London Borough of Hammersmith and Fulham

Homecare Needs Assessment 2020-21

CONTENTS

Contents 2
Executive Summary 4
Abbreviations 6
1. Introduction to Homecare 7
1.1. Definition 7
1.2. National Policy Context 8
1.2.1. Adult Social Care Context 8
1.2.2. Eligibility 8
1.3. Service Components in Hammersmith and Fulham 9
1.3.1. Service Users 9
1.3.2. Homecare Activities 10
1.3.3. Homecare Patches 11
1.3.4. Payment 11
1.4. Homecare Needs Assessment Aims and Objectives 12
2. Profiling Homecare Supply and Demand in London 13
2.1. Demographics 13
2.2. Service Use and Provision 16
3. Profiling Homecare Supply and Demand in Hammersmith and Fulham 18
3.1. Demographics of Service Users 18
3.1.1. Age and Gender 19
3.1.2. Ethnicity 21
3.1.3. Deprivation 22
3.2. Service Use 23
3.2.1. Primary Support Reasons 23
3.2.2. Service Elements 25
3.3. Service Provision 27
3.3.1. Service Providers 27
3.3.2. Visit Punctuality and Duration 28
3.3.3. Overlap Visits 29
3.3.4. Visit Reason Codes 29
3.4. Financial Expenditure 31
3.4.1. Expenditure by Service Provider 31
3.4.2. Expenditure by Homecare Patch 32
3.4.3. Expenditure by Primary Support Reason 33

3.4.4. Expenditure by homecare service user 33
3.5. Reablement 34
3.5.1. Referrals to Homecare 34
3.6. Stakeholder Views 36
3.6.1. Annual Adult Social Care User Survey 36
3.6.2. Homecare Service User Complaints 38
4. Profiling Future Homecare Demand 39
4.1. Demographic Projections 39
4.2. Trends in Health Conditions 40
4.3. Alternatives to Homecare 41
5. Priority Setting and Action Planning 42
5.1. Service Delivery 42
5.2. Community engagement 42
5.3. Provider education 43
5.4. Intelligence 43
Appendices 44
Appendix 1 – Ethnicity subgroups 44
Ethnicity Subgroup A – Asian and Asian British 44
Ethnicity Subgroup B – Black and Black British 44
Ethnicity Subgroup C – Mixed 45
Ethnicity Subgroup D – Other 46
Ethnicity Subgroup E – White 46
Appendix 2 – House of Care Framework 47

EXECUTIVE SUMMARY

The Homecare Needs Assessment 2020-21 aimed to identify a series of priorities and associated actions to improve homecare provision in the London Borough of Hammersmith and Fulham (LBHF).

The uptake of homecare services within LBHF is the highest of all London local authorities, due to the abolishment of homecare service fees in December 2014. In addition, LBHF also provides the most hours per service user per week on average across all London local authorities.

Homecare services in LBHF are provided in three patches: LBHF North; LBHF Central; and LBHF South. A service provider is primarily responsible for supplying homecare services within each patch. There are five main service providers within LBHF: Castlerock Recruitment Group (CRG); Graceful Care CRG; MiHomecare Limited; Sage Care Limited; and Standard Care MiHome.

In October 2020, homecare service users in LBHF were primarily female (60.9%) and aged between 85 and 89 years (17.1%). The three largest subgroups of ethnicity for homecare service users were individuals identifying as White British (55.3%); Caribbean (12.4%); and White Irish (7.4%). A higher count of homecare service users in LBHF North and LBHF Central lived in neighbourhoods with high levels of deprivation compared to service users living in LBHF South.

Individuals receive homecare services in LBHF for one of seven primary support reasons - 76% of service users received homecare primarily for physical support in October 2020. Physical support was also the primary reason service users previously receiving reablement were referred to homecare. Almost 80% of homecare service users received one or two service elements only. Between 31% and 41% of individuals in each homecare patch received at least one service element classified as domestic, however a small proportion of individuals received only a domestic service element.

In the six-month period between August 2019 and January 2020, 34.1% of visits were delivered within 15 minutes of the agreed time. Furthermore, 21.6% of all homecare visits were shorter in duration than the commissioned duration. Overlap visits (two carers present at the same time) accounted for 27.6% of all homecare visits, however 18.6% of overlap visits were non-compliant within the six-month period. The most common reason code associated with visits flagged by LBHF was unauthorised overstay between August 2019 and January 2020.

Views of service users were explored using the 2019-20 Annual Adult Social Care Survey, which included homecare users. Although 80% of survey respondents were extremely, very or quite satisfied with the care and support services received, improved communication was identified by ASC users as the primary way in which services could be improved in LBHF. Several comments also criticised the punctuality and attitude of carers. The LBHF Adult Social Care Team received 45 complaints regarding homecare services in 2019-20, primarily around quality of services and service failure.

Demand for homecare services is expected to increase in the future as the proportion of the population in LBHF aged over 65 years, and the old-age dependency ratio, increases. The demographic shift will result in more pressure on healthcare and adult social care services as the prevalence of long-term conditions and multimorbidity increases. Consequently, future provision must integrate technological innovations and alternatives to homecare services to meet growing demand.

Eight priorities were identified following the analysis of available quantitative and qualitative data on homecare. The priorities can be grouped into service delivery, community engagement, provider education and intelligence priorities:

1. Improve punctuality and compliance of homecare visits (Service Delivery).
2. Shift provision of domestic homecare services from service providers to third sector (Service Delivery).
3. Accelerate roll out of homecare alternatives (Service Delivery).
4. Improve communication between stakeholders (Community Engagement).
5. Promote awareness of homecare services across LBHF (Community Engagement).
6. Embed prevention within model of homecare provision (Provider Education).
7. Improve quality of care received by homecare service users to maximise independence (Provider Education).
8. Develop automated system facilitating monitoring of homecare KPIs in real-time (Intelligence).

Associated actions, evaluation mechanisms and responsible stakeholders for each priority are discussed in detail in Section Five.

ABBREVIATIONS

ADASS	Association of Directors of Adult Social Services
ASC	Adult Social Care
BAME	Black, Asian, and Minority Ethnic
CCG	Clinical Commissioning Group
CQC	Care Quality Commission
GP	General Practitioner
IMD	Index of Multiple Deprivation
KPI	Key Performance Indicator
LBHF	London Borough of Hammersmith and Fulham
LSOA	Lower Layer Super Output Area
LTC	Long Term Condition
NHS	National Health Service
OADR	Old-Age Dependency Ratio
ONS	Office for National Statistics
QOF	Quality and Outcomes Framework

1. INTRODUCTION TO HOMECARE

1.1. Definition

The Shared Service (Hammersmith and Fulham; Kensington and Chelsea; and Westminster) specification for homecare has been used to define homecare in the following section.

Summary

- Homecare services provide support to individuals in their place of residence.
- Homecare services aim to provide person-centred care focussed on helping individuals maintain their independent living.
- A reabling and enabling approach is a key feature that underpins the delivery of homecare.
- Homecare services are based on agreed individual outcomes for individuals, rather than specific tasks.

Homecare is the support that individuals receive to look after themselves and the place they live in. This specification incorporates homecare for individuals who are eligible for care or support in the relevant borough and require personal care and assistance to remain living independently at home.

Homecare is about supporting individuals to do things for themselves as much as they are able. Person-centred care looks at what individuals want, the support that they need and how they can receive it. High quality person-centred homecare helps individuals to maintain their independent living skills or to regain them after a period of ill health. It also ensures individuals have the right support at the right time to live well with their health condition where this is progressive. It enables individuals and re-ables individuals, supporting them to continue living in their own home for as long as possible.

A reabling and enabling approach is a key feature that underpins the delivery of homecare. All element of the service must be provided in a way that maximises an individual's independence, supports them to meet their own personal responsibilities and contributes to community cohesion. Individuals using services must be assisted to ensure their maximum independence is always achieved, and care workers are expected to work with a reablement approach in all cases. There may be times when it may be quicker for a care worker to undertake a task themselves, but the primary approach must be to maximise recovery, reablement, enablement and independence.

The homecare service will be based on agreed individual outcomes for individuals, rather than specific tasks. Service providers will agree with individuals and/or their named representative how their care will be delivered in order to achieve the outcomes specified on their support plan.

1.2. National Policy Context

Summary

- Homecare provision is part of Adult Social Care (ASC).
- The Care Act 2014 establishes the responsibilities of local authorities in providing ASC.
- Local authorities are responsible for arranging needs assessments for their residents to explore care and support needs.
- Care and support plans resulting from the local authority's needs assessment may identify homecare as an appropriate form of support for the individual.

1.2.1. Adult Social Care Context

Homecare provision is part of Adult Social Care (ASC). ASC provides support to adults with illnesses, physical disabilities or learning disabilities to enable individuals to live their lives with independence and dignity.

The Care Act (2014)[1] establishes the responsibilities of UK local authorities in providing ASC. The responsibilities of local authorities under the act are:

1. Promoting individual well-being.
2. Preventing needs for care and support.
3. Promoting integration of care and support with health services etc.
4. Providing information and advice.
5. Promoting diversity and quality in provision of services.
6. Co-operating generally.
7. Co-operating in specific cases.

1.2.2. Eligibility

Individuals who wish to receive ASC services may contact their local authority to arrange an assessment of needs. The information from the assessment is used to evaluate whether the individual qualifies for support under the Care Act 2014.

Following the needs assessment, a care and support plan is produced identifying the care and support which may help the individual, including homecare. Care and support plans are reviewed regularly to ensure the best support is being provided. If the assessment identifies that an individual requires help, a financial assessment is undertaken to assess whether the local authority will contribute toward the support.

The local authority has a variety of service providers through which ASC services are provided. Service providers in England are registered and regulated by the Care Quality Commission (CQC). The CQC assigns each provider a rating based on regular inspections.

[1] The Care Act (2014) Section 23. Available from: Care Act 2014 (legislation.gov.uk) (Accessed 15 November 2020)

1.3. Service Components in Hammersmith and Fulham

The following section presents information sourced from the Shared Service specification for homecare.

Summary

- Several possible conditions and circumstances qualify LBHF residents to receive homecare services.
- Homecare services in LBHF do not provide care for individuals aged under 18 years.
- Homecare services will include the registered activities that are listed by the Care Quality Commission (CQC).
- Homecare in LBHF is delivered in three distinct patches within LBHF: LBHF North; LBHF Central, LBHF South.

1.3.1. Service Users

The homecare service is for adults living in the London Borough of Hammersmith and Fulham (LBHF) is provided to, but not exclusively, the following individuals who require support at home:

- Older individuals.
- Individuals with dementia (who may also have other health conditions).
- Individuals with a physical disability.
- Individuals with a learning disability (who may also have other health conditions).
- Individuals with mental health needs.
- Individuals with sensory needs.
- Individuals with challenging and complex behaviour.
- Individuals with a cognitive impairment and acquired brain injury or stroke.
- Individuals who misuse substances.
- Individuals eligible for continuing health care.
- Individuals with long term conditions including neurological conditions.
- Individuals receiving palliative care.
- Individuals receiving End of Life care.

Homecare services will not provide care for those under 18 years old. However, service providers may be required to be involved in planning with those children with disabilities who are ‘in transition’ and will be expecting to receive services when they reach 18. This will enable any potential transition to be as smooth as possible and any disruption minimised.

1.3.2. Homecare Activities

Homecare will include the registered activities that are listed by the CQC. These will include, but not be limited to:

- Personal care (for example help with washing, using the toilet, getting out of and into bed), ensuring food and drink consumption, to maintain wellbeing, working with healthcare professionals such as dieticians, occupational therapists, continence specialists etc., as required.
- Practical care (for example assistance with shopping, light meal preparation, bill paying, housework, domiciliary tasks).
- Assistance with medication and low-level healthcare.
- Proactively raising issues as they arise and liaising with local health and social care staff such as GPs, pharmacists, district nurses and care managers, noting and flagging any health concerns promptly with the appropriate person to ensure these are acted on.
- Working closely with health staff as part of a Multidisciplinary Team.
- Monitoring and implementing a joint health and local authority support/care plan as may be agreed.
- Emergency support when family carers are suddenly unavailable.
- Assistance to be as independent as possible at home including recognition of when low level technologies would support the service user to achieve better self-care that may reduce the need for homecare.
- Social tasks such as helping to reduce isolation, motivating, liaising with other involved individuals including family carers and local organisations.
- Tasks that contribute to achieving the outcomes that have been identified in the service user's support plan.

The homecare service provider will also provide skilled help for individuals who have complex support needs, for example individuals with advanced dementia or individuals with severe or moderate learning disabilities and severe and enduring mental health conditions.

The service provider will also provide skilled help to those who may be reluctant to accept services and will work in a positive way to engage service users in their service provision.

The service provider should take a holistic approach to every engagement with a service user, actively assessing their wider health and care needs, identifying opportunities to promote positive health and wellbeing wherever possible.

The service provider will be expected to be able to work in partnership with primary care, health rehabilitation services and reablement staff in order to provide a streamlined service to the person and support to the family.

1.3.3. Homecare Patches

Homecare in LBHF is delivered in three distinct patches within LBHF: LBHF North; LBHF Central, LBHF South (Figure 1) Each service provider is primarily responsible the delivery of services in one geographical area. This service provider must accept all referrals in their patch. Other spot providers may also provide additional services within each patch.

Some requests for urgent care or hospital discharge will go to the reablement service, but there will be occasions where it will be more appropriate for homecare service providers to take such a care package - for example to support a hospital discharge of a service user they already work with or where reablement is not an option.

