



**Scrutiny Task Group Scoping Paper**  
**Community and Wellbeing Scrutiny Committee**  
**Home Care Commissioning**

**Brent's Context**

1. Home care is a statutory service provided by the council's Adult Social Care service. Home care, also known as domiciliary care, is a key way of improving a person's quality of life and it is an important part of Brent's health and social care system. However, the provision of the service is facing significant challenges.

2. Domiciliary support is practical, including help to get out of bed and dressed in the morning, assistance in preparing meals and taking medication. This care enables people to live safely and autonomously in their own homes, whilst also receiving the support they need to complete activities of daily living such as getting washed and dressed, being supported to go to the toilet, getting support with food preparation and taking medication.

3. The majority of home care delivered at present is a traditional service, in which an individual is 'cared for' by one or more care worker. However, the local authority also offer some reablement provision. This is a different type of home care, which focuses on supporting individual to recover some or all of their independence. Goals are set at the beginning of the process, and specialist agencies work with Occupational Therapists to support individuals to achieve those goals. For example, rather than a home care agency making lunch for an individual, a reablement package might focus on supporting an individual to regain the skills to make their own lunch. Goals are individual and tailored to the person in question. This timely provision of intensive support, therapy and care for short periods of time is usually provided for people who have just been discharged from hospital or are otherwise entering the care system following a crisis.

4. Reablement can be provided for anyone, at any stage of their interaction with the council, and not just for those people being discharged from hospital. The aim of home care is to allow an individual to stay at home for as long as is safely possible. This means that the needs of people receiving home care is now much higher than they were in the past. People who would have been admitted to residential or nursing care even five years ago are now being supported at home.

5. Home care is not a directly provided local authority service. There is a range of providers in the private, not-for-profit and voluntary sectors from whom the local authority purchases packages procured through the West London Alliance framework (WLA).<sup>1</sup> However, the local authority is still able to 'spot purchase' outside the framework. During 2016 – 2017 home care was provided cumulatively to a total of 2,578 Brent residents, with a further 904 receiving reablement home care in the same year. The final outturn expenditure figure for the provision of home care and reablement home care for 2016 – 2017 was about £15million. As of May 2017, there were 1,780 people receiving home care in the borough.

6. Brent Council usually only purchases home care on behalf of an individual when he or she doesn't have the money to purchase care privately, and the person's needs are significant enough to meet criteria set out in the Care Act 2014. However, there are an increasing number of 'self-funders' who require the council to arrange their care, often after a stay in hospital, both to ensure that they can be discharged from hospital in a timely manner, and because many older people do not have family or friends who are willing or able to do this for them. Some residents may meet the eligibility criteria but opt to organise their own support separately from the local authority with a Direct Payment, or may wish to use a Direct Payment to purchase support directly from the same care providers that the council commission with rather than asking the council to arrange this care for them.

7. In addition to local authority purchased home care, care is provided informally by family, friends and wider community or social networks. There are estimated to be around 27,000 carers in the borough.<sup>2</sup> It is important to note that under the Care Act 2014, the council are only required to provide services if a need is unmet. This means that where an unpaid carer is providing care for an individual, we would not classify the need as unmet and would not fund or provide care. However, the local authority has a duty to take into account the welfare of unpaid carers, and will often provide respite or support to ensure that care arrangements do not breakdown.

8. Complaints about home care packages are low at just 1% of statutory and corporate complaints. But the majority of complaints are reported directly to the home care provider and resolved by them.<sup>3</sup> The Burstow Commission highlighted nationally that too often, care plans under commissioning arrangements are fixated on 'time and task'. They struggle to integrate people's 'sociability' needs and the willingness of friends, family and neighbours to help, and the end goal of a person's independence is too often lost.<sup>4</sup>

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<sup>1</sup> 'West London Collaborative Framework, Report from the Director of Housing and Community Care, Brent Council, 11 August 2010, p8

<sup>2</sup> Brent Adult Social Care Local Account 2014/15, p5

<sup>3</sup> Brent Council Annual Complaints Report 2015-16, Appendix A, Adult Social Care Complaints, p2

<sup>4</sup> *Key to Care: Report of the Burstow Commission*, LGIU (2014) p24

9. Nationally, there are growing concerns about the sustainability of the domiciliary care market, and the viability of some businesses.<sup>5</sup> At present, Brent has numerous providers who are part of the WLA framework. Other local authorities have opted to create a sustainable market by having a stronger relationship with fewer providers.

