



Home Care Commissioning in Brent

An Overview and Scrutiny Task Group Report

Chair, Councillor Ketan Sheth

Community and Wellbeing Scrutiny Committee

February 2018

Task group membership

Councillor Ketan Sheth, Task Group Chair

Councillor Jean Hossain

Councillor Pat Harrison

The Task Group was set up by members of Brent Council's Community and Wellbeing Scrutiny Committee on 24 September 2017.

Committee Contacts:

James Diamond, Scrutiny Officer, Strategy and Partnerships, Brent Civic Centre
Engineers Way, Wembley, Middlesex HA9 0FJ

020 8937 1068 james.diamond@brent.gov.uk

[@Brent_Council](#) [#scrutinybrent](#)

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Chair's Foreword

Home care is a vital service. It allows hundreds of older people as well as adults with physical and learning disabilities to live independently and have a better quality of life. It helps some people who have just come out of hospital to get back on their feet and do the day-to-day activities which means they do not have to go into residential care. Supporting them at home are care workers, most of whom are women, who do fantastic work.

I think we would all want the best for any adult family member, relative or friend who was receiving home care and to know they were getting the best assistance available. Yet in our borough home care is facing many challenges. The pressure on local government finance coupled with demographic trends is putting home care under financial strain and there are concerns about workforce pay, training, and ensuring a stable market for providers among other issues. In short, the status quo is not working well. Quite rightly, Brent Council has been reviewing home care and its commissioning arrangements. It has been timely to have a members' overview and scrutiny task group to look at this important area of policy and contribute its recommendations and views.

I would like to thank all those hard-working officers who gave up their time to meet with me and the other members of the task group while we carried out our work. Finally, I would like to say a special thank you to Cllr Pat Harrison and Cllr Jean Hossain, who served on the task group, for their valuable input and suggestions.

Councillor Ketan Sheth

Chair, Overview and Scrutiny Task Group

Recommendations:

It is recommended to Brent Council's Cabinet that:

1. The London Living Wage is introduced incrementally as part of new commissioning model so that home care workers working for providers commissioned by Brent Council are paid the London Living Wage rate by 2021.
2. A minimum standard of training is incorporated in the new commissioning model which gives staff in Brent sufficient development opportunities to encourage home care as a career within the social care sector.
3. A home care partnership forum should be set up as part of a new commissioning model to discuss issues of strategic importance to stakeholders involved in domiciliary care services in Brent.

Methodology

The task group gathered qualitative and quantitative evidence to complete the report and develop their recommendations. In particular, the task group carried out face-to-face discussions with officers in the Community Wellbeing department and with the Cabinet member for Community Wellbeing, all of whom have been involved in the review Home Care and Reablement Review. The focus has been on home care paid for or arranged by the local authority. Members of the task group took part in four meetings, corresponding to the original scoping paper, based around four themes. These were:

- resources
- health and wellbeing outcomes
- partnerships and relationships
- home care quality.

The task group was given background information about the Home Care and Reablement Review as well as data and insight gathered by officers who had met with different stakeholders. This information was based on meetings and surveys with the home care agencies, the workforce, and people who use home care and their families. The task group also looked at the Adult Social Care Local Account, and Brent Council's Complaints Report 2016/17. It also organised its own questionnaire for providers, distributed at a meeting to which all providers had been invited in November 2017.

The focus of the task group's work was on understanding and reviewing the policy issues, what the data and insight was saying about the problems from the perspectives of different stakeholders, and developing recommendations on the basis of this evidence. The task group's recommendations were developed according to existing legislation for local authority scrutiny. A local authority executive must respond within two months to recommendations being agreed by an overview and scrutiny committee; however, it is not compelled to act on the recommendations.¹ The final report and its recommendations will be presented to Community and Wellbeing Scrutiny Committee on 28 February 2018, and recommendations agreed at the committee will then be presented to Brent Council's Cabinet.

