Leeds Community Health and Well-being Service:

– creating a new paradigm for home care

Cath Roff: Programme Director, Adult Social care Transformation, Leeds City Council

Our challenge

- Pre-Covid Leeds has a vibrant economy so fierce competition for staff
- Difficult to recruit care workers and healthcare assistants
- Growing dissatisfaction with home care services from citizens – particularly about lack of continuity of care worker
- Waiting list for home care services (hospital discharges prioritised)

February/March 2020 – Phase 1 Community Well-being Pilot

- Decided to try a small Community Well-being model of service
- Interviewed service users to better understand what a good life looked like for them
- Two providers: Be Caring and Springfield
- Supported by Vanguard to look critically at all processes and only keep that which adds value to the citizen
- Keen to be more flexible and person-centred
- Somewhat challenged by Covid and lockdown!

Outcomes

Evaluated by Leeds Beckett University over two years

"The evaluation process highlighted that a better community home care system is possible. The CWBP marks a radical change to the current model of care delivery, that of traditional time and task. The time and task model has created a system that places emphasis on organisational need, process and managing risks, and it lacks the adequate flexibility to meet the contemporary care needs of service users and carers".

Outcomes 2

"*The model introduced by the CWBP offers new methods based on principles of a co-produced person-centred care, which is flexible and adaptable*".

"*The CWBP evaluation has highlighted the following key outcomes including an improved experience for service users and carers who receive flexible and consistent care focused on the person and not the process. We also noted that increased job satisfaction and stability for Home Care Workers lead to improved recruitment and retention. Underpinning these outcomes is a more dynamic, efficient care service that can demonstrate savings, and a model that is sustainable and transferable from its original pilot area".*

2021 – where we were

- **Inefficient**
  - Provider led market - packages declined due to lack of staff capacity
  - Framework failed so spot purchasing from 100+ providers - difficult to have a handle on quality
  - Multiple providers delivering down the same street
  - Personal care services working in silos (NHS / LCC / Private)

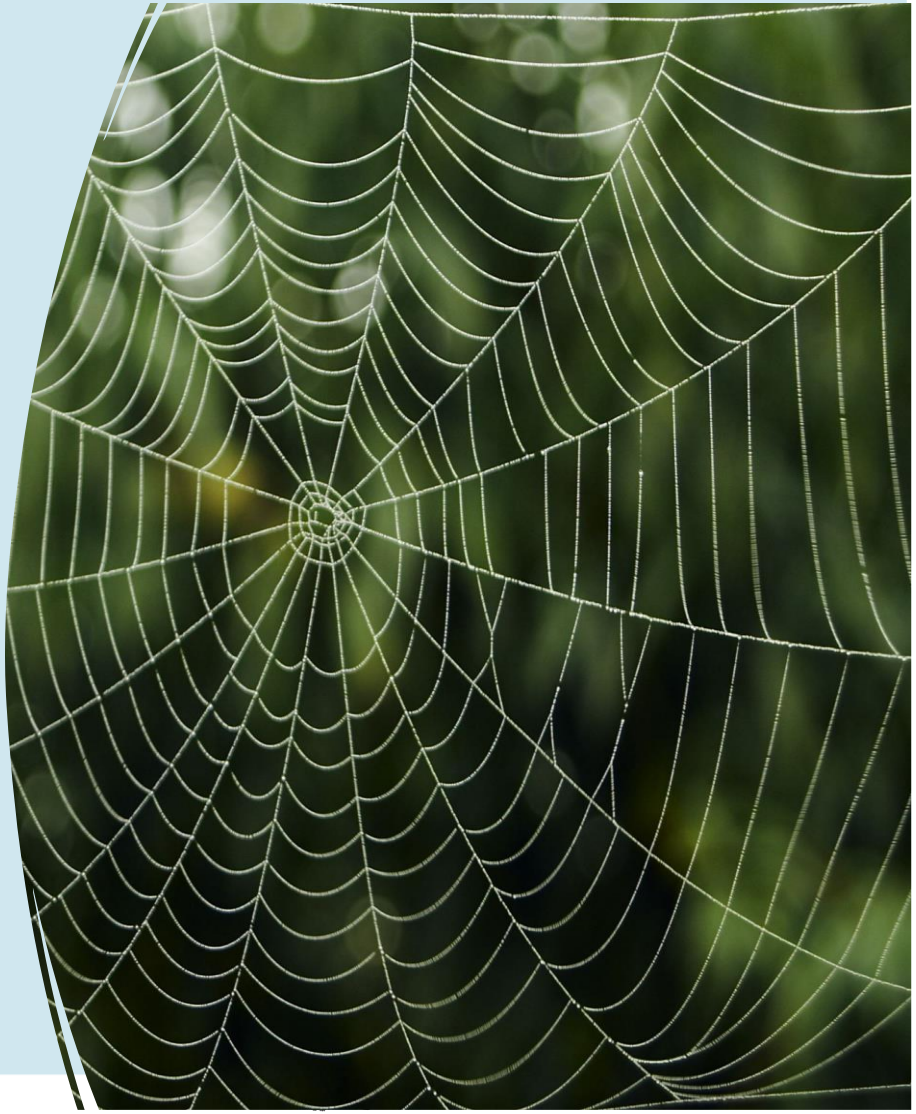
- **Inflexible**
  - Very traditional services and processes based on time and task
  - Refunds and complaints focused on time spent with people as well as quality issues