10. Nationally, Unison has consistently highlighted widespread problems for its members including the use of zero-hour contracts. Unison's view is that in many areas, home care is stuck in an equilibrium of low-skill, low-status, and low-pay.<sup>6</sup>

## Demographic trends

11. The main recipients of home care are older people and adults with physical disabilities. The majority of people who receive home care in Brent are aged 65 or older. While resources to provide home care have decreased overall client numbers have rose last year by about 13% as the size of the population who are aged 65 or older has risen.<sup>7</sup> As chart 1 shows, the number of people aged 85 and over is also expected to rise by 2020. Those aged 65 and over is expected to increase by 26.4% to 41,500 people by 2020, and those aged 85 and over will rise by 54.5% by 2020, according to Greater London Authority population projections.

12. Research has shown that late-life dependency is increasing, as the years lived for men and women with low and high-dependency care needs rises.<sup>8</sup> However, living in poverty contributes to poorer health, wellbeing and social isolation, and while the overall life expectancy in Brent is in line with the rest of London, there are significant health inequalities within the borough. For example, the gap in life expectancy for men between the most affluent and most deprived parts of the borough is 8.8 years. Another feature, as important as total life expectancy, is healthy life expectancy, and males (born in 2010-12) can expect to have a healthy life expectancy of 62 years, compared to an overall life expectancy of 79.9 years. Females (born 2010-12) can also expect 62 years of healthy life compared to a total life expectancy of 84.5 years.<sup>9</sup>

13. People who are eligible for home care have increasingly more complex needs. This has occurred as the number of young disabled adults with physical or learning disabilities has risen, but also as the incidence of dementia in the population increases, and as described above, as the acuity of people being supported at home as opposed to in an institutional care setting also increases. As chart 1 shows, the number of people aged 85 and over, who are more likely to have complex needs, is expected to increase significantly.

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<sup>5</sup> Jonathan Holmes, *An Overview of the Domiciliary Care Market in the United Kingdom*, UKHCA, May 2016, p8

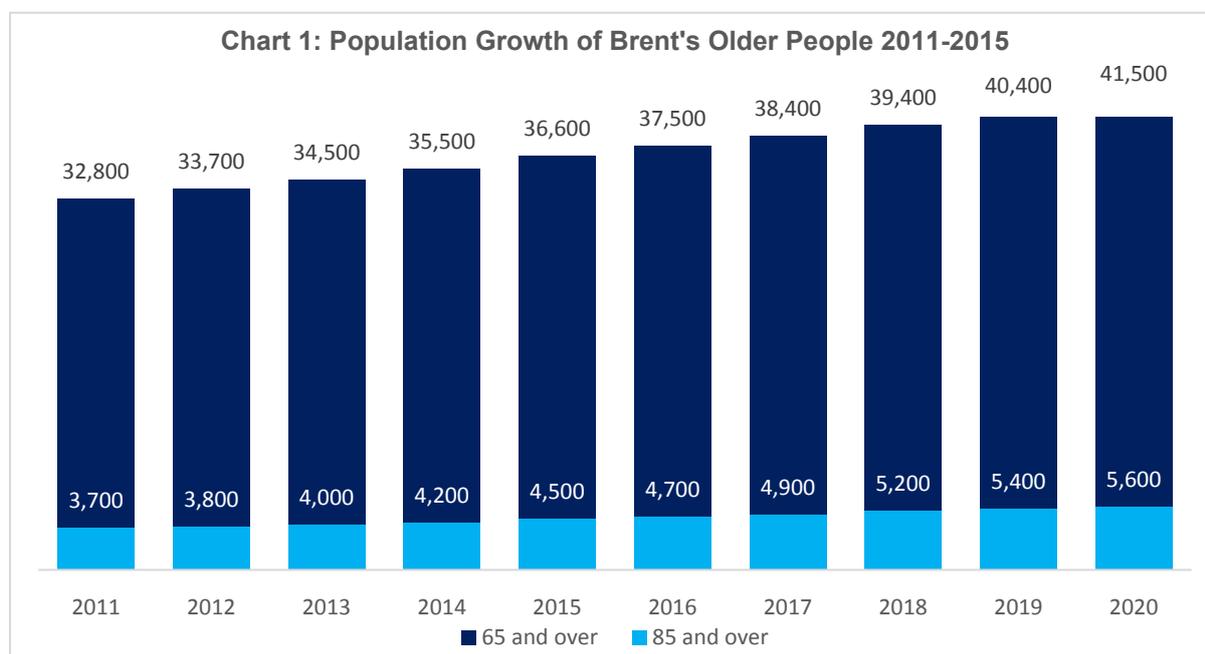
<sup>6</sup> 'Authority to Award a Framework Agreement for Home Support Services', Brent Council, 16 June 2014, p7; '

