

AGENDA ITEM

REPORT TO CABINET

19 JANUARY 2023

**REPORT OF ADULT
SOCIAL CARE AND
HEALTH SELECT
COMMITTEE**

CABINET DECISION

Lead Cabinet Member: Cabinet Member for Adult Social Care – Cllr Ann McCoy

SCRUTINY REVIEW OF CARE AT HOME

SUMMARY

The attached report presents the outcomes of the Adult Social Care and Health Select Committee's review of Care at Home.

REASONS FOR RECOMMENDATION(S) / DECISION(S)

This topic was included on the Scrutiny Work Programme for 2021-2022 (though did not commence until the start of the current 2022-2023 municipal year). The review is now complete, and the recommendations have been endorsed by the Adult Social Care and Health Select Committee for submission to Cabinet.

RECOMMENDATIONS

The Committee recommend that:

- 1) Stockton-on-Tees Borough Council (SBC) ensures all registered Care at Home providers across the Borough are visible within the Stockton Information Directory (indicating if they are included in the SBC Framework Agreement), and that this list is accessible via the Council website.
- 2) A regular feature is included within Stockton News regarding the local Care at Home sector (i.e. good news story, staffing opportunities, etc.).
- 3) SBC / Care at Home providers consider existing, and potentially new, mechanisms to engage with local colleges / schools to promote opportunities to work in the care sector.
- 4) SBC reinforce with local providers the need to ensure service-users and their families / informal carers are fully (and repeatedly) aware of how to raise an issue / complaint regarding the care they are receiving (including directly to the provider themselves or to SBC) and that this is responded to in a timely manner.

- 5) Providers ensure their back-office functions are adequately staffed and that appropriate mechanisms are in place to keep service-users updated on any changes to planned visits (whether these be in relation to timings or actual staff attending).
- 6) As far as possible, providers set a multiple-week rolling staff rota and that this is shared on a weekly basis with service-users (and, where relevant, families / informal carers).
- 7) SBC, in conjunction with local providers, continues in its efforts to raise the profile of the care sector within the Borough. To boost the status of care workers and give reassurance to those individuals / families seeking support, this should include lobbying for Care at Home staff to be regulated through a national register (e.g. inclusion within the Health and Care Professions Council) and investigating the feasibility of a local register.
- 8) Linking-in with the push for the integration of care, SBC act as a conduit to foster closer links between local Care at Home providers and NHS Trusts.
- 9) SBC continue to provide a platform for local providers to come together and share ideas / learning / concerns, and that those not engaging are encouraged wherever possible to join the ongoing conversation.
- 10) The use of 15-minute welfare calls is minimised and used only when appropriate as part of a wider package of care.
- 11) SBC continue to explore and deploy other options to support welfare, including tele-assist and technology.
- 12) Consideration be given to standardised questions for providers to issue to their clients in order to evaluate quality and performance, and for responses to be submitted to SBC as contract managers.
- 13) SBC varies the Call Scheduling and Monitoring element of the specification for a Care at Home and Domestic Support Service to ensure local providers offer (and issue where requested) non-electronic logbooks to document visits to an individual's home, and that this option is reflected within their service-user information packs.
- 14) A joint letter from the SBC Cabinet Member for Adult Social Care and Chair of the Adult Social Care and Health Select Committee is sent to the relevant care minister and local MPs regarding the key findings of this review, reiterating the need for appropriate future support of the sector.
- 15) Regarding the national 'fair cost of care' exercise:
 - a) Outcomes of this be presented back to the Adult Social Care and Health Select Committee once published, along with the Council's response to the key findings.
 - b) SBC reviews the balance of costs it pays both care home and Care at Home providers to ensure this remains a fair allocation in light of ever-changing demand.

DETAIL

1. A critical element of social care, Care at Home (sometimes called 'Domiciliary Care' or 'Home Care') is care that is provided in the person's own home. It involves a carer either visiting or living (the latter not being applicable in Stockton-on-Tees) with an individual in their own home to provide support, and can be appropriate if an individual requires help with

practical tasks or personal care, but whose needs are not at a level where they need to move to a care home.