¹ 'Overview and Scrutiny in Local Government' House of Commons Library Briefing Paper (20 December 2017), p5

Chapter 1: Home Care in Brent

Home Care Commissioning

1. Home care is a statutory service organised by Adult Social Care within the Community Wellbeing department. Home care, also known as domiciliary care, enables people to live safely and autonomously in their own homes by providing the practical support they need to do day-to-day activities such as getting washed and dressed, preparing food and taking medication. By allowing people to stay at home it means they do not have to go into residential care. In 2016/17 homecare was provided to 2,578 Brent residents in total. At any one time there were around 1,800 people receiving home care.

2. Home care is not a universal service. To receive home care people need to be assessed against nationally agreed eligibility criteria set out in the 2014 Care Act. The assessment focuses on a person's needs which they, their family, friends or community are not able to meet. In practice, it is mainly only those people with higher levels of need who will be assessed as requiring support. However, unlike many other local authority or healthcare services, home care is not automatically free at the point of use and may require a contribution. All those who are assessed as eligible go through a financial assessment. This means that most people will have to contribute financially to some extent towards the cost of their support and many will be assessed as needing to pay the costs in full.

3. Home care is commissioned by Brent Council rather than provided in-house. That means the local authority contracts with a private provider to purchase a care package at a cost. At present, providers are identified through the West London Alliance (WLA) framework agreement. Brent has been involved with the joint procurement framework for home care with a number of other London boroughs since 2010.² The existing arrangement with the WLA ends in September 2018. At present there are around 60 providers in the WLA framework. However, the council is still able to 'spot purchase' outside the framework. People who meet the eligibility criteria can also opt to use a Personal Budget, which means their domiciliary care is provided by a personal

² 'West London Collaborative Framework, Report from the Director of Housing and Community Care, Brent Council, 11 August 2010, p8

assistant who they have recruited. For some providers an important part of their income is from the local authority. The Care Act also places a responsibility on the local authority to ensure that the local market offers quality services from providers. In addition, the council must intervene if a care package is threatened by a business failure.

4. Adult Social Care administers the care packages for those people who meet the criteria. They are provided with a care plan by social workers. The plans are personalised and can be tailored to meeting a person's individual requests and are designed to enhance a person's independence and quality of life. A care plan is shared by the Commissioning Team in Adult Social Care with the provider and a cost for the package, which is paid at an hourly rate, is agreed. The provider meets all of its costs, including wages, from this hourly rate. The plan sets out specifically what tasks are to be done to help a person with his or her unmet needs within a specific amount of time. This is known as the time-and-task approach. Most care packages are provided by one care worker; however, there will be some people with very high needs who need a care package which provides them with support from two care workers. Financial assessments are done by a separate team.

5. Brent's domiciliary care workforce are employed by these independent providers, which offer their own rates of pay, terms and conditions, working practices and contracts. These are outside those agreements between the recognised trade unions and employers in local government set out in the Green Book. Skills for Care, a charity, supports these providers to oversee workforce development and training.³ Nationally, there are acknowledged to be retention and recruitment problems across the adult social care workforce, including domiciliary care. Skills for Care estimates that the staff turnover rate of directly employed staff working in the adult social care sector was 27.8%. Pay has increased in recent years with the introduction of the National Living Wage, a new statutory minimum.⁴

6. Reablement is similar to home care. It offers intensive support, therapy and care for up to six weeks and is mainly provided to those who have just been discharged from hospital or are entering the care system after a health crisis. It enables people

³ www.skillsforcare.org.uk/About/What-we-do/What-we-do.aspx

⁴ 'The State of the Adult Social Care Sector and Workforce in England – Executive Summary' (Skills for Care, September 2017)

to do daily activities and regain skills which may have been lost. Specialist providers work with occupational therapists to support individuals to do those activities independently. In 2016/17 there were 904 people in Brent who received reablement.

