

Committee	Dated:
Health and Social Care Scrutiny Committee	16 February 2017
Subject: Domiciliary Care in the City of London	Public
Report of: Neal Hounsell, Acting Director of Community and Children's Services	For Information
Report author: Mark Davison. Marion Willicome-Lang.	

Summary

1. This report provides members with information on the design and delivery of domiciliary care services for City of London Residents. The report explains that the Adult Social Care Service assesses each individual, according to the eligibility criteria set out in the Care Act 2014. It illustrates how Domiciliary Care is offered in the form of assistance with daily living, in order to maximise peoples independence within their own home for as long as is possible. The report explains how Domiciliary Care Support is offered in the form of an Individual Budget as well as through the City of London's Adult Social Care Services' In-house Reablement service. It also explains the process by which we have recently tendered for a new provider of domiciliary care services.

Recommendation

2. Members are asked to note the report.

Main Report

Background

Domiciliary Care

3. The term Domiciliary Care denotes the personal care and domestic support offered to a person to enable them to fulfil the activities of daily living. These tasks can include dressing, washing, bathing, cooking, shopping etc. The City Corporation advocates an 'enabling' approach to domiciliary care. That is to say we want care providers to 'do with' not to 'do to' so that the care they give is part of supporting maximum independence and choice for service users.
4. An Assessment of Need is conducted using the eligibility criteria set out within the Care Act 2014. Section 3 of the Care Act states that the Local Authority has a duty to assess a person's needs against the following eligibility criteria:
 - o *The needs arise from or are related to a physical or mental impairment or illness:*

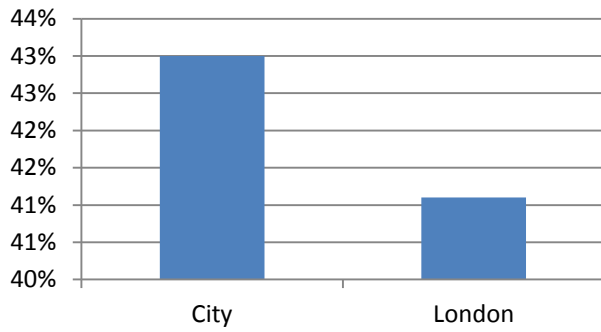
- *As a result of the needs an adult is “unable” to achieve two or more of the outcomes specified below, and*
- *As a consequence there is, or is likely to be, a significant impact on the adults’ well-being.*

The specified outcomes are –

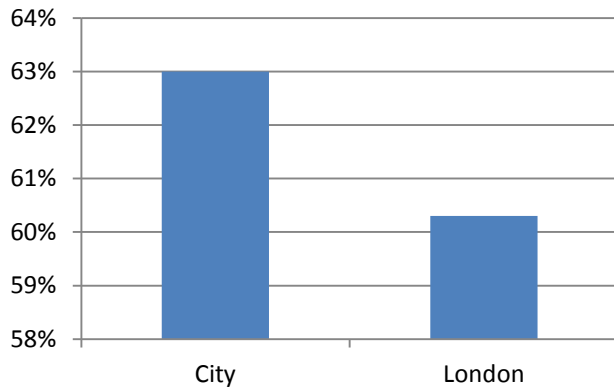
- a. Maintaining or managing nutrition*
- b. Maintaining personal hygiene*
- c. Managing toilet needs*
- d. Being appropriately clothed*
- e. Being able to make use of the adult’s home safely*
- f. Maintaining a habitable home environment*
- g. Developing and maintaining family or other personal relationships*
- h. Accessing or engaging in work training education or volunteering*
- i. Making use of necessary facilities or services in the local community*
- j. Carrying out any caring responsibilities the adult has for a child.*

“Unable” means an adult is to be regarded as unable to achieve an outcome if they cannot do so without assistance or where experiences “significant pain, distress or anxiety”, or doing so endangers health or safety of adult or others, or task takes significantly longer than would normally be expected.

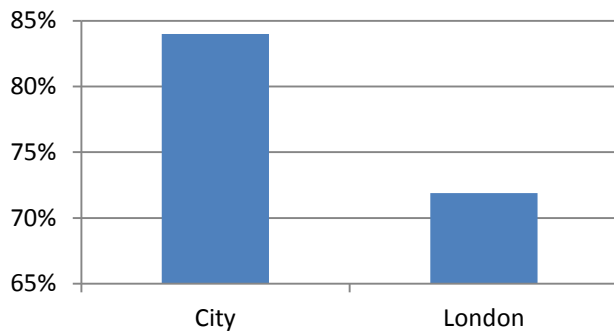
5. From that assessment of need a support plan is developed which records how and when the person concerned would like and need their care and support. The assessment includes a budgetary value for that package of care, and is called an Individual Budget or Direct payment.
6. Domiciliary Care is provided in a planned and long term manner and care is reviewed and monitored by the allocated social worker, and can be increased and altered as care needs change. The aim of domiciliary care is to ensure that people are enabled to remain in their own home for as long as possible. Domiciliary care can also be a vital way in which informal carers can be supported to continue in their role as carer to their loved ones at home.
7. Our last survey of service users in December 2014 showed much greater levels of satisfaction compared to the London average.



