



Report to the Health and Adult Social Care Select Committee

Title:	Delivering Dignified Domiciliary Care
Committee date:	October 2014
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Report signed off by Cabinet Member:	Patricia Birchley
Electoral divisions affected:	[Electoral divisions]

Purpose of Agenda Item:

This paper is to keep HASC members up to date with the development of a key policy which clarifies and sets out the ways in which the Adults and Family Wellbeing Portfolio, will assure the dignity, wellbeing and safety of our service users in the time allocated to meet their individual personal care needs, with a specific focus on the appropriate use of 15 minute calls.

Background:

During 2012, a significant programme called 'Creating Sustainability' was undertaken in the Adults and Family Wellbeing Portfolio (Adult Social Care) in partnership with the four Council-contracted domiciliary care suppliers. This included a focus on reducing the number of 15-minute calls.

More importantly, Creating Sustainability was also about ensuring that we had a sustainable, quality, home care market place. This was triggered by the serious volatility in the local market, resulting in the systemic failure of one provider and ongoing concerns expressed by a number of other providers.



The strategic importance of this programme cannot be underestimated; it achieved the following results:

- 1) Reduced 15 minute calls.
- 2) Created a new quick process for suppliers to request additional capacity if the commissioned capacity is not sufficient.
- 3) Created a different funding model increasing pay to front line staff
- 4) Improved recruitment and retention, critical in order to deliver address continuity of care as well as covering rostered calls.
- 5) Expanded available capacity through strengthening sub-contracting arrangements and improved recruitment and retention.
- 6) Much-improved relationships, which are built on longer term planning rather than reactive crisis management. This has resulted in extending existing contracts

Over the last three years questions have been raised at a national policy agenda around the suitability of 15 minute calls. There is no fixed position on this and the statements below reflect the divergence of views.

- UK Home Care Association (UKHCA) – represents all of the home care provider market.
- Norman Lamb (Minister of State at the Department of Health)
- Association of Directors of Adult Social Service (ADASS)

UKHCA statements and publications:

In July 2012, the UKHCA published the findings of their Commissioning Survey 2012 in a document entitled “Care is not a commodity”. The survey received responses from 739 providers supplying 189 local authorities across the UK. The document stated:

“Our findings painted a worrying picture:

- Short Homecare visits (15 minutes) being commissioned by councils to undertake intimate personal care , with risks to the dignity and safety of people who use services;
- Continued downward-pressure on the prices paid for care, where lowest price has overtaken quality of service in commissioning decisions;
- Contracting arrangements which have resulted in visit times and hourly rates paid for care as the decisive factors in the viability of the sector

Furthermore, in March 2014 UKHCA calculated a minimum price that they believe the statutory sector commissioners should pay for homecare service to ensure the quality of care and dignity. The price has been calculated as £15.19 per hour, before any increases in the national minimum wage.”

Norman Lamb’s statements and publications:

Norman Lamb (Minister of State at the Department of Health) made the following statement in 2013:

“From April 2014, he is asking the Care Quality Commission to review 15-minute calls as part of their inspection of providers. The expectation is that the CQC will carefully examine whether enough time was commissioned by the local authority for the level of need, whether employers are allowing sufficient time for staff to carry out the full tasks (and their remuneration), and whether there is sufficient account taken by commissioners of the costs of care. The outcome of the CQC inspections is likely to identify the relationship between providers and commissioners and issues to do with commissioning and paying for care. The Care Bill is being amended to give CQC the powers to undertake inspections of commissioning where serious concerns exist”

ADASS statements and publications:

Statement from the Association of Directors of Adult Social Services, dated 4th October 2013:

“Directors of adult social services have argued that, in some cases, 15-minute visits to older people at home are ‘fully justified, and fully adequate’. But they have sympathised with all older and/or disabled people who have been inappropriately given too little time in order to have their care needs properly met.

ADASS President Sandie Keene is quoted as saying the following:

“We must never be complacent. Directors will acknowledge that sometimes time-allocation is insufficient; that sometimes private care providers and local government commissioners underestimate the time needed to carry out certain tasks. And where that happens, adjustments really have to be made”.

