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Community Health and Well-being Service

Date: 9 July 2024

Report of: Director of Adults & Health

Report to: Adults, Health and Active Lifestyles Scrutiny Board

Will the decision be open for call in? ☐ Yes ☒ No

Does the report contain confidential or exempt information? ☐ Yes ☒ No

Brief summary

Leeds City Council is a signatory to the Unison Ethical Care Charter and the GMB Ethical Home Care Commissioning Charter.

Based on the aspirations within these two charters, the Adults and Health Directorate will pilot the Community Health and Wellbeing Service (CHWS) which is a transformational approach to delivering health and care services at home, through by a collaborative partnership of contracted providers working together on a neighbourhood basis.

This report informs Members of the outcome of the recent tender and sets out the process for mobilisation of the contract.

Recommendations

Scrutiny Board is recommended to:

a) To note the process followed to develop a pilot Community Health and Well-being Service and its intended outcomes.

b) To note the award of the Community Health and Well-being Service to Be Caring and Springfield.

c) To note the process for mobilisation and communication with key stakeholders during this period.

What is this report about?

1 The Community Health and Wellbeing Service (CHWS) is a transformational approach to delivering health and care services at home, delivered by a collaborative partnership of contracted providers working together on a neighbourhood basis. The features of the new service include:

a) Providers picking up at least 95% of all new home care packages
b) Flexibility to deliver support in a more personalised, outcome focused and person-centred way, including support outside of the home
c) Providers acting as trusted assessors to undertake reviews and make changes to care packages
d) Accepting referrals from Leeds Community Healthcare NHS Trust (LCH) Neighbourhood Teams to undertake delegated support and healthcare activities[1]
e) Provision within the fee structure to enable Providers to pay care workers for all the time that they are scheduled to be available for work excluding paid rest breaks and split shifts ("paying for whole shift").

2 It is being piloted in Bramley and Stanningley, Armley, Farnley and Wortley (see Appendix 1 for a map of the relevant area). It will support approximately 200 people and represents about 8% of the total home care commissioning budget.

3 This service has been developed following a small scale pilot in 2020-22 with two providers supporting between 50-70 people in a more personalised and flexible way. Despite the challenges of the pandemic, the independent evaluation by Leeds Beckett University[2] indicated that a different model of care could improve people's satisfaction with their care and have a positive impact on the care worker role too.

4 A key driver of this innovation has been the Council's commitment to the Unison Ethical Care Charter and the GMB Ethical Home Care Commissioning Charter. Investment has been made over the past seven years to achieve the objective of paying the Living Wage Foundation's recommended wage (also known as the Real Living Wage) which was finally achieved in 2023/24.

5 This pilot will now work towards meeting the other requirements within the Charters including ceasing to commission on a "time and task" basis, reducing/ eliminating zero-hour contracts, paying for whole shift, developing career pathways and ensuring care also tackles social isolation, promotes well-being and focuses on prevention.

6 The most recent Skills for Care data[3] (2022-23) indicates that there are 5500 independent sector care workers in Leeds. 51% are on zero contract hours (compared to an England average of 43%), the turnover rate is 49.1% (national rate is 36.2%) and the vacancy rate is 14.2% (national rate is 12.9%). 42% of the turnover is staff being recruited within the sector itself.

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[1] A delegated healthcare activity is an activity that a regulated healthcare professional, such as a nurse, nursing associate, occupational therapist or speech and language therapist, delegates to a care worker or personal assistant.

[2] The Community Well-being Service Pilot Evaluation: Dr Darren Hill, Dr Erika Laredo, Dr David Mercer and Sarah Rushworth, Leeds Beckett University, School of Health, 2022.

[3] The State of the Adult Social Care Sector and Workforce in England, published October 2023

7 We believe the reason why Leeds figures for home care are worse than the English average is because of the dynamic economy the city has, with strong competition from the retail and hospitality sectors for this workforce. These sectors are able to compete in terms of rates of pay, conditions of service and often better job security than home care roles.

8 We have spent 18 months engaging and informing people who use home care services, their families, informal carers, key Third Sector organisations, care staff, care providers, social care professionals, trade unions and NHS colleagues to draw up the specification for the service. It was important to test out what people wanted from a new service and that providers thought the business model was viable.

9 One of the key differences in this is that care workers will be paid a salary for a block of hours. This means they can use their time more flexibly and fill gaps between calls to provide additional support, for example, spending a bit longer with someone who is not so well that morning, ringing a trusted trader to fix a leaking radiator or attending a multi-disciplinary team meeting about a service user with complex support needs.

