

# Community Health and Wellbeing Service: Transforming Home Care

Date: 24 July 2024

Report of: Director of Adults & Health

Report to: Executive 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.

This report outlines a new model for home care that better meets citizens' needs and also improves the pay and role of home care workers. The new model is being piloted in Bramley, Stanningley, Armley, Wortley and Farnley (see Appendix 1) which represents approximately 10% of home care activity.

## Recommendations

Executive Board is recommended to:

- a) Note the award of the Community Health and Wellbeing Service pilot contract to – 'Be Caring Limited' and 'Springfield Homecare Limited'. Decision reference 57519.
- b) Note the award of a £247,000 grant from the Rayne Foundation's "Better Careers for Better Care" fund via the grant holder Leeds Teaching Hospitals Trust to be allocated to Leeds City Council, Leeds Community Healthcare NHS Trust and the above contract holders to support the delivery of the pilot.
- c) 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. It is based on the findings of a small scale pilot carried out between 2020-22 that was evaluated by researchers from Leeds Beckett University in their report '[Community Wellbeing Pilot Evaluation](#)'. Following a tender process, two providers – Be Caring and Springfield Homecare - have been selected to deliver the eighteen month pilot service.
- 2 The new service has been developed over two years following an initial pilot in 2020 to test a neighbourhood approach to home care. The current home care market in Leeds has more than 100 providers delivering services. This presents a challenge for the Council's social work and commissioning teams to manage the volume of providers, achieve consistency and develop productive relationships.
- 3 The new service specification has been co-produced with citizens with care and support needs, informal carers, social workers and providers alongside data analysis to address key challenges within the system including social worker capacity, the carbon footprint of multiple providers operating in every neighbourhood and the cost of home care packages that are larger than the individual requires.
- 4 The features of the new CHWS include:
  - Two providers picking up at least 95% of new referrals
  - Providers undertaking reviews and making changes to care packages
  - Co-commissioned with Leeds Community Healthcare NHS Trust (LCH) to delegate limited healthcare activities
  - Care workers paid for their full shift with autonomy to personalise support
- 5 The pilot will cover Bramley and Stanningley, Armley and Farnley and Wortley wards supporting around 200 people (8% of the citywide service). The area was chosen as it has a good mix of densely populated urban neighbourhoods, suburbs and a village. The cost of services is influenced by population density and type of support required, so it was important to test this new model across a range of communities.

### *Benefits of the Community Health & Wellbeing Service*

- 6 **Small neighbourhood teams**

The two CHWS providers will share the area and develop small neighbourhood teams to provide consistency of workers and offer more flexibility away from traditional 'time and task' delivery. It will significantly reduce the service's carbon footprint compared with the 27 providers currently operating in the area.

### Shift payment for care workers

The pilot aims to eliminate zero-hour contracts, pay staff for their whole shift and develop new career pathways.

### 7 Promoting social and community connections

The new model aims to improve and promote social, family and community connections. Care workers can offer additional assistance, co-ordinate support from relatives and friends, and connect with local services such as the Neighbourhood Networks.

### 8 Co-commissioning with Leeds Community Healthcare

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

### 9 Promoting independence

Data analysis shows that some providers are more successful at promoting independence and maintaining package sizes at a lower value for longer through outcomes focused care, bringing in support from friends and family and reducing the need for care delivered by two care workers for safe moving and handling by deploying suitable equipment. The new service requires providers to work in an enabling way to focus on independence and partnership that aims to reduce the lifetime cost of an individual's home care service.

### *Mobilisation*

10 Following contract award, a three-month mobilisation period has begun before the pilot formally starts on 9th September 2024. To achieve the volume to pay on shift, the majority of people in receipt of services will move to the new providers with exemptions for those for whom a move is not appropriate.

11 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?**

12 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 wellbeing through preventative approaches

13 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.

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

Health and Wellbeing

Inclusive Growth

Zero Carbon

- 14 The Community Health and Wellbeing Service contributes to all three of the Council's three pillars by:
- *Health and Wellbeing*: helping people stay as independent as possible through consistent, personalised care and maintaining social connections.
  - *Inclusive growth*: expanding local recruitment with better jobs that offer greater autonomy and the chance to develop new skills.
  - *Zero carbon*: reducing the carbon footprint of care by organising care on a locality basis, 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

- 15 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 citizens' panel continues to meet to support the mobilisation plans and implementation, including collaborating on the care worker training programme and reviewing all resident letters.
- 16 A Stakeholder Reference Group was chaired by the Executive Member for Adult Social Care, Active Lifestyles and Culture and supported input from trade unions, the Third Sector and other health and social care professionals.
- 17 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 Champions. Members are supportive of the new model, in particular around the shift payments, improved consistency and the opportunity to work closely with Third Sector organisations.

## What are the resource implications?

- 18 The cost per hour for the Community health and Wellbeing 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.
- 19 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.
- 20 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?

21 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?

22 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 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.

23 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.

24 The contract for the Community health and Wellbeing Service was awarded to Be Caring Limited and Springfield Homecare Limited. It was a Publishable Administrative Decision and was not subject to call-in.

25 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?

26 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 a high turnover rate 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.

### **How will success be measured?**

27 There will be comprehensive performance monitoring on the service delivery, staff and customer satisfaction and financial management. A new outcomes monitoring tool will be introduced to track the impact the service has on an individual's independence and goals. 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?**

28 The contract was awarded on 27<sup>th</sup> June 2024. Mobilisation is being undertaken between that date with a final go live date of 9 September 2024. The pilot will run for 18 months with a review at 12 months to review success and scope for citywide rollout. The Director of Adults and Health is responsible for the implementation.

29 A report will be submitted to the Executive Board in 2025 with information from the evaluation to present the outcome of the evaluation and outline the future commissioning intentions for the citywide home care services.

### **Appendices**

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

Appendix 2: Data collection for the Community health and Wellbeing Service

Appendix 3: Equality, Diversity, Cohesion and Integration Screening

### **Background papers**

None