

Domiciliary/Home Care



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What is domiciliary care?



- Plymouth City Council has a statutory duty under the Care Act 2014 to provide care and support for people at home, following an assessment of needs;
- Dom care is a service provided in a person's own home, including help to wash, dress, support with nutrition and hydration, support with taking medication and support with day-to-day activities;
- Supporting people in their own homes helps them to stay well and independent and helps to avoid more costly and unnecessary admissions to care homes and hospital;
- Effective dom care should work alongside other aspects of an individual's care and support network to achieve a high level of integrated support for them;
- Dom care supports people with physical and/or mental health needs including dementia.

Current data



- Currently 20 spot dom care providers commissioned;
- As they are spot contracts, there is no end date so these will continue throughout the redesign and procurement process;
- Currently contracted to deliver around 14,000 hours of care per week with circa 1000 adults receiving community-based care packages;
- As of 05/09/2023, there are 50 people awaiting a dom care package;
- Standard dom care hourly rate - £22.05
- Annual dom care budget - £13.06m
- Clients are able to have a direct payment to purchase domiciliary care outside of a commissioned process, and are supported by Livewell to do this if they choose
- The private care market is perhaps not as high as neighbouring authorities due to the higher affluency in those areas, however some providers will have a number of private clients. The levels of this part of the business will vary from around 5% - 40% however we do not have the definite figures

Current data



- Over the last 3 years, the level of dom care provision has increased. The following table shows total number of hours delivered over the last 3 financial years.

Year	21/22	22/23	23/24
Hours Delivered	576,794.13	621,540.57	682,400.58
Hours Increased	-	44,746.40	60,860.02
% Increase	-	8%	10%

- With the ageing population, it is expected that the demand on dom care will increase, with the ambition of less reliance on bedded care.

Commissioning and quality



- Each provider has a dedicated Commissioning Officer/Assistant as contract manager and point of contact for support;
- Regular contract meetings held with providers – a mix of virtual and face-to-face visits;
- Review of quality monitoring processes is taking place for care services and this will form part of the new contracts for dom care;
- If whole service concerns are raised for a provider, this will trigger a more intense monitoring process including weekly visits to the provider and the requirement of a service improvement plan;
- An intelligence dashboard is held and reviewed on a regular basis for all providers – this includes CQC ratings, safeguardings, complaints, compliments and financial assurances.
- Commissioners work closely with our Livewell and safeguarding colleagues to monitor safeguarding or concerns and ensure these are addressed through the contract monitoring process where required

Commissioning and quality



PCC commissioners retain active oversight of the local care market, including CQC inspection outcomes:

CQC Rating (overall)	Plymouth ratings (of inspected providers)	National ratings (of inspected providers)
Outstanding	3 (17%)	454 (5%)
Good	11 (61%)	8046 (80%)
Requires Improvement	4 (22%)	1360 (14%)
Inadequate	0 (0%)	76 (1%)

Commissioning intentions

Critical success factors



- Delivery of stronger working partnerships with a strategic approach to meeting population need;
- A collaborative approach to communication, evidencing, analysing and understanding system-wide capacity;
- Providers involved in the redesign from the outset alongside users, carers and other dependent professionals and clinicians;
- Measures that drive better system and user outcomes and develop/embed the necessary change of culture across the commissioners, providers and end users on both sides;
- Sufficient good quality care for Plymouth residents;
- Value for money and a robust sustainable model that supports the delivery of the Plymouth Pound.

Commissioning intentions

Possible dom care model



- Aim to work within localities
- Locality Partners
 - Contracted to work in one locality;
 - Lead provider for that locality;
 - All work within that locality sent to them.
- Provider Partners
 - Work across localities or focus on specific zones or types of needs;
 - Work filtered to them from the Locality Partners
- Timeframes:
 - Cabinet – Spring 2024
 - Aim to launch contracts end-2024 pending Cabinet approval

Will work only on care in the locality contracted.
 Will get all work allocated in that locality to deliver or distribute to the Provider Partners.



Can work on all care needs in all localities or focus on specific zone or specific type of need – opening up opportunities in the market for area expertise or competitive advantage.

Risks and mitigations



- Geographical challenges: providers working across multiple postcode areas
 - Through the procurement process, encourage a zoning approach to reduce cross-city working, therefore reducing pressure on providers and aligning to the Net Zero ambition.
 - Links to locality models of partner services
 - Needs to link to the intermediate care plan
- Local authority and health budgets
 - High cost monitoring panel implemented and heightened monitoring through deep dive exercises;
- Workforce/recruitment
 - Health & Social Care Coordinators work closely with providers – recruitment fairs and regular sessions at the Job Centre. International Recruitment programme is ongoing
- Increased complexities
 - Support to providers through the Complex MDT process, and aim to support with training for more complex or specialist needs through the new dom care model

Feedback on dom care in Plymouth



- We want to hear from professionals, service users and their families about their experiences of dom care in Plymouth.
- To do this, please contact jointcommissioning@plymouth.gov.uk