

10 November 2016		ITEM: 9
Health & Wellbeing Overview and Scrutiny Committee		
Domiciliary Care - New Service Model and Proposed Procurement		
Wards and communities affected: All	Key Decision: Non – Key	
Report of: Michelle Taylor - Commissioning Officer		
Accountable Head of Service: Les Billingham, Head of Adult Social Care		
Accountable Director: Roger Harris, Corporate Director of Adults, Housing and Health		
This report is Public		

Executive Summary

The purpose of this report is to update Health and Wellbeing Overview and Scrutiny Committee members on the current local domiciliary care situation and the effects that our current difficulties are having on service delivery in Thurrock.

The report also details the new direction of travel to support people at home and how the new approach is an integral part of the second phase of Building Positive Futures, Living Well in Thurrock. It provides an update on the progression of the Living well at Home project and how the current crisis has impacted the delivery and implementation of the pilot.

1. Recommendation(s)

Members are asked to:

- 1.1 Note the current situation as regards to domiciliary care in Thurrock and the measures being taken by the department to stabilise the situation**
- 1.2 Agree the future redesign of the service model to support people to live well at home**

2. Introduction and Background

- 2.1** In June 2016, a report was presented to Health and Wellbeing Overview and Scrutiny Committee updating members of the current Domiciliary Care Market in Thurrock. It reported the pressures locally and nationally that domiciliary

care faces. The termination of one contract and a failing Care Quality Commission (CQC) inspection of a spot provider resulted in 1,620 hours being brought back in house and the creation of Thurrock Care at Home, Thurrock Council's domiciliary care service.

- 2.2 Thurrock Council's declared basic rate is currently set at £13 per hour for domiciliary care. Compared to neighbouring Local Authorities and Eastern Region we are paying considerably less. All Local Authorities are currently reviewing the rate for home care, but many are starting at a higher pay point

Local Authority	Rate for Home Care
Thurrock Council	£13.00
Havering	£14.94
Southend	£ 13.60
Essex	£14.80- £18.76
Bexley	£14.20
Norfolk	£15.13
Cambridgeshire	£15.84
Suffolk	£15.13
Hertfordshire	£16.62

- 2.3 The UK Homecare Association (UKHCA) released a report in October 2016 called 'The Homecare Deficit 2016'. This is a follow up to their previous report. The 2016 report highlights the extent of under- funding for homecare services for older people across the United Kingdom, with 9 out of 10 Councils failing to pay a realistic price for homecare. The UKHCA calculated the minimum price councils should be paying was £16.70 per hour and that anything less than this can cause instability of local markets and low pay and working conditions for the homecare workforce.
- 2.4 The Care Quality Commission (CQC) report: 'The State of Care 2015/16' has stated that Adult Social Care services across the country is approaching a tipping point which is impacting on quality and putting pressure on hospitals. This reflects what is happening here in Thurrock. As is evident, domiciliary care providers nationally are in a state of crisis and realise through both the outcomes of the UK Homecare Association Report: 'The Homecare Deficit' (March 2015) and the findings of the Burstow Commission Report: 'Key to Care' (December 2014), that change is required. However, fundamental change is difficult to achieve when providers are in a cycle of trying to provide a service with the challenges of capacity, ability to recruit and retain staff, concerns about funding levels and working to a contract that we recognise is not fit for purpose. As such, we want to work with providers to move to a better way of delivering care.
- 2.5 Thurrock Council currently commissions on average 4300 hours of care per week. With 1900 of this being provided in house and 2400 hours being

provided externally. Like our external providers Thurrock Council is struggling to recruit care staff within the area.

