Report to Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee

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Report of: **Phil Holmes, Director of Adult Services**

Subject: **Home Care Task Group Report - formal response**

Author of Report: Andy Hare, Strategic Commissioning Manager.

Summary:
This report details responses to the recommendations made by the Scrutiny Committee's Task Force on Home Care which was presented to Cabinet in 2016. Ten recommendations were made which were split into the following areas: Assessment, Strategic Approach to Commissioning, Working with Providers and User Focussed Services. This paper offers responses to each recommendation in turn, in some cases describing work that has already taken place, is underway or is planned in the Communities Portfolio.

Type of item: The report author should tick the appropriate box

Reviewing of existing policy	
Informing the development of new policy	
Statutory consultation	
Performance / budget monitoring report	
Cabinet request for scrutiny	
Full Council request for scrutiny	
Response to Scrutiny Task Group Report	➨
Call-in of Cabinet decision	
Briefing paper for the Scrutiny Committee	
Other	

The Scrutiny Committee is being asked to:
Consider this report and provide views and comments and any further recommendations.

Background Papers:

The original report is available on the Council's website.

Category of Report: OPEN

1. Introduction/Context

The Healthier Communities and Adult Social Care Scrutiny & Policy Development Committee established a cross party task and finish group to look at home care, and make recommendations focused on improving the quality of home care services in Sheffield. This is the formal response from officers to the Home Care Task Group Report [1], which was presented to Cabinet in March 2016 and made a series of recommendations covering assessment, strategic commissioning, working with providers and user-focussed services. The response has been collated from the work of officers who specialise in each area and is structured to mirror the format of the original report.

2. Main body of report for consideration

Home Care continues to present significant challenges to Sheffield commissioners. We continue to face an increase in demand for services in the context of less money being available to the Council, a situation mirrored in other local authorities across the country. There is widespread concern about inadequate funding of social care generally, concern that has been increasingly reflected in media news stories locally and further afield. Market stability has been in serious jeopardy with some loss of quality, brought about by staffing shortages and exacerbated by CQC imposed embargoes. Two large providers have voluntarily left the city and others have had to fold for various reasons. Waiting lists soared to unprecedented levels during 2016.

In Sheffield, we are also aware of our poor relative position in league tables which measure user satisfaction with social care arrangements. We need to improve.

Despite this, we have made a number of positive changes to home care and the way that we use it and have more improvements in the pipeline. These are described in the responses to the recommendations below. We are now most definitely on an upward recovery curve. There has been a cost to this but the outlook is far less bleak than it seemed only a few months ago.

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[1] Link to the original report

This paper will now move on to respond to the recommendations made in the original report. The Task Group's recommendations appear in *italics*

<u>Assessment</u>

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.

The Council has just consulted on significant changes to social work teams which are proposed to be implemented by August 2017. These changes include:

1. Developing locality teams that will enable stronger connections with people in the neighbourhoods where they live
2. Transforming Care teams to work intensively with the most dependent adults with learning and physical disabilities, to help them live more connected and inclusive lives
3. A 0-25 team to support young people with disabilities as they move into adulthood.

Alongside this the Council is also developing a new Case Management system for introduction in April 2018 and is simplifying processes and reducing bureaucracy in preparation for this.

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.

The new Case Management system referred to above will significantly help with information sharing. In the meantime, providers now receive more information from the outset.

Strategic Approach to Commissioning

Recommendation 3

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

Commissioners have designed an improved model which will be used in the refreshed specification being tendered over the summer. This contract will start in October 2017. For the first time the model acknowledges the different challenges facing providers in different parts of the city. Demand, travel time and availability of workers have been taken into account.

Contract areas in south-west Sheffield have been taken out of the general contracts approach and tendered separately as block contracts. . This gives the provider responsibility to recruit adequate numbers in those “hard to recruit” areas in return for a guaranteed payment.

Across the rest of the city, we will designate one or more “primary” providers who will be expected to take on all new work in a particular area, but only up to a specified number of hours. We accept the providers’ assertion that compulsion to take on packages can cause problems, for example having to pressurise workers to take additional hours, often resulting in call cramming and a resulting drop in quality, or to use excessive numbers of agency staff. This approach will give us rapid pick up but also offer some assurance to providers that they will not be stretched unexpectedly beyond their normal operating conditions.

To back up the primary roles, we will also be tendering for a new Framework. We anticipate admitting at least 20 providers on to this Framework, although potentially the number could be much greater. These providers will be offered packages which can’t be picked up by the primary providers. This may be because they have already reached their hours limit, or for other reasons such as CQC embargoes. Brokers will work closely with the market to help smaller companies build up rounds of work at a sensible pace, thereby maximising market capacity without jeopardising quality. All providers will work to the same specification with the same quality standards.

We have for the first time, set contract fees using a “Cost of Care” model developed by Commissioners. This has been broadly welcomed by providers who agree that it offers a fair price; one which enables them to pay workers at a legal, market rate. Each area of the city presents its own challenges and the model takes into account the varying amounts of travel time carers need, moving from house to house in the course of their work.

Recommendation 4

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

We have already taken steps to reduce the use of short calls (under 30 minutes) as recommended in the NICE guidelines. It is very difficult to measure the impact of the changes but assessors are now using a stricter set of conditions before commissioning short calls. We are under no illusions that this can be achieved quickly or easily. Many care packages still have short calls included and until all these have been reviewed, there will be therefore a legacy of short calls in older packages for 12 months or so.