2021 (2)

- **Unsustainable**
  - The recruitment and retention of staff is a major issue
  - Impacting on avoidable hospital admissions & delayed discharges
  - Reliance on cars due to large 'run' areas yet struggling to recruit car drivers
  - Adverse impact drivers have on the environment

Our ambition

- When organised well, social care helps to weave the web of relationships and support in our local communities that we can draw on to live our lives in the way that we want to, whatever our age or stage in life.
- ***To support people to live in the place they call home, with the people and the things they love, in communities where people look out for each other, doing the things that matter to them***



Community Health & Well-being Service – Phase 2 pilot

A future based on partnership and collaboration

- Joint commissioning of community-based support with Leeds Community Healthcare NHS Trust with 2-3 providers based on natural neighbourhoods which is 10% of total provision, c 200 people.

- Stepping away from traditional contracting arrangements: the Council, NHS, Third sector and private care providers will collaborate not compete to deliver home based care services, creating a partnership around the person

- Trusting the professional judgement of providers to adjust packages up and down within agreed parameters, giving greater autonomy to care workers

Community Health & Well-being Service (2)

Personalised holistic care

- Three-way support planning between the social worker, care provider and citizen
- Moving away from time and task, focused on staying well at home, promoting independence with the support of OTs, reconnecting with family, friends & community
- Providers to deliver delegated health care tasks on behalf of the NHS Community Provider as well as social care tasks
- Third sector *Enhance* programme to act as "proxy family"

Community Health & Well-being Service (3)

Better deal for care workers

- Contract based on paying for whole shift – unit cost adjusted
- "Down time" to be used for the benefit of citizens, training, community networking, attending MDTs
- Greater autonomy and respect for the knowledge care workers have of the people they support
- Developing new skills but also supported by Council Occupational Therapist
- Neighbourhood model encourages hyper local recruitment and more walking rounds – less reliant on car drivers

Community health & Well-being Service (4)

Our ambition for the role of technology (but not there yet)

- Blending technology with personal care to maintain independence, reduce avoidable hospital admissions and delayed discharges
- Using a common care tracking portal to share information between an individual's support partnership
- Providers to have digital care records that are interoperable with the Leeds Shared Care Record
- Electronic care monitoring for customer safety and to calculate their billing but not for paying providers by the minute
- Providers able to prescribe Technology-enabled Care

CHWBS objectives - to:

- Improve people's experience of care
- Improve outcomes for service users
- Have a positive effect on informal carers
- Test how the use of technology can promote independence
- Work through the logistical challenge of delivering an integrated service with Leeds Community Healthcare Trust
- Improve recruitment and retention in care support worker roles
- Increase job satisfaction in the care support worker role
- Create stronger links between home care services and the Third Sector for the benefit of service users
- Improve business processes in the administration of home care services
- Evaluate the sustainability of the service model in the longer term
- Use the learning from the pilot to inform our approach to the re-tender of the wider home care service in the city

Co-produced

- Whole process overseen by a Stakeholder Board
- People who use services, carers, Third Sector, Healthwatch, Trade Unions and Providers involved
- Healthwatch homecare survey
- Number of consultation events held
- Helped shaped the content of the specification
- Helped shaped the contracting approach

Financial model

- Leeds City Council signed up to Unison and GMB Ethical care Charter
- Steadily increasing investment in care worker wages since 2016
- 2023/24 finally able to pay Real Living Wage
- Used our Fair Cost of Care fee structure and added in £20K for Trusted Assessor Capacity and additional £1.68 for covering downtime if paying whole shift based on 45 minutes in an 7.5 hour shift excluding unpaid breaks
- New urban rate £24.50 ph

We've explored three questions as part of our diagnostic – with 9 opportunities

Do we take a strength-based approach in deciding the right care and support for a service user?

