

A Managed Change

Briefing Paper : An Agenda for Creating a Sustainable Basis for Domiciliary Care in Northern Ireland

November 2015

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Foreword

Domiciliary care plays a major role in achieving the Health and Social Care Board's aim of delivering high quality care in the community. Each week in Northern Ireland over 250,000 hours of support is provided to more than 25,000 people in their own homes. The service operates across the region, around the clock, in all weathers by staff working individually or in teams who are among the lowest paid in health and social care. It is an effective and valued service but it is under increasing pressures as more demands and expectations are placed on it.

Because of these difficulties and major financial challenges the Health and Social Care Board (Board) has undertaken this Review. If we are to sustain and develop a service which will be effective in supporting a number of our strategic aims, it needs to be based on improved information, listening to and speaking with providers and service users, encouraging innovation and learning from best practice.

Domiciliary care also faces more immediate challenges arising from workforce regulation, new approaches to buying the service and changes to rates of pay announced in the recent Budget. All of these expectations and changes will transform the current service and may create some instability in the system. We need to ensure that it is managed in order to hold on to what is good in domiciliary care and to improve effectiveness and quality of delivery. This report provides a briefing on the findings and recommendations of the report (and can be read in conjunction with the full detailed report). It also sets the agenda for the work to be taken forward to put the service on a firm footing for the future.



Fionnuala McAndrew

Director of Social Care and Children, Health & Social Care Board

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PART 1

The aims of this review and how the domiciliary service is currently provided

SECTION 1 - Why are we reviewing Domiciliary Care and what are we looking at?

Introduction

In December 2011 the publication of 'Transforming Your Care' (TYC) by the Health and Social Care Board outlined plans for meeting the needs of our population. The report had a strong focus on services for older people and on the need to support them in their own homes rather than relying on more costly institutional forms of care. In order to achieve this it is vitally important to have an effective domiciliary care service. This review was designed to assess how prepared the service is to meet future challenges.

In order to direct the work the Health and Social Care Board (the Board) set up a regional group in 2014 to review of domiciliary care services. The group is led by the Board with membership from Health and Social Care Trusts (Trusts) , Local Commissioning Groups (LCGs), Department of Health, Social Services and Public Safety (the Department/DHSSPS) the Northern Ireland Social Care Council (NISCC). The Group also linked with the voluntary sector, the Commissioner for Older People for NI (COPNI), the Patient and Client Council (PCC) and Trade Unions.

What is domiciliary care?

The most widely used local definition of domiciliary care developed by the Department describes it as:

'The range of services put in place to support an individual in their own home. Services may involve routine household tasks within or outside the home, personal care of the client and other domestic services necessary to maintain an individual in an acceptable level of health, hygiene, dignity, safety and ease in their home'.

Key Facts

We want to share some information with you about domiciliary care services in Northern Ireland. Did you know that...



Health and Social Care spends approximately £206 million per year on domiciliary care services



Around 25,000 people receive domiciliary care each week.



Over 250,000 hours of domiciliary care are delivered every week

Objectives

The aims of the review are to:

- **Improve information** relating to domiciliary care services;
- Undertake an **analysis of the domiciliary care market**;
- **Consult with those with an interest in domiciliary care** services about their experience of the service;
- **Examine connections** between domiciliary care and other services;
- **Analyse and compare existing Trust arrangements** for delivering domiciliary care services and identify best practice; and
- **Identify a more coordinated regional model** to deliver domiciliary care.

Scope

This review focuses on domiciliary care services provided by the statutory (Trusts) and independent (private, voluntary, community) sectors and does not include people paying for their own care.

What is the purpose of this document?

This document explains:

- **Part 1 (this part)** - how domiciliary care services are currently provided, what information we have on the service, and other services connected with domiciliary care;
- **Part 2** - what people told us about domiciliary care services; and
- **Part 3** - what we think the challenges to the service are and how we intend to address them.

We need your input

We want to let you know what we are trying to do. We promise to listen to and consider the views of everyone who responds to the findings in this review and our proposed next steps. It is important to have a

healthy debate about them. This document is part of an on-going process of communication with those who have an interest in domiciliary care services.

Over the coming months we want to continue to speak with service users and carers, and the groups which represent them to help us shape how we address the challenges identified in this review.

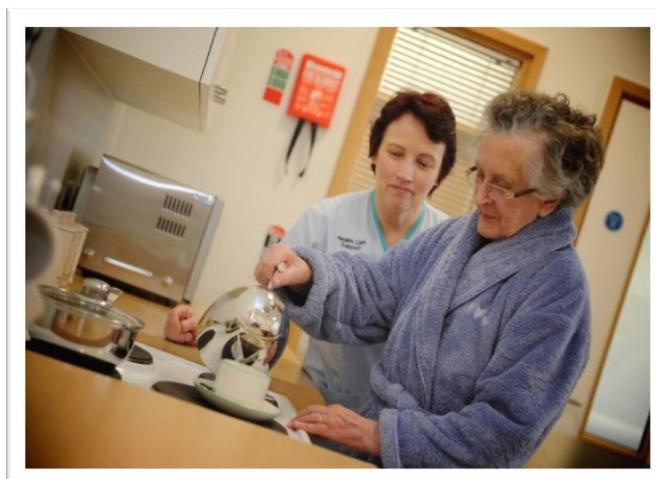
SECTION 2 - The current Domiciliary Care Service

Delivering the service

Domiciliary care services in Northern Ireland are provided by a combination of inputs from statutory services, provided by Trusts and the independent sector which includes the private sector and a range of community and voluntary organisations.