10 Another new aspect of the service is the emphasis on tackling isolation and loneliness. When we talked to Leeds home care users about what made a good life for them, and connection with family, friends and their community featured highly. In drawing up their support plan, people will be asked about their social connections and care workers will use their local knowledge and creativity to help people make those links. The contract allows for a temporary increase in hours ("community hours") to allow the care worker to introduce a service user to a community resource until they have the confidence to use it themselves.

11 Under the new model, care providers have permission to adjust care packages up or down within agreed parameters and with the agreement of the service user, or family or advocate if they lack capacity. After four weeks, the provider will submit a request to the social work team for approval or review. The aim is to provide just enough care – no more and no less as either can be detrimental to service users.

12 Leeds Community Healthcare NHS Trust (LCH) are jointly commissioning the new service with the Council. The Neighbourhood Team will delegate visits to providers for tasks already within the skillset of care workers. The aim is to expand to more complex tasks backed up by enhanced training, career development, clinical oversight and robust governance.

Tender process

13 We ran six workshops explaining the new model to providers and seeking their views on the proposals. Two workshops were run on aspects of the tender process to encourage the widest possible interest in submitting a tender.

14 Forty nine providers applied in total with ten taken forward to the second stage of the process and six to interview. The outcome is that we will appoint Be Caring and Springfield to be the two providers who will trial delivering the Community Health and Wellbeing Service.

Mobilisation

15 Following contract award, there is a three-month mobilisation period before the pilot starts on 9th September. For the new service to have a sufficient volume of business to sustain the model, we need to ensure that as many of the 200+ people as possible in the pilot area move their service provision to the new contract holders. We will have in place exception

criteria for people where a move is not appropriate and we have Social Workers on hand to review these cases quickly.

16 We have drawn on learning from Bradford City Council who recently undertook a similar transfer process. Since completing the transition to their new contracts, waiting lists have reduced, complaints are down and relationships are much improved between providers and the social work / contract teams.

17 Support is in place for people and staff affected by the moves including:

- Clear communication plan to inform service users and staff about the process
- Exception Panel for social workers to review requests to stay with their current provider
- Direct payment option for those in scope to move to stay with their current provider
- TUPE transfer for eligible staff working for outgoing providers
- Employment & Skills staff to help anyone at risk but not eligible for TUPE

What impact will this proposal have?

18 Our vision for the Community Health and Wellbeing Service is:

To support people to live in the place they call home with the people and things they love, in communities where people look out for one another, doing things that matter to them.

19 There are four main outcomes the CHWS will achieve:

i) Reduction in turnover of care workers
ii) Improvement in continuity of care worker and therefore customer satisfaction
iii) Improvement in service users' social connections
iv) Improvement in health and well-being through preventative approaches

20 A £247,000 grant has been awarded by the Rayne Foundation to pay for provider training and a Band 7 Nurse to develop the delegated healthcare activities.

21 The service will have a wider positive impact on the health and care system by reducing or delaying entry into more residential care and reducing the call on NHS services through prevention and quicker discharges. The pilot gives us an opportunity to look at the use of tech enabled care which is having a positive impact in trials across the country for falls prevention, UTI detection and medication compliance.

How does this proposal impact the three pillars of the Best City Ambition?

☐ Health and Wellbeing ☐ Inclusive Growth ☐ Zero Carbon

22 The Community Health and Well-being Service contributes to all three of the Council's three pillars by:

- *Health and Well-being*: helping people age well, with stronger engagement in communities, using the benefits of technology to stay well, promoting a preventative approach and improving health outcomes through a better integrated community-based service offer supported by an inclusive, valued and well-trained workforce; where carers are supported, and people are able to maintain independent lives through the best care being in the right place at the right time.

- *Inclusive growth:* recruiting local people to support other local people and by offering better jobs that respect care workers' knowledge of the people they support, offering greater autonomy and the chance to develop new skills backed up by an apprenticeship; adopting innovation in technology-enabled care.
- *Zero carbon*: reducing the carbon footprint of care by organising care on a neighbourhood basis, planned around natural communities, and supporting the development of more walking and cycling rounds.

What consultation and engagement has taken place?

