Report to Education, Health and Care Transitional Committee

7th October 2021

Report of: Alexis Chappell Director of Adult Health and Social Care

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Subject: Transforming Home Care in Sheffield

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Summary:

Sheffield City Council arranges over 42,000 hours of home care and reablement to around 3,000 people in Sheffield every week. It is one of the foundations of our approach to supporting people to live independently and well in their home and to return home from hospital.

The Council is working with people who receive care and those who support them, capturing customer voice and engaging with representation groups and colleagues across the health system and in communities, to deliver a clear vision for home care that is fit for the future.

The Council is two years into a four-year change programme that will deliver the systemic changes needed to ensure excellent quality and sustainable home care that supports people across the city to maximise their independence, at the same time as improving workforce terms and conditions in the independent care sector.

The report sets out the vision, the drivers for change, the governance in place to drive the transformation and the key milestones for delivery.

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The Committee is being asked to:

The Committee is being asked to note the vision and direction for transforming home care in Sheffield; provide views, comments and recommendations; and consider how it would like to be involved in this work going forwards.

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Background Papers:

September 2021 Coop Exec Report for Framework Extension – agreed.

Category of Report: OPEN

1	**Executive Summary: Home Care Transformation**
	Sheffield City Council arranges over 42,000 hours of home care and reablement to around 3,000 people in Sheffield every week. It is one of the foundations of our approach to supporting people to live independently and well in their home and to return home from hospital. The Council is working with people who receive care and those who support them, capturing customer voice and engaging with representation groups and colleagues across the health system and in communities, to deliver a clear vision for home care that is fit for the future. The Council is two years into a four-year change programme that will deliver the systemic changes needed to ensure excellent quality and sustainable home care that supports people across the city to maximise their independence, at the same time as improving workforce terms and conditions in the independent care sector. The report sets out the vision, the drivers for change, the governance in place to drive the transformation and the key milestones for delivery.
2	**Purpose** - To share the vision for transforming home care in Sheffield in the context of the emerging Adult Social Care Strategy - To set out the governance and key milestones for the transformation programme - To seek the views of the Education, Health and Care Committee including how the Committee wishes to be kept informed of progress
3	**Strategic Context in Adult Social Care** Adult Social Care is currently working with citizens and with a diverse range of stakeholders in the city to develop a 10 year strategy for Adult Health and Social Care. The work undertaken so far has highlighted that the strategy needs to ensure that we: • Build relationships and ownership across the system • Focus more on what matters to people – a focus on experiences and wellbeing outcomes ('Our Outcomes')

• Set out a plan we can all work to, working on what will really make a difference and strengthen our commitment to prevention and proactive care ('Our Commitments')

• Highlight what everyone can expect from all adult health and social care – 'Our Values'

• Provide clear vision for the long term - 'Our Vision' - The vision should focus on building choice, control and independence – things we've heard that we need to work on improving through our strategy.

Our future home care model is therefore committed to delivering on these key elements of the strategy as well as addressing challenges that the current model faces.

Adult Social Care in Sheffield has a number of key challenges to address over the next two years including the following:

- Responding to the national trend of increasing in acuity and complexity of care needs.
- Ensuring we can fulfil our obligation as care provider of last resort and develop our organisational resilience, especially around hospital discharge.
- Supporting people to live independently and embedding community support by maximising the impact and utility of our in-house and provider markets
- Delivering much needed improvements in our quality of care and the customer journey through care and financial assessment, support planning, reviews and customer charging that are key to delivering a long term financially sustainable adult social care service.

4	**Drivers for Change in Home Care**

Home care is a vital service which supports, and directly impacts, over 3000 people across the city, many of whom are among our most vulnerable citizens. Despite being one of the most inexpensive elements of the health and social care system, home care is crucial in enabling people to remain at home, leave hospital quickly and avoid or delay moving to permanent residential care where appropriate.

However, it often does not function well for people, their families and carers, nor the workers providing the service, while demand, and consequentially costs, continues to increase.

Furthermore, there are significant systemic constraints and inefficiencies which hinder the efforts of care workers and other professionals, deliver negative outcomes for people and ensure already limited funding is spent in the wrong places.

We need to ensure care and support people receive at home is person-centred, reliable, and responsive, delivering the best possible outcomes for all. It is also essential services

represent the best possible value for money and are fit for the future, meeting the changing needs, demographics, and desired outcomes of the citizens of Sheffield.

The Council faces a number of challenges in relation to home care, which are reflective of the broader issues faced by Adult Social Care, and by many local authorities across the country:

- **Increasing, and changing demand**: There has been an ongoing trend for several years of home care and reablement services successfully responding to ever increasing demand, with the volume of council arranged home care provided by independent sector car-e providers nearly doubling in the past five years.