Users reported that they receive as much social contact as they would like



Users satisfied with the care they receive



Users and carers find it easy to find information about services

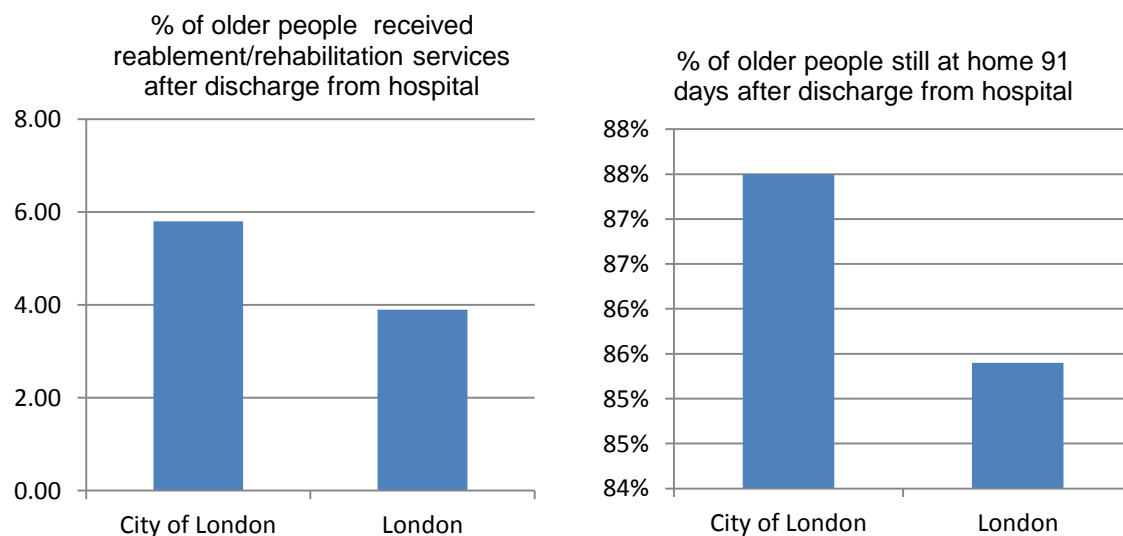


% of people who use services who say that those services have made them feel safe and secure

We intend to undertake further surveys in 2017.

Reablement

8. The second type of Domiciliary Care offered is the Reablement offer.
9. Reablement is focused on enabling people to be independent following discharge from hospital. It is a prevention and early intervention service that is free to the individual, and can last for up to 6 weeks with the aim of supporting people to regain their confidence, building their informal support, managing their risks and enabling their independence.
10. The City of London Reablement service is provided by two full time Reablement coordinators and a senior Occupational Therapist, who are based within the Adult Social Care Team.
11. The goals of the reablement service are to :
 - prevent people's needs from escalating
 - prevent people needing on-going social care services
 - Reduce dependency and enable independence.
 - Reduce the need for readmission into hospital within a period 3 months of original discharge. This is a National Performance Indicator that the City of London always scores very well in.
12. The Reablement Service provides support from 0700-1900 five days a week. All other hours are covered via an external supplier. The Reablement team meet weekly with the external agency to review each service user and review goals and outcomes for gaining independence.
13. The service is subject to a statutory Inspection by the CQC. The last inspection took place in December 2016, when the service was judged as Good.
14. As result, the City performs well on two other key performance indicators when compared to London.



From "Supporting you an annual report of adult social care services in the City of London 2015/16"

