

London Borough of Southwark

**Designing Care at Home For
Children and Young People**

**Context, Outcomes and
Approach**

Care at Home Project Board

October 2015

London Borough of Southwark

Designing Care at Home

Context, Outcomes and Approach

1 Introduction

This paper has been prepared by the Institute of Public Care (IPC) Oxford Brookes University for the Care at Home Project Board. Its purpose is to summarise the main drivers and approach that steers the work of the Board and its stakeholders to prepare for the development of an outcome based approach to the design, procurement and delivery of a new home care service – Care at Home – from July 2016.

The paper concludes with a number of considerations for the Board in order to progress the preparation of a procurement exercise over the next few months.

2 Context

2.1 The size and shape of current Care at Home provision

Adult Home Care services in Southwark were last tendered for in 2011. The bulk of current services are provided by 2 main contractors, which are privately owned organisations with 700 staff, serving 1500 Southwark customers. A range of private and voluntary sector providers serve 750 people on a spot purchase basis. All services are delivered on a demand led basis

Key dimensions about Southwark service users are as follows:

- 64% of those who receive care are older people; People with Learning Disability, Physical Disability or with Mental Health problems make up the other 36%.
- Among those receiving care aged 65 or over 65% are women.
- 37% of those aged 65 or over receiving care are from BME groups, which is disproportionate in relation to the BME population generally.
- Southwark has limited knowledge about the numbers and characteristics of self-funders using care at home agencies.

2.2 Care at Home's wider commissioning context

The overall expenditure on Home Care is over £20 million, with a further £500,000 expenditure on home care for children. Southwark is part of the South East London framework agreement. This includes general home care and also enhanced home care, which is overseen by nurses. However, much of the children's care provision is spot purchased or remains with providers who chose not to join the framework. An integrated approach is to be taken to the commissioning of adult and children's services.

In addition to the contracts for Care at Home Southwark has the following:

- One cost and volume community Reablement contract – awarded in July 2015 and expiring in June 2016.
- Two cost and volume intermediate care contracts linked to each of the acute hospitals in the borough – awarded in January 2015.
- One cost and volume neurological rehab/stroke community intermediate care contract awarded in January 2015 and expiring in June 2016.
- One block outcome focused extra care contract – awarded in 2012 and expiring in September 2016.
- One overnight "Night owls" block contract (The contract went live April 2013 and expires September 2015, but currently in the process of being extended to September 2015 subject to continued funding through the Better Care Fund).
- Southwark is part of a framework set up by Lewisham Council/CCG for children's home care (which includes nursing care) that expires May 2016 (Although most provision is currently purchased on spot).
- The CCG has a three-year home care contract for continuing healthcare clients in Southwark with Medacs. This is one year in and covers the whole borough.

Although the procurement process for Care at Home is proceeding as a separate exercise it is seen as crucial that there is synergy with planning for related forward procurement within adult social care, notably synergy with planning for reablement, and synergy with health provision, especially continuing care and hospital discharge. An integrated approach to Care at Home, which is outcome based, operates seamlessly with other services, and incorporates lessons from experience in Southwark and elsewhere, will be key to the development of Southwark's Local Care Networks. Implementing the vision will require flexibility, creativity and openness from all agencies and professionals involved, and providers will need to be able to adapt to changing circumstances with flexibility and creativity.

2.3 Specific issues relating to children's Care at Home services

Children home care is significantly smaller in volume with 78 current packages, most of which tend to operate on a longer-term basis. There are two bands of provision.

Band A: Personalised Care and Support delivered by Children's Nurses to fulfil the direct nursing needs of disabled children and young people with the most complex needs as set out in the child specific care plan.

Band B: Personalised Care and Support delivered by Carers with experienced carers trained to an advanced level to carry out a programme of activities with disabled children and young people who have complex needs, both in their homes and the community.

Care at Home for children was moved to a framework agreement last year but most provision currently is on a spot purchase arrangement. These services are not subject to charging unlike adult services.

Consideration is being given to the best means of securing provision for children within the overall project.

2.4 Key drivers and policy assumptions

■ Integration with health

In addition to the requirements of the Care Act, Health integration and the need to achieve value for money and financial sustainability in challenging financial circumstances, Southwark has a number of other central strategic drivers for policy in developing Care at Home.

■ Time scale

The two main demand led contracts expire at the end of July 2016 and there is no provision to extend beyond this point. Services will need to be re-commissioned by then and there is a very clear member expectation that this happens and that Southwark Ethical Care Charter (SECC) is delivered fully for all commissioned home care.

