REPORT TO: Health Policy and Performance Board

DATE: 29th September 2020

REPORTING OFFICER: Strategic Director, People

PORTFOLIO: Health and Wellbeing

SUBJECT: Update on the Transforming Domiciliary

Care Programme and Response to the Healthwatch Survey of Domiciliary Care

Users October 2019

WARDS: Borough Wide

1.0 PURPOSE OF THE REPORT

1.1 The purpose of this report is to provide an overview of the Transforming Domiciliary Care Programme and Adult Social Care response to the Healthwatch Survey undertaken in October 2019.

2.0 RECOMMENDATION: That the report is noted.

3.0 Transforming Domiciliary Care

- 3.1 The Transforming Domiciliary Care Programme originally commenced in 2016 with the aim of improving the provision and quality of care commissioned by Halton Borough Council.
- 3.2 A Transforming Domiciliary Care Programme Board was established in 2018. In 2019 the original programme of work was reviewed and updated following consultation with key stakeholders.
- 3.3. The overall purpose of the Transforming Domiciliary Care Programme remains the same to provide a modern and sustainable domiciliary care service across Halton. Five main Programme Aims have been identified:
 - 1. Develop the Reablement First pathway connected with Discharge to Assess (D2A) approaches;
 - 2. Link to the Strengths & Assets Based Approach in Adult Social Care;
 - 3. Deliver a high quality, safe, effective, sustainable and value for money service;

- 4. Shift from a purely time and task-based delivery to one where care outcomes can also be demonstrated to show the impact on service users' health and wellbeing and on the use of resources;
- 5. Demonstrate more closely aligned delivery of domiciliary care within the local integrated health and social care system (including with the community and voluntary sectors).
- 3.4. Following the development of a Work Programme, a series of workstreams were established which also began to meet on a monthly basis. In terms of governance, each of the workstreams report into the Transforming Domiciliary Care Programme Board. The workstreams are;

3.4.1 Reablement First (including Discharge to Assess Pathway (D2A)

This workstream will oversee the continued development of the reablement first pathway.

3.4.2 Workforce Development

This is crucial to addressing the single greatest operational challenge facing providers – namely staff recruitment, retention and development.

3.4.3 Capacity and Demand

This workstream will focus on how best to manage demand and capacity in the local care system.

3.4.4 Outcomes

This workstream will oversee the continued development and management of an outcomes approach across the care pathway. This will include the development of routine outcomes measures such as outcomes surveys to measure the delivery of outcomes and satisfaction levels.

3.4.5 **Engagement**

This workstream will focus on engagement with a wide range of stakeholders.

- 3.5 Each workstream is headed up by a lead officer and supported by a number of stakeholders whom are able to progress the work of each workstream. Progress updates from each workstream are fed back to the Transforming Domiciliary Care Programme Board along with any issues/exceptions.
- 3.6 A number of Transforming Domiciliary Care Programme Board and workstream meetings had taken place prior to the incidence of the Covid-19 crisis. Work had just commenced on the priorities, for example starting to undertake regular outcomes surveys with Service users. However, due to the pandemic crisis response required, the

development programme was paused to allow attention to be directed to the provision of sustainable front line services, including domiciliary care, at a time when staffing constraints have provided significant operational challenges.

- 3.7 During the pandemic the borough has implemented the nationally mandated 'Discharge to Assess' / 'Home First' model where people return home from hospital or experience a change in home circumstances have the required rehabilitation, reablement, care and support rather than utilising short term bed facilities. The latter are only used where the risks associated with being at home and / or the intensity of rehabilitation requires a short term admission and then continuation of intervention at home. Whilst meetings have not been able to take place, during the crisis, domiciliary care has continued to be provided in a safe and effective way and where possible work has continued to improve domiciliary care provision within the borough, for example by commissioning an additional 500 domiciliary care hours per week. The previous capacity issues within the sector are no longer present with nobody waiting for care.
- 3.8 Currently, work is being undertaken within Adult Social Care to implement a 'Reset' Strategy. The purpose of the Reset strategy is to facilitate the smooth transition from the Covid-19 emergency situation back to a 'new normal'. As part of the work on the Adult Social Care 'Reset' strategy, consideration will be given to how the Transforming Domiciliary Care Work Programme can re-commence and how it may be taken forward.