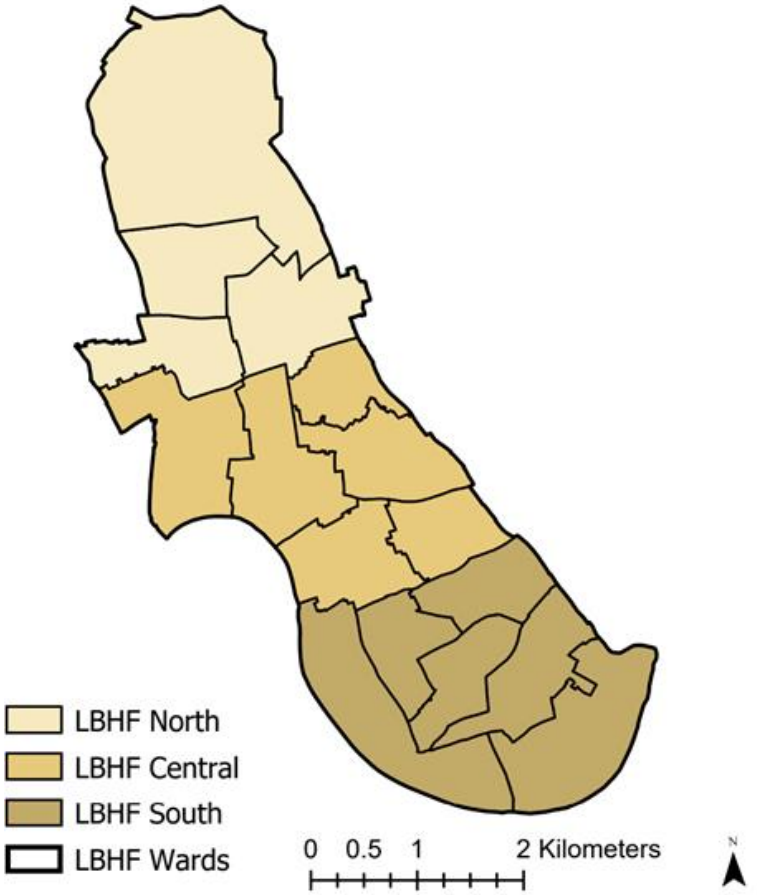

Figure 1: Map of homecare patches in Hammersmith and Fulham – October 2020

1.3.4. Payment

In December 2014, LBHF abolished all charges associated with homecare. Consequently, all individuals eligible for homecare in LBHF receive care free at the point of use.

1.4. Homecare Needs Assessment Aims and Objectives

The aim of the following Hammersmith and Fulham Homecare Needs Assessment was to investigate homecare supply and demand in LBHF and identify key priorities essential to improving service provision. The paper will address the following objectives:

1. Describe the national and local policy context for homecare provision.
2. Profile current homecare supply and demand in LBHF.
3. Profile future homecare demand in LBHF.
4. Investigate the views of homecare stakeholders in LBHF.
5. Produce key recommendations and associated actions to improve the provision of homecare in LBHF
6. Develop evaluation mechanisms to monitor progress toward agreed actions in LBHF.

2. PROFILING HOMECARE SUPPLY AND DEMAND IN LONDON

Evaluating homecare provision in other local authorities allows for performance measures to be compared and provides an opportunity to share best practice. The data analysed in the following section is primarily sourced from London Association of Directors of Adult Social Services (ADASS) Home-based Support Survey 2019-20. The survey provides a snapshot for homecare data in London local authorities (excluding the boroughs of Barnet and Hackney) for the week ending 30th June 2019. Population estimates from the Office for National Statistics are also presented[2].

2.1. Demographics

Summary

- In mid-2019, LBHF had a relatively young population compared to the London average.
- In 2019, 10.7% of the LBHF population was aged over 65 years compared to the London average of 12.9%.
- Service users between in the ages of 50 and 64 in LBHF accounted for a larger proportion of total homecare users (15.7%) than in an average London local authority (15.1%) in 2019.

Individuals aged 45 years and older comprised a smaller percentage of the population in the London region than in England on average in 2019 (Figure 2). The population in LBHF reflected the overall age structure in London, with most residents aged between 20 and 44 years (Figure 2). In the London region, 12.9% of the population was aged 65 years and older. Comparatively, only 10.7% of the population was aged over 65 years in LBHF (Figure 3).

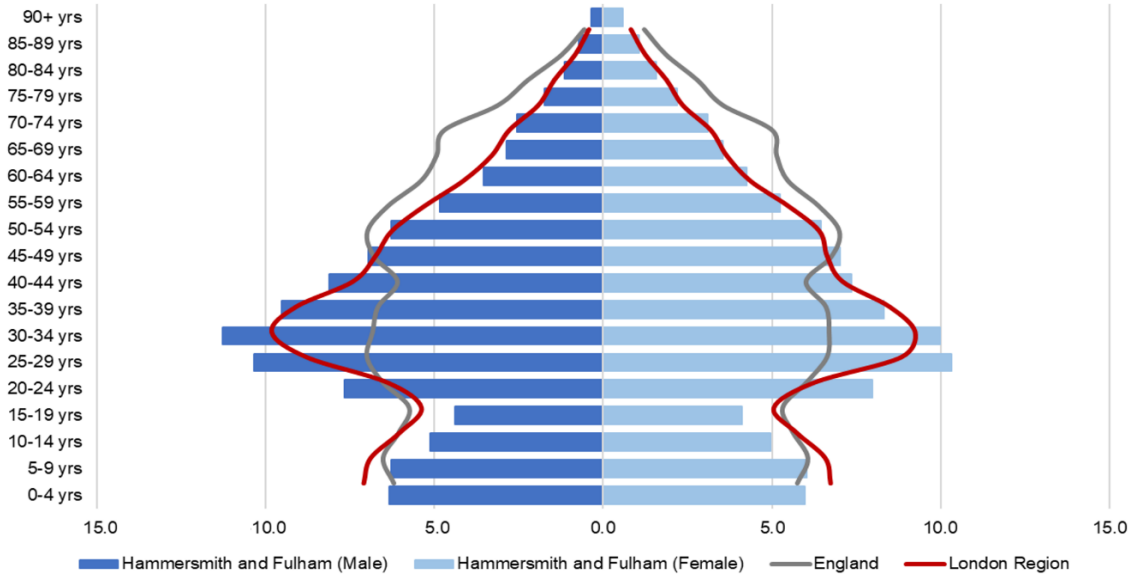

Figure 2. Age structure in Hammersmith and Fulham compared to London and England (Office for National Statistics 2020, Mid-2019 Population Estimates)

[2] Office for National Statistics (2020) Mid-2019 Population Estimates. Available from: Population estimates - Office for National Statistics (ons.gov.uk) (Accessed 23 November 2020)

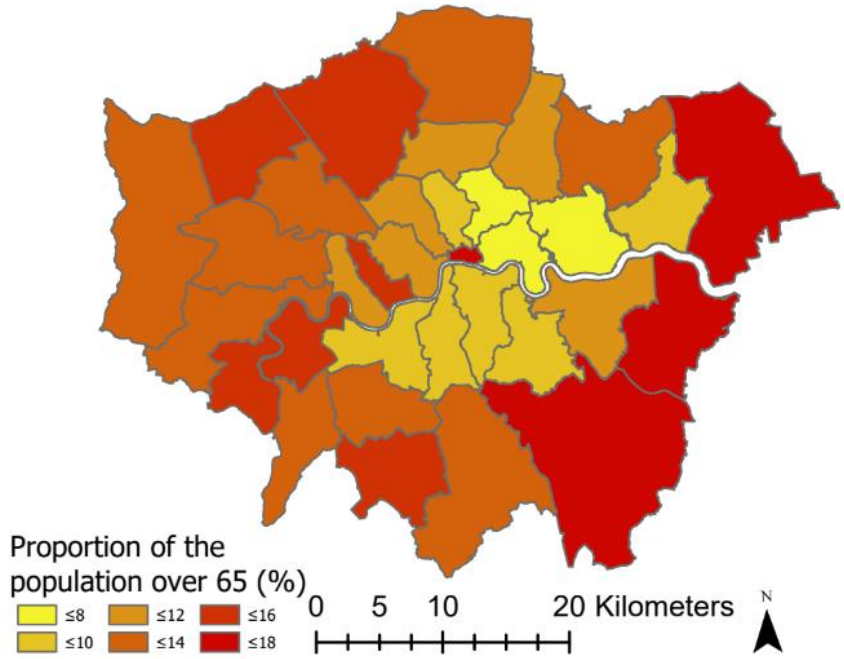

Figure 3: Proportion of the population over 65 years in London local authorities (Office for National Statistics 2020, Mid-2019 Population Estimates)

The 2019-20 ADASS Home-based Support Survey 2019-20 indicated across London local authorities, most homecare service users were aged between 75 and 94 years (Table 1). Service users between in the ages of 50 and 64 in LBHF accounted for a larger proportion of total users (15.7%) than in an average London local authority (15.1%). The trend is likely to be due to the provision of homecare free at the point of use in LBHF which contributes toward individuals starting to receive homecare at younger ages than on average. However, twelve London local authorities in which homecare requires payments from the individual had higher proportions of service users aged under 65 years (Table 2).

Age band	Hammersmith and Fulham		London Average	
	Count	Proportion of total	Count	Proportion of total
18-25 years	13	0.9	17.1	1.6
26-49 years	104	7.5	85.4	8.0
50-64 years	219	15.7	160.5	15.1
65-74 years	220	15.8	158.9	14.9
75-84 years	391	28.1	296.3	27.8
85-94 years	388	27.9	294.6	27.7
95+ years	56	4.0	52.0	4.9

Table 1: Population receiving homecare in LBHF and in an average London local authority (London ADASS Home-based Support Survey 2019-20, snapshot of week ending 30.06.19)

Local Authority	Count	Proportion of total service users aged under 65 years
London	**8152**	**24%**
Camden	333	36%
Tower Hamlets	646	35%
Lambeth	544	31%
Bromley	134	29%
Richmond upon Thames	118	29%
Newham	493	28%
Haringey	248	28%
Croydon	466	28%
Islington	298	27%
Southwark	451	27%
Greenwich	399	26%
Enfield	174	25%
Hammersmith and Fulham	**336**	**24%**
Barking and Dagenham	150	24%
Hounslow	243	24%
Redbridge	322	23%
Hillingdon	264	23%
Westminster	234	23%
Waltham Forest	240	22%
Easling	375	21%
Sutton	128	21%
Wandsworth	243	21%
Brent	353	21%
Harrow	165	21%
Lewisham	210	21%
Kensington and Chelsea	115	18%
Merton	101	18%
Bexley	172	17%
Kingston upon Thames	81	16%
City of London	4	14%
Havering	112	13%

Table 2: Proportion of homecare service users aged under 65 years receiving homecare in London local authorities (London ADASS Home-based Support Survey 2019-20, snapshot of week ending 30.06.19)

2.2. Service Use and Provision

The following section explores trends in service use and provision across London local authorities. The data presented is a snapshot of the week ending 30th June 2019 from the ADASS Home-based Support Survey 2019-20.

Summary

- Service users per 1,000 population was highest in LBHF (7.5) compared to all London local authorities.
- Service users in LBHF received the highest number of hours per week on average (29.21 hours) compared to the London average (15.11 hours)
- The average cost of homecare services per service user per hour was £16.60, similar to the London average (£16.80)

LBHF had highest number of homecare service users per 1,000 population in June 2019 (7.5) when compared to all London local authorities (Table 3). The high uptake of homecare services may be due to the absence of costs for the service in LBHF.

Local Authority	Count	Service users per 1,000 population
London	**33005**	**3.9**
Hammersmith and Fulham	**1391**	**7.5**
Tower Hamlets	1854	5.7
Lambeth	1758	5.4
Southwark	1686	5.3
Greenwich	1521	5.3
Ealing	1755	5.1
Brent	1675	5.1
Newham	1731	4.9
Islington	1106	4.6
Redbridge	1377	4.5
Croydon	1673	4.3
Bexley	1019	4.1
Kensington and Chelsea	637	4.1
Westminster	1037	3.9
Waltham Forest	1080	3.9
Hillingdon	1156	3.8
Hounslow	1021	3.8
Wandsworth	1152	3.5
Havering	890	3.4
Camden	919	3.4
Lewisham	1015	3.3
Haringey	885	3.3
Harrow	787	3.1
City of London	29	2.9
Barking and Dagenham	622	2.9
Sutton	601	2.9
Kingston upon Thames	495	2.8
Merton	564	2.7
Enfield	694	2.1
Richmond upon Thames	411	2.1
Bromley	464	1.4

Table 3: Proportion of population receiving homecare services in London local authorities (London ADASS Home-based Support Survey 2019-20, snapshot of week ending 30.06.19; Office for National Statistics 2020, Mid-2019 Population Estimates)

In addition to the relatively large proportion of the population receiving homecare services in LBHF, each service user received a higher average number of hours than in other London local authorities (Table 4).

The average rate paid for homecare services per hour in LBHF however was £16.80 per hour, similar to the London average (£16.60). The relatively low cost compared to many local authorities suggests commissioning arrangements within LBHF may encourage competition between providers, resulting in efficient allocation of resources (Table 4).

Local Authority	Average cost per hour (£)	Average hours per service user per week
London	**£16.6**	**15.1**
City of London	£24.2	14.4
Bromley	£22.0	10.3
Lambeth	£21.0	11.5
Tower Hamlets	£19.0	18.4
Merton	£18.4	12.8
Lewisham	£18.2	14.5
Islington	£18.1	15.1
Richmond upon Thames	£18.1	13.3
Hounslow	£17.7	11.5
Bexley	£17.6	13.5
Sutton	£17.5	14.6
Havering	£17.3	13.2
Camden	£17.3	15.1
Kensington and Chelsea	£17.2	13.1
Westminster	£17.2	15.8
Hillingdon	£17.0	12.9
Greenwich	£17.0	14.4
Southwark	£16.9	12.8
Hammersmith and Fulham	**£16.8**	**29.9**
Kingston upon Thames	£16.2	13.7
Wandsworth	£15.8	14.1
Barking and Dagenham	£15.3	12.9
Brent	£15.2	15.7
Croydon	£15.2	15.8
Ealing	£15.0	16.1
Harrow	£14.8	13.9
Enfield	£14.6	14.5
Waltham Forest	£14.5	17.9
Redbridge	£14.5	14.9
Haringey	£14.2	15.8
Newham	£13.9	13.6

Table 4: Average hours provided per homecare service user per week and total cost per week in London local authorities (London ADASS Home-based Support Survey 2019-20, snapshot of week ending 30.06.19)

3. PROFILING HOMECARE SUPPLY AND DEMAND IN HAMMERSMITH AND FULHAM

Priorities for improving homecare were identified by analysing available quantitative and qualitative data. The following section presents the demographics of service users, service use characteristics, service provision characteristics as well as financial forecasting for homecare provision. The final topics in this section address the overlap between reablement users and homecare users and the findings of the Annual Adult Social Care Survey 2019-20. Demographic data was sourced from the Office for National Statistics Mid-2019 Population Estimates[3], the 2011 Census[4], and the Index of Multiple Deprivation 2019[5].

