CABINET
20 November 2018

SUBJECT: Domiciliary care capacity

Report Submitted by: Keith Rutherford Chief Officer Social Care & Housing
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1. Area Affected

County Borough Wide

2. Purpose of Report

The purpose of the report is:

- To inform Cabinet of the current position and risks associated with the provision of domiciliary care
- To seek in principle agreement to expand the internal service subject to funding availability and
- To work with third sector providers to explore the potential to implement the recommendations and principles outlined in Unison's Ethical Care Charter and patch based working

3. Key Messages

- 313,000 hours of community based domiciliary care are delivered every year to Torfaen residents
- 90% of the hours are commissioned externally
- 3 local providers have ceased trading in the last year
- The market remains volatile
- Capacity within the internal enablement and dementia services is limited

4. Background / Issues and Findings

4.1 Historical Context

Between 1999 and 2007 the internal personal care team transitioned from a long term generic service employing over 2000 staff to a much smaller bespoke service (70 staff) focused on delivering specialist long term support to clients with dementia and short term enablement support to promote independence.

4.2 Demographics

The pressures, challenges and demands in adult social care have been well documented both locally and nationally. The demand for social care services and care labour is growing in the context of significant demographic changes and the growing incidence and large prevalence of complex, long term conditions. The

ageing population means over a quarter of the population in Wales is aged 50 plus. Those aged over 65 are expected to increase from around 600,000 in 2013 to 900,000 in 2037 and the number of over 85s is growing at an even faster rate (Age Cymru, 2015). Wales also has a higher proportion of people aged 85 plus compared to the rest of the UK (Stats Wales, 2012). The Population needs assessment for the Gwent region has highlighted some key points

- There are significant increases projected for the over 65 years of age population when an estimated 1 in 4 people (26%) will be aged 65 or older – which is broadly similar to Wales.

- By 2036, it is estimated that the number of people aged 85 and over will increase by 147%

- Research published in The BMJ has estimated that there will be 1.2million people living with dementia in England and Wales by 2040 – an increase of 57% from 2016 – with the cause mainly due to our ageing population.

4.3 Demand for Services

4.3.1 The demand for domiciliary services is variable and is difficult to accurately predict for a number of reasons:

- Level of service has decreased i.e. we no longer provide cleaning and ironing services
- Number of people eligible for a service has decreased (eligibility under Community Care & NHS Act which has now been superseded by the Social Services & Wellbeing Act)
- Complexity increase
- Use of assistive technology as an alternative to 'monitoring calls'
- Introduction of the enablement model has evidenced the need for care packages reducing after 6 weeks

4.4 Current position

4.4.1 The latest analysis of the market within Torfaen has indicated that there are approximately 313,000 hours of community based domiciliary care delivered every year to 520 clients. This does not include care delivered within Extra Care Schemes or care delivered as part of a planned or responsive night service. Torfaen's own In House Personal Care Team delivers approximately 30,000 hours of these every year to 67 clients equating to 10% of the market.

4.4.2 There are currently 14 active external domiciliary care agencies providing care in the borough. In summary :

- Providers deliver between 2 hours and 888 hours per week
- 63% of external care is provided by 4 agencies
- The cost of care to the Local Authority ranges from £14.70 to £15.72 per hour, for 15 minute calls £4.35 is paid
- The majority of agencies operate zero hours contracts

- There are 345 staff employed by external providers

4.4.3 There are two elements to the In House Service, Enablement Intervention and specialist support to clients with dementia. The Enablement Service provides intensive support for a maximum of 6 weeks to support a person to maximise their independence. Two teams operate across the borough (North and South) The activity and throughput of the teams can vary due to the complexity of the clients. At the end of the team's intervention the reduced package of care is brokered to one of the external agencies. 50% of the packages are reduced by 40% through enablement. The dementia service provides support to 30 clients (June 2018 data), carers have additional training and are very skilled in responding to challenging behaviour in additional to providing ongoing support to family carers.