Wards affected: Bramley and Stanningley, Armley, Farnley and Wortley.		
Have ward members been consulted?	☒ Yes	☐ No

23 People in receipt of home care, unpaid carers, providers and frontline staff have contributed to the development of the new model through interviews, focus groups and surveys. Healthwatch were commissioned to recruit a citizens panel of experts by experience, and their work over eight sessions led to a comprehensive report with 26 recommendations, all of which have been incorporated into the new service specification. The citizen's panel continues to meet to support the mobilisation plans and implementation, including collaborating on the care worker training programme and reviewing all resident letters.

24 A Stakeholder Reference Group was chaired by Cllr Arif and supported input from trade unions, the third sector and other health and social care professionals.

25 There have been three Ward Member briefings plus information shared with the Scrutiny Chair, shadow Member for Adult Social Care and Community Committee Health & Wellbeing Chairs.

What are the resource implications?

26 The cost per hour for the Community health and Well-being Service is modelled on a shift enhancement based on covering a 10% gap in a care worker's rota (45 minutes in a 7.5 hour shift) excluding unpaid breaks. This plus the trusted assessor function added £1.80 to the hourly rate at £26.22.

27 Based on 2024/25 figures, the total cost of the new service is £0.3m more than a traditional home care service. The aim is to be cost neutral by closely monitoring delivery hours and allowing adjustments to right size packages, and allowing visits shorter than 30 minutes if appropriate and requested by the individual. A contingency of £357K from NHS funding for adult social care transformation has been set aside to cover any risk of an overspend.

28 Financial monitoring will be ongoing, and a full financial evaluation will be completed at 12 months to establish whether the new model is sustainable ahead of the recommissioning of citywide services. It will include savings for LCH and the wider NHS by reviewing the impact on hospital admissions and discharges under the new model.

What are the key risks and how are they being managed?

29 The key risks may be summarised as set out below with mitigating actions against each risk

Risk	Mitigation
Transferring individuals from their existing to their new provider	Clear identification of who should and should not move. Support from social workers throughout the process. Introducing the new Care Worker and arranging handover visits.
The cost of the service exceeds the budget	Expenditure will be tracked monthly on the adjustment of packages and the net impact. A contingency budget of £357K is being held to cover the cost of any potential overspend.
Social workers availability to review adjustments to care packages	Confidence in oversight of the Registered Manager. Transparent information sharing and an open, honest approach with accountability and regular opportunities to seek feedback.
Providers fail to implement new features of the model	A rigorous procurement process has ensured that the providers appointed have demonstrated a good understanding of the new features of the service and have a plan for how to implement them
Promoting flexibility to reduce and increase hours	Changes in hours can only be made with the consent of the individual or their advocate. Changes in hours to be reviewed and approved by social worker.

What are the legal implications?

30 Home care services are provided to individuals under the powers and duties set out in the Care Act 2014. The Council and Leeds Community Healthcare Trust have collaborated to produce a shared specification which is split into to two lots: one for social care and one for delegated healthcare activities. This is to ensure that LCH retains legal responsibility for the work it commissions including the case management of individuals and any complaints.

31 A competitive tender process was undertaken to select the CHWS providers in line with the Council's Contract Procedure Rules. The process had three stages, qualifying questions on an organisation's experience and knowledge, the approach to delivering the new service and an in-person interview. The procurement panel included a social worker and nurse for relevant questions, and a person with lived experience in an advisory capacity.

32 The contract award was a Publishable Administrative Decision and not subject to call in.

33 This report does not contain any exempt or confidential information under the Access to Information Rules.

Options, timescales and measuring success

What other options were considered?

34 To do nothing means that home care services are at risk of remunerating care workers in a way that does not cover natural gaps in their shifts or "call cramming" to ensure no gaps in shifts. Home care services in Leeds experience very high turnover rates because of the competition with retail and hospitality for staff. Consistency of care worker is highly valued by home care customers, yet our current model does not attract and retain staff.

35 We considered a range of different contracting mechanisms including, for example, paying a block contract, but had concerns about whether this offered the right incentive to right-size packages and achieve an acceptable rate of direct contact time with customers.

How will success be measured?

36 The three providers will be asked to collect a significant amount of information to understand how the contract will be working as set out in Appendix 2 of this report. The main outcomes sought are:

- Reduction in turnover of care workers
- Improvement in continuity of care worker for service users and therefore customer satisfaction
- Improvement in service users' social connections
- Improvement in health and well-being through preventative approaches

37 We have developed an Outcomes Tool that cover three important domains of people's lives: My Well-being and Independence, My Home and My Community. Service users will rate on a scale of 1-5 of how satisfied they are within each domain and this will be tracked over the duration of the pilot.

