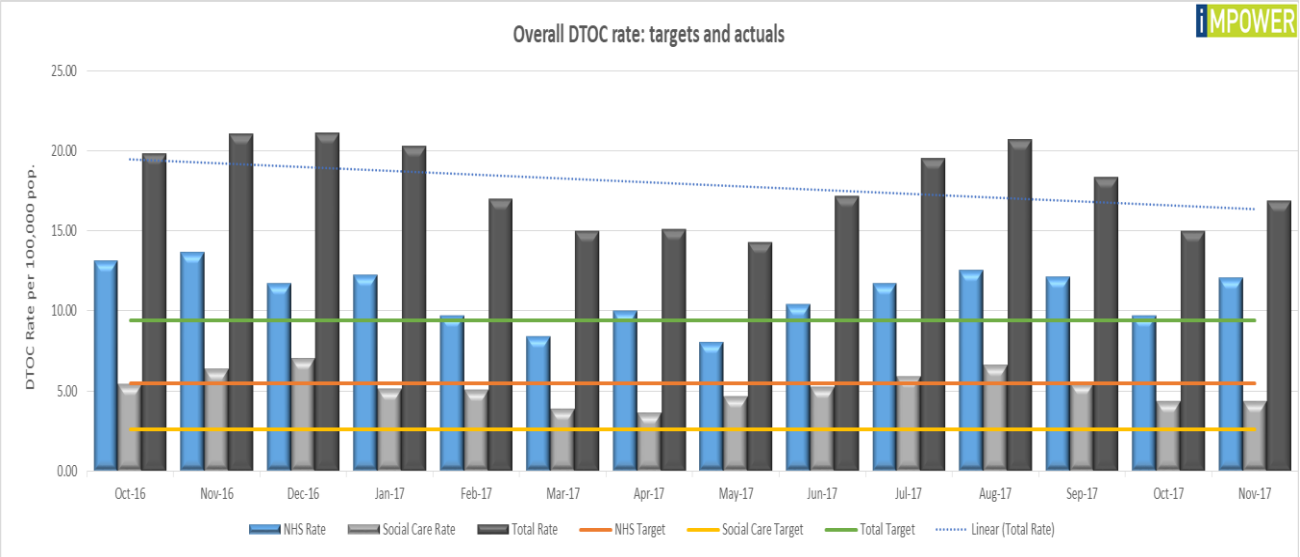


Figure 9 Contacts resulting in a referral to homecare by contact source and service area, April 2016–December 2017

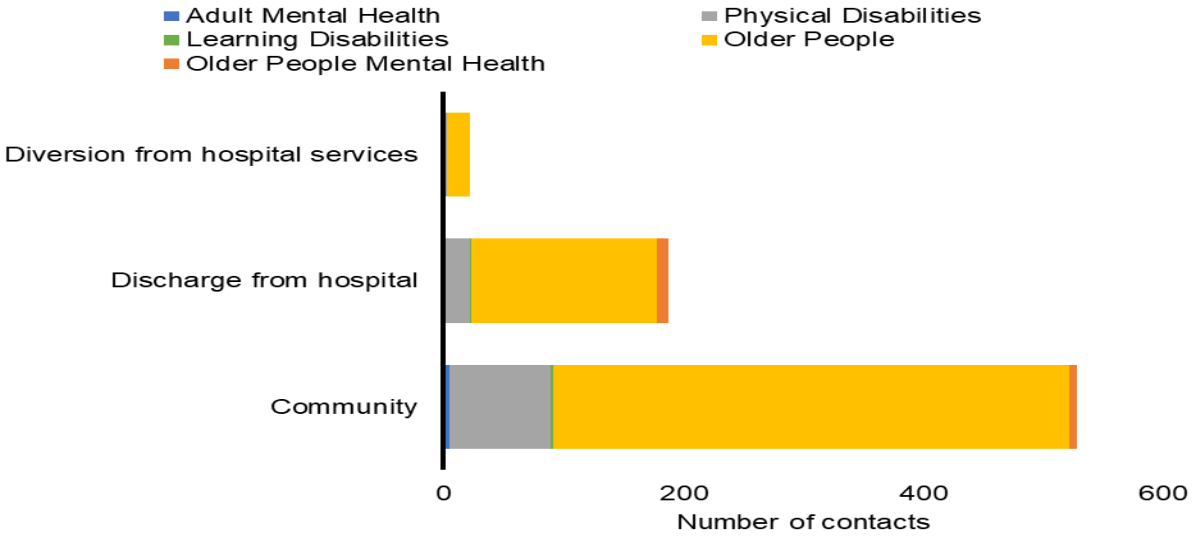


Figure 10: The map below indicates rates of home care provisions for adult service users per 1000 population for all wards in Cambridgeshire