4.4.4 The total expenditure forecast in 2018/19 for domiciliary care is £6,470,739 (based on September 2018 activity). £5,024,087 on external contracts and £1,446,652 for In-house services.

4.5 Challenges

4.5.1 Population growth and demographic profile projections indicate that the supply side of social care is struggling to keep pace with demand. The data indicates that across the UK over half a million new care workers/home carers will be needed by 2022 (Howat et al., 2015).

4.5.2 The gap between labour demand and supply is exacerbated by a widespread perception that a career in the social care sector is less attractive due to working conditions, low pay, lack of job security, lack of career progression opportunities and the overall status of the profession. Local experience would support these points, recruitment to both the in house team and external providers is a constant challenge. In a nutshell, as the demand increases the potential work force is shrinking.

4.5.3 From the data and pressures it is evident that the current provision is struggling and is not fit to deliver in the future. During the period between October 2017 and February 2018 23 Torfaen residents were reported as delayed transfers of care whilst waiting for packages of care in hospital beds.

4.5.4 The in house service is unable to support all new people presenting to the division with a Re-ablement programme. This limits their ability to maximise their independence which in turn adds to the long term pressure for a continued long term service.

4.5.5 Given the above considerations it is felt appropriate to consider the potential options for expanding the in-house provision.

4.6 Considerations

The service area has considered alternative models of delivery based on research, best practice and local/regional context. The external providers make a valuable contribution to the provision of generic domiciliary care whilst the in house services provide good quality specialist services. A number of options have been considered:

4.6.1 Option 1 Do nothing

Financial implication – none

Risks

- In house market share is very low in volatile market as we have recently seen with Allied Health Care
- Recruitment difficulties
- 90% of support is generic
- Current model is not future proof – we will not be able to recruit enough carers (based on demographics and age profile) to manage the increasing demand.

Benefits

- Well established
- VFM

4.6.2 Option 2 Provide all care In-house

Financial implications – additional minimum pressure of £4,787,366

*based on TUPE transferring staff into TCBC and paying TCBC terms and conditions. NB there will be additional costs associated with TUPE transfer that have not been factored in; pension liability, additional support services- payroll etc, additional management support

Risks

- Not affordable at the present time and with the current funding model for local government.
- Hourly rate not cost effective
- Destabilize the market
- Not all carers would wish to transfer to TCBC as zero hour contracts are attractive to some
- The majority of external providers would potentially 'fold' which would leave a gap for clients purchasing care privately

Benefits

- Increased wage for individuals
- Preferred provider with social work teams
- Well trained / supervised staff

4.6.3 Option 3 Increase In-house market share from 10% to 14% - specialist enablement provision plus increase in dementia service and introduction of small complex care team

Specialist provision would expand the south and north enablement teams to increase capacity focus on enablement model i.e. working with clients for a maximum of 6 weeks to improve independence and right size the package of care. Expand the dementia service to two teams covering south and north, introduce a small complex care team to support a small number of clients with

the most complex and challenging needs. This option assumes a delivery of 278 additional care hours per week to a total of 857 hours.

Financial implications – additional pressure of £616,187 in a full year.

*based on rightsizing 25% of packages by 40%. Whilst there are some potential additional savings in rightsizing ongoing packages for clients with dementia and complex needs these are difficult to predict and therefor have not been factored in.

Risks

- Recruitment time lead in
- Significant training will be needed to skill up new workforce
- Some external providers may fold
- No time built in to test out the new model

Benefits

- Model based on client's strengths and maximizing independence providing positive client experience.
- Increased control over a larger % of the market
- Greater flexibility with increase in staff numbers
- Unit hourly cost would decrease over time therefor decrease additional cost
- Reduced social work time in managing complex cases (challenging clients have often used every provider in the borough
- The LA would not be so vulnerable in the event of an external provider folding
- Clients with dementia (increased demand) will be supported to live at home for longer
- Reduction in long term placements for complex cases and clients with dementia (average cost of placement per year £33,390, placement for clients under 65 with challenging behavior £52,000 + per year would offset additional costs)

Option 3 is the preferred strategy

It is proposed that option 3 is the preferred strategy in that it expands the in-house team and so increases resilience. It also moves the Council in its preferred policy direction which is that public services should be provided in-house whenever practical and affordable. The agreement sought within this report is 'in-principle' to allow for further work to be done on the model and particularly its funding. The increase in service is implemented over a period of time to aid recruitment but will not be operational until the 2020/21 financial year.