3.1. Demographics of Service Users

The data presented in the following section is a snapshot of all service users in October 2020 (1,336 individuals) (Figure 4). All financial costs refer to homecare visits carried out between August 2019 and January 2020.

Of these homecare service users, 1,301 were registered to one of three LBHF homecare patches: LBHF North; LBHF Central; and LBHF South. The homecare patch of the outstanding 35 service users was unknown. Around 0.7% of the population in each patch received homecare services (Table 5).

Summary

- 1,336 individuals received homecare services in LBHF in October 2020.
- The average age of starting homecare services was 74 years, and the average age of a homecare service user was 75 years.
- LBHF Central had the highest estimated annual cost of homecare visits (£4,126,267).
- Females accounted for 60.9% of homecare users, whereas males comprised 38.4%.
- Individuals identifying as Black, Asian or Minority Ethnic (BAME) comprised 34.2% of homecare service users in LBHF and individuals identifying as White accounted for 50.1%.
- Individuals identifying as mixed ethnicity were the most underrepresented ethnic group receiving homecare services relative to the population in LBHF.
- The three largest subgroups of ethnicity for homecare service users were individuals identifying as White British (55.3%); Caribbean (12.4%); and White Irish (7.4%).
- LBHF North had the highest count of homecare service users living in deprived neighbourhoods, whereas in LBHF South, a higher number of homecare service users lived in more affluent areas.

[3] Office for National Statistics (2020) Mid-2019 Population Estimates. Available from: Population estimates - Office for National Statistics (ons.gov.uk) (Accessed 23 November 2020)

[4] Office for National Statistics (2011) Ethnicity –2011 Census Analysis. Available from: Detailed Characteristics - Census 2011 - home - Nomis - Official Labour Market Statistics (nomisweb.co.uk) (Accessed 11 November 2020)

[5] Ministry of Housing, Communities and Local Government (2019) English Indices of Multiple Deprivation. Available from: English indices of deprivation 2019 - GOV.UK (www.gov.uk) (Accessed 1 December 2020)

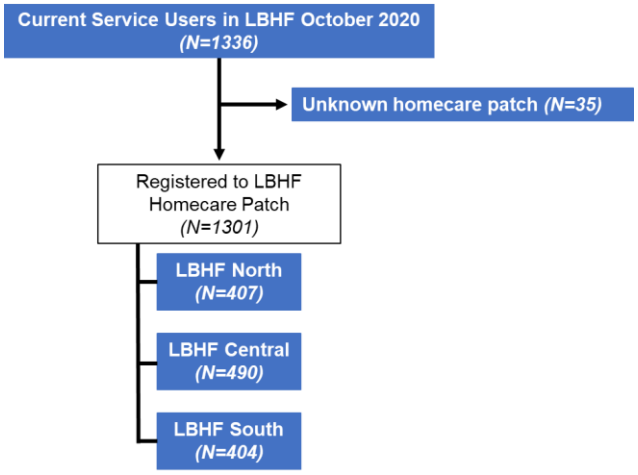

Figure 4: Breakdown of Hammersmith and Fulham registered homecare service users October 2020 included in the demographic and service use profiling analysis

Homecare patch	Homecare users	Total population	Proportion of total population	Average cost per week	Estimated annual cost
LBHF North	407	49,909	0.8%	£62,672	£3,258,935
LBHF Central	490	68,416	0.7%	£79,351	£4,126,267
LBHF South	404	66,818	0.6%	£65,023	£3,381,208
Unknown	35	-	-	£4,785	£248,785

Table 5: Homecare service users in each homecare patch in October 2020 and associated costs (Office for National Statistics 2020, Mid-2019 Population Estimates)

3.1.1. Age and Gender

The average age of a homecare service user in LBHF in October 2020 was 75 years (72 years for males and 77 years for females). Individuals between the ages of 85 and 89 years comprised the largest proportion of service users (17.1%) (Figure 5). Females accounted for 60.9% of homecare users, whereas males accounted for 38.4%. The largest proportion of female service users were aged 90 years and older, compared to between 85 and 89 years for males.

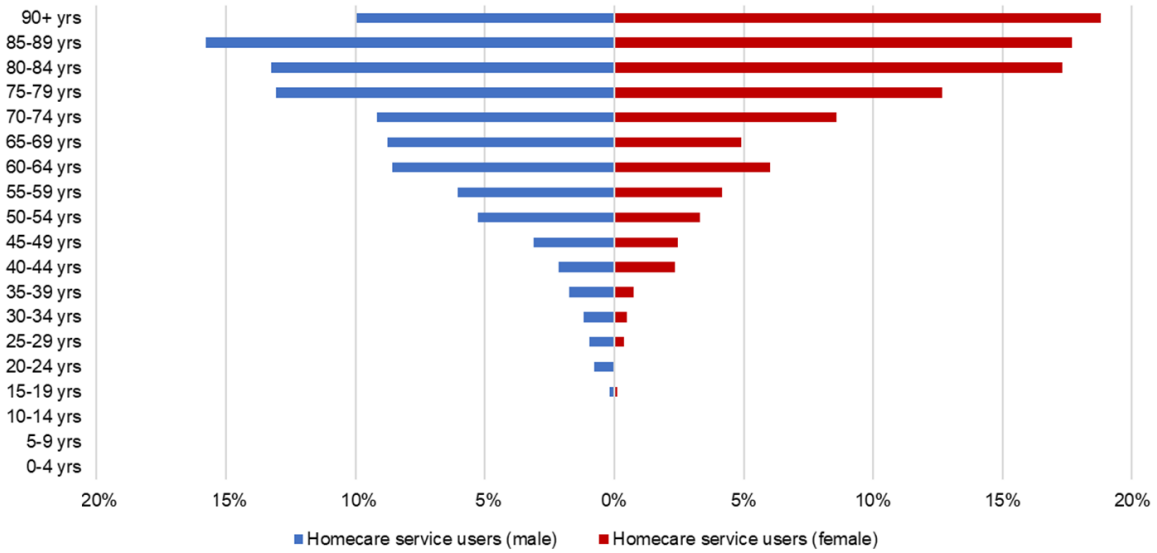

Figure 5: Age-sex pyramid of homecare service users in Hammersmith and Fulham in October 2020.

The average age of starting homecare services was 74 years (71 years for males and 76 years for females). The average age of starting the homecare service and the average age of service users was eldest in LBHF South for both men and women (Figure 6 and 7). Female service users have a similar or higher average start age and average age than males across all patches. The average homecare service user in October 2020 had been receiving homecare services for 3.5 years (Table 6).

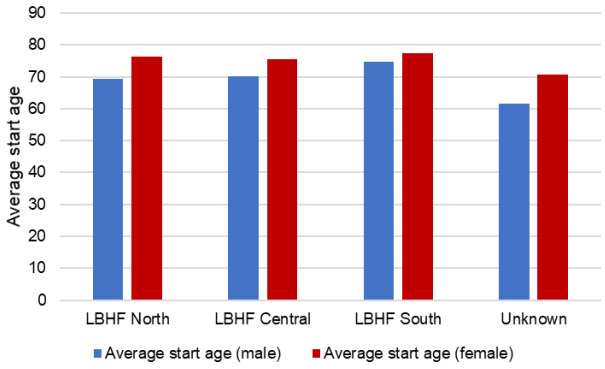

Figure 6: Average start age of homecare service users by patch in October 2020

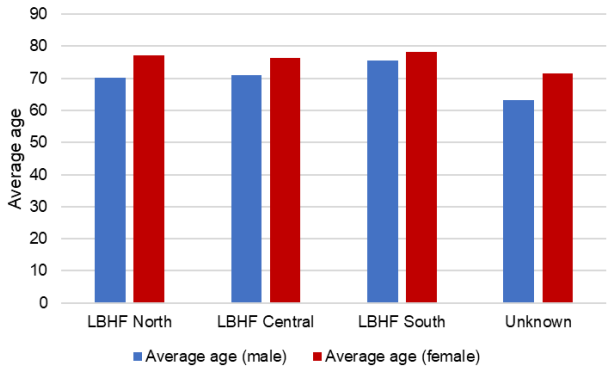

Figure 7: Average age of homecare service users by patch in October 2020

Years of service use	Count of homecare users	Proportion of homecare users
Under 1 year	71	5%
1 – 3 years	436	33%
3 – 5 years	554	41%
Over 5 years	275	21%

Table 6: Years of service use for homecare service users in October 2020

There was a steep increase in the rate of individuals receiving homecare after 74 years, with 28.8 individuals per 1,000 population receiving homecare in the 70-74 category, compared with 214.1 individuals per 1,000 population receiving homecare in the 90+ category (Figure 8).

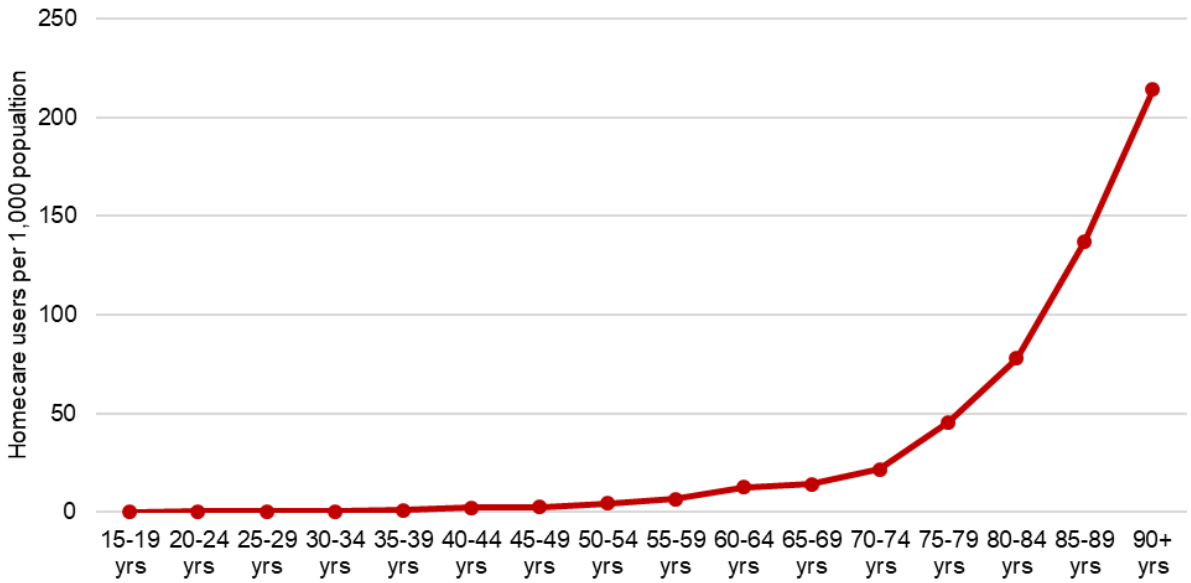

Figure 8: Homecare service users in October 2020 per 1,000 population in Hammersmith and Fulham across age groups (Office for National Statistics 2020, Mid-2019 Population Estimates)

3.1.2. Ethnicity

Individuals identifying as Black, Asian or Minority Ethnic (BAME) comprised 34.2% of homecare service users in LBHF in October 2020 and individuals identifying as White accounted for 50.1%. The ethnicity for the remaining individuals (15.6%) was not stated or grouped.

Around 0.5% of the total population for each ethnic group in LBHF received homecare services on average (Table 7). However, 1.3% of individuals identifying as Black or Black British in LBHF received homecare services. Individuals identifying as Caribbean comprised the largest proportion of homecare service users within the Black or Black British ethnic group (12.4%) (Appendix 1). This represents the largest proportion of all homecare service users after individuals identifying as White British ethnicity (Appendix 1). Individuals identifying as a Mixed ethnicity were underrepresented relative to the population in LBHF with only 0.21% of the Mixed ethnicity population receiving homecare services (Table 7).

In most homecare patches, service users predominantly identified as white (Figure 9), however in LBHF North, a larger proportion (43.5%) of service users identified as BAME than identified as white (39.3%).

Ethnicity	LBHF Population	Homecare Users	Proportion receiving homecare
Asian or Asian British	16,635	82	0.5%
Black or Black British	21,505	285	1.3%
Mixed	10,044	21	0.2%
Other	10,087	69	0.7%
White	124,222	670	0.5%

Table 7: Homecare service users in October 2020 compared to the Hammersmith and Fulham population by ethnic group (Office for National Statistics – 2011 Census ethnicity).