7. Approximately 1% of home care packages receive a complaint, according to Brent Council's 2016/17 Complaints Report. However, the majority of concerns are reported directly to the home care provider and issues are raised directly with the Commissioning Team. People who receive a care package are made aware of the complaints process, which is a one-stage statutory process, to resolve any concerns.⁵ The Care Quality Commission (CQC) is the regulator of the providers in the home care market – none of Brent's providers have been rated as inadequate by the CQC.

Resources

8. Home care and reablement are a substantial part of expenditure by Adult Social Care. Adult Social Care is now part of the Community Wellbeing department which also oversees housing, public health, and cultural services. It has the largest expenditure of the council's five departments.

9. Demand has been increasing. From March 2014 to March 2016 there was a 30% increase in the number of adults needing home care. The average hourly rate for external home care packages in 2014/15 was £13.55 per hour. In 2014/15, Adult Social Care spent a total of £11.5 million on home care and reablement and there was an increase in client numbers from 2013/14 to 2014/15 of 7%. However, it is not the largest area of spending by Adult Social Care: residential and nursing care costs approximately £34 million per annum.⁶ In the two-year budget which was set up to 2018/19, £1.5million was factored in for home care each year as the extra cost of providing the same level of services as the client population rose. The two-year budget agreed a precept ring-fenced for Adult Social Care of a 2% council tax rise as well.⁷

⁵ Brent Council Annual Complaints Report 2016-17 Appendix A Adult Social Care Complaints Report

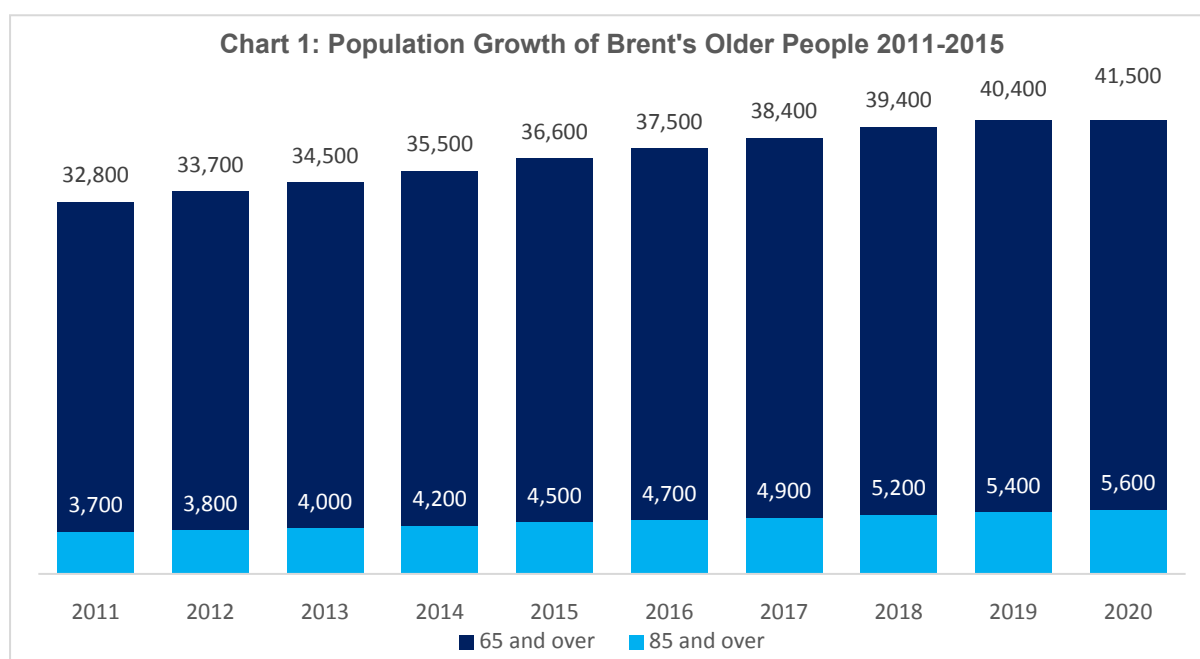
⁶ Adult Social Care in Brent: Local Account 2014/14, pp.14-15

