Home Care Task Group Report

Healthier Communities & Adult Social Care Scrutiny Committee

February 2016

Looking at Home Care Services in Sheffield

We wanted to take a look at home care services, with a focus on how we could improve the quality of services in Sheffield.

Home care, also known as home support or domiciliary care, are support services delivered in a person's home to address their needs. These needs are identified through a formal assessment process carried out by a social worker. Home care activities fall into 3 main categories:

- Personal care activities, such as help to eat and drink, maintaining personal hygiene, administering or prompting medication.
- Household activities, such as preparing meals, shopping, managing household finances.
- Other activities, such as supporting social activities, or providing emotional and psychological support.

This work was timely, as the Council's home care contracts are coming to an end in 2017, and the Commissioning Team is currently in the process of recommissioning the services. Our aim was to make recommendations that could be considered as part of this process.

This report sets out how we went about this, what we found, and our 10 recommendations in the areas of assessment, strategic approach to commissioning, working with providers, and user focused services.

We would like to express our thanks to all of those who gave their time and contributed to our work.

What did we do?

Improving the quality of social care for service users and carers has been at the forefront of our scrutiny work during 2015/2016. Consequently, we wanted to look at the 'whole picture', including initial assessment, how services are commissioned by the Council, how services are delivered by home care providers on the front line and how users can give feedback on the services they receive.

We started off by developing our understanding of what home care is and how it currently works in Sheffield, as well as looking at how things work in other authorities and what other organisations consider best practice

We wanted to hear a range of perspectives on home care and so held a series of meetings with:

- Sheffield City Council Officers who commission home care services
- Sheffield City Council Officers who run the assessment and review process
- Independent providers of home care services – those who currently hold council contracts and those that don't
- Home care workers

We wanted to hear from service users themselves. However, this is not an easy task within our timescale. As a result we decided to use information already held by the Council such as information gathered through service improvement forums and 'Quality Live' events, national performance information and complaints, as well as information held by HealthWatch Sheffield.

What We Found

Sheffield Home Care in numbers

Sheffield City Council currently has contracts with 9 providers to deliver home care services across Sheffield. The contracts are split across 20 geographical areas, with an average of 1000 hours of care per week being commissioned in each area.

Around £13m per year is spent through these contracts – around 21,000 hours of care per week at an average hourly rate of £12.92 – compared to the England average rate at £13.77.

Care packages commissioned by the Council vary from under 2 hours a week, to over 100 in rare cases. Around 75% of packages are less than 10 hours, with the average package being around 8 hours care per week.

At present around 2500 people are receiving home care through these contracts. Around 87% of these people are over 65, and are most likely to initially need home

care as a result of illness or mobility issues. People in receipt of home care commonly have multiple assessed needs.

A further 2200 people receive a Direct Payment which they use to purchase social care themselves. We don't hold much information about what services are bought this way, so we aren't able to tell how many of these people are buying home care, or where they are buying it from. The age profile of people receiving Direct Payments is lower than that of people using council commissioned services – two thirds of them are under 65.

As social care is means tested, there are also people receiving home care who are not eligible for financial support. These people can choose to have the Council arrange home care services through the contracts it holds, and be billed monthly, or to arrange their care directly with providers.

Satisfaction with adult social care services in Sheffield is low – particularly in Community Services which includes home care. According to the national Adult Social Care Outcomes Framework performance indicators Sheffield compares poorly with other Core Cities and other authorities in Yorkshire and the Humber. In 2015, 49% of community based service users felt safe, and less than half of community based service users were extremely or very satisfied overall with their care and support.

Our Findings and Recommendations

We recognise that nationally and in Sheffield, local government, and adult social care in particular, is facing significant funding challenges - rising demand, diminishing revenue support grant, introduction of the national living wage – whilst trying to drive service improvement. We realise that there will be financial implications to implementing the recommendations that we have set out below, and that hard choices will have to be made as home care services are recommissioned.

We also recognise that home care is just one part of the adult social care picture, and that the continued integration of health and social care presents opportunities through closer working with health partners and programmes such as the Better Care Fund. Our recommendations, whilst focussing on home care services need to be set in this context – of wider adult social care as well as health and social care funding.

Despite the challenges, we have seen through our work that there is a genuine ambition in Sheffield to improve home care for service users. We feel that there are things we could be doing better, and our recommendations aim to drive improvement and provide better quality services for Sheffield people. Our recommendations have been developed across 4 areas:

- Assessment
- Strategic approach to commissioning
- Working with providers
- User focused services

1 Assessment

An appropriate assessment is an essential starting point if users are to receive a good service. This is true of all adult social care services, including home care.

People's experience of assessments has been of a 'tick box' exercise that isn't truly user centred. They result in 'time and task' allocations rather than meeting outcomes, with no recognition that individual needs may fluctuate. This leads to a rigid service delivery model with little room for flexibility and meeting people's needs creatively.