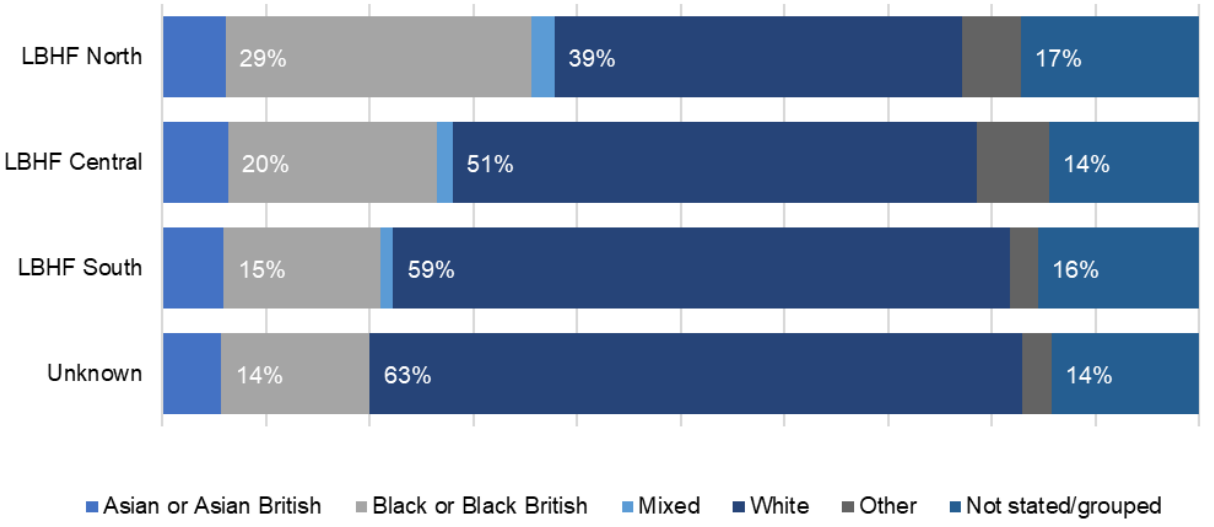

Figure 9: Main ethnic groups for all service users in Hammersmith and Fulham in October 2020 (Office for National Statistics – 2011 Census).

3.1.3. Deprivation

The 2019 Index of Multiple Deprivation (IMD) assigned a composite deprivation score to each lower layer super output area (LSOA) in England, which can loosely be defined as a neighbourhood. Each LSOA in England was ranked using the deprivation score and grouped into deciles. LBHF North had the highest count of service users living in LSOAs in decile one (10% most deprived LSOAs in England). In LBHF South, a higher number of service users lived in less deprived LSOAs compared to LBHF North and LBHF Central (Figure 10).

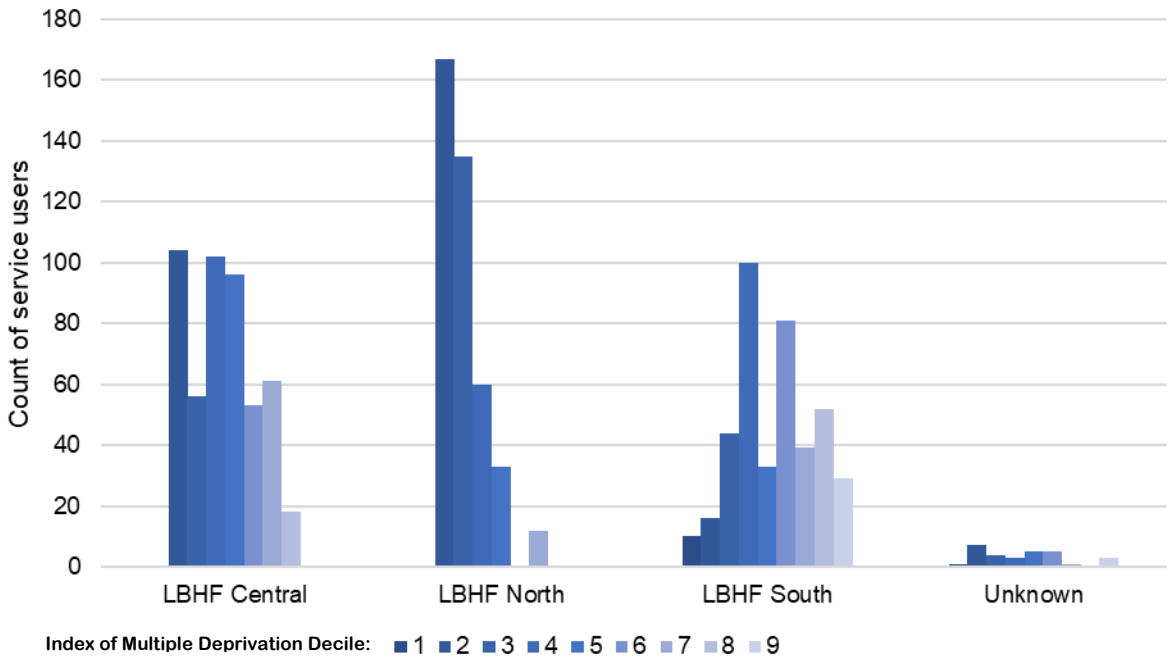

Figure 10: Count of homecare service users in each Index of Multiple Deprivation decile within homecare patches in October 2020 (Ministry of Housing, Communities and Local Government – English Indices of Multiple Deprivation 2019).

3.2. Service Use

The following section explores trends in primary support reasons and service elements. The data presented is a snapshot of all current service users in October 2020 (1,336 individuals) (Figure 4). All financial costs refer to homecare visits carried out between August 2019 and January 2020.

Summary

- 76% of homecare service users received physical support as the primary support reason.
- Physical support and social support were the predominant primary support reasons in all homecare patches.
- A larger proportion of younger homecare service users received support for learning disabilities and mental health support.
- 80% of homecare service users received one or two service elements only.
- Between 31% and 41% of homecare service users received a domestic service element (general domestic; housework; laundry; or shopping).
- A small proportion of service users received a domestic service element only.

3.2.1. Primary Support Reasons

Each homecare service user in LBHF receives support for one of six primary support reasons: physical support; social support; mental health support; learning disability support; support with memory and cognition; or sensory support (Table 8; Figure 11).

LBHF homecare users predominantly received services for physical support reasons in October 2020, accounting for 76% of all visits (Table 8). In total, 10.6% of homecare service users received social support, mainly for social isolation, however social support was also received by carers and to support individuals with substance misuse. In October 2020, 7.8% and 3.7% of homecare users received mental health support and learning disability support respectively. A small proportion of clients (1%) received support primarily for memory and cognition issues, the majority of whom were diagnosed with dementia (Figure 11). Individuals requiring sensory support accounted for 0.8% of service users.

Homecare patch	Count of homecare users	Proportion of all homecare users	Average cost per week	Estimated annual cost
Physical support	1016	76%	£152,498	7,929,870
Social support	141	11%	£22,323	£1,160,785
Mental health Support	104	8%	£11,544	£600,298
Learning disability support	50	4%	£5,523	£273,143
Support with memory and cognition	14	1%	£1,655	£86,073
Sensory support	11	0.8%	£569	£29,577

Table 8: Primary support reason for homecare service users in October 2020 and associated costs.

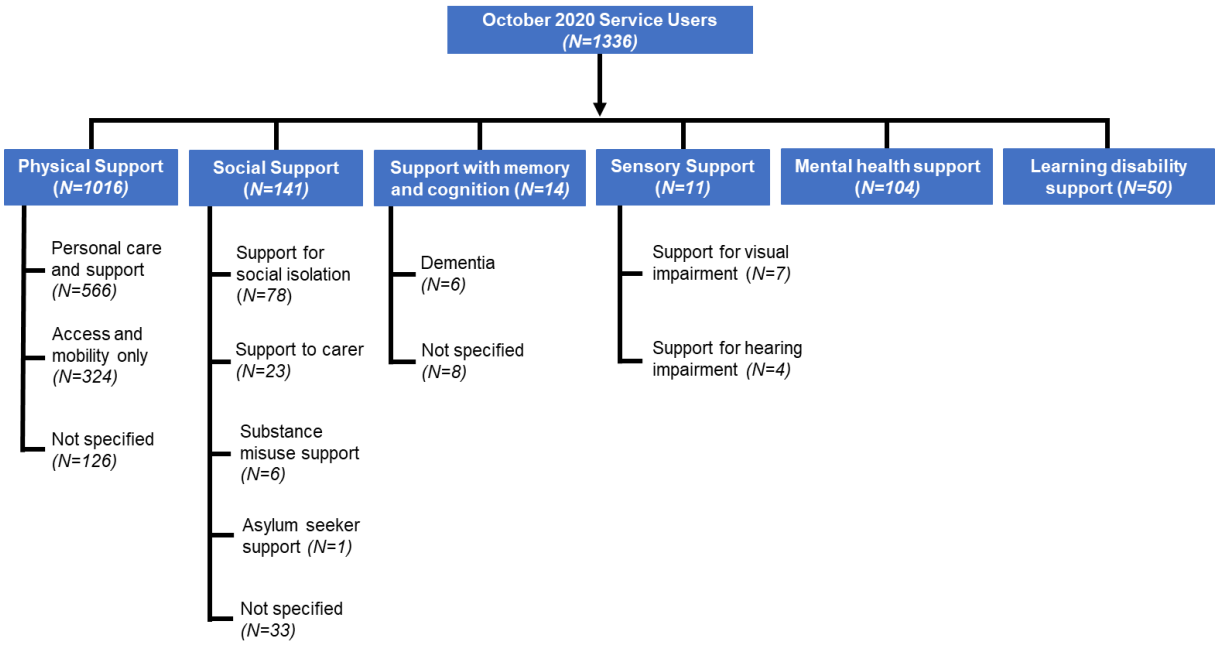

Figure 11: Breakdown of primary support reasons for homecare service users in October 2020.

Boxplots (Figure 12) indicate that homecare visits primarily providing physical support had the largest range in visit cost as the distance between the lower extremes and the upper extremes (marked by vertical bars extending above and below the boxes) was the largest. The visit costs primarily for social support and learning disability support also had a relatively large range. Physical support visits also had the highest median visit cost (represented by the horizontal line in the middle of the box) in the study period, whereas visits supporting memory and cognition had the lowest median visit cost. All primary support reasons have visit costs that are possible outliers (marked by dots) except for costs for visits supporting with memory and cognition.

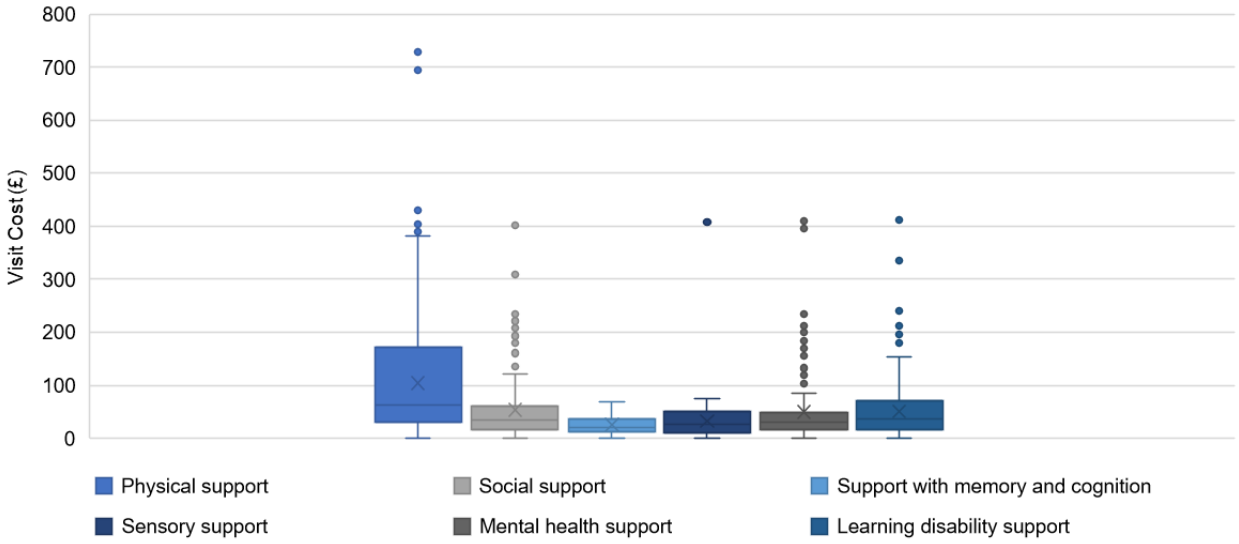

Figure 12: Boxplots indicating distribution of homecare visit costs between August 2019 and January 2020.

Physical support was the main primary support reason for homecare service users across all homecare patches (Figure 13), followed by social support, reflecting the overall trend (Table 8). However, a larger proportion of service users in LBHF South received social support and support for memory and cognition compared to other homecare patches. It is possible the higher demand for memory and cognition services in LBHF South is driven by the higher age of service users in the patch (Figure 7).

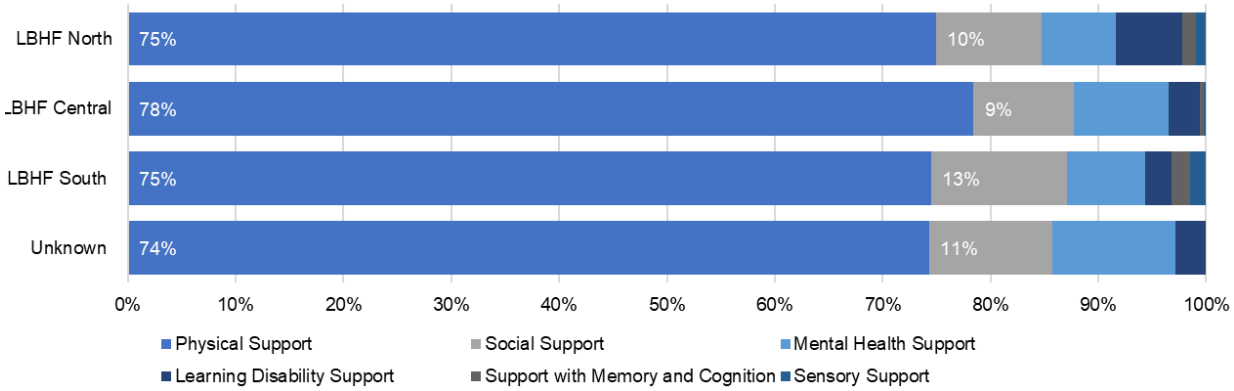

Figure 13: Breakdown of primary support reasons for homecare service users by homecare patch in October 2020

The service users aged between 20 and 39 years primarily received learning disability and physical support, however in older age groups, the number of service users receiving learning disability support decreased (Table 9). In older age groups, physical support and social support were the most common primary support reasons. Mental health support accounted for a substantial proportion of service user's primary support reasons in younger age groups, however in individuals over 80 years of age, only 12 individuals received support for this reason.