<sup>7</sup> Brent Local Account, p13

<sup>8</sup> Andrew Kingston et al, 'Is late-life dependency increasing or not? A comparison of the Cognitive Function and Ageing Studies', *The Lancet*, 15 August 2017

<sup>9</sup> Brent Joint Strategic Needs Assessment 2014/15

14. These projections have profound implications for the delivery of adult social care and between 2009/10 and 2014/15 spending on adult social care fell by 17% in real terms, as councils' overall budgets were reduced, according to the King's Fund. This occurred at a time when the number of people looking for support increased by 14%.



Source: GLA Short-Term Population Projections, 2015 based

© Greater London Authority, 2017

15. The profile of Brent's older population is changing. At present, Black and Minority Ethnic (BAME) groups make up fewer than 40% of the population aged over 75. However, by 2020 the Asian population will make up 39% of the population aged 65 or over. It's estimated that around 27% of people over the age of 65 live alone, and this will increase as the number of single households in the wider population rises.<sup>10</sup>

## Finance

16. Brent Council's expenditure on domiciliary care is a substantial part of the Adult Social Care budget, which has fallen significantly since 2009/10.<sup>11</sup> Full Council last municipal year agreed a two-year budget up to 2018/19 with a precept for Adult Social Care of a 2% council tax as well as a 1.99% general rise. In the budget, £1.5million was factored in for home care each year as the additional cost of providing the same level of services to an increasing rising population.<sup>12</sup>

17. From March 2014 to March 2016 there was a consistent increase in the number of people needing home care across a range of hours per week, with a total increase of over 30% in that period. The current hourly rate for external home care packages in

<sup>10</sup> Brent Local Account, p4

<sup>11</sup> Brent Adult Social Care Local Account 2014/15, p13

<sup>12</sup> Brent Council Budget, Cost Pressures - 2017/18 - 2019/20' Appendix B

2014/15 is £13.82 per hour, with annual average costs of between £10,060 and £35,932 per person per year, and the average package of care is 17.75 hours per week at an annual cost of £12,740. A further pressure is the increasing number of people who require more than one carer to support them. 'Double up' care packages present significant challenges to both the council and the market and are increasing significantly year on year. <sup>13</sup> Work is currently being done to evidence the need for dual-handed packages of care with an expectation that greater use of equipment and assistive technology will reduce the numbers and free up care worker time for other key activities.

18. Brent's 2016/17 Scrutiny Budget Panel highlighted that the Community Wellbeing Department is facing increasing challenges as a result of a changing demography as Brent's residents live longer and develop more complex needs. As a result, the last three years has seen the department deliver care to an increasing number of users and also fund more complex and expensive care packages. <sup>14</sup>

19. A rising cost for providers is the London Living Wage (LLW). Brent Council is an accredited LLW employer, and the Cabinet is strongly committed to LLW. Brent Council even offers a one-off discount in business rates to companies based in Brent which pay LLW. <sup>15</sup>

## **Policy and Legal**

20. Brent's Borough Plan 2015-19, has committed the local authority to a number of priorities related to home care commissioning, including improving life chances and building partnerships with communities and providers. <sup>16</sup> Within the Brent 2020 strategy, the local authority has stipulated managing demand for services as a key priority. Brent also has a Social Value Policy and Procurement Strategy 2016-18, which commit the local authority to meet certain objectives when commissioning.

