

Report of the Scrutiny Board (Health and Wellbeing and Adult Social Care) Adult Social Care Working Group

Appendix 1 - New Design Model for Home Care Services in the City

1 Introduction

- 1.1 In December 2013, the Executive Board Member (Adult Social Care) highlighted work underway around the 'Future of Home Care' and requested the former Scrutiny Board's involvement in co-producing a solution.
- 1.2 To consider the potential role of the Scrutiny Board and help scope any future work, in February 2014 a report on the current provision was presented to the previous Scrutiny Board. Some of the key information presented included:
- Confirmation of Adult Social Services' statutory duty to provide services/support to people who have 'eligible' needs. In Leeds the current eligibility level had been set at 'substantial and critical' needs – as defined in 'Prioritising need in the context of Putting People First', Dept. of Health (2010).
 - Support to people with eligible needs in Leeds was provided in their homes by a variety of services, including:
 - Reablement services;
 - Adult Social Care's Community Support Service; and,
 - Independent sector home care.
 - The Community Home Care Framework Agreement was the main method by which ASC contract with independent sector home care providers.
 - 33 independent sector providers had a contract with ASC through the Framework Agreement.
 - 13 of these independent sector providers – mostly national or regional companies – provided city-wide coverage.
 - A 'cost and volume' contract which was established in 2006 and has subsequently been renewed is also in operation. Other contract arrangements are also utilised to deliver additional support when the framework providers do not have capacity to cover all demand.
 - Expenditure on home care was in the region of £27m per annum.
- 1.3 Following the appointment of our new Chair, alongside some general changes to our overall membership, at the Scrutiny Board meeting on 15 July 2014, we considered and agreed some outline Terms of Reference for a working group to consider the future external provision of home care services.
- 1.4 We agreed the main aims of the working group would be:
- To maintain oversight of the overall progress of the Adult Social Care (ASC) project/ review.
 - To consider, review and make recommendations on any draft proposals/ solutions identified by ASC.
 - To identify any opportunities and/or examples of good practice around the potential purchasing solution and service delivery model for independent sector home care provision in Leeds.

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- To identify the overall financial envelope available for the future delivery of services and to assess the financial stability of any draft proposals/ solutions identified by ASC.
 - To consider any opportunities for greater collaboration and value for money issues associated with the Leeds pound (£).
 - To maintain an overview of any public (service user) engagement and involvement activity, including details of any feedback and how this was being used to further develop the proposals.
- 1.5 We subsequently held three working group meetings. The initial meeting being a briefing from Adult Social Care officers around the current service provision, contractual arrangements and the review process. The subsequent meetings involved service users – who outlined their experiences of home care services – along with input from two private sector providers of home care services.
- 1.6 In addition to the information provided by Adult Social Care (which included a market analysis of home care service provision in Leeds), we also considered the following publications:
- Unison report – Time to Care (October 2012); and,
 - UK Home Care Association – The Homecare Deficit (March 2015)
- 1.7 We are extremely grateful for the input and contributions of all those who attended our working group meetings, including the Executive Member for Adult Social Care and council officers. We are particularly grateful for the voluntary input of the three service users (Joy, Lily and Shirley), who willingly shared some of their very personal experiences of home care services in Leeds. We are also grateful to the independent providers – Louise Copley (Complete Care) and Lee Townend (Caring Partnerships) – for their attendance and contribution to our discussions.
- ## **2 Summary of main issues**
- 2.1 We understand the overall aim of the re-commissioning and re-design activity around home care services was to create, implement and evaluate a new contract arrangement and service delivery model for independent sector home care provision in Leeds.
- 2.2 We also understand this is a timely opportunity to respond to a range of national issues including the introduction of the Care Act 2014 and the impact of the Equality and Human Rights Commission Inquiry into Home Care of Older People. It also provided an opportunity to respond to reports such as the 'Time to Care' report from Unison (October 2012).
- 2.3 However, while it is important to recognise these developments continue to drive and shape the strategic direction of care provided to people, it is equally important to recognise the need for the development of flexible and

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responsive services to better reflect service users' diverse needs and preferences. **By being more responsive to individual needs, we believe this will maximise people's independence – which can only benefit the day-to-day experience of individual service users and the overall local health and social care economy.**