1. More effective intermediate care system
2. Better management of the ASC Community front door
3. Promoting independence through assessment decision making

Do we put the right support in place by the right people as quickly and cost effectively as possible?

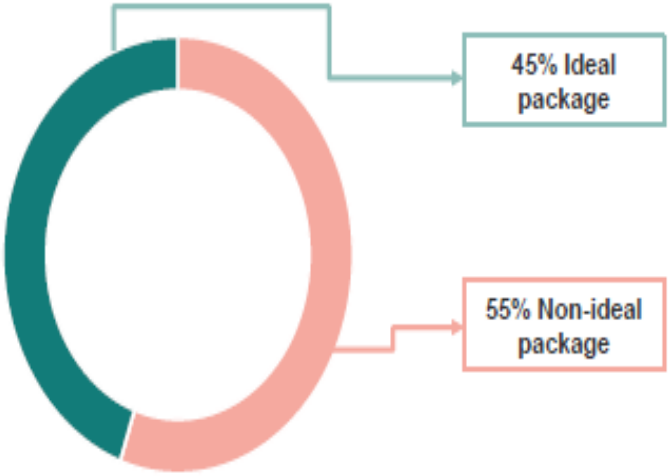
4. Reduction in delays for brokering packages
5. Improved contracting with providers
6. Delegation of health tasks to care workers
7. Reduction in complaints

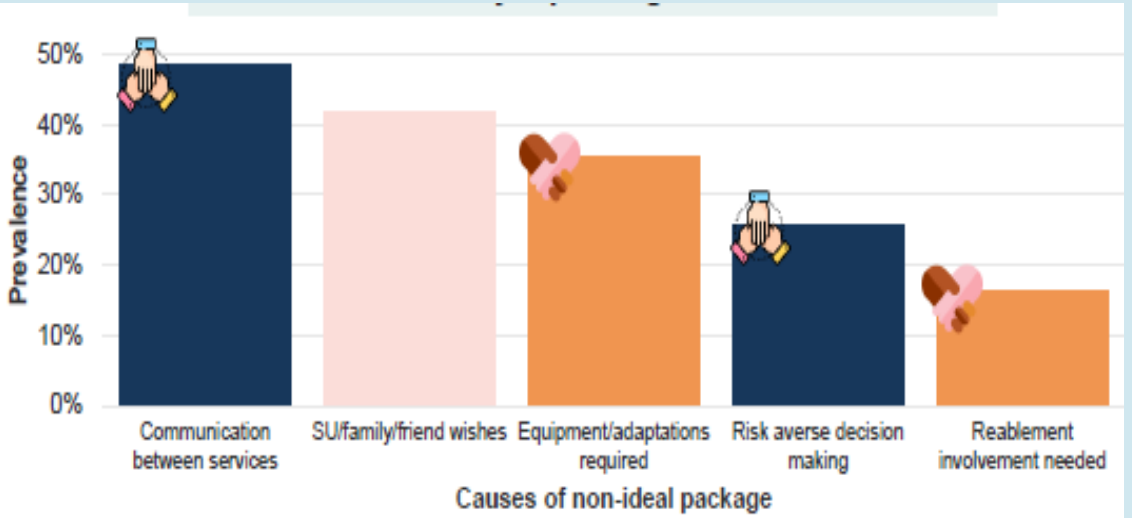
Do we continue to promote independence to enable our service users to stay at home for longer and live more fulfilled lives?