The mix of statutory to independent sector provided services varies across Northern Ireland, and depends on local circumstances and needs.

There are currently 82 registered domiciliary care providers in Northern Ireland. This includes the five Health and Social Care Trusts. There is a broad range of non-statutory providers.



There is a good deal of similarity in Trust arrangements for managing, commissioning and monitoring statutory and independent sector provision. There are also some differences in the management of referrals and allocation of services but the most striking differences are in the differences in hourly rates paid for care, the number of contracted providers and the statutory/independent sector split.

The number of providers ranges from 12 in the Western Trust to 36 in the South Eastern Trust.

The statutory/independent split in the number of hours provided ranges from 17%/83% in the South Eastern Trust to 50%/50% in the Northern Trust.

There has been a great deal of variation in hourly rates paid for care across the region, with rates ranging between £10.48 and £12.52. Current Trust proposals to tender for services may result in changes to current rates but the potential for a greater degree of consistency needs further examination and discussion with the sector.

Our information on Domiciliary Care

The review revealed that, compared to other regions of the UK, our activity and financial information is relatively weak as there has not been the same level of academic, economic and commercial analysis of the sector locally. We rely heavily on the annual survey report produced by DHSSPS based on a single week's activity each September. It gives a good indication of activity and trends but it would benefit from further development.

The most recent Departmental report in February 2015 shows

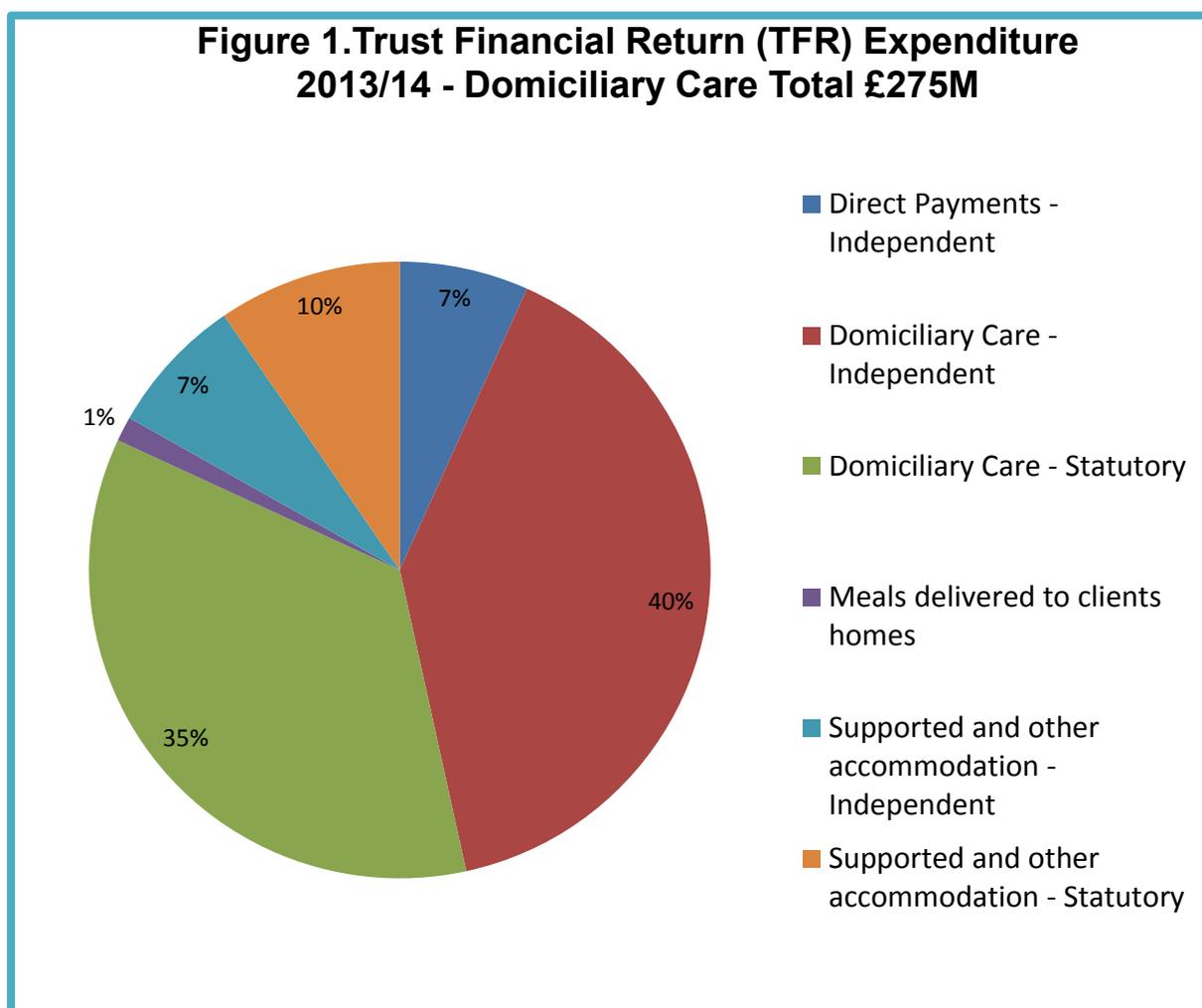
- **Contracted Hours** – an estimated 250,798 hours of direct contact with clients which showed an increase from the previous year.
- **Sector Split** – the statutory sector delivered 32% and the independent sector 68% of contact hours of. In England, by comparison the split is 11% to 89%.¹
- **Average Hours/Intensive Visits/Frequency** – the average input is 10.4 hours per client, an increase from 9.8 in 2013. 8,177 clients receive intensive visits, and 80% of clients got 6 or more visits during the week.