Weekly Commissioned Hours		
May 2016	August 2021	% Change
20,500	40,610	+98%

This trend has been driven by increasingly complex needs and acuity of people requiring home care but also, in response to Covid, people remaining at home when, in the same circumstances, they may previously have moved to a care home. This is evidenced in the data showing care home occupancy in the table below:

	Sheffield Care Homes		
	Nov 2019	Aug 2021	Change
Capacity	4413	4244	- 169 beds
Usage	4008	3551	- 457 people

	August 2020	August 2021	% Change
People receiving home care	2,670	2,585	-3%
Total weekly hours	36,996	40,610	+10%
Average weekly hours of care	14	16	+14%
Average new care package	15	21	+40%

- **Increasing costs**: Increasing demand due to larger care packages inevitably leads to increasing costs to the Council, as demonstrated by a year-on-year comparison. As per demand, the annual spend on home care is projected to have more than doubled in five years:

	Spend	% Change	Fee Uplift
21/22	£41.5m	+30%	4.99%
20/21	£33.9m	+29%	5.54%
19/20	£26.3m	+2.7%	4.24%
18/19	£25.6m	+28.6%	3.95%
17/18	£20.0m		8%
17-22		+107.5%	

- **Better, and more consistent, quality**: Despite improvements against some metrics[1] in recent years, people in receipt of home care and their carers tell us home care sometimes doesn't work well for them.

Healthwatch Sheffield's January 2019 home care report[2] found '*key concerns which contrast with NICE guideline recommendations on planning and delivering person-centred home care*', including:

- *Late, missed, and inappropriate timing of care visits*
- *Rushed care visits*
- *Lack of continuity of care*
- *Care plans not followed or reviewed regularly*
- *Lack of opportunities for family carers to give feedback and difficulty making complaints*
- *A perception that there is a lack of training, supervision and monitoring of home care workers and no experience or qualifications are needed to do the job*

- **Meeting the needs of *all* our citizens**: We know that in some cases people feel home care provided through commissioned provision is unable to meet their needs, for example in relation to their cultural heritage.

#SpeakUp : A Review of Home Care – The African Caribbean Perspective (August 2021), a report by SACMHA[3], in conjunction with Healthwatch Sheffield, described the following concerns in relation to '*Lack of Culturally Appropriate Care*':

- *Not enough time is taken to understand the cultural needs of an individual*

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[1] Reduced waiting times, improved CQC ratings, contribution by home care to reduced Delayed Transfers of Care.
[2] https://www.healthwatch.co.uk/sites/healthwatch.co.uk/files/reports-library/20190219_Sheffield_Home%20Care%20Report%20January%202019.pdf
[3] Sheffield Afro Caribbean Mental Health Association

- Financial processes: The home care payment and charging model, based upon the minutes the care worker spends in a person's home, is unsustainable. Over-complexity leads to poor quality data which, in turn, can cause poor quality of customer invoices and difficulty in forecasting performance against budget.

- **Market sustainability**: Providers are currently under significant strain as we approach a post-pandemic era, reporting enduring and increasing issues, particularly in relation to staff wellbeing and burnout

"It's like four foot of snow, but for 18 months instead of 10 days"

"The worst we've experienced, in 25 years in home care"

"Recruitment is at an all time low. We contact every person in hope, but there's nothing"

"More pressure now than at the height of Covid"

- **Workforce:** Staff retention is exceptionally difficult, as other sectors, where wages and terms and conditions are superior, reopen. Staffing constraints leave providers with limited resources to expand their business to meet rising demand, and the strain upon the existing workforce impacts upon the quality of the care provided.
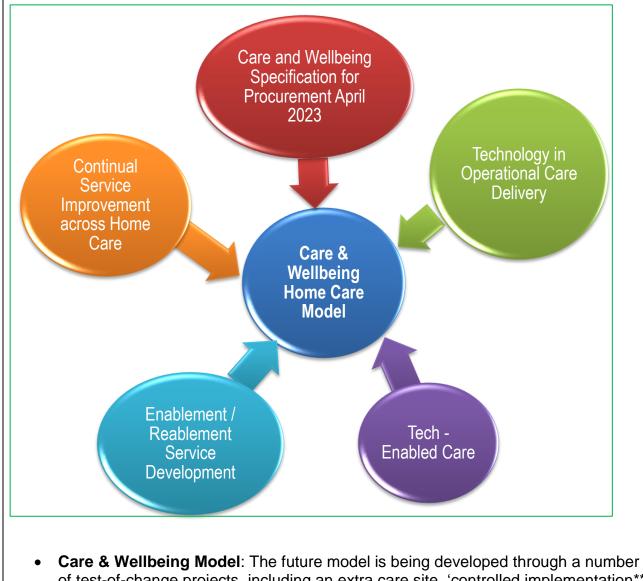
As providers are unable to compete financially with other sectors, they are unable to attract, retain or select staff who are the appropriately skilled for the role and can provide the best quality of care, but instead left in a position where they will employ almost any staff they can, if they are to meet the systemic demand.

It is estimated up to 32% of the sector do not see care as long-term career, which in turn may affect dedication and receptiveness to upskilling and advancing within the service. This is particularly impactful due to the increased complexity of needs for the people at home, who require staff to be further trained to ensure that their needs are met appropriately.