Calls under 30 minutes will in future only be use if three conditions are met:

- the home care worker is known to the person **and**
- the visit is part of a wider package of support **and**
- it allows enough time to complete specific, time-limited tasks or to check if someone is safe and well.

Other elements of the NICE guidelines have also been considered during the development of the specification and we now consider it to be harmonious with those guidelines. For example, there is an expectation that providers will act in way which protects the dignity of service users by using small teams of carers and keeping people informed of changes to the staff team. We have also built in the flexibility for providers to change care plans around according to the needs of the person on the day and to “bank” hours for later use.

While the content of the Specification is aligned with NICE guidelines, we acknowledge there is an ongoing challenge to ensure our 'micro commissioning' i.e. the assessments completed by social workers, is similarly harmonious. Commissioners and Assessment & Care Management will continue to work closely to deliver this aspiration once the new contracts are in place.

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.

The new specification strongly signals to the market that the next 3-4 years will see a major change in the way that services are commissioned and delivered to enable a much more flexible, person centred approach to become the norm. We intend to test out ways of working in a more outcomes focused way with less reliance on strictly prescribed time/task based packages. We understand why this is important and that unless a service truly focuses on the impact on the individual, it can't properly be called person-centred. It is not acceptable to deliver a homogenised service that people have to fit into, and the specification leaves plenty of scope for moving towards this aspiration and away from the old style 'task and time'.

We agree with the assertion that this will require a phased introduction. A system wide change is needed which will requires a review of charging processes as well as a fundamental shift in the way support plans are developed and structured.

<u>Working with providers</u>

Recommendation 6

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

Commissioners recognise the importance of addressing workforce issues in the home care market. Wages are still only just above minimum wage levels for a very physically and emotionally demanding job. People can work in other parts of the service sector for the same money but with considerably less stress and pressure. Keeping people in the industry is a major challenge for providers and commissioners need to offer as much support as possible.

The Council has in the past set up and funded a number of recruitment events as well as placing adverts in the local press to attract new entrants into the care sector

The cost of care model mentioned above offers providers no excuse to not reward care workers with a fair rate of pay. Wages are unlikely to get very far above minimum levels but no worker should have to work for an effective hourly rate below legal levels once travel time has been accounted for.

Money is not often cited as the main factor in poor retention rates. Workers seek job satisfaction and support from their employer. The contract backs up CQC requirements for worker to have regular supervision meetings and the opportunity to meet with their co-workers for mutual support and to address any questions or concerns which arise during the course of their work.

The new specification will include specific requirements on the provider to ensure that their workforce is properly supported to develop the skills and knowledge carry out their role to a high standard including induction training (to incorporate the ne Care Certificate and regular updates and refresher training.

The widespread use of zero-hour contracts in the care industry has been cited as a deterrent to people coming to work in social care. In practice many providers have now started to offer fixed or guaranteed hour contracts and some workers, prepared to sacrifice flexibility for income security, are taking this up. The new contract asks that providers to offer a “reasonable number” of weekly hours to workers where feasible.

Providers bidding for the tender will be asked to describe step they will take to recruit and retain a high quality workforce and the responses will automatically form part of their contract.

Recommendation 7

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

Providers and commissioners are in the same business of ensuring the best possible service is delivered. The last 12 months have already seen a big improvement in relationships. Communication has been more open and whilst there are different perspectives on some issues, mutual trust and respect has developed. The specification has been strengthened to demonstrate that Commissioners are committed to continue working in partnership with Providers in delivering high quality Services. By sharing key objectives and communicating regularly and clearly, concerns and potential problems can be dealt with early, before they affect service quality.

Commissioners will continue to have a strong focus on developing relationships with providers and providing support around improving and maintaining quality and performance across the diverse market. The contracts team also provides a support service around CQC compliance, particularly supporting the smaller providers to prepare for inspections by the regulator. The overall aim is to ensure we have a diverse range of good quality providers. This has been evidenced in improvements in CQC ratings. Each provider has an allocated officer who regularly visits branch to ensure they have a relationship with and are available for support as and when required. A recent provider survey results were positive, particularly around the relationships. One comment received was "*The contracts team are approachable responsive and helpful. They assist with guidance and support at all times. I feel the team is extremely valuable with a consistent approach to homecare"*

Recommendation 8

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

As mentioned under recommendation 4, we have allowed considerable flexibility for providers within the specification to team and ladle hours between visits in order to best suit the changing needs of service users. This can be done without reference back to assessors as long as the overall size of the care package is not exceeded.

Clearly there are some limitations to this because an unplanned change in call duration will have a knock on effect for the next person to be seen; punctuality and flexibility do not always sit comfortably together.

<u>User Focused Services</u>

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 what their needs are.

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.

Whilst some progress has been made in this area, further development is required. The team is in discussions with Healthwatch about developing a robust mechanism for collecting feedback from people who receive home care; this will be a priority for the team over the next year.

3 What does this mean for the people of Sheffield?

The aim of the recommendations in the Home Care Scrutiny Report was to improve the quality of home care services for Sheffield People.

4 Recommendation

That the Scrutiny Committee receives this report and offers its views and comments and any requests for further information to the officers present.

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