■ Ensuring the full implementation of the Ethical Care Charter

Southwark's vision for Care at Home recognises that the workforce in home care is often expected to deliver quality with limited time to interact with users and without attention being paid to travel time. Many feel undervalued given the stigma attached to the work. They need to be properly trained and supported with fair working conditions that allow them to develop and grow in confidence and be proud of what they do.

The culture of care organisations is crucial to fostering the right conditions for good leadership and better care, and the Six Senses Framework which

identifies a sense of **safety, continuity, belonging, achievement, purpose, and significance** as being crucial for anyone to have quality of life must be applied to home care staff as well as service users and carers. As Southwark's vision statement makes clear the quality of life of all three parties is inextricably linked.

Introduced last year, the Charter requires among other duties payment of the London Living wage, travel time, access to training for staff and an end to funding of 15-minute sessions. This, and the rates payable are likely to make Southwark an attractive proposition for potential new providers. There are substantial financial implications, and the Charter will have consequences for some providers who lose trained staff to compliant providers. Southwark believes, however, that improved outcomes can only be delivered through proper training of staff, joint working and a partnership approach with operational teams. The Charter is therefore crucial to the delivery of the overall vision, signalling to providers an expectation of creativity, flexibility and better quality performance against outcomes. The workforce implications for providers are considerable in terms of better training, better career paths and good quality leadership.

- **Working within the context of Local Care Networks (LCNs)**

Southwark and the CCG have developed plans for co-location and collaborative working, across 2 Local Care Networks and this has significant implications for a more localised delivery of Care at Home services. Close alignment, and a more interactive relationship will be required with primary and community health services. Developing more integrated services will be a central element in the development of LCNs. By aligning services with LCNs and having a small number of contractors for each LCN Southwark intends to remove the need to spot purchase home care.

Though the exact model for localities has yet to be decided there is a policy expectation that each will have a small number of providers. The policy of removing barriers to Small and Medium Enterprises will continue to apply nonetheless.

- **Strong commitment to an outcome based approach, and potentially incentives for successful delivery of them**

It is clear both from the views of service users and the experience of other local authorities that an outcome based approach can only be delivered successfully with a holistic and flexible approach. This has implications not only for Care at Home workers but for other professionals and agencies involved - collaboration, avoidance of duplication, consistency of care and good information sharing will all be required so that service users feel they are being supported by a well-integrated team.

- **Improved response to diversity and cultural difference**

Southwark is an extremely diverse borough and this applies both to its service user and carer population and its Care at Home workforce. Within

that diversity Southwark has a number of communities which have been generally regarded as 'hard to reach'. A further factor is that a significant proportion of the homecare work force comes from a BME background, whereas a significant proportion of older service users come from White British backgrounds. Southwark's rich diversity is a real strength, but such factors can sometimes create misunderstandings and uncertainty on both sides. Clearly an awareness of linguistic, cultural and religious factors, and the skills required to deliver caring respectful and responsive services across the different groups in this context will be important for providers in the new pattern of services.

- **Capacity to work with people's community networks**

Good practice in working effectively with people at home requires that workers understand not only the individual's network of contacts (family members, friends, community groups etc) but the other community based options (many of them provided by the voluntary sector) which may help people avoid social isolation. As the Southwark Vision statement makes clear the connections we have with our communities are a wider reflection of who we are, and the relationships we have are key to preventing loneliness and isolation which can easily lead to depression and self-neglect. A person's needs are linked into their community to promote independence and choice, whether it's for shopping, activities or just being sociable, and should be covered in their Support Plan.

For a home care worker to be "the ears and eyes of the Council", they must be aware of the user's links and contacts with the wider community and keep a weather eye out for these links to be maintained. Care at home is not just about visiting and doing tasks, it's being mindful of the uniqueness of the individual and their belonging in their community.

- **Coproduction with service users and carers**

Personalisation of services and an outcome-based approach presume a sharing of responsibility between the service user and the provider organisation. Carers will often need to be involved as well. This presumes rights and responsibilities on both sides, including a principle of resilience on the part of the citizen, and an acceptance on the part of professionals that people need to be fully involved in assessments and reviews. At service level there will also need to be arrangements for coproduction, and structures put in place to support it.

- **Prevention**

All care at home provision needs to contribute to prevention/early intervention, and the reablement process. It is clear from the experience of the Night Owls provision that a 24 hour access to services is needed to cope with emergencies which might otherwise lead to hospital admission and a longer term reduction in capacity to function independently. According to recent reviews pathways into this service have up to now been predominantly through hospital discharge teams, but it will be important in

future to transform this area of work in to a key component in the 'offer' for Care at Home. In the same way Southwark will aim to ensure as high a take up of telecare and assistive technology as possible.