For the purposes of the review we also examined Trust financial returns for 2013/14. This information indicated that a total of £272m was spent on a range of domiciliary support services (See Figure 1 below) with £206m on mainstream domiciliary care across statutory and

¹ The Stability of the Care Market and Market Oversight in England, Feb 2014

independent sectors. Around 75% of this spending is on services for older people.

While there has been consistent annual investment in domiciliary care over many years it has also been used as a source of source of savings in response to funding pressures. This has made it difficult to monitor changes in activity and funding but future financial prospects mean that we need to improve our information.



We have highlighted the challenge of getting accurate activity and financial information about domiciliary care which can be used to inform service changes and re-design. Further work is needed to compare expenditure and performance, and work is in progress which to help address this problem.

Other services connected with domiciliary care

Domiciliary care provides a vital support for many people who wish to remain independent for as long as possible. It does not however operate in isolation and links with a range of other services which support this objective. We have considered developments in these areas and how they might impact on future models of domiciliary care delivery.

Reablement

Reablement has been one of the most significant changes to how the need for community services is assessed and delivered since it was first introduced in 2011. It aims to reduce unnecessary dependence on health and social care services by means of brief, intensive support with daily living tasks to help the service user to regain their independence. The current reablement model is led Occupational Therapists with intensive backup from Trust domiciliary care staff.

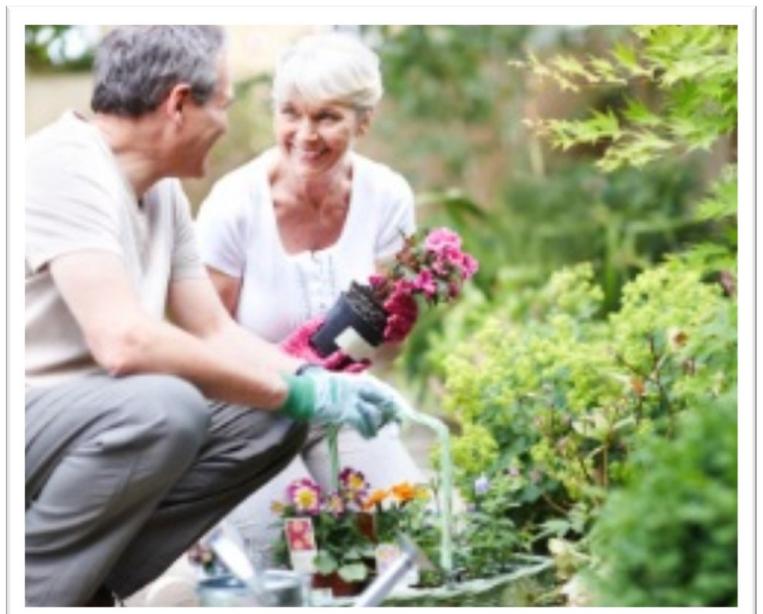
As reablement continues to be developed the domiciliary care element may become more a more specialist element of a broad range of domiciliary care services and distinct from mainstream services.

Direct Payments

Direct payments were introduced in Northern Ireland in 1996 in order to give individuals or their representative the funding from their local Trust to obtain social care support best suited to their needs. At present there are around 3000 people receiving direct payments. This is a low level of uptake compared to other parts of the UK and the number of recipients has remained relatively stable. This situation may change as Self Directed Support (SDS) develops (see below).

Self-Directed Support

Self directed support attempts to revitalise the concept of people taking control over creating their own funded care



package. It permits greater control and more flexibility in managing a personal budget. It includes a number of options for getting support.

The individual's personal budget can be:

- taken as a direct payment (a cash payment);
- a managed budget (held by a Trust/the client controls spend);
- the Trust can arrange a service; or
- individuals can choose a mixture of these options.

Self directed support is one of the Board's major reform projects in the delivery of community care and support for older people and those with disabilities. A target has been set for 33% of eligible users to be using of this option by 2019.

Implementation will be a major test for professional attitudes about how services can be delivered and managed. It will also be a challenge in terms of developing a suitable network of services and providing support and advice to help people manage these new arrangements and relationships. A final obstacle is likely to be the absence of any new funding specially for self directed support. There may be a need to consider if Trust domiciliary care budgets can be redirected to support this new approach.