2. Care at Home providers can assist people in a number of ways, including domestic care (e.g. help with shopping, cooking, cleaning / laundry), personal care (e.g. bathing, dressing, assisting getting out of bed / going to bed, help with toileting, help with eating and drinking, help with medication) and, occasionally, pet care. Because many people prefer to stay in their own home if possible, Care at Home is a popular care option in the UK which allows individuals to maintain independence in familiar surroundings, with peace of mind that they are always being supported.
3. Regulated by the Care Quality Commission (CQC), there are a number of Care at Home services operating across Stockton-on-Tees. Whilst CQC ratings vary across the region, the current level of graded performance within the Borough is highly encouraging, with the vast majority of providers rated 'good'.
4. However, as with most organisations across the health and care sectors, the COVID-19 pandemic has had profound implications on the way services are delivered, the management of financial and staffing resources in the face of social restrictions and vaccination requirements, and the ability to recruit / retain personnel to maintain an appropriate workforce. Factor-in ongoing national developments around the Government's social care reform agenda and the impact this may have on home care, and there are several important areas for consideration when reviewing the existing and future delivery of such services, a type of support that a significant proportion of residents across the Borough will likely have, or could have, a direct experience of during their lifetime.
5. The Committee's main aims for this review were to understand the Care at Home system (regulations, promotion of, access to, funding / costs to the individual (inc. use of direct payments), Council involvement) and how the Council contracts for Care at Home. Assessing the existing quality of provision of the Council's contracted providers was another key feature, as was ascertaining the impact of the COVID-19 pandemic. Finally, the Committee sought to establish future priorities for this type of service to ensure continued good-quality provision which was available in the right place at the right time.
6. The Committee received contributions from key personnel within the Council's Adults and Health directorate, direct submissions from local Care at Home providers (as well as indirect provider feedback via a 2021 and 2022 consultation), and views on the sector from the health and care regulator, the Care Quality Commission (CQC).
7. In addition to provider perspectives, the Committee was keen to understand the views of those accessing local services. To this end, the Committee considered a range of service-user feedback that had been previously and recently collected via the Council and local providers, and also undertook its own survey of individuals receiving care within their own home (which could also be completed by their relatives and / or informal carers).

COMMUNITY IMPACT IMPLICATIONS

8. As noted within the Committee's final report, Care at Home services are a type of support that a significant proportion of residents across the Borough will likely have, or could have, a direct experience of during their lifetime (whether this be they themselves or a family member / friend). A well-functioning, good quality Care at Home sector helps to alleviate pressure on the whole health and care system, but a number of complex issues are putting significant stress on the market, particularly in relation to staff recruitment and retention, and recent inflationary factors. The present situation appears fragile, and the loss of any existing services could lead to fewer choices and longer delays in accessing much-needed provision.

CORPORATE PARENTING IMPLICATIONS

9. There are no corporate parenting implications identified at this stage.

FINANCIAL IMPLICATIONS

10. The recently announced delays to the Government's adult social care reforms mean longer-term financial implications remain unclear. One of the report's recommendations relates to the eventual outcome of the national 'fair cost of care' exercise (establishing a fair and sustainable future cost of providing such services), and calls for SBC to review the balance of fees it pays both care homes and Care at Home providers to ensure this remains a fair allocation in light of ever-changing demand and a fragile market.

LEGAL IMPLICATIONS

11. There are no legal implications identified at this stage.

RISK ASSESSMENT

12. The review is categorised as low to medium risk. Existing management systems and daily routine activities are sufficient to control and reduce risk.

WARDS AFFECTED AND CONSULTATION WITH WARD/COUNCILLORS

13. The review involved services that cover the whole Borough, therefore was not Ward-specific.

BACKGROUND PAPERS

14. None.

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