8. Reducing escalation of packages through outcome focused care
9. Improving effectiveness of reviews

Possible areas of saving:

We looked in depth at 56 anonymised records with social workers, care workers, and occupational therapists. We thought that 55% might be less than ideal and in many cases packages could have been reduced



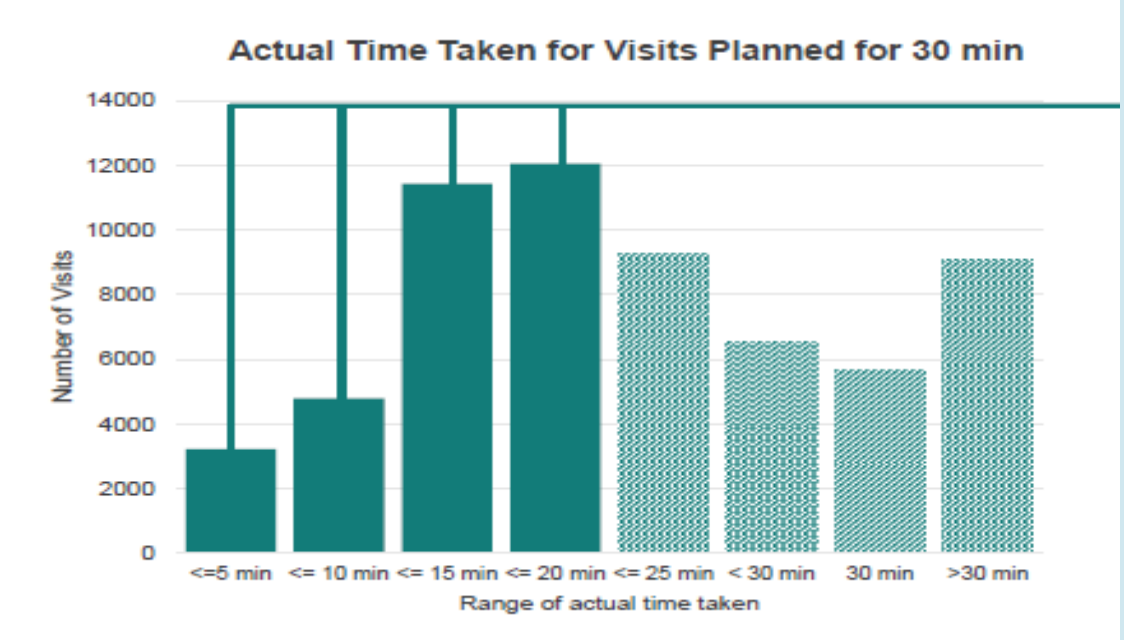


Key findings:

- Lack of communication between social workers, individuals, their carer / family and care providers
- Risk averse decision making – more common on hospital discharge
- Equipment / adaptations are required