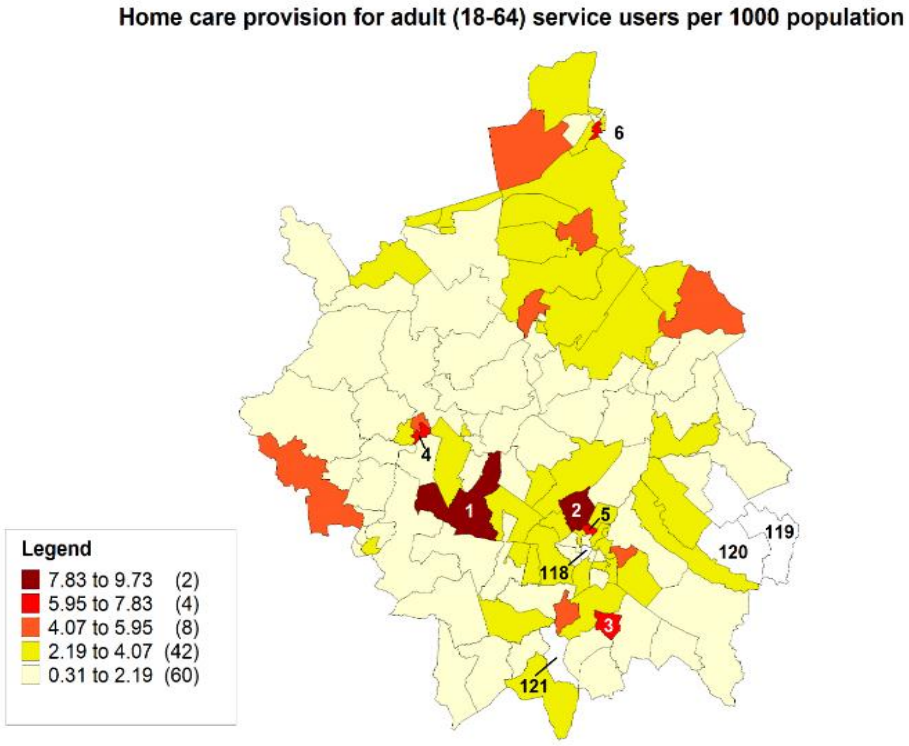
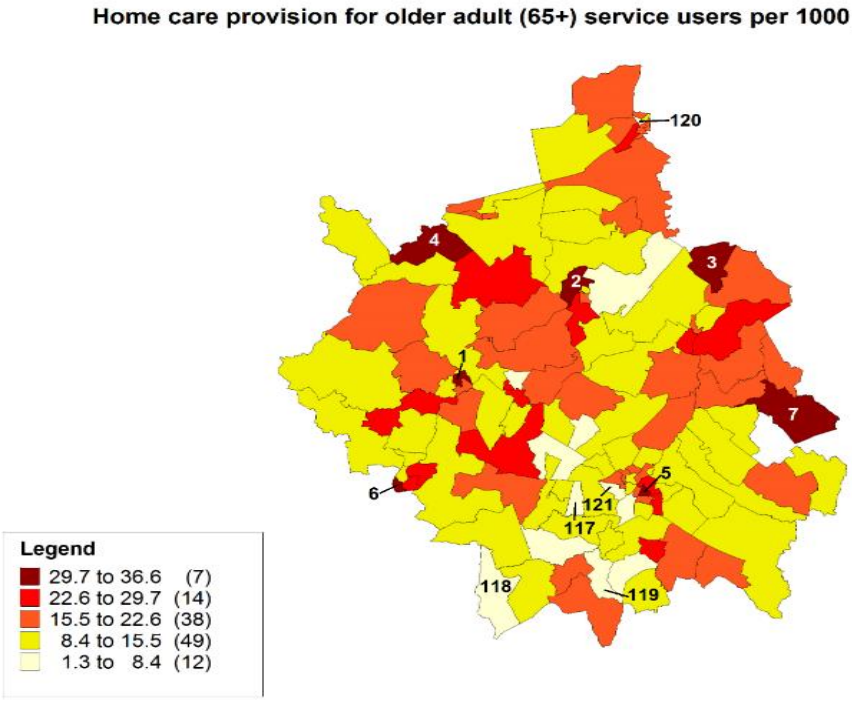


Figure 11: The map below indicates rates of home care provisions for older adult service users per 1000 population for all wards in Cambridgeshire



Appendix 2 – Transforming Lives Strategy