

INDIVIDUALS OVERVIEW AND SCRUTINY COMMITTEE

Subject Heading:

CMT Lead:

Report Author and contact details:

Policy context:

Future of Care at Home

Isobel Cattermole

Barbara Nicholls Head of Service Adults and Commissioning

SUMMARY

This report summarises the current issues and problems in the homecare market and explains the approach we will take to design a new model for care at home in Havering.

RECOMMENDATIONS

This report is for information only.

REPORT DETAIL

The National Picture of Care at Home

With the impact of demographic change becoming increasingly apparent, the UK is becoming a much older society and the number of people requiring care is rapidly rising. More people need care and support, there is less money to pay for it and less people are choosing to work in the care sector. It is estimated that nationally we need around one million more care workers to meet future demand over the next decade in a sector that already has trouble recruiting and retaining staff.

In recent years there have been a number of reports detailing poor employment practices in the homecare sector. There are a number of recurring themes highlighted as affecting workers in this sector. These include: low wages; unfair usage of zero hours contracts; lack of remuneration for travel and care workers not always spending the full allocated time with the people they are providing care and support to. It has also been suggested that some care workers are effectively being paid less than the minimum legal requirement as they can be paid only for contact time, the time they spend with individuals in their homes, without being adequately paid for time spent travelling between appointments.

Those in receipt of care often report that they are being supported by too many different carers, which can be caused by the care agencies having staff turnover problems and changing demand. It has also been reported that care staff sometimes stay longer than required to ensure they get paid for the allocated time.

The introduction of personalisation has also had on impact on the homecare market. Those with an assessed need are given a personal budget to purchase the care and support that will meet their requirements. Many people are choosing to employ a personal assistant to meet their care and needs which is reducing the demand for homecare from agencies.

The Local Picture

The Council contract for homecare through a framework arrangement that was set up in 2012 and expires January 2017. There are currently eight homecare providers operating under the framework. At the beginning there were 12 providers on the framework but some were not able to deliver the required hours. Recently two homecare providers from the framework have notified the Council that they will no longer be operating homecare in Havering. In consultation with residents care packages have been transferred but this has put added pressure on the other providers.

To ensure the homecare providers are providing a good service the Council's Quality team carry out a range of checks. The team make regular unannounced visits to all the homecare providers including those on the framework and those we spot purchase. The Quality team review all complaints and any safeguarding concerns raised. The team also collect feedback from people using the service to get their views. Any areas for improvement are agreed with an action plan in place to monitor progress.

In terms of the hourly rate paid to homecare providers Havering is currently the fourth highest paying borough in Greater London with a rate of £14.94. Havering pay a higher hourly rate than Barking and Dagenham, Essex and Thurrock. Despite this, homecare providers in Havering tell us that they are struggling to recruit and retain care staff. Newham is the lowest paying London borough with an hourly rate of £11.62 but one of the homecare agencies operating in both Havering and Newham has told us there are not the same recruitment issues in Newham due to the transient population, size of the borough and the number of workers prepared to work small numbers of hours.

This is supported by findings from the Skills For Care National Minimum Data Set for Social Care (NMDS-SC). The NMDS-SC shows that Havering has a care staff turnover rate of 35.9%, as at January 2015. This is higher than the turnover rate for London which is 21.7%. The NMDS-SC estimates that around 1,500 workers providing direct care in Havering left their position in the last 12 months.

Havering is a large geographical area which means that parts of the borough are difficult to reach, for example it can take a homecare worker a significant amount of time to get from one side of Rainham to the other. Some areas of the borough are particularly challenging to place packages at present due to their remote location or the lack of residents also requiring support nearby.

Future of Care at Home in Havering - Commissioning a New Model

It is clear that there is a need to change the way that we commission homecare in Havering. The Care Act 2014 introduces a range of additional duties for Local Authorities including: promoting and maintaining wellbeing; actively involving users in designing their support plan and remuneration for travel. There is also the introduction of the new National Living Wage which needs to be considered.

With the current Framework contract coming to an end, there is a genuine opportunity to redevelop a sustainable and appropriate model for care at home. These are the main outcomes we want to achieve:

• Success measured in outcomes

The Council is of course interested in both the quality and levels of care and support provided but it is the outcomes for individuals that are most important. In the future we want a model of care that better measures the outcomes.