Primary Support Reason	0-19	20-39	40-59	60-79	80+	Total
Physical Support	0	15	99	352	550	1016
Social Support	0	2	25	48	66	141
Mental Health Support	0	6	41	45	12	104
Learning Disability Support	2	14	20	14	0	50
Sensory Support	0	0	2	4	5	11
Support with Memory and Cognition	0	0	0	3	11	14

Table 9: Breakdown of primary support reasons for homecare service users by age in October 2020

3.2.2. Service Elements

Service elements describe the specific area of need each homecare visit provides for the service user. In LBHF service users receive one of eleven service elements in each homecare visit: respite care at home; personal care; domestic; housework; laundry; shopping; additional carer; spot; pension collection; practical tasks; or home bathing. Of the 1,336 homecare service users in LBHF in October 2020, 43% of individuals received only one service element and a further 37% of individuals received two service elements. Most service users received one or two service elements across all homecare patches (Figure 14). A small proportion of all service users (2.3%) received between five and seven service elements.

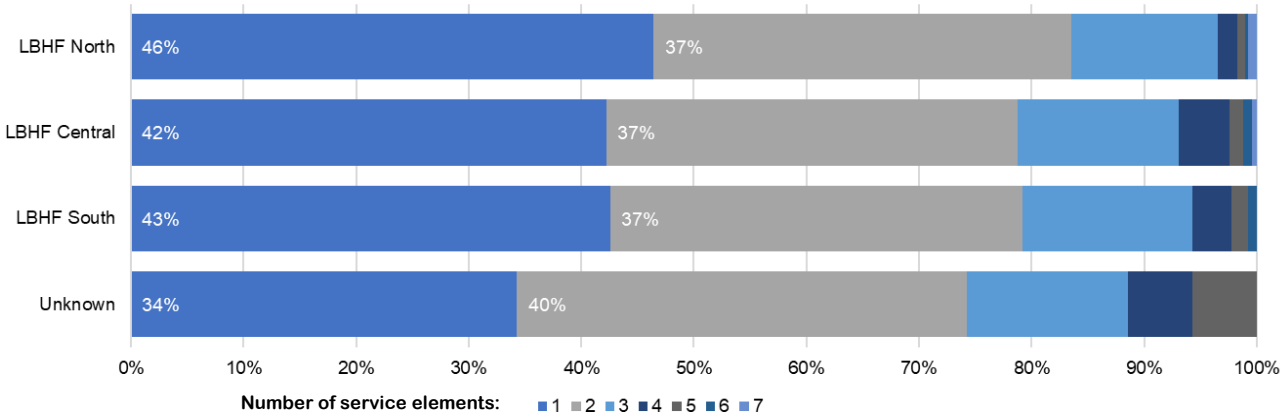

Figure 14: Breakdown of number of service elements received by each homecare service users by homecare patch in October 2020

Between 31% and 41% of individuals in each homecare patch received at least one service element classified as general domestic (Table 10). The highest proportion of service users receiving a domestic service element are individuals aged between 40 and 59 years (Table 11). A smaller proportion of homecare service users received a service element for housework, laundry or shopping (Table 10), however the proportion of service users receiving these elements increased with age (Table 11).

	Service Element			
Homecare patch	General Domestic	Housework	Laundry	Shopping
LBHF North	31.2%	9.1%	0.2%	7.9%
LBHF Central	41.0%	10.2%	1.2%	9.6%
LBHF South	32.2%	9.4%	0.7%	7.2%
Unknown	31.4%	20.0%	0.0%	11.4%

Table 10: Proportion of service users receiving a service element for domestic tasks by homecare patch in October 2020

	Service Element			
Age group	General Domestic	Housework	Laundry	Shopping
0-19	0.0%	0.0%	0.0%	0.0%
20-39	29.7%	2.7%	0.0%	0.0%
40-59	50.8%	13.4%	0.0%	8.0%
60-79	35.6%	11.4%	1.3%	9.2%
80+	30.6%	20.5%	1.6%	17.4%

Table 11: Proportion of service users receiving a service element for domestic tasks by age group in October 2020

Most individuals who receive a service element for domestic tasks, also received another service element. However, a small number of individuals receive a service element only for domestic tasks (Table 12). The majority of these for services defined as general domestic.

	Sole service element			
Homecare Patch	General Domestic	Housework	Laundry	Shopping
LBHF North	17	6	0	0
LBHF Central	20	10	0	2
LBHF South	17	2	0	1
Unknown	0	1	0	0

Table 12: Count of service users receiving a service element for only domestic tasks by homecare patch in October 2020

3.3. Service Provision

A variety of service providers are commissioned to deliver homecare in LBHF. The data relating to service provision and delivery presented in this section refers to all homecare visits between August 2019 and January 2020.

Summary

- Five providers are commissioned to deliver homecare in LBHF: Castlerock Recruitment Group (CRG); Graceful Care (CRG); MiHomecare Limited; Sage Care Limited; Standard Care MiHome.
- Between August 2019 and January 2020, 16.2% of visits were delivered over 60 minutes late, 27.2% of visits were delivered over 30 minutes late, and 35.1% of visits were delivered over 15 minutes late.
- Between August 2019 and January 2020, 13.7% of visits were delivered over 60 minutes early, 23.9% of visits were delivered over 30 minutes early and 30.8% of visits were delivered over 15 minutes early.
- LBHF North had the highest proportion of visits delivered within 15 minutes of the agreed carer arrival time (37.3%), whereas 31.5% of visits delivered in both LBHF Central and LBHF South were delivered within 15 minutes.
- 21.6% of all homecare visits were shorter in actual duration than the commissioned duration.
- Overlap visits accounted for 27.6% of all homecare visits.
- Across all providers the most common reason code associated with visits was unauthorised overstay.

3.3.1. Service Providers

Five commissioned providers delivered homecare visits in LBHF in the six-month period between August 2019 and January 2020 (Figure 15). MiHomecare Limited had the highest average cost per week (Table 13) In LBHF North, MiHomecare Limited was the primary provider of visits in the time period (75% of visits), whereas in LBHF Central Castlerock Recruitment Group delivered most visits (57%). In LBHF South, Sage Care Limited delivered 75% of visits, and visits for which homecare patch was not recorded were split between the five providers (Table 14).

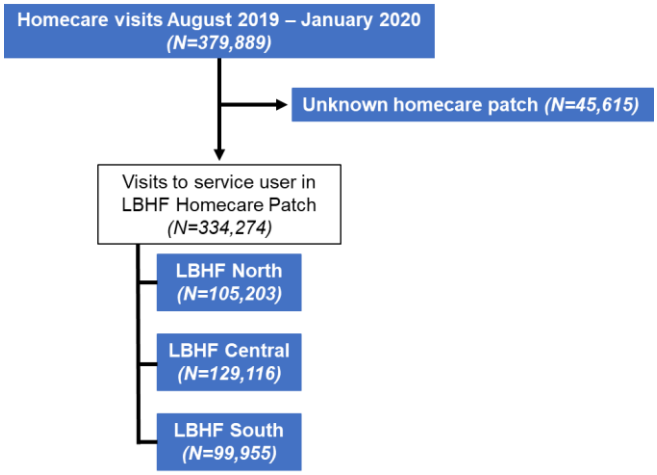

Figure 15: Breakdown of homecare visits in LBHF by homecare patch between August 2019 and January 2020 included in service provision and financial profiling analysis

Service provider	Average cost per week	Estimated annual cost
Castlerock Recruitment Group (CRG)	£53,602	£2,787,321
Graceful Care CRG	£28,311	£1,472,165
MiHomecare Limited	£56,017	£2,912,861
Sage Care Ltd	£53,862	£2,800,830
Standard Care MiHome	£20,039	£1,042,018

Table 13: Estimates of average weekly and annual cost for each service provider

Homecare Patch	Castlerock Recruitment Group	Graceful Care	MiHomecare Limited	Sage Care Limited	Standard Care MiHome
LBHF Central	57%	21%	12%	2%	9%
LBHF North	1%	9%	75%	0%	15%
LBHF South	10%	11%	3%	75%	1%
Unknown	23%	10%	27%	30%	10%

Table 14: Breakdown of visits delivered by each service providers by homecare patch between August 2019 and January 2020

3.3.2. Visit Punctuality and Duration

Between August 2019 and January 2020, 16% of visits were delivered over 60 minutes late, 27% of visits were delivered over 30 minutes late, and 35% of visits were delivered over 15 minutes late. The proportion of visits delivered late varied between homecare patches, however excluding visits delivered in an unknown patch, LBHF North had the smallest proportion of visits delivered late (Table 15)

Homecare Patch	Proportion of visits over 15 mins late	Proportion of visits over 30 mins late	Proportion of visits over 1 hour late
LBHF North	33.3%	24.6%	13.1%
LBHF Central	36.3%	28.2%	16.8%
LBHF South	36.7%	29.5%	18.9%
Unknown	32.4%	25.4%	15.6%

Table 15: Proportion of visits delivered late by homecare patch between August 2019 and January 2020

In the same period, 14% of visits were delivered over 60 minutes early, 24% of visits were delivered over 30 minutes early and 31% of visits were delivered 15 over minutes early (Table 16). When punctuality overall (proportion of visits delivered early and late) was considered, visits delivered in LBHF North were the most punctual (37.3% of visits delivered within 15 minutes of agreed arrival time). Visits delivered in LBHF Central and LBHF South both had 31.5% of visits delivered within 15 minutes of agreed arrival time.

Homecare Patch	Proportion of visits over 15 mins early	Proportion of visits over 30 mins early	Proportion of visits over 1 hour early
LBHF North	29.4%	21.0%	10.2%
LBHF Central	32.2%	25.6%	15.4%
LBHF South	31.8%	25.7%	15.9%
Unknown	28.4%	21.8%	12.0%

Table 16: Proportion of visits delivered early by homecare patch between August 2019 and January 2020

Between August 2019 and January 2020, the actual homecare visit time was less than the commissioned time for 21.6% of all visits (Table 17). LBHF Central had the smallest proportion of visits for which the actual time was less than the commissioned time (16.9%) and on average the actual time of the visits was 27 minutes shorter than the commissioned time. Contrastingly, visits for which homecare patch was unknown had the largest proportion of visits for which actual time was shorter than commissioned time, and the largest average difference with actual visit time 55 minutes shorter on average than commissioned time.

Homecare Patch	Count	Average difference (mins)	Proportion of visits with commissioned duration more than delivered duration
LBHF North	23,732	32	22.6%
LBHF Central	21,796	27	16.9%
LBHF South	23,642	33	23.7%
Unknown	12,723	55	27.9%

Table 17: Difference between commissioned and actual homecare visit time between August 2019 and January 2020

3.3.3. Overlap Visits

Overlap homecare visits are those in which two carers are required to be present at the service user's premises at the same time. Between August 2019 and January 2020, 28% of all homecare visits were overlap visits. However, not all overlap visits comply, i.e. two carers fail to overlap with each other. The proportion of homecare visits not complying was highest in LBHF South (26%) and lowest in LBHF North (10%) (Table 18).

Homecare Patch	Count of overlap visits	Proportion of overlap visits not complying
LBHF North	32176	9.9%
LBHF Central	28808	15.9%
LBHF South	29950	26.3%
Unknown	13870	22.9%

Table 18: Difference between commissioned and actual homecare visit time between August 2019 and January 2020

3.3.4. Visit Reason Codes

Visits with reason codes are those which were flagged for arbitration between the council and service provider. There are 17 reason codes which pertain to a visit not being delivered or flagged by the council (Figure 16). The most common reason code for each provider was visit with unauthorised overstay (Figure 17).

	Castlerock Recruitment Group (CRG)	Graceful Care CRG	MiHomecare Limited	Sage Care Limited	Standard Care MiHome
1. No reply	117	0	776	1725	72
2. Refused entry by client	140	50	3234	2781	87
3. Cancellation under 24hr notice	506	0	**6422**	2489	128
4. Late cancellation over 24hr notice	343	0	434	1637	130
5. Carer asked to leave early	224	830	5	3911	172
6. Emergency time required	17	0	5	27	71
7. Unauthorised understay	1439	0	3873	51	4
8. Unauthorised overstay	**7453**	**7869**	**8198**	**10049**	**5761**
9. Carer did not login or logout	1562	1201	183	2247	9
10. Delayed entry	5	0	0	1	139
11. Carer late	577	817	1	4528	0
12. Carer early	1454	2468	0	2722	1
13. Service user in hospital	176	0	1858	679	423
14. Technical issue	414	672	656	140	140
15. Service user deceased	64	0	198	52	8
16. Visit not to be paid	4996	0	2743	2635	452
17. Commissioned rematched	**6582**	1459	3213	2226	567

Key: Count of visits

- <100
- ≥100 - <500
- ≥500 - <2,000
- ≥2,000 - <5,000
- ≥ 5,000

Figure 16: Count of reason codes associated with visits delivered by each service provider between August 2019 and January 2020

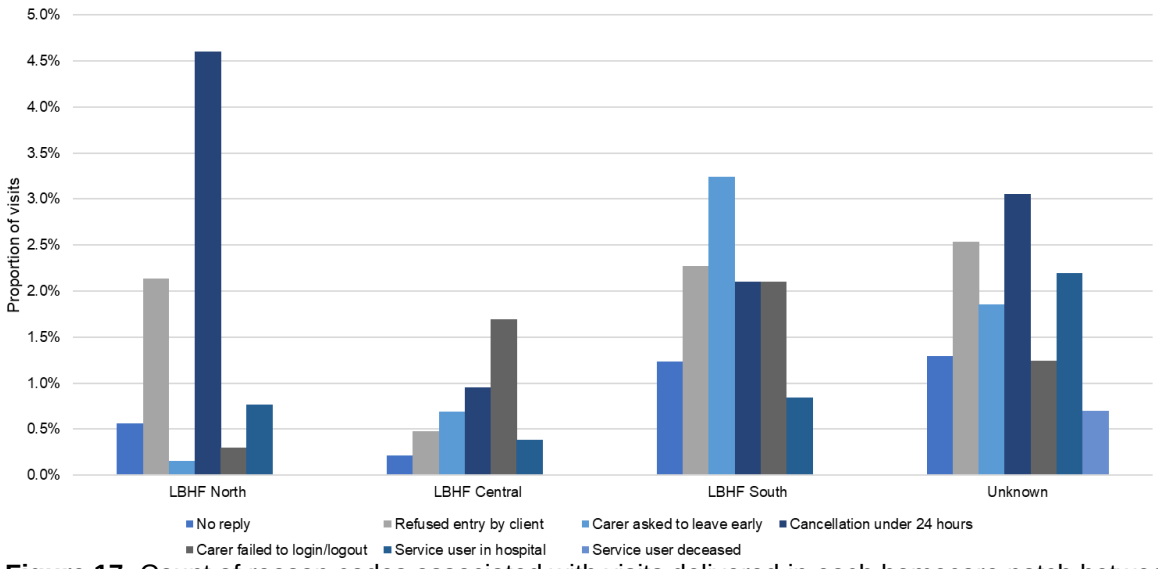

Figure 17: Count of reason codes associated with visits delivered in each homecare patch between August 2019 and January 2020

3.4. Financial Expenditure

The following section investigates financial data available for homecare visits between August 2019 and January 2020 (Figure 15). All financial calculations assume cost per hour for each visit is £17.20. This was the average cost used to calculate homecare expenditure in LBHF in October 2020 by the ASC Team.

