



BNSSG Domiciliary Care - Building Resilience Proposal

Purpose

This paper proposes an action plan to mitigate the current risks in the domiciliary care market and scopes proposals for building resilience in the market longer term.

Recommendation

1. Paper presented to BNSSG Local Authority Planning Group 15/10/18 for approval – all sections
2. Paper presented to Healthier Together Urgent Care Board 22/10/18 for information.
3. Paper presented to Healthier Together Workforce Transformation Group 24/10/18 for approval – sections relating to strategic workforce
4. If approved work streams 1 & 2 to be progressed by Local Authorities reporting to BNSSG Local Authority Planning Group.
5. If approved work stream 3 to be progressed and report to Healthier Together Workforce Transformation group.

Background

This proposal was developed by the working group nominated by Healthier Together, to take part on the NHS England Collaborative Improvement Leaders Programme (CILP)(October 2018).

This paper supersedes the 'Provision of Home Care (Domiciliary) across BNSSG' paper presented to the Urgent Care Board & the Workforce Transformation Group in September.

Members of the CILP working group; Gerald Hunt (Head of Commissioning North Somerset Council), Jenny Theed (Director of Operations Sirona) Kate Barnes (Programme Manager Adult Social Care South Glos Council), Lucia Dorrington (Adult Social Care Commissioning Bristol City Council), Carol Watson (Head of Commissioning Bristol City Council), Rebecca Harrold (Head of Partnerships and Commissioning South Glos Council). (CCG rep to be confirmed), Representatives from BCH and NSCHP to be confirmed.

Context

There are 15 strategic commissioned providers of domiciliary care across BNSSG which equates to approximately 60 per cent of the total care provided. Additionally, Bristol City Council operate an in-house Reablement Service and South Gloucestershire operates an in-house Rapid Response service.

The overall spend on Local Authority (LA) commissioned & in-house domiciliary care is £22m pa. There is also a growing market for direct payments.

Care is commissioned separately by the three authorities taking account of local need, markets, and budgets.

Separate to the LA commissioned care, there is a smaller market for domiciliary care providers offering services to self-funders at commercial rates. The number of hours provided in this market are unknown but is estimated at 40% of the LA market.

Commissioned providers and the LAs, use agencies when unable to resource packages of care. Agency rates can be up to double the contracted rate. The level of agency use across the system is increasing due to provider inability to resource packages.

The drivers for increasing demand are:

- Population growth (more people overall)
- Demographics (increase in average age and a trend that is more pronounced in BNSSG than UK average). Proportion of working age population reducing comparative to older age groups.
- More non-elective admissions to hospitals requiring home care on discharge

Providers across BNSSG are struggling to meet demand. As at 1ST of October there were approximately 200/250 unmet packages of care (PoC) across the area, although this may not necessarily mean that alternative arrangements are not in place, this equates to 2/3% of the total supply.

Under the Care Act 2014 (sections 48-52) the office of Director of Adult Social Care has a duty of care to mitigate and manage the risks of sufficiency or quality failure in the care market.

The impact of unmet packages of care are;

- Poorer outcomes for individuals
- Increased costs for providers and LAs
- Increased use of residential placements or other pathways that maybe sub optimal
- Delays in discharging to Pathway 1 and Pathway 2
- Increase in avoidable admissions

The market is fragile, nationally and locally providers are leaving the market and reporting challenge to their financial viability. Provider failure and reduction in market capacity is a significant risk for BNSSG. The current position is not sustainable

In recognition of the crisis in care, government announced last week an additional £240m for social care to support winter pressures. Whilst welcome, this will not significantly reduce risk or increase capacity longer term.

Across the three authorities there is considerable work underway to mitigate these risks. Working closely with providers to reduce barriers and working collaboratively on initiatives such as the Proud to Care campaign, which aims to promote careers in care and attract new entrants.

