Home Care in Sheffield: *The Case for Change*

February 2020

Context

The 36 independent sector providers currently on SCC's framework:

- **Support** 5,000 people per year, delivering +1.5m visits.
- **Employ** over 1,000 care staff
- Meet **growing demand**: in 2016/17 SCC commissioned 19,000 hours of care per week, by 2018/19 +27,000.
- And **increasing complexity**: average package has also increased by an hour and a half per week
- Support is usually provided **quickly** when needed: Sheffield now consistently achieves DTOC targets
- Achieve **improved CQC ratings**, with 74% rated as 'good' or 'outstanding'.

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Why is change needed?

Despite improvement and stabilisation:

- People and their carers tell us home care often **doesn't work well** for them
- The market remains **fragile**: some providers have exited and the remainder report significant **financial pressures**
- Lots of **inefficiency** and some **poor practice**
- Care work is **not a 'good job'** in many respects: turnover is very high (around 40%) impacting on quality of care
- Home care is often **not valued** by other professionals
- The population will continue to age and **demand increase**

- Despite lots of people working very hard, **too often, people's experiences are not good enough**

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What *could* be achieved?

Home care has huge **unrealised potential**. Done right, it helps people to get better, be more independent and do **what matters to them**.

With systemic change, it could:

- Enable Sheffield to make **better use of resources**, helping more people to **remain in their communities** and **avoid costly** residential care.
- Help professionals make **better,** more **timely** interventions, preventing admissions and increased support being needed.
- Provide genuine **peace of mind** for families and carers.
- Work closely with families and the voluntary sector to ensure formal support is **only used where needed**.

- And, be a rewarding and fulfilling job, with T&C's more closely aligned to its **value to society**.

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How can this be achieved?

We need to lay the **right foundations** to realise these positive outcomes:

- Act on what people have told us and **keep listening**
- **Improve T&Cs** for care workers
- Foster a multi-disciplinary approach – working and learning together as **one team**
- Implement **contracts** that allow these things to flourish
- Identify 'failure demand': **remove inefficiency** – if it doesn't help people, don't do it

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What might we *improve*?

There's lots of 'failure demand' for the new model to tackle, which resolving will generate better outcomes for people and 'the system'. Examples include:

- **High turnover** of care staff: impacts on quality, consistency, finances and administration
- **Time and task**: inflexible, unresponsive to people's desired outcomes
- **Limited relationships**: between care staff and other professionals, slows decision-making, reduces everyone's effectiveness
- **Complex payment process**: complaints / stress for people, hits cashflow for provider, huge cost / admin burden for SCC

Ultimately, we want to test the proposition that **getting things right for people**, both those receiving support and workers, is possible by using resources much better, and will generate **positive systemic outcomes**.

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What next?

Test these principles, using the following model:

- **Locality-based**, MDT approach: potentially in SE, to link with Shortbrook Neighbourhood Hub
- **Budget**: £284k allocated from Better Care Fund
- **Co-produced**: with people and partners across the system
- **Action-learning**: iterative, collaborative approach, making adjustments as project develops
- **Evaluation**: independent, to ensure robustness

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