38 York Consulting Ltd will undertake an independent evaluation of the service against the stated objectives and desired outcomes.

What is the timetable and who will be responsible for implementation?

39 The two successful care providers were notified on 6 June 2024. Mobilisation is being undertaken with a final go live date of 9 September 2024. The pilot will run for 18 months with a key stock take at 12 months to review success or not against the stated objectives and outcomes. The Director of Adults and Health is responsible for the implementation.

Appendices

Appendix 1: Area 1- geographical map of the pilot area for the Community Health and Well-being Service

Appendix 2: data collection for the Community health and Well-being Service

Background papers

- The Community Well-being Pilot Evaluation, Dr Darren Hill, Dr Erika Laredo, Dr David Mercer and Sara Rushworth, Leeds Beckett University, 2022.

Appendix One – Pilot area

Area 1 is defined as Bramley and Stanningley, Armley, Farnley and Wortley This is our pilot area for the new Community Health and Wellbeing Service, and it will inform the specification and service model for home care and delegated healthcare services for the rest of the city.

The total number of home care hours in the contracted area is currently 3,300 per week (Sept 23), supporting around 210 people with 21% of hours as two-handed visits.

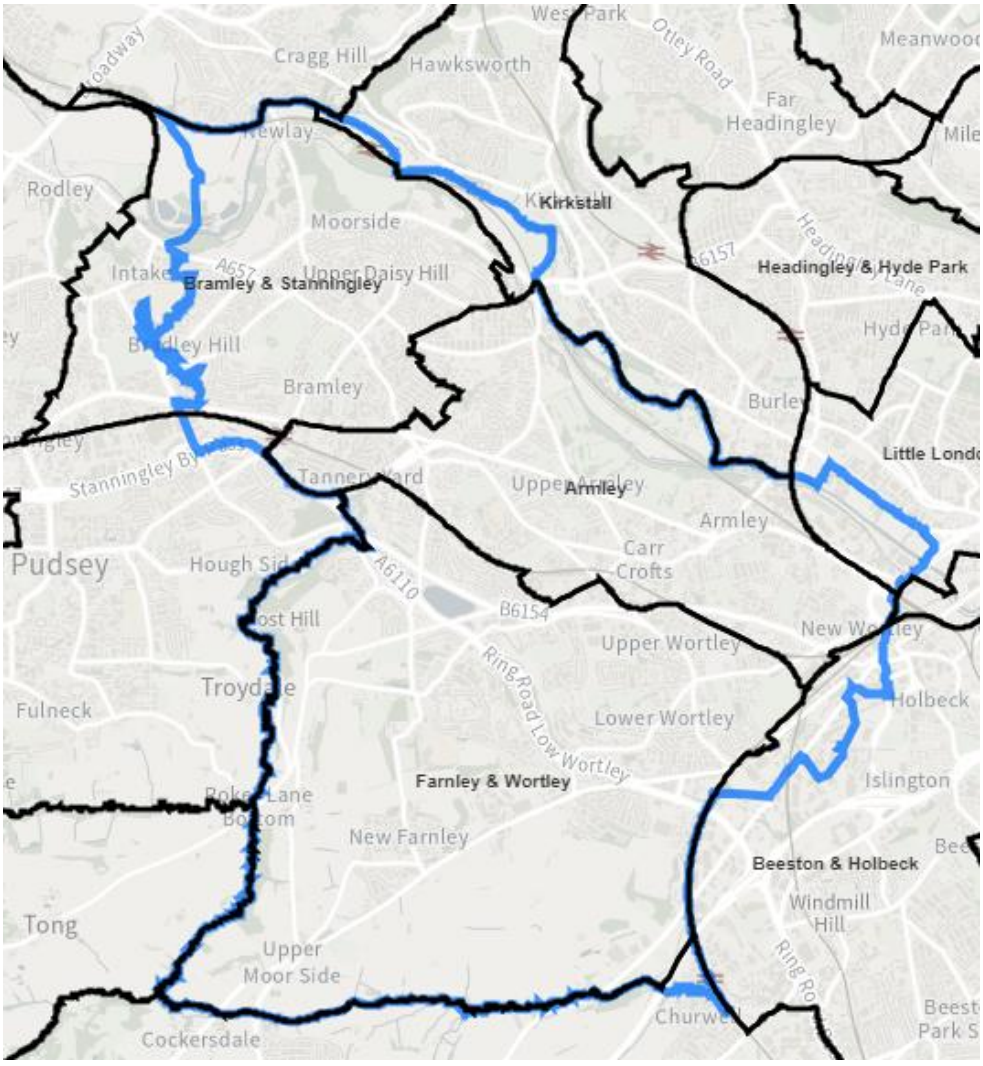
Referrals from LCH will be gradually introduced during the first month of the contract up to an estimated 200 visits per week.