⁷ Brent Council Budget, Cost Pressures - 2017/18 - 2019/20' Appendix B

Demographic trends

10. The 2016/17 Overview and Scrutiny Budget Panel highlighted the increasing challenges as a result of changing demography in Brent. The borough's residents are living longer and developing more complex care needs. As a result, the last three years has seen an increasing funding of care packages for complex needs.⁸ The main recipients of home care are older people aged 65 and over and adults with physical disabilities. Overall client numbers have risen by at least 2% a year across Adult Social Care from 2013/14.⁹ As chart 1 shows, this trend is set to continue. Those aged 65 and over are expected to increase by 26.4% to 41,500 people by 2020, and the number of those aged 85 and is projected to rise by 54.5% by 2020.

11. National 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. Studies have shown that older men can expect to spend 2.4 years and older women 3.0 years with substantial care needs.¹⁰



Source: GLA Short-Term Population Projections, 2015 based

© Greater London Authority, 2017

11. 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.

⁸ Budget Scrutiny Panel Report, Resources and Public Realm Scrutiny Committee, 10 January 2017, pp.8-9

⁹ Brent Adult Social Care Local Account 2014/15, p14

¹⁰ 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

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.¹¹

Home Care and Reablement Review

12. As discussed, the existing WLA procurement arrangement will end this year and Brent Council will need to organise its own commissioning arrangements to come into effect from 1 October 2018. To develop a new model for commissioning, the Community Wellbeing department has set up a Home Care and Reablement Review. The review is addressing the significant challenges in providing home care as a result of demographic and budgetary challenges which are affecting the sustainability of the local market. It is investing considerable time and resources in preparing to commission outside of the existing framework, and this is a priority for the department and the Cabinet member for Community Wellbeing. The new model will guide commissioning from 2018 to 2021.

13. The review has included extensive engagement activities with service users, a family carer survey, and meetings with providers as well as a survey of care workers. This has enabled the department to understand the problems from the perspectives of different stakeholders. In addition, working groups have been set up with providers to look at issues such as workforce development, operational change and technology. It is also teasing out solutions about how they can be addressed by a new model.¹² Five priorities have been identified for a new model of commissioning home care, including improving sustainability in the home care market as well as workforce issues such as pay, quality, and development.¹³

14. The members' overview and scrutiny task group has been presented with information from the review and has been asked to make recommendations on any issues which may have been overlooked or could be improved as part of the new model. The task group's findings have been organised around three themes: resources, partnerships and relationships, and home care quality.

Chapter 2: Task Group Findings

¹¹ Adult Social Care in Brent: Local Account 2014/14, p4

¹² Task Group Meeting 1

¹³ Task Group Meeting 4

Resources

15. Creating greater stability in the market for home care amid diminishing resources is the biggest challenge for the new model of home care commissioning. The task group recognises that the Community Wellbeing department is dealing with considerable financial pressures. The task group has established that in 2016/17 a total of £15m was spent by the local authority on home care packages, including reablement.¹⁴ That was spent within a total gross expenditure for Adult Social Care of £105.6 million in 2016/17, and a budget, or net expenditure, of £80.3 million.¹⁵ The Adult Social Care budget for 2017/18 was £83.0 million.¹⁶

16. As anticipated, demographic trends are pushing up expenditure. In 2016/17 there was an increase in the use of home care of 36% or 442 people across all adult groups. There is also a growing number of people with complex needs. The number of people who need a double-staffed care package has increased by a mean average of 15% during the last three years, and in 2016/17 alone £3m was spent on double-staffed care packages.¹⁷

17. Since the task group started its review, the Cabinet started a consultation on increasing council tax for 2018/19 by the 2% precept ring-fenced for Adult Social Care plus an additional 1% in the general council tax, which is now proposed to increase by 2.99%.¹⁸ The proposed budget for the Community Wellbeing Department in 2018/19 is set at £121.6 million.¹⁹ Therefore, even with the ring-fenced precept, the budget for Adult Social Care is likely to be more or less at a standstill while demographic trends increase the demand. That means resource allocation decisions have to be made extremely carefully and will need to address the challenges in providing home care.