The actual and commissioned cost between August 2019 and January 2020 was calculated by multiplying the actual and commissioned hours by the cost per hour. The overspend was calculated by subtracting the commissioned cost from the actual cost. The percentage difference represents the overspend as a percentage of commissioned cost.

The 12-month forecast for financial expenditure compares predicted actual cost (average monthly cost between August 2019 and January 2020) and predicted commissioned cost for the financial year 2020-21.

All calculations refer to contracted services from the main five providers only.

Summary

- In all 12-month forecasts, actual cost was £24,992 less than the commissioned cost (-0.2% difference).
- Only two providers (Graceful Care CRG and Standard Care MiHome) had a higher actual cost than commissioned cost between August 2019 and January 2020.
- In the 12-month forecast by service provider, the difference between actual and commissioned cost was between -21% and 31%.
- Across all homecare patches the actual cost was lower than the commissioned cost between August 2019 and January 2020.
- In the 12-month forecast by homecare patch, the percentage difference between actual and commissioned cost was between -16% and 2%.
- Social support was the only primary reason for which actual cost was more than commissioned cost between August 2019 and January 2020.
- In the 12-month forecast by homecare patch, the percentage change between actual and commissioned cost was between -3% and -58%.

3.4.1. Expenditure by Service Provider

The actual and commissioned cost of homecare visits was analysed by the five commissioned homecare providers in LBHF. The actual cost of homecare visits was higher than the commissioned cost of visits for only two providers between August 2019 and January 2020 – Graceful Care CRG and Standard Care MiHome (Table 19). The difference between actual cost and commissioned cost for the 12-month forecast is between -21% and 31% for each provider, apart from Standard Care MiHome (Table 20).

Service Provider	Actual Cost (Aug 2019 - Jan 2020)	Commissioned Cost (Aug 2019 - Jan 2020)	Overspend	Difference
Castlerock Recruitment Group (CRG)	£1,286,456	£1,340,559	-£54,103	-4%
Graceful Care CRG	£679,461	£655,913	£23,547	4%
MiHomecare Limited	£1,344,397	£1,543,355	-£198,957	-13%
Sage Care Ltd	£1,292,691	£1,314,326	-£21,635	-2%
Standard Care MiHome	£480,932	£465,694	£15,237	3%
Total	£5,083,936	£5,319,847	-£235,911	-4%

Table 19: Difference between actual cost and commissioned cost for each provider between August 2019 and January 2020

Service Provider	Actual Cost 12-Month Forecast	Commissioned Cost 12-Month Forecast	Overspend	Difference
Castlerock Recruitment Group (CRG)	£2,787,321	£3,401,520	-£614,199	-18%
Graceful Care CRG	£1,472,165	£1,126,288	£345,877	31%
MiHomecare Limited	£2,912,861	£3,686,316	-£773,455	-21%
Sage Care Ltd	£2,800,830	£2,825,980	-£25,150	-1%
Standard Care MiHome	£1,042,018	£84	£1,041,934	1236424%
Total	£11,015,195	£11,040,187	-£24,992	-0.2%

Table 20: 12-month forecast for the difference between actual cost and commissioned cost for each provider

3.4.2. Expenditure by Homecare Patch

The commissioned cost of homecare visits across homecare patches was higher than the actual cost between August 2019 and January 2020, ranging from -1% to -8% (Table 21). The difference was of similar magnitude between actual and commissioned cost for the 12-month forecast (Table 22). Visits delivered in unspecified homecare patches had the largest difference between commissioned and actual cost in the 12-month forecast.

Homecare Patch	Actual Cost (Aug 2019 - Jan 2020)	Commissioned Cost (Aug 2019 - Jan 2020)	Overspend	Difference
LBHF North	£1,504,124	£1,628,628	-£124,504	-8%
LBHF Central	£1,904,431	£1,966,192	-£61,761	-3%
LBHF South	£1,560,558	£1,609,161	-£48,603	-3%
Unknown	£114,824	£115,866	-£1,043	-1%
Total	£5,083,936	£5,319,847	-£235,911	-4%

Table 21: Difference between actual cost and commissioned cost for each homecare patch between August 2019 and January 2020

Homecare Patch	Actual Cost 12-Month Forecast	Commissioned Cost 12-Month Forecast	Overspend	Difference
LBHF North	£3,258,935	£3,296,668	-£37,732	-1%
LBHF Central	£4,126,267	£4,129,033	-£2,766	-0.1%
LBHF South	£3,381,208	£3,317,771	£63,437	2%
Unknown	£248,785	£296,715	-£47,930	-16%
Total	£11,015,195	£11,040,187	-£24,992	-0.2%

Table 22: 12-month forecast for the difference between actual cost and commissioned cost for each homecare patch

3.4.3. Expenditure by Primary Support Reason

Between August 2019 and January 2020, social support was the primary support reason with the only overspend (Table 23). In the 12-month forecast, for each primary support reason the actual cost was less than the commissioned cost (Table 24). Sensory support had the largest difference between actual and commissioned cost (-58% change).

Primary Support Reason	Actual Cost (Aug 2019 - Jan 2020)	Commissioned Cost (Aug 2019 - Jan 2020)	Overspend	Difference
Learning Disability Support	£126,066	£129,920	-£3,854	-3%
Mental Health Support	£277,061	£286,969	-£9,908	-3%
Physical Support	£3,659,940	£3,839,539	-£179,599	-5%
Sensory Support	£13,651	£17,153	-£3,502	-20%
Social Support	£535,747	£525,443	£10,304	2%
Support with Memory and Cognition	£39,726	£40,334	-£608	-2%
Unknown	£431,746	£480,489	-£48,743	-10%
Total	£5,083,936	£5,319,847	-£235,911	-4%

Table 23: Difference between actual cost and commissioned cost for each primary support reason between August 2019 and January 2020

Primary Support Reason	Actual Cost 12-Month Forecast	Commissioned Cost 12-Month Forecast	Overspend	Difference
Learning Disability Support	£273,143	£280,190	-£7,048	-3%
Mental Health Support	£600,298	£661,693	-£61,395	-9%
Physical Support	£7,929,870	£8,658,886	-£729,016	-8%
Sensory Support	£29,577	£70,813	-£41,236	-58%
Social Support	£1,160,785	£1,232,695	-£71,910	-6%
Support with Memory and Cognition	£86,073	£135,910	-£49,838	-37%
Unknown	£935,450	-	-	-
Total	£11,015,195	£11,040,187	-£24,992	-0.2%

Table 24: 12-month forecast for the difference between actual cost and commissioned cost for each primary support reason

3.4.4. Expenditure by Homecare Service user

The average cost of homecare visits for LBHF service users was £152.90 per week between August 219 and January 2020 (Table 25). An estimated 83 per 1,000 residents had a cost per week in excess of £400. The service users with costs over £400 per week were primarily service users who received homecare visits for physical support, which corresponds to the high median cost for physical support visits (Figure 12)

Cost per week	Count of homecare service users	Rate per 1,000 homecare users
£0.00 - £99.99	740	534.3
£100.00 – 199.99	279	201.4
£200.00 - £299.99	162	117.0
£300.00 - £399.99	89	64.3
£400.00 +	115	83.0

Table 25: Rate of homecare service users by category of cost per week.

3.5. Reablement

A reabling and enabling approach is a key feature that underpins the delivery of homecare in LBHF. However, reablement services are provided separately to homecare in LBHF and focus on providing short-term support to individuals.

The following section presents data on reablement users between April 2020 and August 2020 (926 individuals).

Summary

- 49% of reablement service users between April and August 2020 went on to receive homecare services.
- 65% of reablement service users referred to homecare received physical support as the primary reason for homecare services.
- 15 individuals previously receiving reablement services went on to receive only a domestic service element from the homecare service.

3.5.1. Referrals to Homecare

Of the 926 individuals who received reablement services between April and August 2020, 49.4% (457 individuals) went on to receive homecare services. Of the referred individuals, 83 had previously received homecare services and continued to receive homecare during reablement, before being referred once again to reablement. The reablement may have been provided to these individuals to reduce homecare or to focus on reablement for certain elements of living. The remaining individuals (374) did not receive homecare services before or during reablement.

Over a fifth of the individuals referred (23%) did not register as homecare service users in LBHF at any time between April and October 2020. Most reablement service users referred to homecare that registered as homecare service users received services for physical support primarily (65%) (Table 26). Whereas, 8% and 2% went on to receive social support and mental health support through homecare services respectively.

A higher proportion of reablement service users in older age groups go on to receive homecare services than other services, whereas in younger age groups, reablement service users primarily go on to receive other services or none (Figure 18). Patterns of referral are similar across all homecare patches. Of reablement service users referred to homecare, 15 received a domestic service element only.

Primary Support Reason	Count	Proportion of total
Learning Disability Support	2	0%
Mental Health Support	10	2%
Physical Support	299	65%
Sensory Support	2	0%
Social Support	35	8%
Support with Memory and Cognition	2	0%
Unknown	107	23%

Table 26: Primary support reason for individuals receiving homecare services who previously had received reablement between April and August 2020.

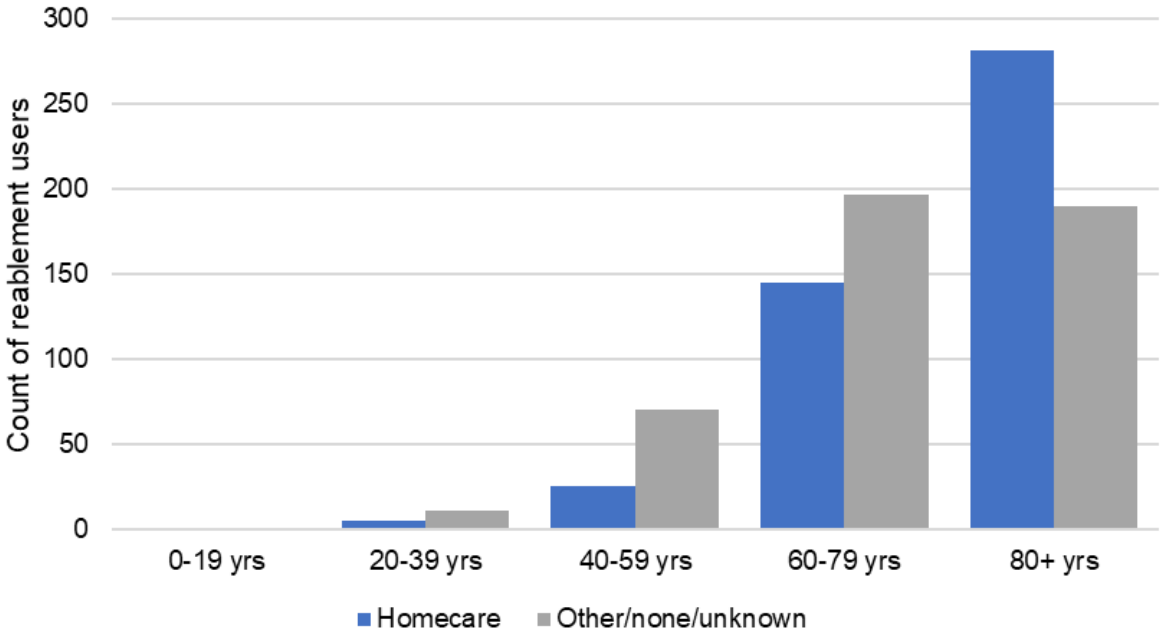

Figure 18: Service outcomes for individuals who received reablement services between April 2020 and August 2020

3.6. Stakeholder Views

This section presents the views of stakeholders involved with homecare services in LBHF. The views of service users were investigated using the results of the 2019-20 Annual Adult Social Care User Survey and the trends in complaints to ASC. Service providers were asked to share any views following a presentation of the initial results of the needs assessment, however no comments have yet to be received formally.

3.6.1. Annual Adult Social Care User Survey

Summary

- Over 80% of ASC survey respondents were extremely, very or quite satisfied with the care and support services received.
- Improved communication was identified by ASC users as the primary way in which services could be improved in LBHF.

The 2019-20 Annual Adult Social Care User Survey investigated the opinions of service users that received ASC services, including those of homecare users. A sample of 1,805 individuals were selected to take part in the survey out of a total of 2,574 eligible individuals. The response rate was 27% (497 people).

