

## Care at Home Contracts & Sustainability Report 2018

### Introduction

This short report has been produced by Scottish Care as a result of survey research undertaken with care at home members in Winter 2017/18.

It has been produced at the request of Scottish Care's National Care at Home & Housing Support Committee in response to increased anecdotal evidence relating to sustainability and contractual challenges experienced by independent sector providers.

It was therefore important to ascertain the extent or otherwise of issues relating to the current realities and future viability of home care services across Scotland in order that the findings could be used to inform Scottish Care's approach to shaping and influencing policy and practice at both national and local level.

This research follows on from previous exercises undertaken by Scottish Care in relation to understanding both the workforce and operational realities of delivering care and support in individuals' own homes. These include [Bringing Home Care](#) in 2017, which highlighted that:

- Over one third of publicly funded care packages are commissioned for visits lasting under half an hour
- Over half of participating organisations (58%) have found recruitment harder this year than last, with only 3% stating it was less difficult
- One third of all home care staff leave every year
- 49% of home care organisations believe that payment of the Scottish Living Wage has made them less sustainable
- Nearly 20% of organisations are not at all confident that they can continue to operate at current provision levels over the next 12 months.

Given these stark findings, the purpose of this report is to gauge an up to date snapshot of care at home services in terms of trends and challenges facing their workforce planning and viability over the past year.

It does not seek to provide a comprehensive picture nor analysis, but it is equally important for those involved in shaping policy and practice to have timely data which tells a story of how pressures are either being worsened or alleviated. This can serve as a measure as to how successful or otherwise existing initiatives and solutions are proving to be at the front line of care delivery.

## Methodology

This report was compiled from responses to a Scottish Care online survey, held over a two week period in Winter 2017/18. It was sent to and promoted online amongst all Scottish Care member organisations who provide care at home services.

The responses collected over this time are representative of:

- Independent sector home care services across all Local Authority areas of Scotland except Orkney and Shetland
- A range of service sizes, from those who employ only 12 members of staff to those with upwards of 1,200
- 5,893 care staff, or approximately 11% of the total independent sector workforce within care at home and housing support services
- An estimated 12,156 individuals who receive home care support each week
- 132,942 hours of care delivered across Scotland on a weekly basis
- A mix of funding models, with 87% of responding services delivering both public and privately funded care.



## Findings



For a long time, a key concern of Scottish Care and its members has been the ways in which Local Authorities (and now Health & Social Care Partnerships) have commissioned the delivery of home care through independent sector providers. These processes should be based on engagement with the sector in order to obtain high quality, outcomes-focused and sustainable care in a way that represents best value for the public purse. Instead, a climate of austerity has seen a

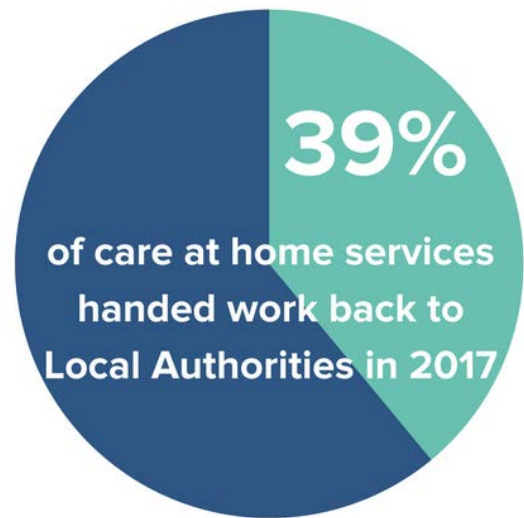
widespread continuation of competitive tendering exercises predicated on achieving the lowest price, largely formulated around time and task care delivery.

The survey results indicate that these negative approaches are no longer being accepted by the sector, given that half of all responding services had chosen not to tender for work or contracts offered by their Local Authority in the past year on the basis of viability and capacity implications.

What this means is that Local Authorities are more likely to have issues meeting demand due to a reduced pool of services, which often results in the need to undertake 'off contract' purchasing at a higher rate to alleviate pressures, thus undermining any best value consideration. We have seen the realisation of this over the winter months whereby individuals are stuck in hospital unnecessarily due to a lack of home care provision in a local area to support their safe discharge. It is this impact on the individual which is of most concern in relation to less providers tendering for contracts. It is likely to result in less choice being available to an individual and the families who require support, both in terms of what types of services are available in their community and who they would like to deliver their care and support.