¹⁴ Task group meeting 1

¹⁵ Budget and Council Tax 2018/19, Brent Council Cabinet, 12 February 2018, Appendix A; Budget and Council Tax 2017/18 to 2019/20, Brent Council Cabinet, 12 February 2017, Appendix A (ii) Revenue Budget 2017/18 Subjective Analysis

¹⁶ Budget and Council Tax 2017/18 to 2019/20, Brent Council Cabinet, 12 February 2017, Appendix A (ii) Revenue Budget 2017/18 Objective Analysis

¹⁷ Task Group meeting 1

¹⁸ Budget and Council Tax 2018/19, Brent Council Cabinet, 12 February 2018

¹⁹ Budget and Council Tax 2017/18 to 2019/20, Brent Council Cabinet, 12 February 2017, Appendix A (ii) Revenue Budget 2017/18 Subjective Analysis

18. Despite the budget pressures the task group believes that addressing the terms and conditions for home care workers is a priority and requires extra resources. A survey of care workers done as part of the review found that improvements to terms and conditions was identified as being one of the top three issues they would like to changed about their working arrangements although it should be acknowledged it was not the most important. ²⁰ The relatively low pay of this workforce is acknowledged by the local authority and providers to be an issue for the sector which is affecting recruitment and retention.

19. The exact wages of the home care workforce in Brent are not known. However, information based on data requests given to the task group calculates that the mean average hourly wage paid to homecare workers in Brent is currently £8.32 per hour. ²¹ The National Living Wage, which is paid is paid to those aged 25 and over, is currently £7.50 and from April 2018 and it will rise to £7.83 per hour. ²² So, it's thought the majority of home care workers can already expect to earn above the legal minimum.

20. However, as well as the National Living Wage there is the Living Wage (LW), which is independently calculated, voluntary, based on the costs of living and is payable to anyone aged over 18. The Living Wage has two rates to recognise the higher costs of living in London, including housing, childcare, food and household bills. The London Living Wage (LLW) rate in 2017 was £10.20 per hour and the Living Wage rate for the rest of the United Kingdom was £8.75 per hour. ²³ This means the data from the review suggests that the average care worker in Brent is not really seeing the differential in pay which is calculated as being required for a decent standard of living in the capital.

21. A provider can choose at any time to pay the Living Wage voluntarily. At present there is at least one provider in Brent, Home Instead Senior Care Wembley, which pays the London Living Wage. ²⁴ However, it's thought that most do not.

22. At the moment, ensuring that home care workers are paid the LLW is an aspiration of the Community Wellbeing department. It is recognised that although wages on their

²⁰ Task Group Meeting 2

²¹ Task Group meeting 2

²² www.acas.org.uk/index.aspx?articleid=1902

²³ www.livingwage.org.uk/calculation

²⁴ www.brent.gov.uk/council-news/press-releases/pr6351/

own do not improve the service, they are a part of the solution to addressing some of the challenges identified in the review. However, the pressure on resources and demographic challenges has meant that the department has not been able to pay providers a high enough hourly rate for care packages from which in turn most are able to pay their care staff the London Living Wage.²⁵

23. However, having carefully considered all the challenges the task group believes that paying LLW to these home care workers should be part of the new commissioning model because by improving retention and recruitment it would contribute to the sustainability of the home care sector in Brent. It would also complement Brent Council's status as an accredited Living Wage employer for its own directly employed staff.

24. Payment of the Living Wage may help to lower costs for providers. At the moment across the borough's providers there is a high rate of staff turnover. The review's survey of care workers found that 30% had changed agencies within the last two years.