Over 80% of survey respondents were extremely, very or quite satisfied with the care and support services received, however 4.4% were extremely or very dissatisfied. Several comments praised carers for high quality care. However, many comments received referenced issues concerning carers and service providers. These can be categorised into three themes: punctuality; communication; and attitude.

Punctuality was a central concern to survey respondents. Several respondents indicated carers consistently arrived after the arranged start time and emphasised the difficulties of maintaining a routine due to uncertainty over carer arrival time. Below is a selection of comments on this theme:

- *My carers come when they want to and sometimes not at all!*
- *Carers don't turn up or arrive 2 or 3 hours after they should. No apologies. It's as if you don't matter.*
- *To get a more reliable care service where people show up when they are supposed to consistency is key to my health and wellbeing.*

Communication – particularly around carer arrival time – was a crucial issue for survey respondents. Comments referenced difficulties communicating with service providers regarding carer arrival time and failure of providers to answer the phone or respond to complaints. Respondents described how these breakdowns in communication resulted in them feeling as if they did not have a voice. Many commented they were unable to request carers and consequently received carers they felt were inadequate. Below is a selection of comments on this theme:

- *I want people to remember I do have a voice*
- *I want to be heard, to have a voice. For the care agency to have more time to listen.*

The attitude of carers was criticised by several respondents. Criticisms included carers were inexperienced, unhelpful and failed to carry out the role in their description. Several respondents suggested having less carers each week would improve quality of service as it would enable carers to have an in-depth knowledge of the service user's needs. Below is a selection of comments on this theme:

- *Ask carers to carry out a task that is in their job description. They don't do it. You call the CRG care company and tell them They do nothing.*
- *I want to have a shower or bath. But the carer don't all want to do that.*

When survey respondents were asked how the care and support they received could be improved, a total of 88 comments were made. Almost a fifth of comments (18.2%) stated complete satisfaction with the care they received, or nothing could be done to further improve it. A further 6.8% said they did not know how the care they received could be improved. 20.5% (18 individuals) said better communication would improve their experience (Figure 19). These comments referenced improved communication between service users and suppliers, as well as between carers. Comments further emphasised the importance of having a voice in the choice of care and carer they received. These comments indicate LBHF could improve person centred care by focussing on the needs of its service users.

Better quality of care was cited as the main way care could be improved by 14.7% of comments (13 individuals), often specifying improved punctuality and consistency of carers. Comments also explicitly referenced helping improve service user's independence. A further 4.5% (4 individuals) of comments stated having a choice of carer would be the main way to improve their care.

Many comments described how their adult social care hours had recently been cut resulting in 13.6% (12 individuals) stating providing more hours was the main way service could improve.

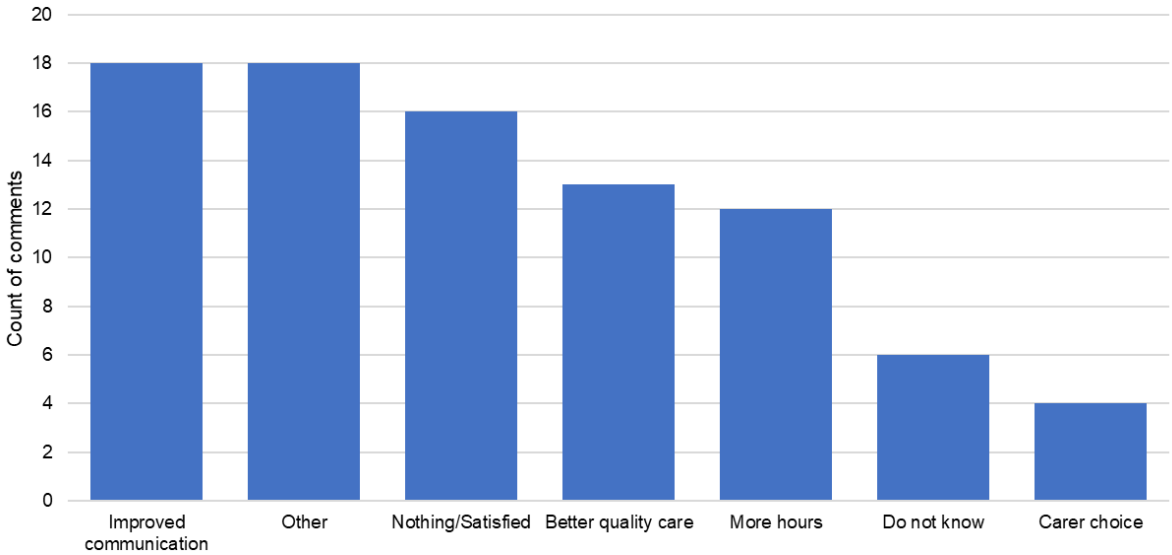

Figure 19: The categories of the comments on how ASC users thought healthcare could be improved (2019-20 Annual Adult Social Care User Survey)

3.6.2. Homecare Service User Complaints

Summary

- Between 2018-19 and 2019-20, complaints to ASC increased by 20%.
- In 2019-20, ASC received 45 complaints regarding homecare services, primarily around quality of services and service failure.

The UK legal framework states the Ombudsman can treat the actions of third parties (e.g. homecare service providers) as if they were actions of the council, where any such third-party arrangements exist[6]. This means councils keep responsibility for third party actions, including complaint handling, no matter what the arrangements are with that party.

Between 2018-19 and 2019-20, the number of complaints to ASC per year increased from 108 to 130 (20% increase). In 2019-20, ASC received 45 complaints regarding homecare services. Almost 85% of these complaints pertained to quality of service or service failure. Other complaints regarded staff attitude, service delay and communication.

[6] Local Government Act (1974) Section 25. Available from: Local Government Act 1974 (legislation.gov.uk) (Accessed 11 December 2020)

4. PROFILING FUTURE HOMECARE DEMAND

Homecare demand is dependent on the demographics of the population as well as the prevalence of health conditions. The following section will briefly summarise future health and demographic trends in LBHF and consider how homecare demand may be impacted as a result. In addition, alternatives to homecare services will also be discussed. Demographic data was sourced from the Office for National Statistics[7], and data on health conditions was sourced from the NHS Quality and Outcomes Framework[8].

4.1. Demographic Projections

Summary

- The proportion of the population of LBHF aged 65 years and older is projected to increase to 14.7% by 2031 (33.6% increase over ten years).
- The old-age dependency ratio (OADR) in LBHF is projected to increase to 175 in 2031 (21.1% increase over ten years).

Demand for homecare services is higher in older age groups (Figure 8). By 2031 the ONS (2020) estimates 14.7% of the population will be aged 65 years and older – an increase of 33.6% over ten years (Figure 20). As the average age of the population rises, healthcare and ASC services in LBHF will face increasing pressure as demand for care for chronic conditions increases.

The old-age dependency ratio (OADR) – defined as the number of people aged 65 or over per 100 of working-age (16-64) – is also projected to rise by 21.1% by 2031 to 178 (ONS 2020) (Figure 21). The rise in the OADR indicates the working-age population and LBHF local government will need to put increasing resources into supporting individuals who are retired. This will likely include higher expenditure for homecare services and pressure on healthcare services.

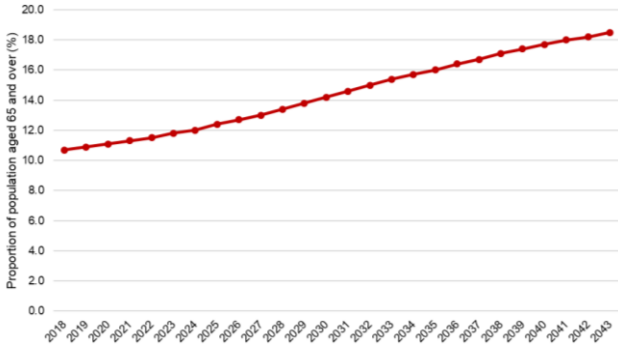

Figure 20: Projection of the proportion of individuals aged 65 years and older until 2043 (Office for National Statistics 2020, Population Projections)

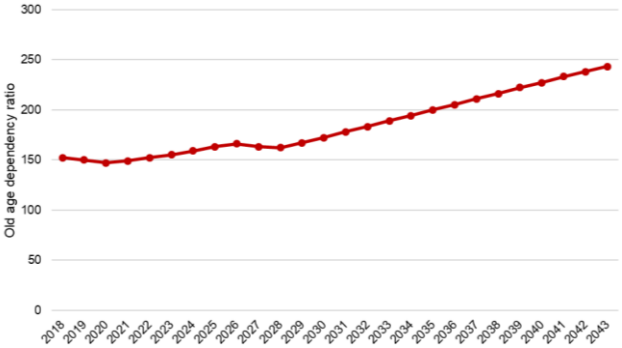

Figure 21: Projection of the OADR in LBHF until 2043 (Office for National Statistics 2020, Population Projections)

[7] Office for National Statistics (2020) Population Projections. Available from: Population projections - Office for National Statistics (Accessed 15 November 2020)
[8] NHS Digital (2020) Quality and Outcomes Framework. Available from: Quality and Outcomes Framework, 2019-20 - NHS Digital (Accessed 23 November 2020)

4.2. Trends in Health Conditions

Summary

- The prevalence of diabetes, obesity and hypertension decreased in LBHF between 2012-2013 and 2019-20, however will likely increase in the future, reflecting national trends.
- The prevalence of depression has increased in LBHF between 2012-13 and 2019-20, indicating services need to adapt to changing demand for mental health support from homecare services in the future.
- A 'whole system' approach must be applied to effectively respond to shifts in health condition prevalence in LBHF.

Examining previous trends in health conditions allows future health service demand to be predicted and enables local systems to plan care for the population. Across the UK, the prevalence of long-term conditions (LTCs) is expected to rise in the future as the average age of the population increases. In addition, multimorbidity is now becoming the norm, rather than individuals having a single health condition.

Although the prevalence of LTCs diabetes, obesity and hypertension marginally decreased between 2012 and 2020 in LBHF, the trend is unlikely to be sustained in the long-term according to national projections (Figure 22). Consequently, these conditions may increase demand for homecare services. The prevalence of depression in LBHF has increased from 4.9% in 2012-13 to 6.6% in 2019-20 and is likely to continue to increase. As a result, the 7.8% of homecare service users that received support primarily for mental health support in October 2020 will increase in the future. Homecare services will therefore need to work with local health systems to adapt to changing demand to provide the most effective care for those in need.

Although the prevalence of dementia in LBHF has remained stable between 2012-13 and 2019-20, the dementia diagnosis rate is lower in LBHF than in London and fails to meet the national dementia diagnosis target[9]. Therefore, it is highly likely that dementia prevalence is increasing reflecting the national trend, and homecare services must adapt accordingly.

To enable health systems to adapt to the changing pressures on services, the NHS England and partners apply the 'House of Care' model[10]. This aims to draw together commissioning, engaged individuals and carers, organised clinical processes, and health and care professionals working in partnership to achieve person-centred coordinated care for individuals with LTCs (Appendix 2).

At a local level, applying the House of Care model involves a 'whole-system' approach to the provision of services using the breadth of resources across the community considering the wider determinants of health. This approach could include improving the diagnosis of dementia and using alternative systems to homecare such as social prescribing to improve care for certain conditions such as social isolation.

[9] Public Health England (2020) Dementia Profile – Hammersmith and Fulham. Available from: Dementia Profile - PHE (Accessed 15 December 2020).
[10] NHS England (2020) House of Care. Available from: NHS England » House of Care – a framework for long term condition care (Accessed 10 December 2020)

The Covid-19 pandemic is likely to have an impact on homecare services in both the short and long-term. Throughout 2021, individuals shielding will continue requiring homecare and there may be an increase in demand for homecare services for social isolation. In the future, the implications of Covid-19 for homecare are unclear, however it is possible that long-term side effects from the virus may increase pressure on services.

		2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	Trend
Mental health and neurology	Dementia	0.28	0.32	0.43	0.44	0.45	0.37	0.33	0.29	
	Depression	4.88	5.16	5.83	6.23	6.57	6.45	6.53	6.6	
	Learning disabilities	0.23	0.27	0.25	0.25	0.25	0.24	0.21	0.21	
		2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	
High dependency and other long term conditions	Cancer	1.23	1.36	1.49	1.59	1.68	1.61	1.68	1.59	
	Chronic kidney disease	1.91	1.78	1.99	1.94	1.89	1.68	1.46	1.26	
	Diabetes Mellitus	4.31	4.41	4.39	4.49	4.56	4.24	3.89	3.62	
	Palliative Care	0.22	0.21	0.26	0.26	0.29	0.27	0.26	0.26	
		2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	
Cardiovascular	Hypertension	9.15	9.14	9.22	9.24	9.27	8.57	7.87	7.46	
	Stroke and transient ischaemic attack	0.92	0.95	0.98	1	1.01	0.93	0.88	0.83	
		2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	
Other	Chronic obstructive pulmonary disease	1.08	1.12	1.17	1.19	1.18	1.09	1.01	0.92	
	Obesity	6.35	5.03	4.28	4.88	5.5	5.22	4.82	4.58	

Figure 22: Prevalence of health conditions in LBHF between 2012-13 and 2019-20 (NHS Digital 2020 – Quality and Outcomes Framework)

4.3. Alternatives to Homecare

The provision of homecare services represents a substantial cost for local authorities and residents across the UK. Increasingly, innovative technological solutions are being rolled out to replace care traditionally provided by families or carers. The application of digitally-enabled care will enable ASC services to adapt to the rising prevalence of LTCs in the future in an efficient and cost-effective manner[11].

Case Study: Careline Services

Careline services for LBHF residents aim to provide a personalised service for adult residents of the borough, to help maintain independence and support individuals to live in their own home for as long as possible.
Careline support includes:

- Installation of Lifeline units with pendent/wrist alarms
- Support available at the touch of the button, 24 hours, 365 days a year.
- In house service from referral, to alarm installation and call handling/response.
- Signposting to other services when a need is identified, with consent.
- Monthly charge for service ranging from £10.30 to £23.14 per month.
- Every month there are approximately 8,299 alarm or voice calls received to the service.

