

Adult Social Care Scrutiny Commission Report

Domiciliary Support Services Update Report

Report to be taken on: 16th October 2018

Lead Assistant Mayor: Cllr Vi Dempster

Lead Director: Steven Forbes

Useful information

- Ward(s) affected: All
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- Report version number: V2

1. Purpose

- 1.1 To provide the Adult Social Care Scrutiny Commission with an update on the delivery of domiciliary support services since October 2017, which were jointly procured with the Leicester City Clinical Commissioning Group.

2. Summary

- 2.1 The local authority agreed to jointly purchase domiciliary support with the Leicester City Clinical Commission Group (CCG) in 2017. The Council led on a joint procurement exercise and 26 different providers were selected to deliver either general care or specialist care with nurse oversight. The Council now leads on finding placements for all service users, paying providers, contracting and quality assuring the services.
- 2.2 With arrangements in place for a year now, this report provides an update on key areas following the first year of services being delivered. This includes less people waiting for a long-term care agency than in previous years, that quality in the market is generally good and that plans for the year ahead are in place to further develop market quality and commissioning arrangements.

3. Recommendations

- 3.1 The Adult Social Care Commission is recommended to:
 - a) Note the contents of this report and to provide feedback.

4. Supporting information including options considered:

Background

- 4.1 The local authority agreed to jointly purchase domiciliary support with the Clinical Commission Group (CCG) in October 2017. The Council led on a joint procurement exercise and 26 different providers were chosen to deliver either general care or specialist care with nurse oversight. The Council now leads on finding placements for all service users (brokerage), paying providers, contracting and quality assuring the services.

Commissioning from the new framework

- 4.2 The new framework of care providers went live on 9th October 2017. All Local Authority (LA) and Continuing Health Care (CHC) cases requiring directly

commissioned domiciliary support were supported by the local authority brokerage service and are placed with suitable contracted providers.

- 4.3 The brokerage team is dealing with an average of 83 new cases each month with the majority of these being for the local authority service users. There are around 1,800 people in receipt of domiciliary care commissioned through this route at any one time; around 80 of these each quarter are health funded patients.
- 4.4 Brokerage and finding a workforce of high quality carer's remain challenges for the authority and providers. Plans are in place to further develop the brokerage service to speed up the matching of providers to people needing support. Work is also underway to support providers in recruiting a workforce with links between colleges and providers, apprenticeships being offered and recruitment days planned for the Autumn.
- 4.5 Five providers have withdrawn from the framework in the past year either as a result of mergers or buy outs with other providers or as a result of national changes in business models. The framework allows for more providers to be added if there is a need.

Numbers Awaiting a Long-Term Provider

- 4.6 When the domiciliary support providers are unable to offer a suitable care worker straight away, cases are held on a list which is constantly reviewed to find a long-term provider to support them. The service users will be supported by other provision while they await a domiciliary service provider that can meet their needs. Service users on this list are predominantly adult social care cases.
- 4.7 Historically, the LA has had an awaiting long-term care list that averaged around 40 people per month (data gathered from review in 2015). The numbers awaiting long term care for the most recent quarter are detailed below and show that numbers are significantly lower than in previous years.

	04/04/2018	10/04/2018	23/04/2018	30/04/2018	07/05/2018	14/05/2018	21/05/2018	28/05/2018	04/06/2018	11/06/2018	18/06/2018
Total number of LCC cases on ACL in period	17	10	17	18	19	13	22	11	11	11	20
Total number of Health cases on ACL in period	2	2	1	1	6	1	0	0	0	1	0
Longest Wait	22	22	26	27	26	33	40	31	38	41	48
Average Wait	6.63	6.42	10.0	12.1	7.92	11.78	8.77	14.27	16.72	7.67	8.75
Avg. hours required	13.68	10.84	9.48	10.13	13.27	13.60	12.60	12.70	8.18	15.31	9.19

Quality of provision

- 4.8 Quality assurance visits for providers are taking place regularly with a risk tool supporting the local authority in deciding the order in which to assess and visit. Providers are assessed by the Care Quality Commission (CQC) and by the Council using an internal Quality Assurance Framework (QAF). These scores show that the providers are largely of good quality and are achieving at least compliance with the Council's QAF. This forms a good starting point for our market with plans in place to improve quality further over the coming year.
- 4.9 Provider ratings for the most recent quarter show the following results:

CQC Scores

Outstanding	Good	Requiring Improvement	Inadequate	Not yet visited
0	14 providers	3 providers	0	5 providers

4.10 The three providers with a requiring improvement score have an action plan in place with CQC and the local authority regularly liaises with CQC officers to share any concerns or progress in relation to these.