²⁶ The task group's questionnaire given to providers found that 36% experienced a high or very high staff churn, and 64% had high or very high recruitment problems.²⁷

This 'churn' in staffing creates recruitment costs for providers when they have to take on new members of staff. So a fall in 'churn' will help to reduce their operating costs.²⁸

Elsewhere and in different sectors, businesses which have introduced the Living Wage have found a reduction in staff turnover.²⁹ It's reasonable to think the domiciliary care providers in Brent would experience a similar effect.

25. Providers could also benefit from a Brent Council scheme which offers a discount in business rates to companies based in Brent which pay the Living Wage.³⁰ Brent's discretionary scheme, which gives a one-off award worth five times the cost of their accreditation as a Living Wage employer. However, it should be noted that they have to meet criteria to qualify, including occupying property and being liable to pay business rates in Brent.³¹

²⁵ Task Group meeting 4

²⁶ Task Group Meeting 1

²⁷ Task Group Questionnaire, 29 November 2017. There were 22 completed responses.

²⁸ Task Group meeting 4

²⁹ Edmund Heery et al, The Living Wage Employer Experience, (Living Wage Foundation, 2017) pp.28-30

³⁰ NNDR Discretionary Discount Scheme for Businesses Accredited to Living Wage Foundation, Brent Council Cabinet, 26 January 2015

³¹ National Non-Domestic Rates (NNDR) – Discretionary Discount Scheme for Businesses accredited to Living

26. As a large proportion of the home care workforce live in the borough, there would be a multiplier effect to the local economy from the rise in basic pay as long as this is not offset by reductions to people's benefits.³² It should be acknowledged that a number of home care workers in Brent are receiving benefits and are limited to working 16 hours a week.³³ But the task group's view is that there is also an ethical argument for paying the Living Wage. To put it simply, this workforce is performing a caring role for some of our most vulnerable people and it's time the importance of this role was recognised in their basic pay. Data from Skills for Care for 2015/16 suggests there are approximately 1,730 home care workers in Brent. The vast majority are women from Black and Minority Ethnic backgrounds and many have caring roles outside of their work.³⁴ It would also help to improve the status of the workforce.

27. Nonetheless, the task group is aware of the resource pressures and the difficulty in the council finding the additional resources to help pay for the London Living Wage. To make the LLW a reality, the local authority would have to pay the providers a higher hourly rate.³⁵ According to information from the review, the average hourly rate paid to providers for home care would need to be £19.47 to pay the current London Living Wage rate of £10.20 per hour. In turn, this would mean the Community Wellbeing department would probably require a budget increase from the general fund. The task group is aware that Brent Council's financial situation is difficult and that savings of around £30m will need to be identified in 2019/20 and 2020/2021 in order to set a balanced budget.³⁶ The rate calculated to pay the London Living Wage is far higher than the mean average of £14.38 Brent's Adult Social Care paid to providers in 2016/17, which is thought to be below the rate of some inner London local authorities. It should be noted as well that the minimum price advised by the employers' body the United Kingdom Homecare Association (UKHCA) is £18.01 per hour to allow for the National Living Wage, and the increase in minimum pension contributions.³⁷ However, with sufficient planning and preparation it believes that introduction of the London

Wage Foundation, Brent Council Cabinet report, 25 July 2016

³² Task Group meeting 4

³³ Task Group Meeting 2

³⁴ Task Group Meeting 2

³⁵ Task Group meeting, 4 December 2017

³⁶ Budget and Council Tax 2018/19, Brent Council Cabinet, 12 February 2018

³⁷ Task Group Meeting 1; www.ukhca.co.uk/downloads.aspx?ID=434

Living Wage by 2021 is feasible with a gradual approach. On this basis, the task group is making the following recommendation to the Cabinet.

28. Recommendation 1: London Living Wage is introduced incrementally as part of new commissioning model so that home care workers working for providers commissioned by Brent Council are paid the London Living Wage rate by 2021.