Current Position

15. The City Corporation currently has a framework approach for the provision of domiciliary care services where service users have requested that the City Corporation's Adult Social Care Services manage their care arrangements. This means that a number of local providers have met our quality and pricing criteria to deliver domiciliary care services. There are six providers on this framework although only three are currently delivering packages of care in the City.
16. However, the framework agreement ends on 31st March 2017. All the current providers were notified of this and the requisite notice letters were sent last year.
17. From 1st April 2017 the City Corporation will enter into a five year contract with one sole provider of care, and all costs associated with the new contract have been factored into the Directors local risk budget. This will be for any service user that requests that the Adult Social Care Service team manage their care arrangements. This includes current service users and all new service users. From a total of 57 service users 26 are currently on managed care packages.
18. From the 1st April 2017 all service users will have a choice whether to receive care from the new provider or to instead take an 'individual budget'. This means that they, or their nominated agent, can directly receive their allocated care budget and use that budget to purchase their own care. To help people to do this the City Corporation has procured a brokerage organisation, Penderels Trust, to support service users and their agents to understand the care options available to them and help them make the best use of that budget. Currently 17 service users have chosen to take individual budgets and receive full support from Penderels. 14 Service users manage their own care and individual budget via a Direct payment
19. The City Corporation's decision to enter into a contract with a sole provider for managed care packages was made after extensive market analysis and engagement opportunities. We held an event attended by 12 home care agencies and we received additional written feedback from 7 agencies. It was important for us to hear from this local 'provider market' as we wanted to ensure that there would be sufficient interest in delivering services to a relatively small volume of service users. As a result of this engagement these agencies told us:
 - To get the best quality staff we should continue ensuring that all carers receive at least the London Living Wage
 - Paying for travel time between care visits is important
 - Good care means achieving 'personal outcomes' - that means meeting each service user's individual needs and wishes
 - No care visit should be less than 30 minutes
 - Having one agency to take on all our home care needs would be the model that is most likely to attract a wide range of interested agencies
 - However, the City of London will need to make sure we have a good back up plan in case there are any issues that arise from having one provider
 - These arrangements should run from April 2017 to March 2022; and be frequently reviewed to ensure quality and consistent care is being delivered

- Home care agencies want to work closely with our Carers Network, Befriending Services and other local voluntary sector and charity run projects in City of London
- We should use technology where we can to improve care and ensure carers are being deployed in the most effective way
- We should encourage care organisations to employ local people as carers and offer apprenticeships to local young people
- Service users can continue to choose to take the money they are entitled to for their care and use it to make their own arrangements if they wish. The City Corporation will help people to do this

20. We undertook consultation with current service users, carers and others. They told us that they want to continue to have high quality services and that it was important to have regular carers who service users trusted and could have on-going relationships with, and that they had choice in how their care was delivered.

21. As a result of our analysis and planning the City Corporation undertook a competitive tender process in November and December 2016. The tender 'closed' on 22nd December and in January officers, alongside one of our service users, evaluated the responses. We had responses from 11 different agencies wanting to be our sole provider of managed domiciliary care service. One of our requirements was that the new provider meets all parts of the Unison Care Charter (see appendix 1). This will guarantee the highest standards of domiciliary care currently delivered in UK.

22. A recommendation for a chosen provider was ratified by the Community and Children's Service Category Board on 23rd January and at the current time we commencing contract mobilisation with the chosen provider.

23. Moving forward we will agree a performance management schedule with the chosen provider to ensure that all the standards of quality, safeguarding and service user involvement and satisfaction are in place. The 'handover' from current care providers to the new provider will be thorough, sensitive to service users' needs and fully involve the service user and their family, carer and wide support network as well as the allocated social worker. As care is delivered the provider will be in regular contact with social workers to review and report on individual care plans and agree tri- laterally - with social workers and the service users - any changes to those plans.

24. A DCCS Commissioning and Contracts Officer will lead day-to-day contract and performance management alongside the ASC Team Leader. There will be regular performance management meetings and reports; and we will use direct service user and carer verification that outcomes are being achieved. We will also work alongside our carer's network, befriending service and other voluntary sector services to monitor and ensure that the new provider delivers a great service.

25. Safeguarding is at the heart of our domiciliary care services. The chosen provider will meet all requirements of the City Of London Adult Social Care safeguarding

protocol and the Pan London Multi Agency Adult Safeguarding Policies and Procedures.

26. The Commissioning Manager and Adult Service Manager have worked closely on the procurement and will continue to have regular scheduled meetings to oversee the mobilisation and delivery of the contract. They will in turn be held accountable for performance by Adults Senior Management Team, Adults Service Improvement Board and the multi-agency Adult Advisory Group.
27. The City Corporation also commissions a Reablement Plus service that delivers a rapid response 24 hour service for up to 72 hours in total, to avoid people going into hospital, and to support those coming out of hospital urgently and unplanned; at – weekends and bank holidays. We are currently looking at the best option to continue this provision after 31st March, to make sure there is a high quality service and seamless handovers to our own staff.

Corporate & Strategic Implications

28. The Domiciliary Care service assists in helping individuals remain healthy and living longer within their own homes with maximum independence and dignity. Individuals are well safeguarded from harm and assisted to access their community as much as is possible.

Conclusion

29. The Adult Social Care Service will work very closely with service users to ensure that there is smooth transition from their previous care agency to the newly commissioned provider. There will be flexibility through our commissioned brokerage service Penderels Trust to facilitate choice if specific care needs are best met through retaining previous carers. It will be an important time to listen to the voices of service users and their carers and families to ensure the continuation of good quality domiciliary care is maintained. This work is one of our key priorities for 2017.

Appendices

- **Appendix 1 – UNISON Ethical Care Charter**

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