4.0 Healthwatch Survey 2019

- 4.1 In October 2019 Healthwatch Halton published their survey of people in receipt of domiciliary care and reported to the Health Policy and performance Board (HPPB). The report contained 9 key areas for consideration which are set out and responded to below.
 - 1. We would urge the local authority to adopt NICE Guidance requiring the involvement of service users and carers in all discussions about their care and support.

Response:

Halton Borough Council continues to work within the NICE Guidance. Social care members of staff and commissioned services seek to place Service Users and their significant others at the centre of decision making. Whilst the survey highlights that 20% of people responded that they were not very involved in decisions, a significant number reported that they asked their families to be involved in decisions. Halton Borough Council will continue to provide training and support to all staff in adopting person centred approaches to care.

2 We suggest the Local Authority go further by introducing a more continuous process for reviewing care plans where care staff and service users/families speak to each other to refine things as they go.

Response:

Care planning and provision are reviewed on a regular basis and is evidenced through regular performance monitoring.

3 We recommend that a review is carried out to ensure all service users and their families are being offered independent advice and support on care assessments.

Response:

Independent advice and support is available through local commissioned services Age UK and Halton Citizens Advice Bureau. Social Care teams are actively encouraged to make this information available.

4 It is recommended that, in line with NICE Guidance NG21, information on Direct Payments and other forms of funding is widely shared with Service Users.

Response:

Halton Borough Council has consistently been one of the highest Local Authorities to offer and provide Direct Payments to people in the North West. To facilitate discharge from hospital in a timely manner, the Council utilises its Reablement service and as part of this process would offer Direct Payments where long term care provision is required

5 Feedback received points to a level of unmet need. Although the evidence shows it to be in lower number of cases, this is something that the local authority may wish to explore and consider how to mitigate those needs.

Response:

Capacity and demand issues are a key factor in meeting unmet need. The Transforming Domiciliary Care programme has a specific focus on managing demand and meeting needs and will continue this work on resuming the programme

6 Information on how to raise a compliment, complaint or safeguarding concern should be included in Service User Care Plans. This should include details of independent organisations such as Healthwatch Halton who can offer support if required. This information should be available on provider and Local Authority Websites and in other ways appropriate to Service Users and their Carers.

Response:

Both Halton Borough Council and contracted care providers include information on how to make compliments, complaints and safeguarding concerns in assessment and care file documentation. Information will be reviewed to ensure independent organisations are referenced.

We would like to see all service users and their families provided with information on what to do in the event of a late or missed call. It is recommended that care providers review the procedures they have in place to deal with missed calls in order to prevent service users feeling that no action is being taken to deal with the issue.

Response:

Electronic systems are in use to monitor 'missed' and 'late calls'. This information is reviewed as part of contract monitoring.

8 We were given examples of Service Users having multiple carers over short periods of time. It is recommended that small teams would allow staff to become familiar with the particular needs of Service Users.

Response:

The development of standards in relation to number of carers forms part of the work of the Transforming Domiciliary Care Board. Capacity, demand and care workforce issues impact on providing services 7 days per week from 07:30 until 23:00 in a consistent manner. The number of carers visiting people is also reviewed through the monthly contract monitoring process.

9 We recommend that task-based visits are considered to ensure carers carry out all tasks required to be completed. We ask for review of the current system to ensure that Service Users are aware that this is the approach and full information on what should be accomplished during each visit is provided.

Response:

This recommendation forms part of the work of the Transforming Domiciliary Care programme.

5.0 Policy Implications

None at this time.

6.0 FINANCIAL IMPLICATIONS

None at this time.

7.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

7.1 Children and Young People in Halton

None.

7.2 Employment, Learning and Skills in Halton

Domiciliary Care provision relies on a sustainable skilled workforce.

7.3 A Healthy Halton

Good domiciliary care promotes wellbeing and supports individuals to achieve their best outcomes.

7.4 A Safer Halton

None.

7.5 Halton's Urban Renewal

None.

8.0 RISK ANALYSIS

Failure to deliver the programme may undermine the opportunity to deliver a modern and sustainable domiciliary care service across the borough of Halton.

9.0 EQUALITY AND DIVERSITY ISSUES

None.

10.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972

10.1 None under the meaning of the Act.