29. Pay is not the only workforce issue which affects recruitment and retention of staff in Brent and elsewhere. Data available from Skills for Care shows that many are working on zero-hours contracts although senior home care workers were in the main on contracts with guaranteed hours.³⁸ Training is another issue. The review's survey showed that a broad range of training is provided across the home care sector in Brent. About one quarter of providers access external training as well as providing their own training in core skills. Staff have a combination of qualifications ranging from NVQ levels 1, 2 and 3, to nursing and other qualifications. According to the survey of care workers, 79% of respondents reported that they had training before joining the agency and 64% reported having relevant qualifications.³⁹ However, at periods of peak demand, providers are not always able to recruit people with the right skills.⁴⁰

30. The Cabinet Member and Strategic Director are committed to improving the status of care workers and acknowledge the importance of valuing them for the job they do, but also thinking about their career pathways, training and their qualifications.⁴¹ They have said the new commissioning model will be working towards ensuring that the providers have a training matrix and the council is working with them closely on development issues.⁴² The task group welcomes this approach. However, training and workforce development is not always consistent across the homecare market in the borough.⁴³ To improve retention it would be better if there were good minimum standards of training and development which

³⁸ Task Group Meeting 2

³⁹ Task group meeting 2

⁴⁰ Task Group Meeting 2

⁴¹ Task Group meeting 4

⁴² Task Group meeting 4

⁴³ Task Group meeting 4

encourages workers to stay for the long-term in the sector. The task group's view is that the new commissioning model is a timely opportunity to set out the minimum standards of training and development across the different providers which staff working in the home care sector in Brent should expect and enable them to have a long-term career. Again, the task group believes this will help promote workforce stability. On this basis the task group has made another recommendation.

31. Recommendation 2: Incorporate a minimum standard of training in the new commissioning model which gives staff in Brent sufficient development opportunities to encourage home care as a career within the social care sector.

Partnerships and Relationships

32. The existing West London Alliance framework has created a situation in which Adult Social Care was dealing with potentially as many as 60 providers potentially working anywhere in the borough as well as others it was spot-purchasing care packages from. This churn of providers made it harder for the Commissioning Team to build close working relationships with so many organisations. The Cabinet member and Strategic Director argue that the existing commissioning involves too many providers, which has proved very difficult to manage. A relationship with a smaller group as part of the new arrangements would be a genuine partnership in which the council is working with them and supporting them.⁴⁴ The task group supports this view.

33. As part of the Home Care and Reablement Review, it is proposed to move over instead to a 'patch-based' model in which the borough is divided into geographical areas. There will perhaps be as few as 12 providers with no more than two or three operating in each of the discrete areas. The task group is supportive of moving to this 'patch-based' model. The survey of the workforce found that 50% of respondents identified travel difficulties linked to time pressure for visits as "the most negative aspect of their work". Also, travel is particularly difficult for them during event days at

⁴⁴ Task group meeting 4

Wembley Stadium.⁴⁵ By working in smaller areas, there would also be a saving of time and money for care staff and providers. The proposed model would reduce the number of providers drastically. However, this would help the sustainability of the market because they would have greater certainty in their work and stability of income. In addition, it's likely that smaller areas of geographical working would support small and medium enterprises (SMEs) who at present may not be able to work on a borough scale.

34. Patch-based working is used by a number of other local authorities for domiciliary care. It means it is easier to build relationships with partner organisations and agencies in that locality and makes services seem less remote and centralized for people who use them. Greater integration with healthcare is an important consideration for Adult Social Care at the moment and the review is considering if home care provision on a patch-based model should mirror the GP networks in the borough geographically.⁴⁶ At the moment Brent Clinical Commissioning Group has 62 GP practices which are organised into four localities: Harness, Kilburn, Kingsbury and Willesden.⁴⁷ The task group believes this would be an important way of assisting health and social care integration and would help the local authority and NHS to work more effectively together and welcomes consideration that if the patch-based model is adopted it could complement the geographical localities for the existing GP networks in Brent.