The review process isn't working as well as it could – a user focused approach should be based on continuous dialogue between social workers, health professionals, care workers, service users and their families.

We recognise that the Council's approach to assessment and review is changing as a result of the Care Act, and moving towards 'asset based' assessments, looking at the whole person and the support they already have in place, co-produced with service users and families. This approach gives a 'fuller picture' of the outcomes a person wants to achieve, what their needs are and the various ways in which they can be met. We welcome this move towards greater 'dialogue' and less 'box ticking'.

Recommendation 1

The Council should continue and accelerate its work to make the assessment and review process more person centred, based on continuous dialogue with service users and their families.

People in receipt of home care often have multiple assessed needs, and may be using services from more than one organisation. This means that they end up going through the assessment process several times, often involving significant duplication.

Home care providers and staff told us that they are in a better position to deliver effective care when relationships between care workers and other health and social care professionals are constructive, and when information about a service user's health and care is shared appropriately – for example around hospital admissions and discharges.

Home care providers told us that it would be helpful if the Care Plan produced during the assessment process is shared with them. At the time of writing, providers receive only the 'time and task' allocation. This is because the way Council services are

arranged prevents the information from being passed on. We understand that there are plans in place to address this, and we welcome this move towards greater information sharing.

Recommendation 2

The Council should work with other agencies to improve information sharing between care workers, social workers and health professionals to ensure that service users are receiving joined up services. This should include sharing Care Plans with home care providers from the outset.

2 Strategic approach to commissioning

The current commissioning model based on geographic areas has been in place since 2014. Commissioners and providers have identified weaknesses in this approach, and there seems to be a general consensus that this current commissioning model is no longer fit for purpose.

The current geographic model is intended to provide localised support. However, this can make it difficult to respond effectively to fluctuating demand both within geographical areas, and across the city. Some providers hold contracts in areas at opposite ends of the city, so it can be hard for them to use their resources efficiently - moving their staff great distances across the city to provide services where they are needed has implications for the cost and quality of services – as well as staff morale.

Providers are expected to accept all care packages in their area, which can make it hard for them to plan ahead in terms of their workforce requirements, resulting in greater use of zero hour contracts.

There has been more than one case of provider failure in the city under this model.

Recommendation 3

The new commissioning model must have flexibility built in to enable it to respond to fluctuations in demand across the city.

The current commissioning model doesn't drive quality – home care providers that hold council contracts are less likely to be compliant with Care Quality Commission (CQC) regulations than those that don't – 56% of Council contracted providers are CQC compliant compared with 96% of non- contracted providers. Adult Social Care performance indicators show that user satisfaction with social services in Sheffield compares poorly with other Core Cities and Yorkshire and Humber Authorities.

We recognise that there are challenges in home care nationally – particularly around improving terms and conditions for staff – issues such as paying the living wage, zero hours contracts and paying for travel time – at a time when there are great

funding pressures for Councils. However almost everyone we spoke to as part of this work talked of how well trained, well-motivated staff are absolutely essential to quality home care services. The new commissioning framework must incentivise the recruitment and retention of high quality staff.

The National Institute of Health and Care Excellence (NICE) has recently issued national guidelines about home care – the most high profile of which was that the minimum call time should be 30 minutes. This echoes Unison's calls through the Ethical Care Charter to abolish 15 minute calls.

Having looked at case studies of 'typical' care packages, we were surprised to see the often lengthy lists of tasks that care workers can be asked to carry out in a 20 minute visit. Providers told us that they felt that Sheffield City Council has high expectations and a robust service specification but isn't paying accordingly – and pointed to the recent examples of provider failure. Care workers told us that rushing to achieve many tasks in a short visit results in a poorer service for users, and undermines their job satisfaction. However we did hear that shorter calls can be useful in some cases such as a medication prompt, or 'check in' – where appropriate and agreed as part of a user-focused assessment process.

Recommendation 4

The new commissioning model must drive and incentivise quality in services, and should therefore take account of the NICE guidelines, particularly around 30 minute minimum calls.

We recognise that a move towards a user-focused, outcome based assessments must be reflected in more user-focused, flexible services. There is an aspiration, in Sheffield and nationally, to move towards an outcome based commissioning approach. Whilst we welcome outcome based approaches in theory, we have not yet seen evidence that Sheffield is ready to adopt an outcome based approach.

Recommendation 5

That Sheffield should move towards an outcome based commissioning approach, however a phased introduction may be required to allow for further work to be done to identify and mitigate the risks of such an approach.

3 Working with providers

We heard again and again that high quality staff and low turnover are key to delivering a good home care service – for service users, who want to have familiar people delivering their care and for providers, because the cost of recruitment is significant.