• Incentivise Reduction

Can we find a way to offer incentives for improving wellbeing and reducing on-going need for care and support? Often when a care package is set after a crisis it stays at that same level for the

foreseeable future. This would need to be carefully thought through to ensure there is no negative impact on individuals in reducing care.

Reable

Linked to the point above. Under the new model, wherever possible, we want a service that will reable or rehabilitate individuals so they no longer need care and support.

• Sustainable model for providers

Through co-production and working with homecare providers design a model that is sustainable for them, meaning they can pay staff a decent wage and continue as a business but will also meet the Council's budget requirements

- Better links to existing resources
 There are a number of activities and clubs within communities and some of it is free. Linking people
 to these resources will provide better social value and better outcomes for individuals.
- Improved continuity of care
 We want to reduce the number of different people entering someone's home.
- Skilled local workforce

Work with Skills for Care and other stakeholders to help us up-skill the workforce. We will want to ensure all homecare staff have completed the new Care Certificate. We want to turn care into a career which is attractive to help resolve some of the recruitment issues.

Cost

The Council is under pressure to find efficiencies and deliver savings. A large proportion of these savings will need to come from Adult Social Care budgets. Therefore a key outcome for the new service model will be to not put any additional pressure on budgets whilst still providing excellent services for residents. This could be achieved by reducing the ongoing need for care and support.

Moving Forward - How Do We Get There?

We are at the early stages of thinking through how to move forward. The Council want to take a coproduction approach working providers, users and other stakeholders, to inform and to shape a sustainable model. ASC Commissioning are organising meetings with care providers to begin the discussions and are already in contact to determine what rates providers are paying their staff and whether they pay for travel time etc. We want to better understand how the current system works and whether we need to make changes to processes or wider culture. Rather than being overly prescriptive in specifying exactly what we think the service should look like, instead we will define the outcomes then work together with providers and users to determine how we meet them.

We will look at other models and best practice from elsewhere. For example some Councils are trialling paying for outcomes delivered rather than for minutes of care and others are looking to include low level health tasks as part of homecare. We will also look to learn lessons from new models that have been less successful.

We are also exploring opportunities for joint working and joint commissioning. For example Children's Services are facing similar problems with capacity in the homecare market and they are interested in working together with Adults to find a solution. We will also be investigating what homecare is currently commissioned by Health to establish if there are any synergies.

We are working with Economic Development to help develop the market of social care business in the borough. We have identified development of personal assistants and research into sustainable models of homecare as two possible areas to explore further. In designing a new model for care at home we will also consider any links or overlap with related projects. For example there is currently a project underway looking at ways to reduce social isolation for older people. Social isolation can be a cause for people requiring homecare so there are links between the two.

IMPLICATIONS AND RISKS

Financial implications and risks:

A review of the Homecare provision is required due to the availability in the market being low and due to additional duties introduced by the Care Act 2014. There will be resource and cost implications for this piece of work to initiate and to deliver efficiencies going forward. An application to the Transformation fund to kick start any initiatives that will generate potential savings or invest to save opportunities can be explored by this avenue of funding. Alternatively, provision within existing resources will need to be made.

Legal implications and risks:

There are no apparent legal implications from noting this report.

Human Resources implications and risks:

The recommendation made in this report does not give rise to any significant HR risks or implications for the Council or its workforce. The cost impact from following through with actions suggested in this report will be managed through the use of existing staff resources and/or with short-term additional support, as required.

Equalities implications and risks:

Any review of current homecare services will need to comply with the public sector equality duty as stated within the Equality Act. The public sector equality duty requires that 'due regard' is given to decisions made by a public authority. The consultation method of co- production to develop the revised service should be inclusive of user and provider viewpoints from differing communities across the Borough. This will ensure that the revised service meets the needs of diverse communities in Havering. The project team should also consider starting an equality impact assessment at the beginning of the process of redesigning the service. The EIA will help inform planning and delivery of the service and develop actions to mitigate against any potential negative impact on protected characteristics.

BACKGROUND PAPERS

No background information papers used.