35. Rightly, the department is focusing on the day-to-day working and relationships and not just the redesigned model itself. It's proposed that a new internal structure in Adult Social Care will mean that the same team is there to manage and work with the providers. They will be working very closely with the providers, sorting out issues and helping them to improve the service.⁴⁸ Again, the task group notes this as being important to facilitating better relationships and working with providers.

36. It should be acknowledged that work has been put in by the department over the years to improve relationships and build a partnership with providers. The Brent Market Engagement Network (BMEN) was started in 2014/15, and activities have included a range of opportunities to engage with providers and enable a two-way

⁴⁵ Task group meeting 1; Task Group Meeting 2

⁴⁶ Task Group Meeting 1

⁴⁷ www.brentccg.nhs.uk/member-practices

⁴⁸ Task group meeting, 4 December 2017

communication channel with Brent Council through provider summits, regular provider forums and drop-in sessions. ⁴⁹ In Adult Social Care, there has been an importance placed on engagement and involvement with service users and their families through a service user and carer group. ⁵⁰

37. The task group believes that this important partnership work should continue and be strengthened as part of the new commissioning model. A regular partnership forum would bring together all the different organisations and stakeholders to identify priorities and enable a strategic approach to developing better outcomes for people who use services and addressing challenges. Membership could include providers, service user and family representatives, healthwatch, the voluntary sector and employee representatives. The task group is therefore making this recommendation.

38. Recommendation 3: A home care partnership forum should be set up as part of a new commissioning model to discuss issues of strategic importance to stakeholders involved in domiciliary care services in Brent.

Home Care Quality

39. The review is aiming to contract with a smaller number of providers, which will create stronger working relationships, enabling closer monitoring of performance and help to improve quality. ⁵¹ Inevitably, with so many providers there has been a variance in quality. In addition, it is harder for the Commissioning Team in Adult Social Care to create the close working relationships which would help to improve quality standards. A patch-based model will need to be monitored for quality and compliance with the contracts, but it is reasonable to expect that this will become far more manageable.

40. It should be acknowledged that in Brent and London at present there are a higher than average number of providers who are rated by the CQC as good. There is also a good market in Brent with many providers who offer expertise in home care. ⁵² A

⁴⁹ Adult Social Care in Brent: Local Account 2014/14, pp.9-10

⁵⁰ Adult Social Care in Brent: Local Account 2014/14, pp.12-13

⁵¹ Task Group Meeting 1

⁵² Task group meeting 4

number of them have been providing domiciliary care in Brent for more than two decades.

41. Complaints are evidence of quality standards; however, it's important they are monitored and lessons learned. At the moment, the biggest complaint from service users is not having a consistent worker who delivers their care and secondly workers turning up outside their allocated time or who are late. ⁵³ The Strategic Director has said that complaints will be dealt with in the same way, but the main difference will be that the Commissioning Team will have a single focus for any home care issues. They will also be responsible for driving up quality in the market and our providers. ⁵⁴ The task group believes that implementation gradually of the London Living Wage if it is able to affect recruitment and retention will help improve the stability of the workforce by reducing turnover. This in turn should help to lessen the incidence of the biggest complaint of service users.

42. As established, the Community Wellbeing department has at present a low number of complaints recorded annually about home care in the council's Complaints Report. However, there is direct reporting to providers rather than to the local authority. The task group believes that complaints, by considering lessons and areas for improvement, are an effective way of raising quality and standards and welcomes a closer working relationship with providers to resolve complaints and raise quality. Finally, task group notes that this should be considered by members when the annual Complaints Report is presented to the relevant overview and scrutiny committee which should be able to track what effect this change has had.

⁵³ Task group meeting 1

⁵⁴ Task group meeting 4

APPENDICES

APPENDIX A

Participants

The task group would like to thank the following members of staff who contributed to the report, took part in the themed discussions or advised it on policy:

Phil Porter, Strategic Director Community Wellbeing

Helen Woodland, Operational Director Adult Social Care

Councillor Krupesh Hirani

And other members of staff in Brent Council's Community Wellbeing Department.

APPENDIX B

Terms of reference

- 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.