Other Relevant Services

Reablement and self directed support are the new approaches that are mostly likely to impact on the funding and delivery of domiciliary care. There are some other services which may have some limited impact. These include.

Supported Living

Supported living is mainly an accommodation based service which is registered as domiciliary care provision. It is developed in a partnership arrangement between health and social care and housing services. Future funding prospects may limit the number of new facilities but funding may instead be directed to more flexible, individual supports to people in their own homes. This is often referred to as 'floating support'.

Telecare

Telecare has the potential to support people at home by providing equipment instead of direct care especially for monitoring and security. Some local pilots have shown positive results but funding is limited and use of the technology is not yet widespread. Further roll out may depend on diverting funds from other projects such as the eHealth Strategy.

Telehealth

Telehealth allows people to monitor their health in their own home. Individuals with long term conditions like respiratory problems, diabetes etc. can use simple equipment to measure blood pressure, blood glucose level, oxygen levels and other physiological measures. The person can remain independent at home and reduce the number of visits to GPs and unplanned hospital attendances, it also helps give the person a greater sense of wellbeing.

Community Meals

The provision of community meals has played an important role in providing home based support but it has been changing as Trusts have developed other ways of providing this service.

Conclusion

The reason for examining the links between the services discussed above with domiciliary care was to identify their potential for changing how it might be delivered in the future. The two projects which would seem to have this effect would be the further development of reablement and self directed support. Due to the current pressure on resources there is an argument for managing funding across all these services in a more coordinated and strategic way by identifying a regional budget to be managed centrally along with Local Commissioning Groups (LCGs).

PART 2

What people told us about domiciliary care

Section 3 – How we gathered views and what we heard

How we gathered views

An important element of the review involved us speaking with people about their experience of the service. In addition to meetings with users and carers, the Team arranged events with Independent Sector providers² and Trade Union representatives. A range of sources were also used to obtain the views including Trust surveys of users of domiciliary care. We drew on other sources to obtain views including the Patient and Client Council (PCC) – *Care at Home: Older People’s Experience of Domiciliary Care, June 2012*, and the Public Health Agency (PHA) *Regional Findings Relating to Care in Your own Home (10,000 voices)*, March 2015,



What we learned from other sources

1161 individuals took part in the PCC research with **87%** of respondents rating the quality of care as “good” or “very good”. Respondents viewed domiciliary care as an invaluable service to many older people for the quality of care provided and the support and input from care staff. One of the most positive aspects was the support it provides to help people

² Independent Sector providers are privately run businesses who Health and Social Care Trusts contract with to help provide domiciliary care services.

remain in their own home and maintain independence as an alternative to institutional care.

The PCC research highlighted concern about the future of domiciliary care provision and some criticisms were expressed about the inconsistency and inflexibility of the service. They wanted to be reassured that the care provided to people in their own home was of an acceptable standard. They stressed the need to focus on improving the quality of life of older people living at home rather than reducing the financial cost of social care. These findings reflect the views expressed by others outlined later in this report.

The PHA and HSCB jointly commissioned the '10,000 Voices' initiative which asks individuals to share their experience of health and social care services by "telling their story". A survey was undertaken via a series of workshops with patients, families, carers, and HSC staff who were asked about their experience of receiving care in their own home. Between February 2014 and January 2015 approximately 1330 client stories were captured by the survey with **78%** of respondents reporting a positive experience of the service and **82%** stating that domiciliary support in their own home had impacted positively on their lives.

A high proportion of respondents in all Trusts were very satisfied with the care they receive with many accounts of the compassionate care, help and support which carers deliver. Some stories describe the isolation and loneliness experienced by those who rely on domiciliary care and reflect how much they appreciate and value the service.

The survey identifies some areas for reflection, learning and development to enhance the experience of those using domiciliary care. This includes:

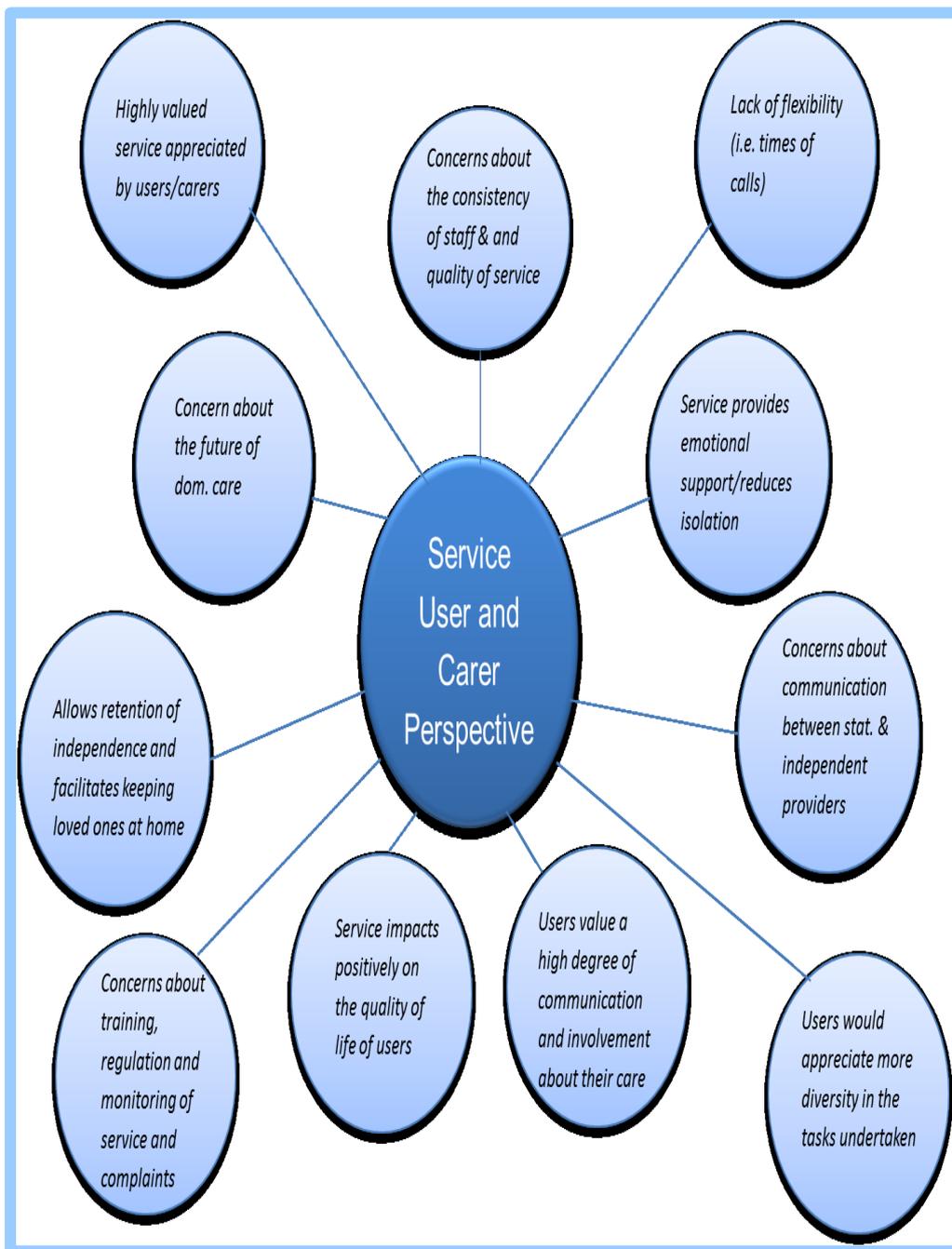
- Better communication of information between carers;
- The same people providing care on a regular basis;
- Improved timing of calls and allocation of time;
- Ensuring that the privacy and dignity of users is respected by staff;

- Ensuring staff are adequately trained to care for people with dementia;
- Maximising opportunity for client choice in food preparation/meals.