How are we transforming Home Care in Sheffield?

Commitment was made by Sheffield City Council and Sheffield Clinical Commissioning Group to transforming home care in Sheffield and funding was identified through the Better Care Fund. A change programme was fully established in April 2020 with representation from a wide range of stakeholders from across Adult Social Care, customer voice organisations and health. The programme seeks to deliver the vision for transformed home care in the city over the next two years and is a key component of the Adult Social Care Transformation Programme in delivering the Adult Social Care Strategy for the city.

The Home Care Transformation Programme is a suite of interlinked projects, with the common purpose of supporting transformative improvements in home care in Sheffield:

- **Care & Wellbeing Model**: The future model is being developed through a number of test-of-change projects, including an extra care site, 'controlled implementation**', and the development of reablement and enablement service models. The Care & Wellbeing model will embed the necessary foundations for excellent care that meets people's individual outcomes, with a clear and consistent focus on *what matters to*

them. The Care & Wellbeing Service will also foster opportunities to increase independence.

**The term 'controlled implementation' refers to the process of implementing the foundations for the model in a specific geographical area in the city, creating the opportunity for testing, learning, and building an evidence-base. The development partner (a registered home care provider, responsible for care delivery), will collaborate with the Programme Team and ScHaRR (evaluation partner, Sheffield University) to collectively develop and evaluate the new model. There will be a strong focus on listening to people in receipt of care, their carers and families, and their care workers, to support this process.

The key foundations of the Care and Wellbeing home care model are as follows:

- ➢ Neighbourhood-based; home care provision with close links and positive relationships with other services and the voluntary sector in the local area, as part of a collaborative multi-disciplinary approach to person-centred care.
- ➢ Strengths-based approach, to achieve outcomes, enable, re-able and increase independence.
- ➢ Greater scope for creativity to meet needs and outcomes.
- ➢ Effective voice and mechanisms for a) everyone to shape and influence their own support, and b) people to engage with ensuring effective accountability and scrutiny of adult social care, where they wish to do so.
- ➢ Block contract for commissioned home care that supports care delivery to be both flexible and responsive as required, and consistent and stable.
- ➢ Improved terms and conditions for care workers enshrined in a Sheffield Charter, including payment of the real Living Wage[4] and on a shift basis, not contact time.
- ➢ Increased ownership and empowerment for care workers and providers to manage local caseloads, ensuring support is preventative, responsive and flexible to changing needs.
- ➢ Ensuring collective resources are used in the most effective ways possible.

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[4] https://www.livingwage.org.uk/what-real-living-wage

Key Milestones for Home Care Transformation

1 Care & Wellbeing test of change 'controlled implementation'	
Milestone	**Date**
Geographical area agreed	June 2021
Service specification signed off	July
Governance process concluded	October
Procurement process	October – January
Mobilisation	January 2022
Contract go live	March2022
Contract end	March 2024

2 Transformational Contract Development for Commissioned Home Care	
Milestone	**Date**
Cooperative Executive approval 18 Month Contract Extension	22.9.21 - Complete
Stakeholder Mapping Communications and Engagement Plan	31.10.21
Soft Market Testing	27.02.22
Service Specification	30.06.22
Cooperative Executive Approval Procurement	31.07.22
ITT	31.08.22
Contract Award	30.12.22
Contract Mobilisation	07.04.23
Contract Go Live	10.04. 23

3 Technology in Operational Care Service Delivery	
Milestone	**Date**
4 Month Pilot Electronic MAR Chart Authorisation commences	26 July 2021
Care Friends Recruitment 6 Month Pilot Go Live	18 October 2021
Electronic MAR Chart Authorisation Pilot Evaluation and Business Case submitted	26 October 2021
Electronic MAR Cart Authorisation Pilot concludes	26 November 2021
Care Friends Pilot Evaluation and Business Case submitted	18 March 2022
Care Friends Pilot concludes	18 April 2022

4 Tech Enabled Care	
Milestone	**Date**
Re-procurement of Monitoring Centre (Subject to approval)	31 July 2022

TEC Learning Webinars Go Live	25 October 2021	
Customer Record Management Reconfigurations - System IDs reconfigured - Electronic Referral Form live in LAS - Business Intelligence Dashboard live in LAS	29 November 2021 10 January 2022 11 April 2022	
Range Management	TBC	
Service Promotion		
Assessments		
Charging Strategy		

5 Enablement Service Development	
Milestone	**Date**
To be confirmed	

6 Continual Service Improvement across Home Care	
Milestone	**Date**
Home Care Workforce Recruitment and Retention Toolkit Development	Under development
Phase 2 Implementation: 'Stars Dementia Care - Home Care Training' and Online Toolkit	Under development
New Practice Development Tackling inappropriate behaviour towards the frontline social care workforce	Under development
Package Breakdowns – Action Plan	Under development
Medication Optimisation	Under development

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