Not only are there issues with the terms of contracts making them impossible for providers to tender for, but many of those who successfully apply to deliver public care are forced to hand these contracts back to the Local Authority because it is simply impossible to continue provision within the confines stipulated. The reasons for this largely relate to the funding levels attached to the contract, additional requirements included in them such as electronic call monitoring penalties or the extent of travel, and a lack of staff available to meet the contractual obligations of care delivery.



This highlights just how unworkable the current models of commissioning are, and how critical it is that statutory bodies work meaningfully with home care providers to reach viable agreements. Whilst data is not currently available, Scottish Care would strongly suggest that the costs to a Local Authority associated with the re-allocation of home care packages returned to them will result in far higher resource use than the establishment of improved rates, terms and conditions for providers in the first place, not to mention the negative impact on an individual's degree of choice, control and inclusion when their provider changes under these circumstances.

When home care providers were asked to consider their optimism for the year ahead in early 2017, over three quarters were reasonably or very confident of maintaining their service provision over the year. Worryingly, these latest figures indicate that only 14% now feel confident about their

**86%** of services are concerned about their sustainability and survival in 2018

with nearly **1/4** extremely concerned

service's ability to remain sustainable in 2018.

The possible implications of this cannot be overstated. Over 24% of providers

noted extreme concerns about their sustainability. If the health and social care sector was to lose a quarter of its home care provision over the next



12 months, it is likely that the whole system would be in extreme difficulty. At a time when more importance than ever is being placed on supporting people in their own homes for longer, both to fulfil personal choice and to relieve the pressure on other strained services such as hospitals and care homes, it has never been more crucial to support and invest in home care supports. Instead, we are seeing a continuing erosion of this provision.

The reasons for this erosion are complex and multi-faceted, but strong themes emerged from the survey in relation to the biggest challenges for service sustainability.

-  **Recruitment**
-  **Retention**
-  **Funding**
-  **Recognition**

*perceived to be  
the main threats  
to services in  
2018*

The most common theme identified was workforce, and more specifically the recruitment and retention of home care workers. Previous survey data indicated that only 11% of home care organisations did not have staff vacancies

and it would appear that there has been little change to these figures in recent months. The inability of organisations to attract and keep a high quality, skilled and compassionate workforce relates to the pay, terms and conditions available to them and also the lack of value placed on careers in social care at present. The practical reality of this is a corresponding failure to maintain required staffing levels to meet demand and therefore an inability to deliver care.

Other workforce challenges were identified which impact on sustainability, with many of these ultimately pointing to issues of funding. Payment of the Scottish Living Wage, meeting the HMRC ruling on sleepover pay, training costs and achieving SSSC registration requirements were all cited as threats to viability over the coming year.

Funding was of significant concern to almost all respondents, particularly in terms of the rates paid by Local Authorities and the support available from national government to meet their stipulated requirements (many of which are outlined above). Many pointed to an inability to cover expenditure through current income streams resulting in, at best, an inability to innovate and grow and at worst, being unable to meet running costs and subsequently forced to cease operation. The latter was confidentially imparted as an imminent reality for some respondents.



## Conclusion

Unfortunately, these findings only serve to consolidate what we already know and what Scottish Care and its members have been telling Scottish Government, Health & Social Care Partnerships and commissioners throughout 2017.

We are not crying wolf when we stress the precarious nature of home care in the current climate, with the results of this survey emphasising how genuinely close to collapse we are in Scotland.

It means we have a huge number of home care services willing and able to provide high quality care in people's own homes but who are stifled from doing so by a drive to the bottom by Local Authorities in terms of pay and conditions offered to those services delivering that care. The inability of services to recruit and retain staff and to pay them a good wage further cripples these essential services. We are faced with a reality where a quarter of services are not sure they will still be operating this time next year.

The present crisis being faced by the NHS is being made much worse by the failure to integrate properly, and to dedicate equal resource and focus to social care. We can no longer tinker around the edges of social care – the challenge needs to be grasped with both hands and driven forward by a political will to ensure there are a range of high quality, sustainable services available in people's communities which also offer attractive careers for the 1 in 13 Scots who are employed in social care.

If this doesn't happen now, the consequences are enormous for health and social care, for the economy, for jobs and most importantly, for the tens of thousands of individuals and families who rely on this type of support.

It is all very well to join up health and social care systems on paper and as structures, but real partnership which puts people at the centre needs to be worked at and not just spoken about. We need to work very hard in 2018 to ensure we still have a social care system able to care for our vulnerable older citizens. At the moment, this survey suggests that there are worrying signs that we will not.

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