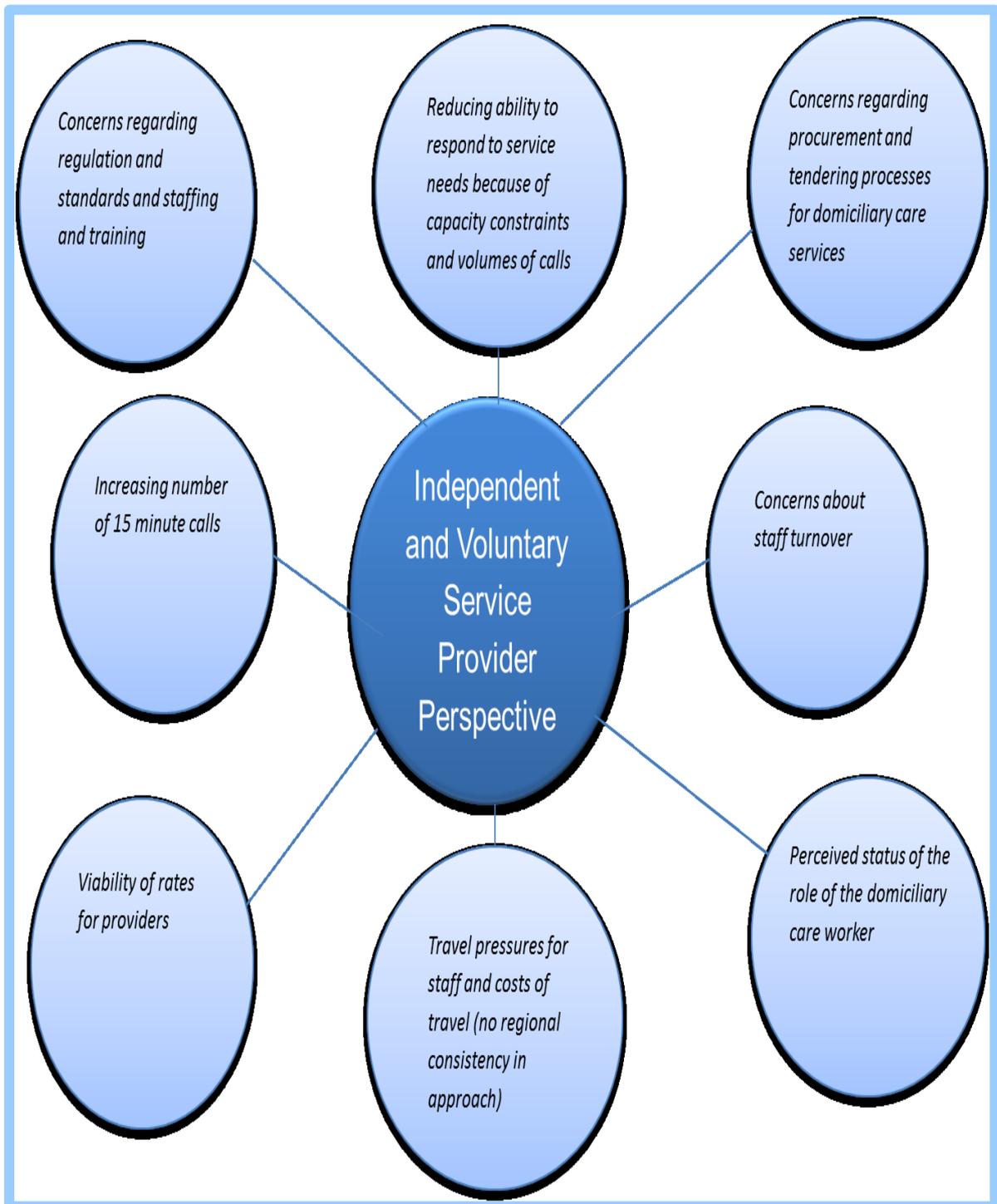
What people told us directly

In conversations with people we asked about what worked well currently with regard to the service, what didn't work so well and areas for improvement. In addition, providers were asked for their views on what the Board, Trust, providers need to do to ensure a stable domiciliary care market in the future. The following pages summarise the views of a range of significant perspectives and identify wider environmental factors impacting on domiciliary care.

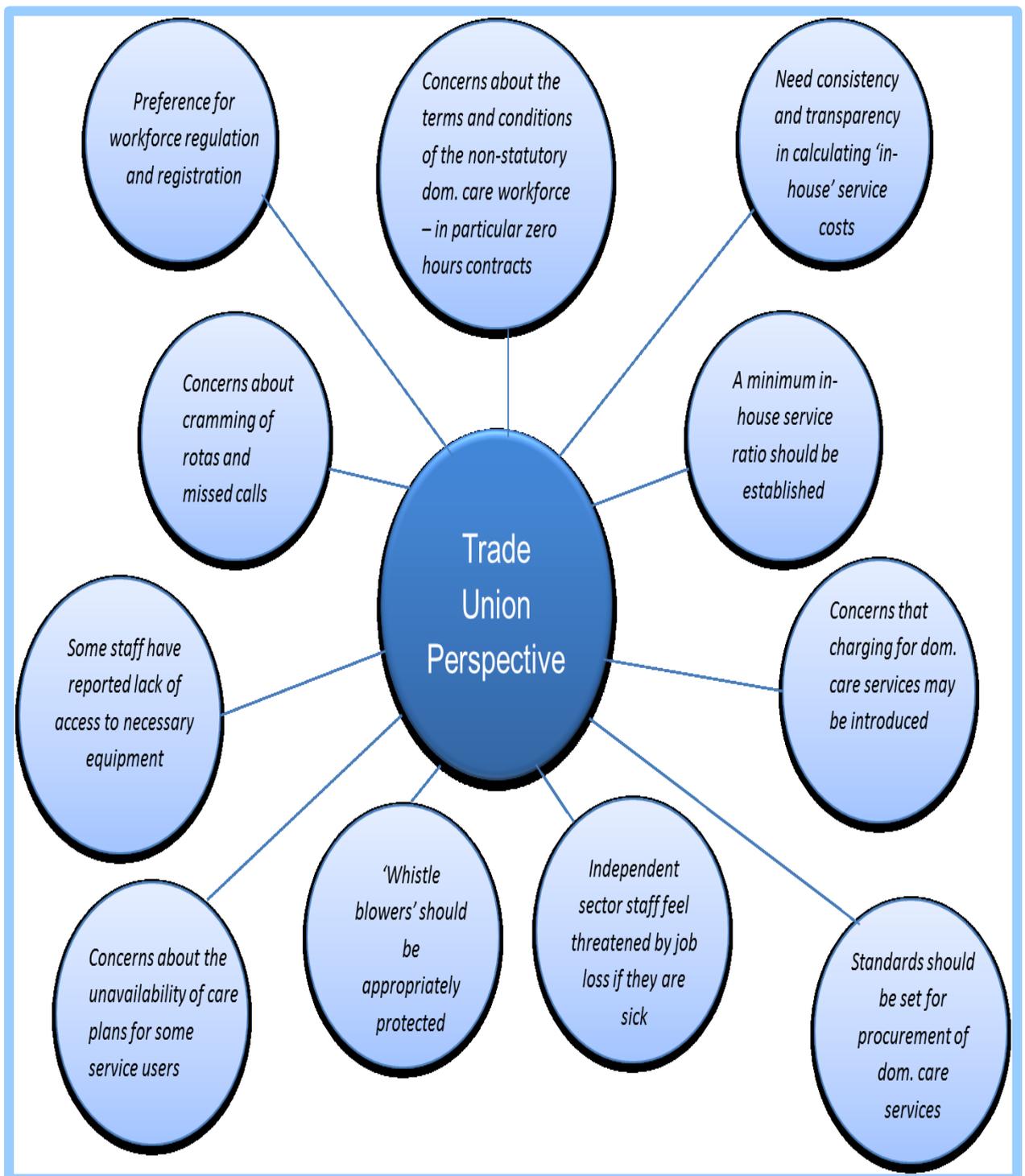
Service users and carers restated many of the views identified in the research material referred to earlier balancing an appreciation and valuing of the service with concerns about communication, care standards and diversity of tasks. These are summarised below.