This paper seeks to co-ordinate the activity focused on mitigating immediate risk and identify potential areas of work that require a strategic and system wide approach for longer term resilience.

Background

The gap between demand and supply in domiciliary care is a national issue and well documented.

The reasons for the gap are complex.

- Recruitment and retention of care staff

BNSSG is an area of high employment. Providers struggle to compete for talent. Skills for Care data show that across BNSSG there are currently 21,000 jobs in care. Care work is low paid and perceived as low status. Terms and conditions of employment can be poor. The sector has an average attrition rate of 30%.

There is concern about the impact of Brexit 5.9% of the direct care workforce are EU nationals, 9% non- EU nationals.

BNSSG is a mix of urban centres and rural communities. Servicing rural communities can be costly and complex. The care workforce typically has limited mobility access to transport and affordable travel are a factor. In the urban areas there are competing employment opportunities, and sometimes very local issues that affect the popularity of lone working.

As a regulated service, workers require DBSs and training. The time required for pre-employment checks and induction are a barrier to attraction.

- Increasing demand for domiciliary care

ONS forecasts between 2014 and 2039 the number of over 65s will grow by 60%. The increase of the over 85s is proportionally greater.

Health and Social Care models of care seek to support individuals to live well within their own homes and communities wherever possible.

- Expectations of care

Family and carers want to ensure the best for their family member, this can manifest in an understandable caution and risk aversion, expecting a level of provision that does not reflect an individual's level of need. These perceptions and more traditional views of domiciliary care can be re-enforced by professionals across Health and Social Care, that can lead to inflated packages of care.

Proposal

Work stream 1 – Provider Sustainability

SRO: Gerald Hunt
Project Team: Work to be led by L.A. Commissioners, involving providers in agreeing most value added approach. Project team to include LA leads on Proud to Care.
Governance: Report to BNSSG L.A. planning group. As required, provide updates to Healthier Together; Urgent Care Board, and Workforce Transformation Group
<p>This work stream will analyse and identify new actions to be delivered jointly across areas, and activity in any one area that can be replicated.</p> <ul style="list-style-type: none">• Exploration of worker retention bonuses, an additional weeks average wage paid as a Proud to Care Premium, on completion of each and every six or twelve month's service.• Menu of options for employers; including ways to flex contracts, induction, condensing training, existing schemes that support with transport, travel assistance, training i.e. Future Bright, accreditation.• Explore assistance with car insurance premiums for younger workers• Explore covering employer cost of training to enable greater number of apprenticeships• Initiatives that potentially increase the challenge of providers to recruit and retain should be looked at critically such as a BNSSG LA care agency.• Proud to Care campaigns- nationally, regionally, locally to promote care as career and support provider recruitment. Work with Providers to target local campaigns• Work with colleges and universities to access student workforce.• Work with colleges and adult learning to provide route for work returners.• Explore BNSSG wide care recognition schemes and award events• Explore reinvigorating care ambassadors scheme• Retention and Leadership workshops for providers

Priority 2 - Managing Demand

SRO: Gerald Hunt

Project Team:

Much of the work programme outlined below is currently underway. This work will be progressed by the relevant LA lead within each organisation. Where there are opportunities to work collaboratively these will be progressed by the ICLP working group, identified at the top of the paper.

Members of the CILP working group; Gerald Hunt (Head of Commissioning North Somerset Council), Jenny Theed (Director of Operations Sirona) Kate Barnes (Programme Manager Adult Social Care South Glos Council), Lucia Dorrington (Adult Social Care Commissioning Bristol City Council), Carol Watson (Head of Commissioning Bristol City Council), Rebecca Harrold (Head of Partnerships and Commissioning South Glos Council). CCG rep to be confirmed.

