

## Update for People Scrutiny

### Homecare

MARCH 27<sup>TH</sup> 2017

An update on homecare was previously presented to Scrutiny Commission in November 2016. Scrutiny members have asked for a written update on specific issues. We are pleased to report that whilst challenges remain, we have made progress on addressing some of the quality, price and capacity issues in the home care market. Detailed responses to questions are below:

Scrutiny members have asked for a written update on specific issues:

- **Are the new contracts now in place?**

New contracts for secondary zone providers in the City are now in place. The secondary zone providers are Alimo Care and Homecare4u. Homecare4u are now operating in zones 4, 9, 10, 11 (where main providers HSG, Kumari and Medacs also currently work) and Alimo are operating in zones (1,2,3 and 8 where main providers Comfort Call and Medacs also work). The zones in the City not currently covered by a secondary zone provider are 5, 6, 7 which are Kumari zone (5) and HSG zones (6,7).

New night time care contracts are also in place. The new contract moves us from one providers covering the whole City to three providers sharing the work across the City in three zones. These providers are Kumari, Comfort Call and Network Care, with a start date of 1<sup>st</sup> April 2017 to allow sufficient time to plan the transfer of the customers care packages from Kumari and the BCC In-house team and to negotiate with the new providers about the length and number of shifts. If relevant, service users are being written to about changes in their providers.

- **Are BCC on track to make the saving expected this year?**

An update paper on homecare has just been submitted to SLT (March 14<sup>th</sup> 2017). This states that financial savings on the zonal homecare model have been 400k to date. This is short of the expected financial saving and is due to the four main providers in the City still only having 30% of all homecare cases. The main providers are paid at a lower rate than other providers in the City (the financial saving is on this 30% as we pay at a lower rate). 70% of care is still provided by other legacy providers. The SLT paper sets out plans to re-balance these percentages and to get the main and secondary providers to deliver more homecare at a lower rate. The revised estimate for this financial year coming 2017/2018 is 870k. This is in the context of a sector that is experiencing real difficulties in staff recruitment and retention thereby affecting the capacity of main and secondary providers to grow and take on more packages of care. The emphasis now will be on increasing main and secondary provider uptake of new packages; safe and sustainable transfer of packages from legacy providers to main and secondary providers and a model of maximising service user independence meaning better outcomes for service users and a reduction in the amount of homecare hours commissioned over time, making a financial saving for BCC.

- Are there any concerns about the sustainability of the contracts?

There are some concerns about the sustainability of these contracts. Several of the main providers have recently reported making a financial loss or only breaking even to date on the contract. This relates to the hourly rate we set and what the main providers tendered to do the work for (£14.20 per hour), to new additional financial pressures on providers such as NLW and Apprenticeship Levy, and to recruitment and retention issues which means they don't always have enough staff to take on new referrals and to absorb transfer of work from other legacy providers. Yet they need the volume of work to make the contract viable. It is a chicken and egg situation.

To support providers, a paper has gone to SLT on inflationary uplifts for care providers. If approved, this will increase the hourly rate paid to all homecare providers in the City. We are also now using our own BCC PR and Media Team to support recruitment of care workers in the City and to launch a Proud to Care campaign to encourage new recruits to the sector. The overall homecare model/contract is also now strengthened by the two new secondary providers starting to pick up new referrals in their zones.

- **Are businesses managing to work within the contract specification?**

Evidence from recent 'Support and Challenge' meetings with main providers chaired by the lead commissioner for homecare (Lucia Dorrington) and Quality and Contracts Manager (Ros Cox) suggests that providers are managing to work to the specification i.e. provision of homecare to people with assessed needs to the quality that we specify and in an efficient way. This is true for the majority of weekly care hours (18,800 care hours a week). Providers are doing this in an increasingly tough economic and regulatory environment. However there is also some evidence of missed or late visits, poor paperwork and note recording and some low standards of care being delivered by some providers some times. These issues are surfaced through SMYTH forms completed by concerned social workers, through complaints by service users and families or flagged through local QA visits or CQC inspections. These issues are being directly raised with providers with action plans being put in place to improve performance, where required.

- **Does BCC have any concerns?**

BCC acknowledges the unprecedented situation homecare is in as a result of reduced public sector budgets, increasingly complex cases needing homecare (anecdotal evidence of more service users with mental health issues or acute behavioural issues needing homecare), hospital discharge pressures and continually higher standards required by CQC. These contextual factors are known to BCC commissioners and plans developed with providers to try to mitigate against the continued pressure of these constraints. As stated previously, the main interventions to support the sector are:

- Proposed inflationary uplift on hourly rates (decision sought 14<sup>th</sup> March 2017)
- Waving EMS penalty fines, where deemed appropriate (EMS fines are for non-clocking in/out, late visits etc) and if this threatens the financial viability of a provider

- BCC support for provider recruitment and retention
  - Introduction of two new secondary providers
  - New 'Support and Challenge' meetings individually with main providers every month
  - Action plans with targets for provider performance improvement (e.g. 25% increase in take up of new referrals by end May 2017, 50% by end August 2017 etc)
- **From the Bristol hospital figures, the number of bed days lost due to awaiting a home care package is as follows: October 385, November 327 and December 246. Cllrs noted that although these figures are still high, the downward trend is encouraging. Is this due to the new contracts in place?**

There does seem to be an improvement in the discharge of patients from the BRI and Southmead to homecare providers. At Southmead and the BRI, there are integrated discharge teams comprising hospital social workers and brokers sourcing care packages for people waiting on wards to be discharged. This is a good model as it aids and speeds up communications between health and social care and service users and families. BCC and UBHT (BRI) has also put in place a rapid response 'hospital to home' discharge service for the Winter and Spring and this seems to have made a difference to the numbers and the length of time people are waiting for homecare packages at the BRI. Through daily ALAMAC calls between partners across all aspects of the health and social care system, BCC keeps a check and is accountable for the continued supply of homecare packages from hospital.

Lucia Dorrington, Lead Commissioner for Homecare, March 15<sup>th</sup> 2017