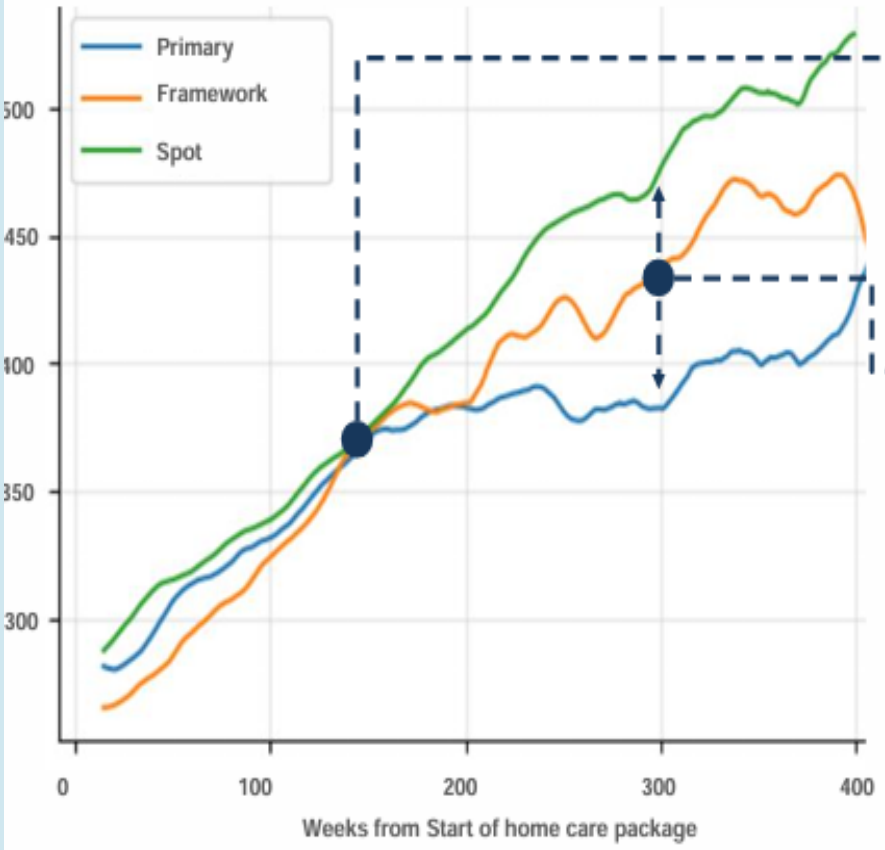
Care utilisation

Based on Newton's ECM review, of the 30 minutes visits planned 51% were delivered in less than 20 minutes. One of the savings opportunities is to allow for visits to be scheduled for 20 or 15 minutes only after the first review and with the customer's consent.



Primary providers have the slowest escalation of packages

Average cost of care over a service user's journey by provider



In the first three years, **Framework escalates 8% more than Primary**

After these 3 years, **Primary providers escalation is significantly less** than the other types of providers, with 2%, 5% and 8% annual escalations for Primary, Framework and Spot respectively

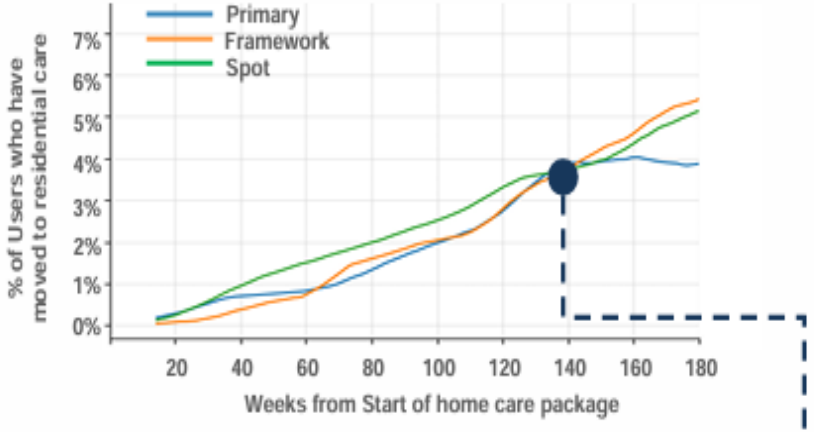
This suggests service users on Primary packages receive **smaller packages** and most likely **more independent outcomes**

Our next step was to understand if the **type of packages** picked up by **primary providers** is impacting the rate of escalation

Data includes over 11,000 service users over the past 8 years (Including all relevant community services and residential packages as well)

Primary providers keep people out of residential care for longer and reduce escalation to double handed care

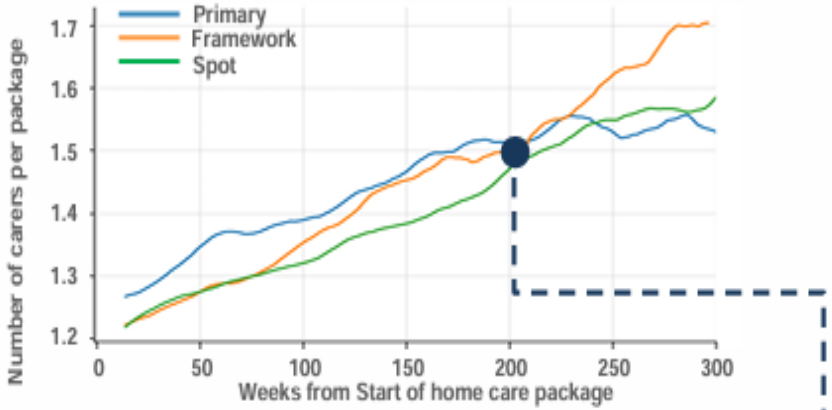
How does the type of provider influence when a service user moves to residential care?



In the first 3 years, all provider types increase their proportion of users in residential care by **0.8% each year**

After this **3-year point,** the proportion of residential users for Primary providers **plateaus** compared to a **continued** 0.8% rise in Framework and Spot providers

And are some types of provider more likely to rely on double handed care?