Governance:

Report to BNSSG L.A. Planning Group

As required provide updates to Healthier Together Urgent Care Board, Integrated Workforce Transformation Group

Within scope of this workstream will fall;

Elements of work programme to be led by L.A. Commissioners,

- Further development of the BNSSG heat map, to better understand demand across the 3 LAs for; Dom Care, Rehab beds, D2A provision. To review the balance of provision across BNSSG. To identify pinch points in flow.
- Explore accommodation shift, use of extra care housing, shared lives
- Identifying parts of a care package that do not require a qualified care worker e.g. cleaning, shopping, commode emptying and seek to commission that work separately via domestic/ cleaning staff to reduce demand on care workers
- Consider greater use of short stay residential pending care packages, explore greater use of driver plus day care options for larger packages or other alternative models.
- Explore use of LA and NHS bank staff to access alternative and cheaper sources of agency staff in the short term
- Reviewing how we can support home care providers to schedule work in a way that reflects service user needs and review payment mechanisms to ensure they are being properly compensated for actual time delivered
- Review use of direct payments, how impacting demand for home care
- Working with providers and social care teams quickly to release spare capacity that is either not needed or can be provided in other ways through personal care workers
- Accelerate and collaborate on the trial and promotion of assisted technology regular and equipment, use of personal networks and voluntary sector

Elements of work programme to be incorporated within via existing Local Authority Adult Social Care Transformation Programmes

- Explore implications on demand management of deployment of strengths based and three tier/ three conversation practice models, and to manage expectations away from entitlement, wants and risk aversion to a focus on maximising independence in; public, social care and health. Each LA is undertaking an Adult Care Transformation Programme, it is not intended to report on the wider Programme outside of its implication on commissioning models and demand management aspects.
- Manage expectations away from 7/7 service where family others available
- Ensure reablement is appropriately used where there is opportunity for improving rather than offered as 6 weeks free care
- Plans to manage future demand for services through a new social work approach that better considers an individual's own resources, technology (including possible robotics trials)

Work stream 3 - create framework that supports a resilient social care workforce as part of Healthier Together Workforce Transformation

That includes career pathways and opportunities that lead to a range of options including social work, nursing, therapies, community support. Opportunities for new roles that span H&SC to create a more flexible workforce.

Explore the option for to develop Memorandum of Understanding across the 11 organisations. (3 LA's, AWP, 3 CICs, and CCG) regarding potential mutual aid arrangements in event of care provider market failure.

SRO: LA Workforce Lead / Healthier Together Education & Training sub group lead to be agreed

Project Team:

Programme Manager (LWAB), LA reps to Workforce Transformation Group, system wide reps including CICs, CCG, , LA Proud to Care Leads

Governance:

Reporting to Healthier Together Workforce Transformation Group.

As separate work stream or incorporated within the Education and Training Work stream or a sub project within Primary Care workforce development

Within scope of this work stream would fall;

- Research from other areas who have successfully developed H&SC career frameworks
- Research from other areas who have designed new roles that span H&SC & voluntary sector, to increase workforce flexibility

- Work with the West of England Combined Authority Employment and Skills Team to develop BNSSG strategy and infrastructure across schools, colleges, universities and adult learning to create career framework, and educational product and approaches to meet future needs and emerging roles.
- Develop & promote H&SC apprenticeships. Evaluate the Bristol and North Somerset models.
- Create opportunities to shadow/ train and work across models of care. i.e rotations; domiciliary care, residential, rehabilitation, health care assistant, care navigation.
- Explore opportunities for shared development across organisations and roles, including learning from current programmes like CQUIN
- Explore potential options role of Trusted Assessor within independent sector.
- National, regional and local campaigns to promote careers in Care (i.e. Proud to Care)
- Explore options for mutual aid across 11 organisations in the event of market failure.

Recommendation

1. Approve proposals for work streams 1 and 2 work to be taken forward by the Local Authority's
2. Approve scope of the strategic work outlined in work stream 3 to be taken forward by the Healthier Together Workforce Group
3. Approve the governance proposed

Kate Barnes Programme Manager Adult Social Care South Glos Council

on behalf of the CILP group 1010/18