- **Reablement**

Though the development of reablement services needs to take care at home plans carefully into account the commissioning of home care will proceed as an exercise separately and in its own right.

- **More complex care**

There is an assumption from the data available that many cases will have a higher level of complexity going forward, calling for provision which is rapidly available, capable of responding to significant levels of need, including dementia, and flexible in its operation.

3 Developing an outcomes based approach

Southwark is strongly committed to an outcome-based approach in commissioning its Care at Home services.

Experience from Southwark and elsewhere¹ suggests that the following are key factors in implementing an outcome based approach, geared to the needs of the individual's needs in living successfully, with the right help, in their home.

- Engagement with current and potential providers about what will be required to deliver the model and working with them collaboratively.
- Ensuring that home care staff have the training and flexibility to deliver the service with the right training and aptitude to deliver outcomes well.
- Ensuring that social workers and NHS staff who may be involved in assessment understand how to assess people for outcomes that will promote their independence. Assessment staff and providers will need to work closely together.
- Agreeing who will ensure that customers have all the equipment they need (including telecare) to assist them in maximising their opportunities for independence
- Engaging service users, their carers and families in preparing for the new model and what they can expect into the future.
- Making the payment mechanism as simple as possible. In considering whether rewards or penalties will be involved as part of the chosen model Southwark will have to tackle some barriers which have already been identified locally- establishing baseline data which is accurate and universally accepted; and what impact can be attributed to a provider in

¹ IPC - Emerging practice in outcome-based commissioning for social care (2015), IPC - Help to live at home service: an outcome-based approach to social care (2012)

the context of a complex local health and social care context. The payment mechanism must also be able to assist service users with their personal budgets (in line with the Care Act 2015).

- Ensuring that the performance management system that is put in place is clear and simple, and that it is reported and considered on a regular basis both to meet demand and outcomes.
- Planning for an integrated service with Health is crucial. For many older people, for example, it is ensuring that they are getting the right help for their health needs that make a significant difference to the outcomes that are possible for them. All services will need to relate to each other effectively, and the central focus for this will be the operation of the Local Care Networks.

Southwark already has engagement strategies in place for both service users and providers, and it will be important in the upcoming months to use both programmes to work at the outcomes likely to be the main components of the eventual service specification. Innovative responses to a more outcome based specification are much more likely if clear messages are delivered at an early stage about the impact to be required.

Southwark has looked at national and local information about the perceptions of service users, and this has included the work of SLIC. Southwark has also obtained information through work by Age UK about service user views on the present Home Care services, and those they would like to see. A recent inspection exercise has also produced useful findings. Some very clear broad themes have emerged from these pieces of work, as follows:

- People place having a regular Home Care worker with whom they can develop a relationship as a very high priority.
- The support should be based on participative assessment and regular review.
- Key aspects of the relationship are the need for workers to have a kind and caring attitude, and the role of visiting in reducing social isolation is seen as very important.
- People want the focus of support to be as flexible as possible with fewer limits on activities- matters like administering eye drops, basic food preparation, and lifting were all mentioned.
- People want to have their culture understood and respected.
- People want their care provision at home to link well with other services, so that things felt 'joined up'- this included their care worker passing on information and being aware of the overall picture of local resources.

These themes are not surprising, and are in general harmony with the drivers described earlier. They are also clearly at the heart of the Southwark Vision for Adult Care and the value statement underpinning it.

Aggregated to service level they can be the basis of some core service level outcomes, which might be described as follows:

- People are enabled to continue living at home for as long as possible and are enabled to function as independently as possible.
- Consistent assessment processes are used which fully involve service users, and which are reviewed regularly so that there is a shared understanding of achievement, needs and priorities.
- Service users feel respected, cared for and valued, within the context of their own culture.
- Care at Home is well linked with other services within the community and the Locality network so that service users feel that their treatment is coordinated and that people are working together.
- Hospital and care home admissions are reduced as a result of care at Home undertaking preventive work, ensuring good use of adaptive equipment, and 'early warning' interventions.

4 Implications for Commissioning and Procurement

4.1 Whole system change - linking provision to Local Care Networks (LCNs)

Southwark's LCNs are central to the development of the whole integrated social care system.

The key priorities for the LCNs tie in clearly with the vision for care at Home and are a central component of what the LCNs need to offer.