The practical development of the new model will be the subject of appropriate scrutiny.

4.6.4 The external domiciliary care providers will still have a huge role in supporting the majority of clients in the community. They too face difficulties with recruitment and retention in the sector. In 2015 Unison launched The Ethical Care Charter Unison following a survey of over 400 home care staff back in 2012. The survey identified that 56% of staff were paid between the minimum wage and £8 per hour, 58% were not paid travelling time and 46% felt they had to rush their work or leave clients

early in order to make their next appointment. The report went on to describe home care workers who are personally propping up a failing and deteriorating system of adult social care and that they are being 'pushed to breaking point'. The Ethical Care Charter for commissioning homecare services outlines in detail what the union believes ethical commissioning looks like (in terms of employment conditions for homecare workers, continuity of care workers for service users and the opportunity for carers to meet together and share examples of best practice). Torfaen's Commissioning Unit is currently benchmarking our commissioning processes and the purchasing criteria we use to purchase homecare against the recommendations set out in the Charter. We wish to engage with the providers, including not for profit organisations to establish local practice and scope out the implications of adopting the recommendations and principles. Recent research and best practice examples across the UK has also highlighted the benefits of a community approach to domiciliary care deliver which would fit with the current patch based working. The benefits and implications will be explored with the sector to inform the future commissioning / tender specifications.

5. Consultation

If Option 3 is supported a Project brief will be developed with the intention of presenting to the Healthier Communities Overview & Scrutiny Committee for critical appraisal. A presentation will also be given to the provider forum to outline our plans.

6. Implications

Policy – the expansion of the enablement service will support our service direction of early intervention and prevention and the promotion of independence.

Legal – there are no legal implications.

Financial – the additional costs are £620k in a full year, some costs will be offset by the anticipated reduction in long term placements. The funding for this additional investment will need to be identified prior to any final decision being taken.

Communication – there are no negative impacts to current staff. Briefings will be prepared for staff and providers

Social Inclusion and Equalities – the proposal will provide additional support for vulnerable people and ensure we will be able to meet our statutory obligations going forward.

Partners and users – the expansion of the service will respond to the increasing demand for care services and not reduce the current usage of external contracts

Risks – there is a significant risk to the ongoing sustainability of domiciliary care services if we do not expand our current service

7. Action to be taken following decision

Should the 'in principle' recommendation be agreed a project brief will be developed, a Task & Finish group will be established to oversee the detailed development of the proposal and the relevant scrutiny committee will be engaged.

8. Monitoring and Evaluation

Success will be measure by:

- Full recruitment
- Establishment of new teams
- Reduction in ongoing support for 25% of the new cases by 40%

9. Conclusion

Responding to the demand for increased support in the community is going to present a significant challenge over the 10 years. It is important that as a Council we ensure that sufficient and appropriate services are in place to support those most vulnerable in the community. The expansion of the enablement and dementia/complex care service will go some way to address the risks.

10. Recommendation (s)

That Cabinet :

- Agrees in principle to the expansion of the in-house domiciliary care service;
- Agrees in principle and subject to the availability of funding to work towards the implementation of Option 3
- Agrees that scrutiny are fully engaged as option 3 is developed;
- Agrees that a further report be brought back to Cabinet for final approval following the input of scrutiny;
- Supports the scoping work of adopting the principles of the Ethical Care Charter

Appendices	None
Background Papers	Under Section 100D(5) of the Access to Information Act, this report is based upon material, which is not 'published work' and should be listed here provided it is not exempt. Published work includes documents within the public domain, although it may be good open practice to list all such documents from which this report was derived.

For a copy of the background papers or for further information about this report, please telephone: : Gill Pratlett Head of Adult Services 01495 742611