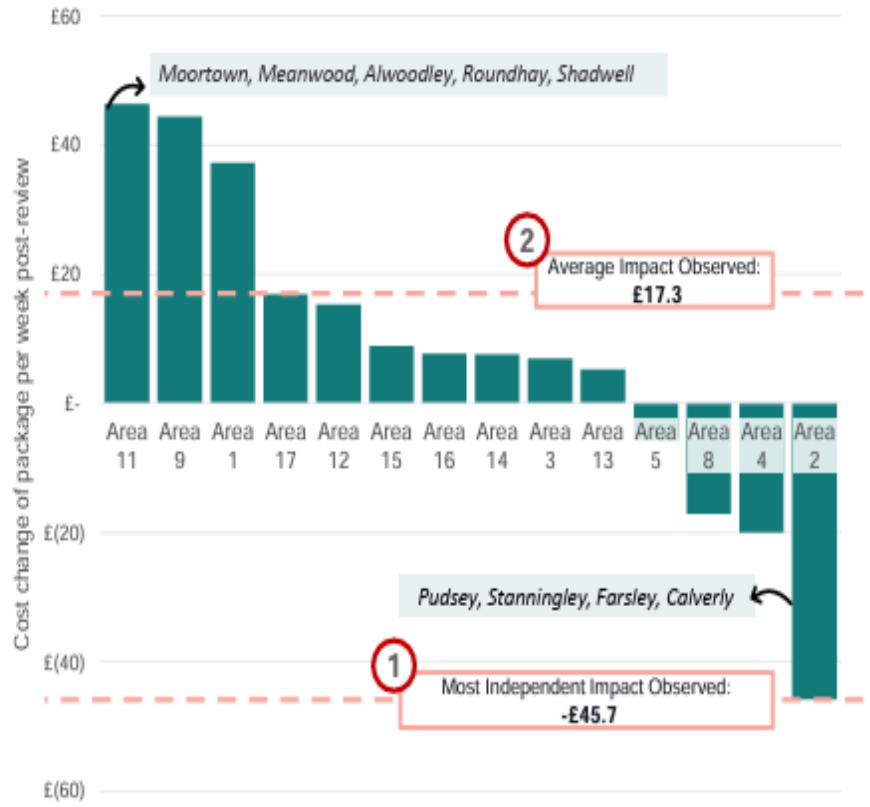


In the first 4 years, all provider types keep the increase in number of carers per package below **6% each year**

After this **4-year point,** the average number of carers plateaus for Primary providers, compared to an **8%** rise in Framework providers

Variation in social work practice

Average impact of an annual review by area in 2022



*Area 6, 7 and 10 have been omitted due to small sample size

Annual reviews were given to 544 people, which is **19% of total individuals** receiving live care.

1. The **most independent impact** observed was in Area 2, with an average **£45.7 decrease** in an individual's weekly cost of care.

2. Due to variance in individual's needs and complexity in different care packages, the opportunity has been calculated with the **average impact of a £17.3 increase** per week instead.

If all areas that currently had an impact greater than the average now performed at the average through best reviewing practices, the annual opportunity recognised is