- Pro-active and preventive
- Accessible on a 24 hour basis
- Coordinated
- Empowering and holistic

A willingness to regard Care at Home workers and their agencies as having an important voice within care planning and delivery will be needed as a key cultural shift, and this will call for a more multidisciplinary approach, with greater flexibility among professionals about tasks, roles, and information sharing, including a more inclusive, shared professional language. All these elements are seen as strongly desirable by service users, but traditionally have been hard to achieve. Changes across the system mean that the Care at Home tender process offers an important opportunity for this joined up approach to be planned for. The work of the planned Enabling Group and Enabling Forum can usefully take these issues into consideration in driving forward the establishment of the LCNs.

4.2 Reablement

IPC is aware that consideration is being given to establishing direct provision for specific reablement services in the borough. This would certainly enable a planned design to be implemented easily and may be more manageable in the context of integration with NHS provision.

However Reablement is to be organised going forward there are significant issues vis a vis Care at Home. Some questions and options to be borne in mind are as follows:

- Can the Reablement service, the Acute Trusts and Care at Home providers work well enough together so that unnecessary referrals to Reablement are avoided?
- Can a reasonable level of 'reablement' activities be defined as suitable for Care at Home providers?
- Are processes in place to ensure that an integrated approach to returning from hospital is in place? - Transport, prompt availability of assessed equipment and adaptations, good handover from hospital to community NHS staff, and good working relationships which respect the role of Care at Home staff are all significant issues.
- To what extent should all of the core reablement functions be provided through a direct delivery model and what "Flex" in house services may be needed from commissioned providers in responding to demand pressures?
- Can Care at Home staff play a more active role in alerting impending crisis and preventing hospital admission? - This implies a willingness for rehabilitation services to work with care at Home staff agencies and respond to their concerns.

4.3 Diversity in the market and participation by local organisations

IPC's experience is that many organisations continue to struggle with the concepts of an outcome-based approach within a personalised system, and the challenges for business planning can be considerable.

Clear messages at an early stage and the suggested engagement activities will help address this problem, but given the emphasis on price planned for the procurement smaller organisation are most likely to be successful through collaborative approaches such as consortia or sub-contracting. IPC's experience is that the development of such arrangements can take longer than expected and work most effectively with good advance notice and clear messages of encouragement.

This area of concern is especially important given the evidence that service users wish to see a more culturally sensitive set of services.

4.4 Southwark Ethical Care Charter

The SECC is described in the earlier section on policy and drivers. Underpinning the tendering and procurement programme for Care at Home, with the new contractual term scheduled to start in July 2016, is a commitment to a step change in home care commissioning, and in particular, that the home care workforce is valued by progressing the Council's commitment to the Ethical Care Charter.

The Charter will address the long-standing work force concerns about Home Care caused by low pay, poor or absent training and zero hour contracts. The implications for providers are very significant, and although it may take a number of years to achieve the fully intended impact, capacity to apply SECC will be a central issue in the commissioning process. Dialogue with the market about costs and business-planning implications will need to be an urgent priority, and the programme of engagement and workshops described later will need to have these issues as key elements.

In addition the new desired flexibility, consistent with a personalised approach, and the ability to respond more creatively to individual need, including some levels of dementia will call for a real commitment to training, and although LB Southwark may well need to take a lead in coordination and indeed some provision of this training, there will be a major need for partnership working across the whole health and social care economy in Southwark.

Transformation of services, underpinned by SECC, will call for a changing profile and skills base for the workforce, and this will need to be linked to clear career paths and an integrated workforce strategy cross social care and health roles.