Map

Blue Line = Pilot area boundary **Black Lines** = LCC Wards

Bramley & Stanningley boundary follows Intake Lane, around West Leeds Academy along Summerfield Drive.

Boundary is based on national lower super output areas, and final tweaks may be made to maximise rota / run efficiency.



Appendix 2: Monitoring information

For the start of the contract, the information below will be submitted by the Provider on a weekly basis unless otherwise indicated. Frequency of reporting may change over the course of the contract.

Planning Measures (Demand) *How many do we get? Demand – volume in*	1. Number of new packages started by Lot and number of packages ended 2. Number of new care plan hours started by Lot, and number of hours relating to closed packages 3. Number of packages where care plan hours were increased or decreased by (a) the provider by Lot or (b) social worker (c) net impact in hours 4. Number of packages due to be reviewed by Lot
Planning Measures (Capacity) *How many do we do? Capacity – volume*	5. Number of people being supported 6. Total number of care hours involving care outside of the home 7. Number of people not supported due to a hospital stay 8. Number of care hours 'free' (not delivered) due to people being in hospital 9. Time between referral and the care commencing (per case, measured in days) 10. Number of total care plan hours (at any time – capability chart) 11. Number of Lot 1 packages reviewed within timescale
Leading Measures *How well do we do them?*	12. Number of people who feel they have made progress towards their personal wellbeing outcomes since they were last assessed or reviewed (measured for each person at each review, on the outcomes monitoring tool (reporting three times per year) 13. Case studies (presented in any suitable format e.g. as a pen picture or video diary). At least 2 per 3-month period, randomly selected and formulated jointly by the person receiving care / family, Integrated Neighbourhood Team members and the carers
Lagging Measures *What is the impact on performance in this system?*	14. Number of staff hours spent travelling shown overall, and as minutes per hour of direct care provided (4 weekly) 15. Proportion of overall provider spend on direct and indirect staffing costs (4 weekly) 16. Staff sickness absence – number of days, also shown as % of total working days (4 weekly) 17. Staff turnover (4 weekly) 18. Level of job satisfaction and morale (measured by means of half-yearly staff survey) 19. Training received by each member of staff (recorded continuously, reported upon annually) 20. % of people receiving home care, and their family, who feel that what matters to them has been truly understood, and that they have been effectively supported by the carers (measured by means of annual survey, inclusive of section for narrative comments to understand what could be done better) 21. Number of people who received an adjusted level of home care due to support given to become less reliant on the service (e.g. through rehabilitation, enablement or community network engagement) (quarterly) 22. Number of complaints (quarterly) 23. Number of reportable incidents (quarterly) 24. Value of refunds / credits (quarterly)
Lagging Measures *What is the impact on performance in the wider system?*	25. Examples of collaboration that have led to community developments and greater level of community resilience – case studies / quarterly 26. Number of unpaid carers, in relation to people receiving home care, who report that they feel well supported by the paid carers in their role (measured by means of annual survey and also conversations held during service user reviews) 27. Examples where home carer support assisted in avoiding a hospital admission (quarterly) 28. Examples where home carer support alleviated pressure on other services (such as avoided ambulance call out, GP visit, DN visit etc) (quarterly)

	29. Examples of services, community support or other solutions that were not available, leading to inappropriate reliance on home care – case studies / quarterly

Key Performance Indicators

	Measure	**Limitations**	**Minimum Target**
1	Number of referrals converting to service starts All Providers combined	None	95%
2	Number of referrals with start date agreed within one working day of brokerage referral By Lot / Provider	Standard packages – no authorised delay	80%
3	Number of referrals starting services within 72 hours By Lot / Provider	Standard packages – no authorised delay	80%
4	Number of priority referrals starting services within 48 hours By Lot / Provider	None	98%
5	% People with up to date with their provider-led review reviews By Lot / Provider	None	95%
6	% People with up-to-date outcomes monitoring completed Lot 1 by Provider	Excluding people who have opted out of outcomes monitoring	75%
7	% Scheduled visits completed By Lot / Provider	Excluding person led cancellation / not at home	98%