

On the 24<sup>th</sup> of November 2014, Healthwatch Southend held an event focusing on Domiciliary Care.

This included a number of presentations given by people who either commission these services or provide home care locally. At the end of the event there was a Question and Answer session.

This report provides a summary of the Question and Answer session, focusing on issues that were raised during the public discussion, and providing commentary regarding issues that have been raised with the Healthwatch Southend team since the event.

The final section of the report provides details of the next steps that Healthwatch Southend intend to take regarding Domiciliary Care in Southend.

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## Issues Raised

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### The shortness of some home visits

**“Some of your calls are no more than 5 minutes which is an incredibly short period of time after you’ve said hello and goodbye. How do people feel about that?”**

The panel explained that 15 minute calls are only added to a care plan if a client requires assistance with taking their medication, or to microwave a meal for a client.

It would not be appropriate for someone who needed assistance in getting out of bed or who needed support with their personal care to be allotted a 15 minute call.

There is a system called CM 2000 that monitors how long carers are staying on 15 minute calls. For medication calls this can average between 3-4 minutes. For meal

provision it might be 7 minutes. However 15 minutes is the shortest length of call that is scheduled.

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## Provision of care at night

Concerns were raised about the timings of first and last visits by carers to people who struggle to do even simple things for themselves. Examples given were clients who cannot drink or feed themselves, or who need changing overnight and run the risk of developing bedsores if this does not happen.

We were told that, for end of life services, carers will visit at night. In other cases where patients have significant needs and are perhaps receiving four visits during the day, carers will only visit at night if they are commissioned to do so. Some care providers do offer emergency services at night.

It was acknowledged that the majority of people will want to be got up between 7 and 8 in the morning and put to bed between 9 and 10 at night. Efforts are made to prioritise vulnerable individuals and to ensure that people who are heavily dependent on carers have their visits evenly spaced. However there are pressures on the system in terms of available resources, and factors such as snow and ice can sometimes cause problems.

Technology such as Telecare, falls belts, and pressure mats, that can send an alert when a person who is prone to falls has got out of bed, are playing an increasingly prominent role in night care.

In the future as health and social care services increasingly work in collaboration with each other and care packages are jointly funded by health and social care commissioners there may be scope for the provision of night time services.

Following the above conversation, Healthwatch Southend have reviewed the feedback that we have received regarding domiciliary care from our service users since April 2015, and this has indicated that the timing of early visits continues to be a concern.

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## Knowledge of services available

There are concerns that people who receive home care are not being made aware of all the services that are available to them.

One person at the event said that she only became aware of what was available after she changed her GP.

Another person at the event said: “I only got any knowledge of the help that I could get because a pharmaceutical company went to my doctors and asked to interview people and fortunately I was one of the people that was chosen and she made lots of recommendations to my doctor and it’s made so much difference in my life.”

We were told that there are moves to promote closer working relationships between social care and healthcare providers, such as GPs. In the most GP surgeries in Southend a social worker will visit once a month to discuss complex cases.

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## Knowledge of Healthwatch

There was discussion of the role that Healthwatch Southend could play in circulating information about services to people receiving home care

At the event Healthwatch Southend responded that gaining access to people receiving home care had been a problem. Care agencies cannot provide client details on account of the data protection laws.

**FOLLOW-UP WORK:** Healthwatch Southend will include this seldom heard group in its engagement plans.

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## Long-term sustainability of services / possible decline in quality caused by increasing demand weighted against reduced-funding

The United Kingdom Homecare Association (UKHCA) has produced a cost model which effectively says what an hour of home care costs (the figure provided by the speaker was £15.50. Other figures given were £15.10 and £15.79 - we will need to check this for accuracy).

In Southend care agencies are paid significantly less than this figure (£12.44 - again this figure will need to be checked for accuracy)

A care provider raised concerns that increases to the minimum wage or the introduction of a living wage might increase financial pressures in this area.

We were told that some care agencies are “in some ways we are subsidising and picking up some of the cost to provide the care. And the worrying thing is that this isn’t sustainable.”

Home Care is funded mostly from the Southend Council budget. The council has been tasked by not raising Council Tax above a certain percentage and has been given saving achievements and requirements by the government. We were told that “as social care is one of the biggest departments in the organisation it’s having to make the most savings, so all in all it’s a very challenging situation.”

At the same time the council is required to fulfil the terms of the Care Act

It is hoped that joint funding of home care from Health and Social Care budgets may lead to efficiencies that will result in savings without any detriment to services.

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## People not being offered the option of direct payments for home care

Direct payments allow people to choose and buy the services they need instead of getting them from your council. Healthwatch Southend said: “One of the trends that we’ve picked up is people telling us they are not being offered direct payments.”

As part of our work preparing this report, Healthwatch Southend have reviewed feedback from people who have used our service since April 2015. Intelligence gained from our Information, Advice and Signposting service indicates that low levels knowledge amongst some service users about personal budgets remains an issue.

Since the event, Healthwatch Southend has continued to monitor this trend and document any instances where this is occurring, and shared this information with partners.

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## Next Steps

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Healthwatch Southend has shared the above record of the Question and Answer session with representatives from Southend Borough Council and NHS Southend Clinical Commissioning Group.

We will continue to meet with representatives from both organisations regularly, and pass on all intelligence and raise all issues regarding Domiciliary Care that we generate through our Community Engagement work, and identify through our Information and Advice and Advocacy services.

We will conduct a further review of Domiciliary Care services in Southend in 2016, and consider convening a further event on the subject. When Domiciliary Care services are re-procured or redesigned, we will work closely with commissioners to ensure that local people's lived experiences are central to the decisions that are made.