- 2.6 In May 2016 CQC inspected the Joint Reablement Team issuing them with a 'Requires Improvement' status and a warning notice to Thurrock Council. An action plan was created and overseen by senior management to ensure that the service was brought back up to standard. During the improvement plan it was apparent that inherent problems had been transferred to the Council by creating Thurrock Care at Home to deliver the hours bought back in-house (see 2.1). The concerns resulted in a self-embargo of Thurrock Care at Home in September 2016.
- 2.7 The self-embargo and decreasing capacity within the system has resulted in a waiting list being created for service users to receive support. This list is risk assessed on a daily basis and care is allocated to those at highest risk. The waiting list has resulted in delayed transfer of care from hospital which is a significant concern rarely experienced in Thurrock until the last few months.
- 2.8 The current domiciliary care contract was procured in April 2014 and awarded for three years plus the facility for a one extension. Due to the lessons that learnt within the current contract, approaches taken by other local authorities and the anticipated increase in demand, the 'Living Well at Home' commissioning approach was created to support residents of Thurrock to feel empowered and live well at home.

3. Issues, Options and Analysis of Options

- 3.1 The 'Living Well at Home' vision followed much research into approaches by other local authorities; in particular Suffolk, Wiltshire, Torbay and Calderdale. It also incorporates the lessons that have been learnt from the successful Building Positive Futures transformation agenda in creating the communities that support health and wellbeing, creating homes and neighbourhoods that support independence and creating the social care and health infrastructure to manage demand.
- 3.2 Living Well at Home is incorporated within the vision of the next phase of Transforming Adult Social Care, Living Well in Thurrock. Living Well In Thurrock compliments Thurrock's CCG 'For Thurrock in Thurrock' approach and has four key principles:
 - Reducing inequality in health and wellbeing
 - Prevention is better than cure
 - Empowering people and communities and
 - Connected services.

Living Well in Thurrock is concerned with providing good quality services and providing Thurrock's residents with the best opportunities to remain well and achieve a good life. The three key elements include:

- Creating stronger communities
- Building for health and Housing
- Services that enable people to achieve a good life.

Living Well at Home's aim is to enable people to achieve a good life by the development of a new approach to domiciliary care and creating neighbourhood based solutions which include a mixture of formal and informal responses to the outcomes an individual wishes to achieve.

- 3.3 More people than ever require care and yet there is difficulty both nationally and locally when recruiting and retaining staff. There are also capacity issues which are worsened by staff having to travel to different parts of the borough to deliver support. This means that they don't get to know the people of the local area as well as they could. As such, the Council wants to redesign how care and support is delivered, moving away from traditional services and anchoring it in the local community.
- 3.4 There will be a lead provider in each area that is expected to engage or collaborate with other organisations and support the development of local resources/solutions where there is a gap. The provider is also expected to work with people in the area who don't currently meet the Council's eligibility criteria for domiciliary care (they may be in receipt of a lower level intervention e.g. equipment, assistive technology, meals on wheels etc) to prevent the need for formal services in the future
- 3.5 By changing the way care is organised and looking for solutions for people in their local community, the Council hopes to improve the services people receive, ensuring that people feel part of their community and are as independent as possible. The support should enable a range of outcomes that are important to the person to be met, this may include, leisure, meeting nutritional needs, social contact (including reducing social isolation and loneliness), enabling religious belief etc.
- 3.6 As part of this redesign, we hope to achieve:
- less reliance on formal services (thereby containing demand),
 - increased access to the local community for socially isolated people,
 - reduced travel for staff (and thereby cost),
 - increased independence for service users
 - Providers who are part of the community they work in, who are aware of the resources available locally
 - Staff who are able to signpost and support service users to access a wide range of organisations and groups. Also an increase in recruitment and retention of staff as providers and the caring role will take a more central role in the local community.
 - An increase in the number of microenterprises.
- 3.7 To support the development of the redesign of the service, a pilot will be implemented in partnership with the community, the voluntary sector, housing

and health. The evaluation of this pilot will influence the commissioning intentions commencing in January 2017 and will be testing our initial ideas about the redesign of the service.