21. Under the Care Act 2014, local authorities have an explicit duty to shape their local care markets by working with a variety of care providers to make care services available whether they are paid for by the local authority or not. A significant number of residents purchase home care from providers separately to the council. The council additionally has a duty to ensure that the market is sustainable.

22. All home care providers in the borough are regulated by under the Health and Social Care Act 2008 by the Care Quality Commission (CQC). The 2014 Care Act sets out the local authority's legal duties.

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<sup>13</sup> Brent Local Account, p15

<sup>14</sup> Budget Scrutiny Panel Report, Resources and Public Realm Scrutiny Committee, 10 January 2017, pp.8-9

<sup>15</sup> NNDR Discretionary Discount Scheme for Businesses Accredited to Living Wage Foundation, Brent Council Cabinet, 26 January 2015

<sup>16</sup> Brent Borough Plan 2015-19, p4

## **Task Group Rationale**

23. The local authority's existing arrangement with the WLA for purchasing home care ends in September 2018. As a result, Brent Council will organise its own commissioning arrangements to come into effect from 1 October 2018, which is an important priority for the Community Wellbeing Department and the Cabinet Member for Community Wellbeing. A review is underway and options are being developed, working with providers and engagement with people receiving services, their families and other stakeholders. The new commissioning model will be from 2018-2023.

24. As members we want the best possible health and wellbeing for residents. Home care is only provided to a small proportion of Brent's population, but it is fundamental to their health and wellbeing. We want to understand home care at present and how it could be further improved to maximise people's independence and quality of life. Also, we want to understand how a new commissioning model could work.

25. As an Overview and Scrutiny task group we are interested in taking a broader perspective and understanding how home care fits within the 'bigger picture' of a local authority and its services rather than just viewing it as a commissioning exercise by a single department. The task group's terms of reference and membership are set out in Appendix A and B.

## **Task Group Objectives**

26. Overall, the task group's objective is to develop recommendations which are clear and directive and supported by detailed evidence. They will be based on what the task group thinks are the important priorities for a future home care commissioning model, how the challenges can be addressed, and how the local authority's existing policies and strategies might need to be updated. These recommendations will help to inform the Cabinet when it takes a decision next year on the different policy options for commissioning home care. As set out the task group will take a broader perspective to understand how home care fits within the 'bigger picture' of local authority services and other public services.

27. The task group will focus on four areas: resources, health and wellbeing outcomes, partnerships and relationships, and the quality of home care. The task group's work will be guided by a number of themes, including:

### **Resources**

- long-term demographic trends
- workforce status, skills and pay
- adult social care budgets
- 'time and task'

### **Health and Wellbeing Outcomes**

- promoting independence
- health and wellbeing
- prevention

### **Partnerships and Relationships**

- partnership working
- health and social care integration
- wider community and social networks

### **Home Care Quality**

- priorities for people using home care and their families
- understanding complaints
- how quality can be improved.

## **Methodology**

28. The focus of the task group's work will be on understanding the issues and gathering information across the four themes using qualitative and quantitative evidence.

29. The final report and its recommendations will be presented to Community and Wellbeing Scrutiny Committee on 31 January 2018, and agreed recommendations will then be presented to Brent Council's Cabinet.

30. The task group will meet with various stakeholders who have an interest in home care in Brent, to better understand the issues. Task group activities and meetings will be set out in a project plan once the Community and Wellbeing Scrutiny Committee has agreed the scoping paper.

## **APPENDIX A**

### **Terms of reference**

**The terms of reference for the task group will be to:**

- a) Understand the commissioning model and how effective the services provided are in supporting independence and improving a person's quality of life.
- b) Understand the options for a new model of home care.
- c) Evaluate how home care sits within wider local authority services.
- d) Review the local authority's partnership working and relationships with people receiving home care and their families.
- e) Evaluate how home care can improve health and wellbeing outcomes.
- f) Review how home care fits within existing social networks and communities.
- g) Evaluate the quality of home care and how quality can be improved.

## **APPENDIX B**

Task group membership:

**Cllr Ketan Sheth**, task group chair

**Cllr Pat Harrison**

**Cllr Jean Hossain**

**Dr Laura Cole**, a researcher at the Social Care Workforce Research Unit at King's College London will act in an advisory capacity to the task group.

**James Diamond**, Scrutiny Officer, will provide support to the members' task group.