£231,600

** This currently applies to the 19% of the population of users with live care who received a review in 2022.*

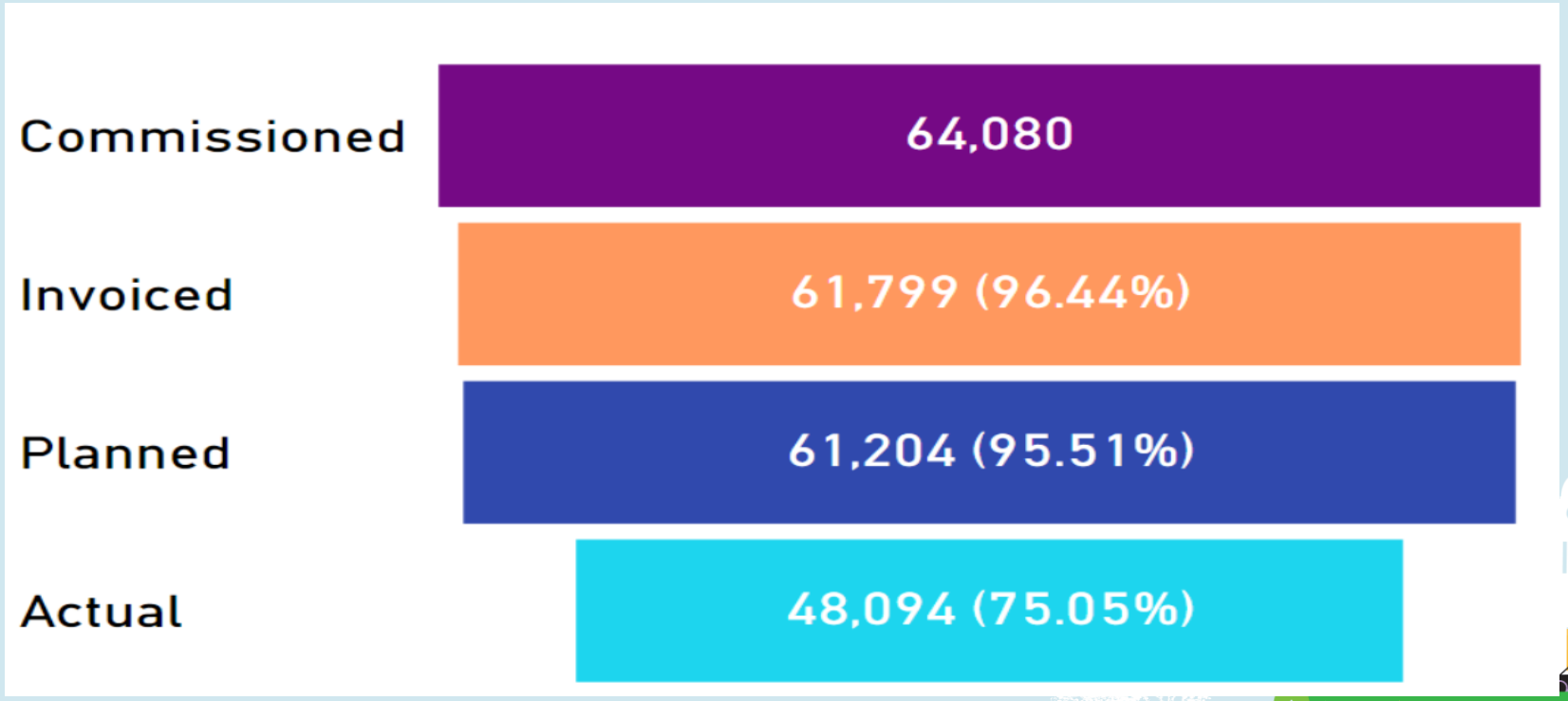
Data Source: Reviews Data

Summary of potential savings

	Opportunity	2022 Rate*	2023 Rate
1	More effective intermediate care system	£0.45m	£0.49m
2	Better management of the ASC Community front door	-	-
3	Promoting independence through assessment decision making	£0.55m	£0.59m
4	Reduction in delays for brokering packages	£0.39m	£0.39m
5a	Proportion of Spot vs Framework Providers	£0.48m	£0.75m
5b	Reducing Gap from Invoiced hours to ECM hours	£1.11m	£1.20m
6	Reduction in Complaints	-	-
7	Delegation of health tasks to care workers	£0.07m	£0.05m
8	Reducing escalation of packages through outcome focused care	£0.44m	£0.48m
9	Improving effectiveness of reviews	£0.36m	£0.39m
	Total (LCC Opportunity only)***:	£2.93m	£3.42m

Payment model

Analysis of two providers ECM data showed a significant gap between Invoice and actuals



Contracting options

	Payment Model	Formula
1	Current Invoiced Cost	Current Invoiced hours x 22.35
2	Pilot Rate Cost	Current Invoiced hours x 24.50
3	Split Fee Cost	Commissioned hours x 5.05 + actual hours plus 5 minute tolerance x 19.50
4	Split Fee Option_2	Actual hours + 5 minute tolerance x 22.35 + commissioned hours x 2.15
5	Tolerance Cost Pilot Fee	Actual hours + 5 minute tolerance on every visit x 24.50
6	ECM Rota'd Cost Pilot Fee	ECM Rota'd hours x 24.50
7	Commissioned Cost Pilot Fee	Commissioned hours x 24.50
8	Actual Cost Pilot Fee	Actual Hours x 24.50

Final decision

- ECM rota'd hours (i.e. planned hours) plus the shift allowance of £1.68
- Cost pressure of £164,433 in pilot area
- Requires efficiency of 5.4% to break even
- Confident we can achieve this

Timeline

- Two stage tender process
- Stage 1 opened 28 November and closed 5 January 2024
- Outcome announced 20 February and successful bidders invited to apply for second stage
- Outcome of that notified on 7 June 2024
- Mobilisation and go live on 9 September 2024

Thanks for listening

Any questions?