4.5 Children's services

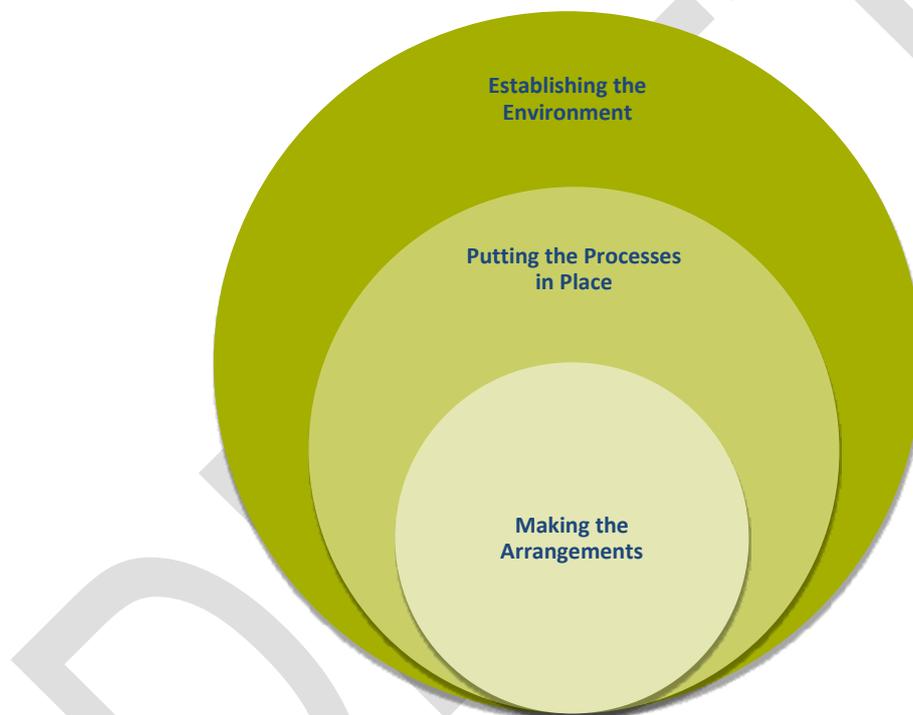
As indicated earlier the nature of care at home for children is very different from adult provision- in volume and approach. Some key questions for the procurement approach within the present project are as follows:

- Will providers be expected to cope with children's services as well as those for adults, and if so what are the additional training implications?
- Should children's services be procured as a single entity given the limited number of packages, and if so how will they relate to the Local Care Networks?
- Since the SECC does not presently apply to the children's services what are the implications for providers of children's services?

4.6 The change to an outcome based approach and a more integrated role for Care at Home

At an earlier stage in discussions with IPC the experience of introducing Personalisation, and in particular outcome focused assessment and support planning was described as variable in Southwark. IPC believes that good practice in this area is crucial to the desire to commissioning for outcomes.

IPC has developed a model that succinctly describes a whole system approach to developing an outcome- based approach to care management and commissioning. In our experience, attention to all three areas of the model is important in order to achieve an effective transition to the new way of working



The model has been developed to support organisations to reflect on their “readiness” of embarking on an outcome focused way for working by exploring a number of questions, for example, is there:

- A clear vision describing the values and principles of the new outcomes focused approach?
- Effective relationships built between service users, providers and commissioners, and other local authority staff such as care managers?
- Sufficient time and support at all levels to make the change happen?

In addition, when designing the processes, and in particular the support planning process, your process should consider the following points:

- The process must focus around what services will help the individual achieve the desired outcomes rather than focusing on what services are known to be available. Thus enabling innovative and creative ideas to care and support to be provided.
- Time must be given to enable this process to reveal the depth of issues, the potential risk, and how these might be resolved.
- It is important to consider what 'success' would look like and how this might be measured in order to inform the review process. Baseline measurements may need to be taken to compare against at later reviews.
- Outcome based support planning requires a system that enables the recording of outcomes and how they are to be achieved. Staff also need to be trained to support people to think creatively about the care and support options and how to measure the impact of this for the individual in relation to the outcomes identified.

It will be helpful if at an early stage a clear vision describing the values and principles of the planned outcome based approach is communicated to all key stakeholders. The vision clearly will include the SECC.

An engagement programme has been undertaken with the main stakeholder groups, as follows.

- Commissioning, procurement and other key professional roles within the council and CCG - a whole day planning event facilitated by IPC
- Social workers, occupational therapists, and NHS health care and therapy staff- 4 half-day workshop events facilitated by IPC.
- Home Care providers- an initial workshop by IPC with a further event planned to consider the main elements of the service specification
- Service Users and carers - Southwark rightly wishes the new culture to be more co-productive and engaging, and has already undertaken a series of workshops to develop a service user forum.

Further workshops are planned for children's services and health staff.

It is clear that engagement will need to be sustained throughout the whole project and its period of implementation, and a communications plan is being developed to ensure that this takes place.

It is clear from engagement to date that a significant shared concern is the provision of ongoing training for Care at Home staff, as well as ensuring that Southwark's processes and procedures reflect an outcome based approach.

5 Next steps

A project plan with key milestones and overall timings has been developed. Other key steps to be taken in the near future are as follows:

- The need to agree on an optimum number of providers within each Local Care Network, and how children's service will fit into the lotting arrangements.
- Development of a draft Service Specification with the support of IPC
- Revising and updating the communications plan for the project.
- Continuing with the engagement programme

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