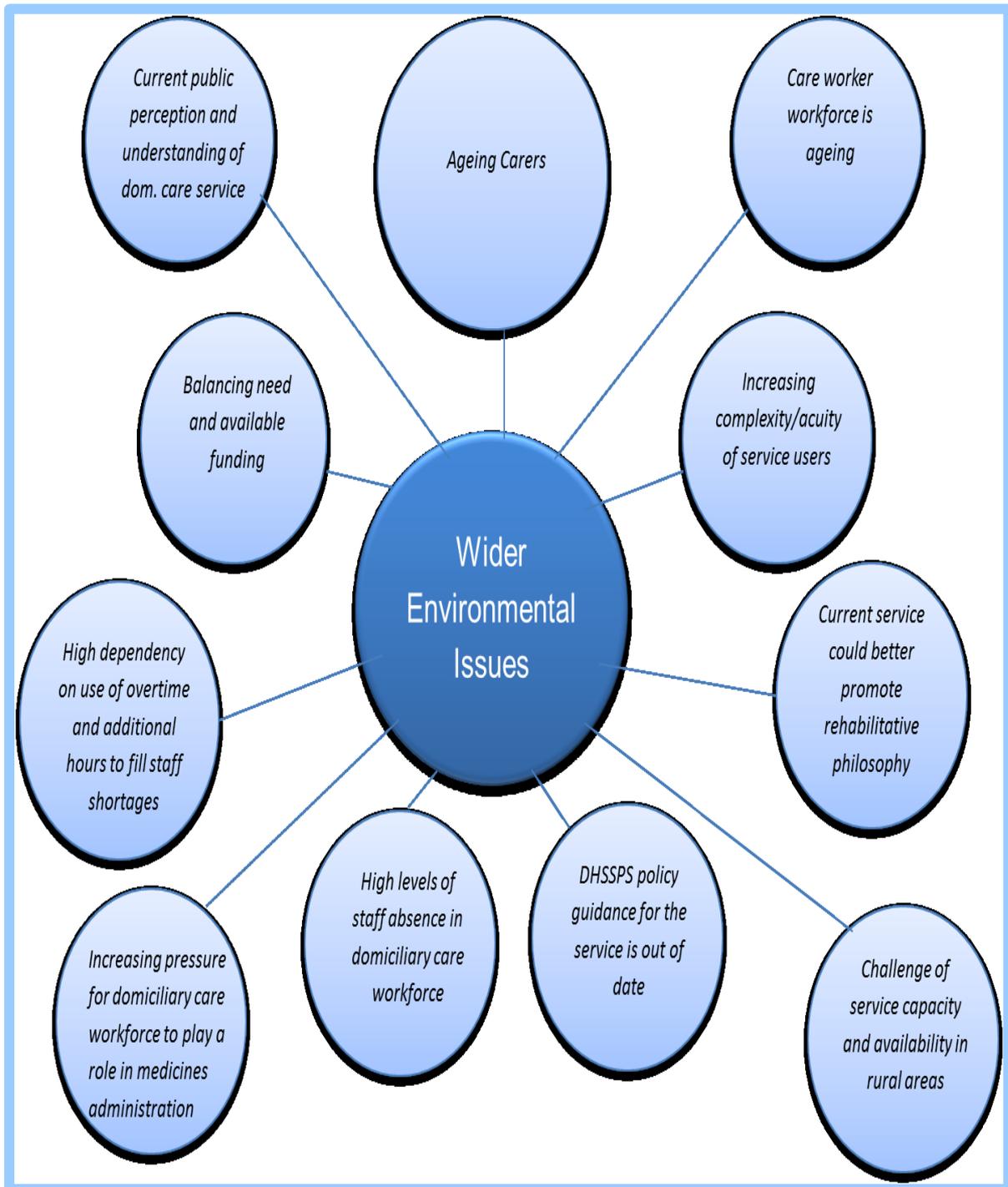
The views expressed by **service providers** largely focus on recruitment, their ability to respond to service needs, standards/regulation (i.e. the quality of care provided and the registration of workers with a body such as the Northern Ireland Social Care Council) and market sustainability. The views are summarised below.



Trade Union perspectives reflect their sense of responsibility to safeguard their members, and a desire to improve regulation and terms and conditions for domiciliary care workers in general. These views are summarised below.



A range of **wider environmental factors** impacting on domiciliary care services was identified by stakeholders. These included.