[11] NHS Long Term Plan (2019) Chapter 5: Digitally-enabled care will go mainstream across the NHS. Available from: NHS Long Term Plan » Chapter 5: Digitally-enabled care will go mainstream across the NHS (Accessed 14 December 2020)

5. PRIORITY SETTING AND ACTION PLANNING

Following a review of the current and future trends in homecare supply and demand in LBHF, the following priorities have been identified. The priorities have been chosen for their importance to stakeholders and feasibility given local resource constraints. The priorities and associated actions can be divided into four areas: service delivery; community engagement; provider education; and intelligence.

5.1. Service Delivery

Service Delivery Priority	Actions	Evaluation Mechanism	Responsible Stakeholders
Improve punctuality and compliance of homecare visits	Use CMBI system to track punctuality and compliance of homecare visits by provider each month	Monthly KPI reports for each service provider detailing: • Proportion of visits over 30 minutes early or late • Overlap visit compliance • Difference between commissioned and delivered duration	LBHF ASC Team; LBHF BI Service; Service Providers
Shift provision of domestic homecare services from service providers to third sector	Contact third sector organisations providing domestic services in LBHF	Monitor number of homecare service users receiving only a domestic service element each month	LBHF ASC Team; Third-Sector Organisations
Accelerate roll out of homecare alternatives	Increase homecare service user's awareness of the availability of digitally-enabled care	Monitor installation of careline service systems each month	LBHF ASC Team; LBHF BI Service; Service Providers

5.2. Community Engagement

Community Engagement Priority	Action	Evaluation Mechanism	Responsible Stakeholders
Improve communication between stakeholders	Conduct annual survey of homecare service users within LBHF and develop priorities and actions that arise from service user comments	Implementation of survey and production of annual summary	LBHF ASC Team
Promote awareness of homecare services across LBHF	Work with community leaders to increase uptake of homecare services in harder to reach groups	Monitor uptake of homecare services by ethnic diversity and deprivation level	LBHF ASC Team

5.3. Provider Education

Provider Education Priority	Action	Evaluation Mechanism	Responsible Stakeholders
Embed prevention within model of homecare provision	Train carers to recognise symptoms of LTCs at early stages (e.g. dementia)	Monitor number of concerns regarding symptoms of LTCs registered by carers	LBHF ASC Team; Service Providers; Carers
Improve quality of care received by homecare service users to maximise independence	Develop training opportunities for carers emphasising enabling approach and independence of service users	Monitor comments concerning service quality and independence in homecare annual survey	LBHF ASC Team; Service Providers; Carers

5.4. Intelligence

Intelligence Priority	Action	Evaluation Mechanism	Responsible Stakeholders
Develop automated system to facilitate monitoring of homecare KPIs	Produce Power BI dashboard to summarise KPIs in real-time	Monitor KPIs daily through dashboard	LBHF BI Service
Actively monitor outcome of reablement	Integrate reablement data into Power BI dashboard	Monitor which services reablement users go on to receive	LBHF BI Service

APPENDICES

Appendix 1 – Ethnicity subgroups

Ethnicity Subgroup A – Asian and Asian British

Ethnicity Subgroup	Count	Proportion of ethnic subgroup (%)	Proportion of all homecare users (%)
Bangladeshi	6	7.3	0.4
British Asian	4	4.9	0.3
Chinese	2	2.4	0.1
Indian	24	29.3	1.8
Pakistani	12	14.6	0.9
Any other Asian Background	34	41.5	2.5
Total	82	-	6.1

Table A1.1. Detailed breakdown of homecare service users identifying as Asian and Asian British in October 2020

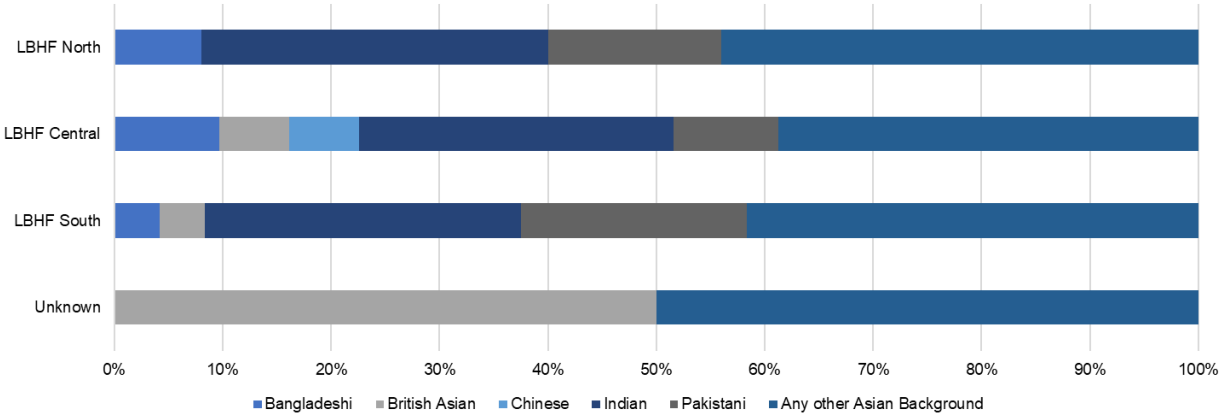

Figure A1.1. Detailed breakdown of homecare service users identifying as Asian and Asian British in October 2020

Ethnicity Subgroup B – Black and Black British

Ethnicity Subgroup	Count	Proportion of ethnic subgroup (%)	Proportion of all homecare users (%)
African	59	20.7	4.4
Black British	22	7.7	1.6
Caribbean	165	57.9	12.4
Nigerian	1	0.4	0.1
Somali	2	0.7	0.1
Other Black Background	36	12.6	2.7
Total	285	-	21.3

Table A1.2. Detailed breakdown of homecare service users identifying as Black and Black British in October 2020

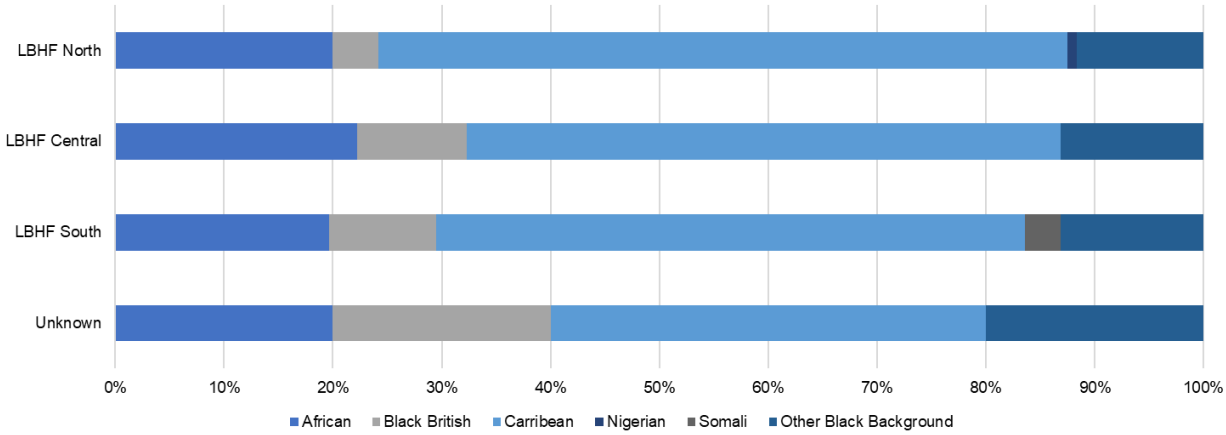

Figure A1.2. Detailed breakdown of homecare service users identifying as Black and Black British in October 2020

Ethnicity Subgroup C – Mixed

Ethnicity Subgroup	Count	Proportion of ethnic subgroup (%)	Proportion of all homecare users (%)
Black and Asian	1	4.8	0.1
Black and White	2	9.5	0.1
Black African and White	3	14.3	0.2
Black Carribean and White	3	14.3	0.2
Other Mixed Background	12	57.1	0.9
Total	21	-	1.6

Table A1.3. Detailed breakdown of homecare service users identifying as Mixed ethnicity in October 2020

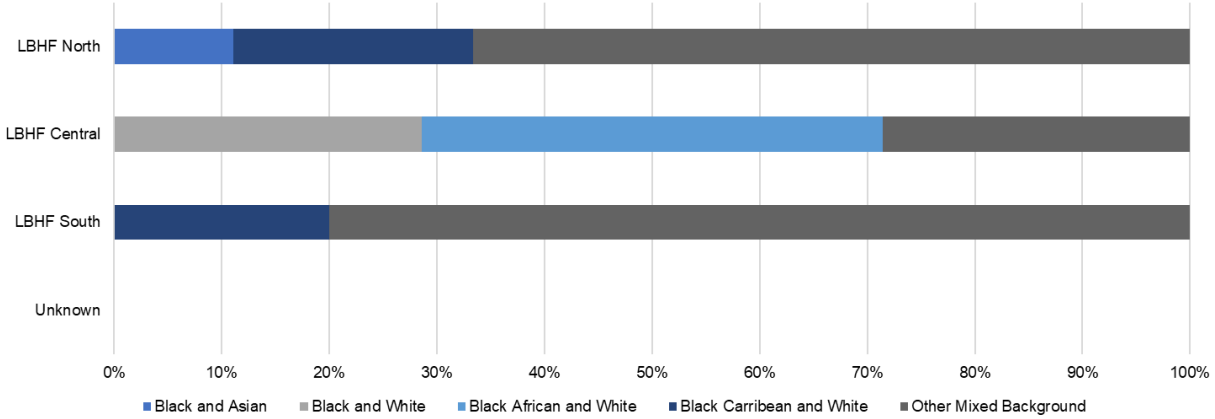

Figure A1.3. Detailed breakdown of homecare service users identifying as Mixed ethnicity in October 2020

Ethnicity Subgroup D – Other

Ethnicity Subgroup	Count	Proportion of ethnic subgroup (%)	Proportion of all homecare users (%)
Arab	4	5.8	0.3
Middle East	3	4.3	0.2
Other Group	62	89.9	4.6
Total	69	-.0	5.2

Table A1.4. Detailed breakdown of homecare service users identifying as a not categorised ethnicity in October 2020

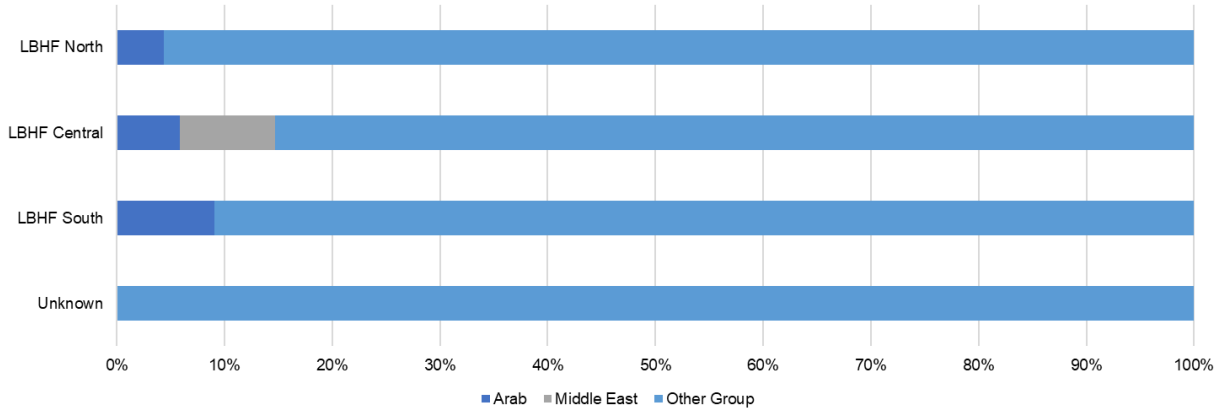

Figure A1.4. Detailed breakdown of homecare service users identifying as a not categorised ethnicity in October 2020

Ethnicity Subgroup E – White

Ethnicity Subgroup	Count	Proportion of ethnic subgroup (%)	Proportion of all homecare users (%)
British	739	79.3	55.3
Irish	99	10.6	7.4
Irish Traveller	2	0.2	0.1
Other White Background	92	9.9	6.9
Total	21	-	69.8

Table A1.5. Detailed breakdown of homecare service users identifying White in October 2020

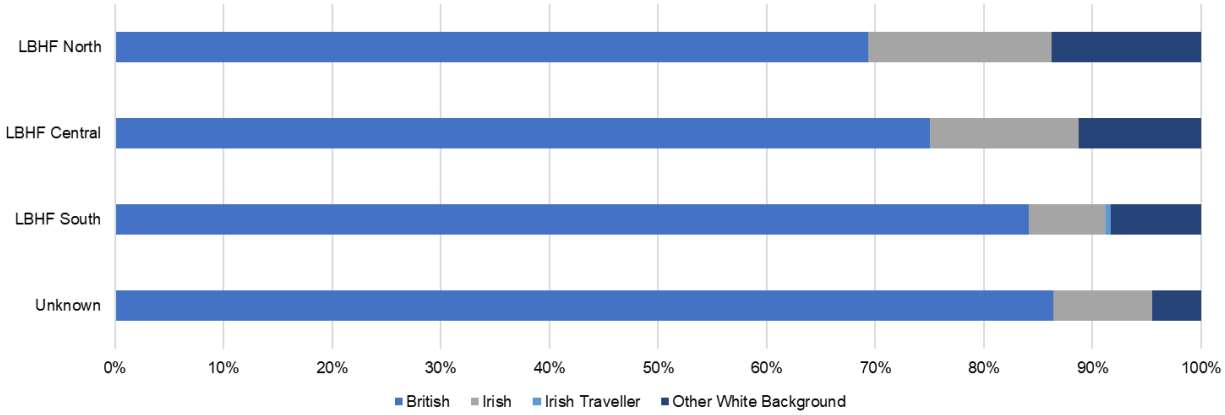

Figure A1.5. Detailed breakdown of homecare service users identifying White in October 2020

Appendix 2 – House of Care Framework