Commissioning Differently:
National Good Practice Session 1
25 August 2022

From Home Care to a Community Health & Well-being Service

Cath Roff: Director Adults & Health, Leeds City Council
Caroline Baria: Deputy Director of Integrated Commissioning, Leeds City Council

Where we are now:

- **Inefficient**

  Provider led market - packages declined due to staff capacity
  Framework failed so spot purchasing from 100+ providers
  Long waiting lists
  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 as well as quality

- **Unsustainable**

  The recruitment and retention of staff is a major issue
  Avoidable hospital admissions and delayed discharges
  Reliance on cars due to large 'run' areas

The Community Well Being Teams Pilot:

Small scale pilot trialled in 2020 a community wellbeing teams model with two providers, Be Caring (Morley, Middleton) and Springfield (Meanwood).

- ## Better for care workers and service users
  - Service users had stable teams of care workers who knew them well and went the extra mile
  - One Provider's employment model was based on paying for whole shift
  - Care workers enjoyed the stability and felt empowered to work differently
  - Relationships between social workers and care providers improved significantly

- ## Care packages delivered flexibly
  - Planning and delivery moved away from time and task, care workers could pop back or make a GP appointment
  - Connections between providers and Leeds Community Healthcare Trust were envisaged but not achieved
  - Occupational therapists had a big impact in getting the package size right and supporting carers

- ## Community connections were harder than expected
  - Benefits of community access were not fully realised, partly due to Covid, but there are challenges from lack of capacity within rotas and physical difficulty accessing provision

Reflections from the pilot and what happened next

- A more rewarding job and better employment practice reduces turnover and increases service users' and staff satisfaction
- Competition with retail and hospitality sector difficult to keep up with
- Help from NHS Leeds took pay to £10.50 ph with positive impact on recruitment and commensurate reduction in waiting lists
- Decided to focus on terms & conditions - want to move to paying for whole shift
- Challenge is the downtime that occurs in social care if you pay for whole shift
- Conversation with Community Health services CEX revealed recruitment difficulties in expanding community services
- Solution (a) community health services to utilize "downtime" and (b) investment in Third Sector to create "proxy families"

Our Plan:

Creating a Provider Alliance

Joint commissioning of community-based support with NHS Community Provider

Stepping away from traditional contracting arrangements: the Council, NHS, Third sector and private care providers will collaborate in an alliance to deliver home based care services

Care staff paid on improved terms and conditions (including payment for whole shift), widening the recruitment pool to include non-drivers, hyper-local recruitment

Community Health & Wellbeing Teams

Based on our 13 existing Integrated Neighbourhood Teams creating a partnership around the person

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"

Maximising technology

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

Leeds CITY COUNCIL

Caring for People at Home: A New Vision for Leeds

We're transforming how we support people with care needs to live independently and well at home, ensuring all services are working together to deliver valued, personal and sustainable support for those who need it.

EMPOWERING

Working in partnership with the individual, centering independence at the heart of our support

FLEXIBLE

Support will be personal and flexible, working towards defined outcomes and staying well at home

LOCAL

Small teams will cover a defined area, building strong relationships and helping individuals access community activities and support

SUSTAINABLE

Care teams will travel less, have better working conditions and maximise use of the latest technology and adaptations

To share your views and find out more email: opcommissioning@leeds.gov.uk

Benefits of our new plan:

A service that offers personalised, flexible care from a consistent and skilled local team

Consistent services from a team that knows them well is the service users' top priority

Promoting Independence

Workforce trained in skills that promote independence, with support from occupational therapy services, so that the size of packages may be reduced over time where appropriate

Care teams that feel valued, have better terms and conditions and clear career pathways

Staff paid on shift, with opportunities for those currently excluded from the sector to step into a stable and rewarding career

Greater partnership working in localities to support service users

Health, social, community and care providers working seamlessly to deliver a service tailored for the individual

Payments and charging

Contracting arrangements that maximise health and social care budgets – whole system approach making better use of the Leeds £

Simplified finance processes – automatic payments rather than processing invoices and bills

Whole system savings and efficiencies:

- Commissioning on a population basis and provider to manage the hours in that area
- People have "just enough" care and support
- Wraparound support in a person's home including reducing avoidable hospital admissions
- More responsive service enabling faster hospital discharge
- Third sector role enhanced to complement services and support a person's wellbeing
- Fewer complaints and requests for change as service users receive a flexible and consistent service
- Streamlining internal processes including payments, charges and contract management
- Efficiencies for providers in lower staff turnover and reduced travel time

Implementing Change: The Challenges

Developing Partnerships

New ways of working require whole system change and a developing a culture of collaboration across all sectors
Resourcing the Third sector and facilitating their role as a core partner in the model

Market Disruption

Currently 100 registered providers in the city supporting service users, risk of significant market disruption
Service users will experience a change in their provider in order to facilitate the new locality model – will require a detailed plan and additional resources to support the transition

New commissioning model

Want to commission on a population health basis/ block contract
How to calculate the ASC services vs the NHS service in a worker's shift
How to incentivise the right behaviour from providers
How to link to charging model for customers

Transform our billing and invoicing systems

Co-produce charging and billing approach for service users – can we move away from time as the currency?

Next steps - Community Health & Wellbeing Teams Pilot Phase 2

Create Community Health & Wellbeing Teams in a specific locality

Contract in a specific area with one or two providers to trial the proposed model
Develop role of Third sector in supporting independence and wellbeing

Scope:

Care workers paid on shift and trained to work alongside LCH, LCC and Third Sector as an integrated locality team
Service users will be informed of a potential change of provider, with no change to their billing or charges
Open new employment routes for non-drivers / part time staff
Hyper localised recruitment

Non-pilot areas:

Roll out learning from both pilots to other contracted providers
LCH work may be expanded outside of the trial area if successful