Care workers told us that low pay, zero hour contracts and unpaid travel time all contribute towards the recruitment and retention problem. Providers told us that they can't compete with other employers in terms of wages – both within the care sector – staff are often lost to care homes and the NHS, and externally – supermarkets pay more than home care. This is a national issue – not just specific to Sheffield, and will become more of a problem as planned increases to the national living wage take place.

Workforce development and training is important. Service users want well trained carers with the appropriate skills, and care workers told us that they would like to see more opportunities for 'career progression' pathways through home care.

Recommendation 6

Commissioners should work with providers to address workforce issues including terms and conditions, workforce development and workforce planning.

Providers told us that they can be most effective and efficient when they have a good working relationship with commissioners and work in partnership. Trust and information sharing are important.

We recognise that monitoring performance of providers is important in driving quality services, however providers told us that the 'burden' of monitoring can be significant in terms of staff time and therefore cost – both in the back office and on the front line.

Call monitoring processes take up valuable minutes of care workers' time that would otherwise be spent delivering care. The technology used for electronic call monitoring can also be expensive. Whilst providers recognise the benefits of electronic call monitoring, they felt that contract requirements should be the same for all home care contracts in the city. There have been some variations in call monitoring requirements in recent contracts let by the Council, with some smaller providers not having to undertake it.

Current monitoring arrangements are designed for 'time and task' based contracts. If the future commissioning model adopts an outcome based approach, we must ensure that appropriate monitoring systems are put in place.

Recommendation 7

Commissioners should continue to develop a mature relationship with providers, ensuring that monitoring processes are robust, proportionate and efficient.

Commissioners, service users, providers and care workers have all told us about how important it is to build flexibility into services if we are to provide a truly user focused service. Service users' needs and wishes may vary from day to day and

week to week – and the ability of providers to accommodate this has a huge impact on the service user's experience of care. Commissioners should draw upon providers' knowledge and experience of delivering care to find the most appropriate ways to do this.

Recommendation 8

Commissioners should work closely with providers to find ways of building flexibility into service delivery.

4 User Focused Services

We drew on a range of sources to hear what service users think of and want from home care services, and the message that came through loud and clear was that the major factors affecting quality of service from the user perspective are:

- Care delivered by workers familiar to them
- Calls to take place when they are expected – we heard of many examples of missed and late calls which causes problems for service users and their informal carers
- Calls to be at appropriate times – we heard of people being left in bed until 11am, calls being at the wrong time to administer medication etc.
- Care to be flexible and allow for fluctuating and changing needs of service users

We need to ensure that the commissioning framework addresses these key concerns of users.

Recommendation 9

The new commissioning framework should result in home care services that are consistent, reliable and flexible, and based on continuous dialogue with service users and families about their needs.

Whilst there are various sources we can draw on to gather service user feedback about home care – Service Improvement Forum, Quality Live Events, HealthWatch Sheffield, provider surveys and complaints information – there is no mechanism for capturing directly service user feedback about home care on an ongoing basis. The Council's Needs Assessment of home care recognises this as a gap.

There is also a gap in our knowledge about direct payments. We know how many people receive one – but not how or who they spend it with, how they feel about the services they receive, or whether appropriate outcomes are being achieved. Having more information about the home care market in Sheffield and what is working well

would help to inform and develop our approach to commissioning and service delivery.

Recommendation 10

Commissioners should develop a mechanism for routinely collecting service user feedback on home care, as well as feedback from people who receive a direct payment.

Conclusion

What we have set out here represents an ambitious step, and we recognise that it may take time to achieve. Throughout this work we've been aware of the significant challenges facing home care nationally and here in Sheffield. However we have also seen the aspiration of all those involved in home care – from commissioners, to providers and care workers – to get it right for service users. We are confident that this aspiration can be realised, and look forward to seeing our recommendations implemented.

Appendix A

Task Group Membership

A cross-party task group of the Healthier Communities and Adult Social Care Scrutiny Committee was established to carry out the home care work. Members of the group are listed below.

- Cllr Cate McDonald, Chair
- Cllr Sue Alston
- Cllr Pauline Andrews
- Helen Rowe, HealthWatch Sheffield

Appendix B

Background Documents

The task group drew on the following reports to inform its thinking on home care:

- National Institute for Health and Care Excellence: Home care: delivering personal care and practical support to older people living in their own homes.
- UK Home Care Association: The Home Care Deficit – A report on the funding of older people's home care across the United Kingdom.
- Unison: Time to Care, a report into Home Care
- Unison: 15 Minutes of Shame, Stories from Britain's Homecare frontline.
- Sheffield City Council: Home Care Needs Assessment, February 2016
- HealthWatch Sheffield: Report on people's experiences of using Adult Social Care, December 2015.