Conclusion

The extent to which domiciliary care is valued by such a wide range of people reinforces the vital role which it performs. There was no strong sense, across the different groups of respondents, of a service in crisis but there are clearly two major areas of concern.

The first of these relates to how the service is going to be procured in the future and the second is the availability and development of a workforce to maintain the delivery of a quality service.

PART 3

**The challenges and how we intend
to address them**

Section 4 - The Challenges and our proposed actions

The Challenges

The review has identified some key challenges for domiciliary care which we need to tackle to make sure we have a sustainable service into the future. In summary these are:

- **The information** we have about the work which takes place in domiciliary care and the money we spend needs to be improved so that we can monitor and plan services more effectively.
- We need better information about **independent sector provision** to respond to any changes in the domiciliary care market and to develop more effective working partnerships to deal with the impact on services.
- **Significant workforce challenges.** The review identified issues associated with recruitment/retention, training and terms and conditions of domiciliary care staff, and in particular the difference between statutory and independent sectors. Terms and conditions in the former seem to have improved but this does not seem to have been the case in the latter. The independent sector reports huge challenges in training, recruitment and retention and unfavourable comparisons with terms and conditions. It is facing severe challenges in being able to provide these inputs to a similar standard as Trusts.
- We need to co-ordinate the **services which interact closely with domiciliary care** (reablement and self directed support), to ensure that service users and carers are aware of the range of care options and can choose the one which best suits their needs.

- Individual Trust domiciliary care delivery should be tailored to local needs but there is scope to develop a more consistent approach and standardisation of the **model of domiciliary care** across Northern Ireland. Some Trusts are prepared to explore /test an ‘outcomes’ based model which is more flexible than the current ‘time and task’ approach. It focusses on goals which would be agreed with service users/carers and how these can be achieved rather than the duration of inputs.

How do we plan to meet these challenges?

In order to plan for the future and make sure Health and Social Care can continue to provide a highly valued domiciliary care service there are some priority tasks which we have identified and outlined below.

Structure – we want to create a Project with a specific focus on community care services including domiciliary care, residential and nursing care as a priority consideration for HSCB commissioning. This refocusing will require other projects to be stood down and for the Project to have more joined up planning and links with Reablement and Self-Directed Support developments.

Funding – we will ensure that there is a more co-ordinated approach to funding domiciliary care across the region and ensure that it is used to meet strategic aims and address service pressures.

Workforce Planning – we are currently working with the DHSSPS which is leading a workforce planning review of domiciliary care. The review and its action plan will address some of workforce challenges we have presented in this report. Workforce planning will be taken forward in conjunction with the DHSSPS, Trusts and the Northern Ireland Social Care Council.

Procurement – we want to co-ordinate future procurement of domiciliary care services across the region. This will allow us to ensure that we apply best practice and learn from each other.

Costs – because of the introduction of the Living Wage³ in April 2016 we need to assess its impact on the cost of the provision of domiciliary care services. This will inform our thinking about the future model of domiciliary care and how we can best provide the service.

Outcomes Model – we need to look at the evidence for the effectiveness of an outcomes model in the rest of the UK and in Northern Ireland. This will help inform us about the use of an outcomes based approach to domiciliary care across the region.

Policy – There is a need to seek clarification from DHSSPS whether any changes to the current position on charging for domiciliary care services is likely to emerge from the regional review of Adult Social Care. We will also be asking the DHSSPS to review its current guidance in line with recent NICE⁴ requirements.

Information - we have begun work to improve the information we have on domiciliary care and we want to continue to progress this. This will mean progressing the current community indicators project work and also taking forward the purchase and implementation of a live domiciliary care information system. The latter will mean we will have ‘real time’ information on the service which clients receive. We will also be able to respond in a more timely way to managing any issues with rotas i.e. where a client call has been missed or when a member of the domiciliary care team is ill an unable to make their calls.

Contingency - we are asking Trusts to review their planning arrangements to make sure they can respond to any sudden changes associated with non-statutory organisations that provide domiciliary care.

³ In July 2015 the Chancellor of the Exchequer announced that the UK Government will introduce a compulsory minimum wage premium for all staff over 25 years of age, and referred to it as the ‘national living wage’. This will be introduced in April 2016 and will mean by 2020 that the rate will be £9 per hour.

⁴ The National Institute for Health and Care Excellence (NICE) provides national guidance and advice to improve health and social care.

Summary of Actions and Lead Responsibility

Recommendation	Lead Responsibility	Target Date
Policy	DHSSPS (clarification that policy will be reviewed)	Dec 2015
Technology	HSCB – Social Care	Dec 2015
Structure	HSCB – Social Care	Jan 2016
Costings	HSCB – Finance	Jan 2016
Contingency	Trusts	Jan 2016
Innovation	HSCB – Social Care	Feb 2016
Procurement	BSO – PaLs	Mar 2016
Workforce Planning	DHSSPS	Mar 2016
Investment	HSCB – Commissioning and Finance	Mar 2016

What will happen next?

The HSCB will take the regional lead in co-ordinating the actions set out above with the relevant stakeholders (DHSSPS, BSO and Trusts). The Board will also take forward further discussions with service users/carers and groups that represent their interests to help shape the specific actions which we need to take to address the challenges set out above.