LA QAF Scores				
Level A = Excellent	Level B = Good	Level C = compliant	Level D = Non-compliant	Not yet visited
0	1 provider	7 providers	2	4

*10 x providers are currently completing the QAF process.

*1 x provider not currently providing services to LCC.

4.11 Where a provider receives a non-compliant grade, the local authority will issue an action plan, and monitor the provider to ensure improvements are made.

4.12 The local authority QAF process looks at different areas to the CQC framework and information is shared between the two agencies regularly to get an overall picture of how a provider is performing. The QAF for domiciliary support is going to be reviewed in coming months and, following this, work will take place to support providers in developing best practice and increasing quality scores.

4.13 With the new procurement exercise, providers were ranked to receive work according to the score they received during the tender. This rank order will be changed annually according to the quality of their provision as monitored through QAF and CQC scores and performance data. This re-ranking will be applied early next year and will provide an incentive to providers to increase their quality score as well as ensuring that the work goes to the highest quality provider available.

Service users views on domiciliary care they receive

4.14 Service users were consulted as part of setting up the new framework in 2017. Their views shaped the contracts and the questions that were asked of providers at tender. Now that the providers are delivering services, service users are consulted each time the quality of a provider is checked. Questionnaires are sent to service users and phone calls are often made to a sample of people. The results are reviewed by the contracts team, any concerns raised are followed up and positive comments received are fed back to the care provider.

Providers views of the LA as Commissioners/Contract Managers

4.15 An annual survey is also being used to gather feedback from the providers in relation to the LA as a commissioner and contract manager of their services. This survey will help to identify strengths and development points for the year ahead.

4.16 Results from the year 1 survey show that all respondents felt that the commissioning and contracting provision for domiciliary support was good or very

good. Improvements for the year ahead included further support with the brokerage function and less administrative burden being placed on providers. These will be considered as part of developments for 2019.

Next Steps

4.17 A regular joint meeting is held to ensure oversight of the performance and operational activity involved in the domiciliary support framework. There is a plan for activity and developments for the next year, these are summarised below:

- A review of night time support to look at the best way of commissioning this into the future
- A review of the reablement approach that providers are taking to ensure any opportunities for reducing reliance on domiciliary support packages are realised.
- On-going work with providers and the hospitals to ensure the exit from hospital into care at home is as smooth as possible
- Regular meetings with providers are scheduled to ensure clear communication about any issues, concerns or commendations within the system
- Ongoing quality reviews and visits to providers are planned to ensure quality standards are adhered to
- Regular capacity reviews to support decisions about whether to invite more providers onto the framework are held and the framework may be opened up to new providers in the new year.

5. Financial, legal and other implications

5.1 Financial implications

There are no specific financial comments relating to this report.

Martin Judson – Head of Finance

5.2 Legal implications

There are no specific legal comments on this report. Follow up advice on contractual issues is provided by Legal Services on a continuing basis and if a decision is made to open the framework next year – legal support will be provided.

Jenis Taylor, Principal Solicitor (Commercial) 0116 454 1477

5.3 Climate Change and Carbon Reduction implications

No climate change implications

5.4 Equalities Implications

Under the Equality Act 2010, public authorities have a Public Sector Equality Duty (PSED) which means that, in carrying out their functions, they have a statutory duty to pay due regard to the need to eliminate unlawful discrimination, harassment and victimisation, to advance equality of opportunity between people who share a protected characteristic and those who don't and to foster good relations between people who share a protected characteristic and those who don't.

Protected Characteristics under the Equality Act 2010 are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation.

In relation to monitoring take up of domiciliary care over the past year with regards to the above protected characteristics, further detailed information would be useful in order to assess whether there are any particular groups that face additional barriers.

Equality issues need to be embedded throughout any review process of the QAF for domiciliary support.

Sukhi Biring, Equalities Officer
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6. Background information and other papers:

None

7. Summary of appendices:

None

8. Is this a private report (If so, please indicated the reasons and state why it is not in the public interest to be dealt with publicly)?

No

9. Is this a "key decision"?

No