- 3.8 In June 2016, Health and Overview and Scrutiny Committee report it was noted that a pilot would commence within the South Ockendon area. A short procurement exercise was completed in early August 2016 and was evaluated by the voluntary sector which awarded the pilot to Thurrock Care at Home. Due to the self-embargo imposed on Thurrock Care at Home it was considered inappropriate for the pilot to be awarded to them. The decision was taken to award the pilot to the two other providers who put forward a bid. This has allowed close working between the voluntary sector and private providers.
- 3.9 Due to the time frame for procurement and existing provider and service user relationship, two areas have been identified to undertake the pilot. The areas are Stifford Clays and Corringham. The pilot is to commence in early November and will be evaluating the desired outcomes of meeting individual needs and connecting people with their local community.
- 3.10 To ensure that the pilot informs the commissioning intentions, a small extension to the current contract is required so that a comprehensive evaluation can be reflected within the specification. Additionally this will provide some stability to current internal services.
- 3.11 The procurement timeline for Living Well at Home is as follows

Cabinet	11 Jan 2017
PQQ Published	16 Jan 2017
PQQ Closing	17 Feb 2017
PQQ Evaluation	To 13 Mar 2017
ITT Issued	13 Mar 2017
ITT Closing	21 Apr 2017
ITT Evaluation	To 22 May 2017
Notification of result	24 May 2017
Final award	7 June 2017

4. Reasons for Recommendation

- 4.1 To update Health and Wellbeing Overview and Scrutiny Committee members on the current domiciliary care crisis locally and the measures being taken by the department to stabilise the situation
- 4.2 To ensure Members are aware of the redesign of the future service delivery model and the progress made to support this approach in advance of procurement options being taken to Cabinet in January 2017.

5. Consultation (including Overview and Scrutiny, if applicable)

- 5.1 Two successful soft market testing events have been held to stimulate the market. Another soft market event is scheduled for 1st December 2016 in which potential providers can engage and consider collaborative working to achieve the living well at home vision
- 5.2 The Engagement group will support the design of further engagement with service users and the wider community to ensure that what is important for people who receive the care at home is included within the project.

6. Impact on corporate policies, priorities, performance and community impact

- 6.1 Although this could impact on all five strategic priorities, It mainly focuses upon priority four – Improve health and well – being

7. Implications

7.1 Financial

Implications verified by: **Jo Freeman**
Management Accountant (Social Care & Commissioning)

There are significant pressures facing Adult's Social Care. The 2016-17 budgets already reflect the Thurrock Care @ Home function being carried out in-house and increase in the National Living Wage. Pressures in Adult Social Care have been included in budget monitoring reports presented to Directors Board on a monthly basis. More long-term financial implications of further transformation within the service will be provided within the update report in September.

7.2 Legal

Implications verified by: **Paul O' Reilly**
Projects Lawyer

The Legal Services Officer has discussed the issues and potential service model options as may arise from the pilot with the authors of the report and the Living Well team and can advise that all options are feasible and achievable under legal and procurement procedures and good practice. Legal Services will support the Living Well team throughout the pilot stage and the further procurement exercise as required to ensure the success of the project and reduction of risk to the Council.

7.3 **Diversity and Equality**

Implications verified by: **Natalie Warren**
**Community Development and Equalities
Manager**

Community support provided through domiciliary care enables some of our borough's most vulnerable residents to remain independent, including older people, and people with disabilities. As highlighted by the pilot planned for Living Well at Home, it is essential that the voice of the resident drives the principles for how we transform the service in the future. A review will aim to improve efficiency whilst ensuring that the new offer remains person centred.

7.4 **Other implications** (where significant) – i.e. Staff, Health, Sustainability, Crime and Disorder)

Not applicable

8. **Background papers used in preparing the report** (including their location on the Council's website or identification whether any are exempt or protected by copyright):

- Health & Wellbeing Overview and Scrutiny Committee Report: '*Domiciliary Care Update*' 9 June 2016

9. **Appendices to the report**

- None

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