“But”, she went on: “it is totally wrong to believe that all tasks need more than 15 minutes to carry out. And frankly naive to believe that simply by abolishing 15-minute slots a magic wand will have been waved and improvements automatically achieved in our care services. It doesn’t work like that.”

Mrs Keene was responding to a report from Leonard Cheshire, which argued that all care should be delivered in at least 30-minute units of time.

A survey of adult social care procurement practice carried out by ADASS in 2012 shows that:

- 51% of councils commission home care by 15 minute visits, 19% commission care on a minute by minute basis, ie they pay for every minute they get, 15% by units of 30 minutes, and 14% by units of 1 hour. However, 15-minute visits only proportionately represents 16% of all home care visits procured by councils.
- Of the councils commissioning 15 minute calls, 88% use these visits to administer medication and 80% for checking up on the individual. Only 8% of those councils which commission 15-minute visits use these visits to undertake washing or bathing tasks (personal care).

Summary

So why are 15 minute care visits an issue?

- i) There is the question and challenge as to whether or not 15 minutes is sufficient time to deliver dignified care to people.
- ii) There is concern that when a contracted model of care is based on a minute-by-minute payment model, or one which does not pay for travel time, will mean that care workers do not get paid at least the minimum wage

So what is the position in Buckinghamshire?

Buckinghamshire County Council retendered its domiciliary care provision in 2010/11; this, and the decommissioning of all in-house home care services, resulted in recurrent savings of around £5m per year, approximately a 25% saving across the home care budget overall. It was a re-provision that was intended to deliver:

- a significant rationalisation of providers in the market;
- a move away from payment on block (in-house), irrespective of what was delivered, to a model where we paid for what was actually delivered;
- the creation of a lead provider arrangement where suppliers could enter into sub-contracting arrangements;
- a clear correlation between cost and quality.

Comparatively, this also needs to be set within the context of benchmarked expenditure per 100,000 of the population, where in 2012/13 we were ranked 3rd out of 24 (1 being least and 24 being most) for older people.

As a result of Creating Sustainability and ensuring that as commissioners we had a greater understanding of the impact of what was being commissioned, we added two new KPIs, which are set out below:-

- Care Workers were being paid at least the minimum wage – where some council contractual arrangements meant that this was not happening and in Buckinghamshire we track where payment is against the Living Wage.
- Retention and Recruitment of Care Workers (Capacity) – designed to monitor capacity with the aim of ensuring continuity of care for service users.

ASC has an overarching commitment to ensure that service users have dignified care that fully meets their assessed needs. As part of this commitment we have developed a policy which sets out how this will be achieved and in what circumstances 15 minute calls are appropriate.

The Council is able to confidently assure itself of the robustness of its domiciliary care commissioned through the following:

- **Recording of 15 minute calls:**

Currently, where we have double-handed packages of 15-minute calls, SWIFT counts this as two separate 15-minute calls. This distorts the overall number of 15-minute calls.

Also, Supported Living activity is currently not treated as domiciliary care in people's own homes and is likely to reduce the number further.

- **Hourly Rate Paid to Providers:**

The UKHCA has calculated that the minimum hourly rate that statutory commissioners should pay homecare services is **£15.19** per hour on average across the country, reflecting significant regional difference. Buckinghamshire County Council is paying slightly above this,

- **Pay rates for Care Workers:**

We track what carers are paid as part of our contract monitoring

- **Appropriateness of 15 minute calls:**

Providers have a fast route in to the Council where they believe that calls are not appropriate and they are able to request longer visits.

Next steps:

As the "Delivering Dignified Domiciliary Care" Policy makes clear, this policy will become intrinsic to the daily practice of both AFW as assessors and commissioners of care and to the organisations that deliver this care.

A paper will be taken back to AFW Board (Shadow Business Unit) in December 2014, which will begin to quantify the qualitative benefits for our service users and the financial impact of this policy.