- 2.4 We are aware of the cross party strategic home care group – established in November 2013. We understand this had a broad membership and has guided the work of officers undertaking the review of the external provision of home care services.
- 2.5 At our working group meeting on 18 March 2015 we again invited the input of service users and private sector providers. The Executive Board member for Adult Social Care and the Head of Commissioning (Adult Social Services) also attended and in broad terms set out the future proposals for the external provision of home care across Leeds, due to be presented to Executive Board at its meeting on 22 April 2015.
- 2.6 The proposals were set out by way of a presentation and a map of Leeds showing the proposed areas for the Home Care Contracts (2016-2021). We were not in receipt of the draft Executive Board report – although the Chair of the Scrutiny Board has subsequently had sight of the draft report. This aided the process for formulating this statement on behalf of the Scrutiny Board.
- 2.7 This statement is based on the discussions of our working group and is set out to cover some of the main areas detailed in the Executive Board report.
- 2.8 Overall, **we welcome the decision to consider the re-commissioning of home care services and the wide range of issues the review process has sought to address.**
- 2.9 We recognise that the long-term aspiration for home care services will undoubtedly come at a financial cost, however **we are in broad agreement with the direction of travel described to us and set out in more detail in the Executive Board report.**
- 2.10 We also recognise and acknowledge the difficult funding position facing the Council for the foreseeable future. Nonetheless, **we believe it is important for the Council to 'grasp the nettle' in order to achieve its ambition for the future provision of home care services.**

Quality Standards and Outcome Based Commissioning

- 2.11 From the outset of our involvement, we heard that 'quality' has been at the heart of the review. We heard from service users that quality of service was very important and **we are supportive of the review's focus on quality.**

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- 2.12 The Executive Board report refers to a 'set of robust quality standards', co-produced with service users and service providers. We have not seen or discussed in detail the proposed quality standards.
- 2.13 In addition, while the Executive Board report details the areas covered by the quality standards, we are surprised these are not presented to Executive Board for comment, endorsement or approval.
- 2.14 The Executive Board report also states providers will have to demonstrate they can meet the standards as part of the procurement process and during the lifetime of the contract. However, the arrangements for ensuring compliance against the standards throughout the contract are less clear.
- 2.15 In our working group discussions, we heard proposals to enhance monitoring arrangements through a modest increase in the Adult Social Care staffing structure and also to use the network of dignity champions established across the City. However, we believe it is vital that the health and social care economy builds and develops various types of local capacity to enhance the monitoring of home care services. As the patient and public champion for local health and social care services, we believe HealthWatch Leeds has a potentially important role to play in the ongoing monitoring of quality and this may warrant further consideration.
- 2.16 **We believe further clarity is needed around how quality will be assessed as part of any new contract arrangements and Executive Board may wish to seek further assurance around the ongoing monitoring of quality under the proposed arrangements.**
- 2.17 As detailed elsewhere in this statement, we also heard from service users who shared their experiences of home care services. While helping to maintain people's independence in their own home for as long as possible, we were also struck by the additional vulnerability that can result from having home care workers in the home environment. Any potential abuse of vulnerable groups in receipt of home care services needs to be mitigated as far as possible. As part of this, **we believe there should be sufficient safeguards in place, including any necessary advocacy arrangements for service users, to ensure safe, effective and independent complaints reporting, with appropriate investigation processes in place across all providers.**
- 2.18 Part of our discussions in relation to quality also considered issues associated with offering a flexible service, focused around the needs of the service user – which may change over time, on either a permanent or temporary basis. **We believe the potential flexibility afforded by the 'outcome based commissioning' approach is a very positive development that will be welcomed by service users.** However, it will be necessary for service providers to fully engage with service users in order to fully realise the potential benefits of the new approach to commissioning. **We hope service**

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user involvement and engagement is reflected and captured within the proposed quality standards and would urge Executive Board to seek further assurance in this regard.

- 2.19 Some of the experiences described to us by service users were extremely personal and, at times, difficult to hear. We are extremely grateful to each of the service users for their openness, honesty and overall input into our discussions.

Ethical Care Charter

- 2.20 The unsustainability of working practices such as zero-hour contracts, unpaid travel time and costs, and poor staff training and development have been well documented over recent time. As such, **we are very supportive of the proposals to work towards introducing the ethical care charter and in particular the terms and conditions for home care workers.**

Locality based services

- 2.21 We recognise the increased emphasis on integrated health and social care services in Leeds, which in part can be demonstrated through the establishment of 13 integrated health and social care teams across the City. The importance of home care services in Leeds' overall health and social care economy – not least in helping to prevent inappropriate hospital admissions and facilitating timely discharges – is recognised and highlighted in the Executive Board report.
- 2.22 The important role of home care in the planning and commissioning of services across Leeds' health and social care economy appears to be further demonstrated by the active role of health partners (through Leeds' Clinical Commissioning Groups) in the Home Care/ Personal Assistance Commissioning Board and the cross-party strategic home care group.
- 2.23 Throughout the year we have heard significant and increased reference to the principle of 'the Leeds pound (£)'. This has been part of the conversations around the integration of local health and social care services and we made reference to this in our response to the initial budget proposals earlier in the year. However, despite the acknowledged strategic importance of home care, there appears to have been little consideration of any financial contribution from local health partners outside of the Council. We believe there is an increasing need for such conversations to routinely take place if the theoretical notion of 'the Leeds pound (£)' is to become more than aspirational.
- 2.24 Furthermore, part of the ambition of the proposals goes beyond the provision of home care services and looks towards providing a living wage for what will be a sizable number of working-aged adults in Leeds. **We support the ambition of delivering a living wage and hope this will be matched in**

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other sectors of the local economy to help raise aspirations across the City.

- 2.25 In addition, the relationship between income and health inequalities is well documented and widely acknowledged. As such, we believe that helping to raise income levels and, over-time, address some of the health inequalities across the City should form part of the core business of health service commissioners and the wider health and social care economy.
- 2.26 We believe there will be a number of organisational beneficiaries (primarily from a commissioning perspective) arising from the ambition set out for the future external provision of home care services in Leeds. As such, we believe it is important to acknowledge the organisational benefits across Leeds' health and social care economy and that the external provision of home care becomes an area where the theoretical use of the Leeds pound (£) becomes reality.

Recommendation 1a

That senior officials from health and social care commissioners across the City discuss how the aspiration of delivering a living wage for homecare workers can be better achieved through joint working and the use of 'the Leeds pound (£)' in the future.

Recommendation 1b

That the outcome of such discussions be reported to the Executive Board as soon as practicable.

- 2.27 Overall, we are supportive of stronger links between home care services and the established integrated health and social care teams across the City. However, during the course of the year we have heard varying reports about the consistent and effective operation of the thirteen integrated health and social care teams. We propose to examine the operation of the City's joint health and social care teams in the new municipal year (i.e. 2015/16) and part of this work could aim to examine how 'primary' and 'secondary' providers might work effectively with the integrated teams. **We would welcome Executive Board's support for a scrutiny review of the integrated health and social care team arrangements across the City during 2015/16.**

Contract Type and Pricing Model

- 2.28 It is important to recognise that all contractual agreements come with a degree of risk. In the provision of home care services, such risks are shared by the Council – the organisation statutorily responsible for providing services to people with eligible needs, service providers who contract with the Council and, in our view, most importantly service users.

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- 2.29 We recognise the potential benefits of the proposed model and working with a smaller number of 'primary providers'. However, we believe the Council needs to ensure the risk of working with too few providers and potentially 'putting all our eggs in one basket' is mitigated. **We believe the Council should aim to contract with a minimum of six primary providers to reflect the proposed contract areas.**
- 2.30 While we understand the benefits to providers having guaranteed business, we have some concerns that these benefits will be limited to the small number of primary providers, with a larger number of 'secondary providers' continuing to operate with no guarantee of work, while being required to provide high quality services with fair and equitable employment terms and conditions. We believe there is a risk this will provide an unsustainable mix for some providers, which might have unintended consequences for the home care sector in Leeds. **We believe the Executive Board should seek further assurances around the sustainability of the proposed contract model and any potential unintended consequences.**

Other comments and observations

- 2.31 We acknowledge that the options set out in the Executive Board report represent those having been determined as the 'preferred options' that will address the wide range of issues considered as part of the review. However, **we have some concern that the Executive Board is not being presented with a more detailed options appraisal – setting out some of the alternative options (with the associated advantages and disadvantages) considered as part of the review process.** That's not to say the options presented are not the most appropriate, however we believe the additional assurance afforded by a more detailed options appraisal would only benefit and enhance the transparency of the decision-making process.

Recommendation 2

That future Executive Board 'decision-making' reports provide a more detailed options appraisal, setting out alternative options considered (along with the associated advantages and disadvantages) when formulating recommendations for decision.

- 2.32 We also acknowledge and support the proactive and early pre-decision involvement of the Scrutiny Board in the review process. In particular, we welcome the role of the Executive Board member for Adult Social Care in promoting and encouraging the involvement of the Scrutiny Board. However, where any cross-party strategic group is established as part of any future review process (not limited to Adult Social Care), **we believe there should be greater clarity around the roles and relationship between any such cross-party strategic group and the appropriate Scrutiny Board.** We believe that, given the increased pressure of working with reducing resources

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across all parts of the Council, it is important to avoid or limit duplication wherever possible. We also believe it is equally important that any attempts to avoid duplication should not limit legitimate and appropriate scrutiny arrangements.

Recommendation 3

That at the outset of any major review process that will result in an Executive Board decision, and will involve the establishment of a cross-party strategic group, an outline of the associated governance arrangements is provided, including the potential relationship with the appropriate Scrutiny Board.

Summary

- 2.33 As previously outlined, **we welcome the decision to consider the re-commissioning of home care services and the wide range of issues the review process has sought to address and we broadly support the direction of travel set out in the Executive Board report.**
- 2.34 In the details set out in this statement we have tried to highlight for Executive Board those areas we feel need strengthening and/or where further clarity and assurance would be helpful. We trust our comments and observations will be received by Executive Board in the spirit in which they are intended and have been provided.

**Councillor Debra Coupar
Chair, Scrutiny Board (Health and Wellbeing and Adult Social Care)**