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18th April 2019

Dear Margaret,

**Re: Home Care Report: January 2019**

Firstly, I would like to sincerely apologise for the delay in our formal response to the Report. I would also like to place on record our acknowledgement of, and praise for, the clarity of the Report and the fair and constructive conclusions contained therein.

In addition I would like to state our commitment to working in partnership with Healthwatch Sheffield to bring about the required changes and developments to home care and related support and services in Sheffield. We were pleased to attend the recent Strategic Advisory Group and Chris Boyle, Commissioning Officer (chris.boyle@sheffield.gov.uk), will be the Council's representative at future meetings.

As referenced in the Report, there are a number of measures by which home care in Sheffield has demonstrably improved in recent years. In addition to ASCOF scores, CQC ratings of commissioned providers have improved, while people are supported to both leave hospital more swiftly when medically fit, and also receive support in the community more quickly. Changes in our commissioning and contract management practice have ensured that the home care market in the city is more stable and resilient, and relationships with providers are strengthened.

However, we emphatically concur with the conclusions of the Report and recognise there is much to be done to ensure people receive support which enables them to live the life that matters to them. We have included overleaf your suggested Recommendation Response Form. I would also like to take the opportunity to describe some of the pertinent improvement projects already underway:

- **Continuing Health Care**: We are working jointly with Sheffield CCG and with support from Healthwatch Sheffield to address the poor experience of people who have a primary health need as well as a social care need. This work has coproduced with customers and carers a 'values and behaviours commitment', joint training and a new, joint, operating procedure. This work is tracked at Executive Director level to ensure delivery, and also that the person is kept at the centre of our partnership work in this area.

- **Conversations Count**: We are now a year into this social work practice improvement and development work and we are using the same person-centred innovation approach to develop our brokerage offer. This is bringing commissioning and brokerage closer to the customer and carer experience and we are using the opportunity to empower them in working with us to support and challenge the quality of care they receive.

- **Financial Assessments and Charging**: We know that this part of the process is often disjointed and falls short of expectations. There is a full review underway of the end-to-end process through our Income and Payments project, starting with in-depth interviews and work with customers over the next two months to inform the priorities and how the project develops.

- **Home Care Model**: We are now seriously starting to progress our thinking around a different approach to how we commission home care. This will be a shift from 'time and task' focused procurement to a more outcomes-focused and neighbourhood-based model of care. This will enable providers to be more person-centred, flexible and responsive to changing needs. It will be much more preventative and re-abling, because we recognise there is huge potential in this area that isn't currently able to thrive.

  This is not an overnight change because it is a systemic shift – it will require a new way of thinking about home care and measuring performance (outcomes), managing risk, paying providers and charging customers. We want to work with Healthwatch, people who use services and their carers, to co-produce this work. Chris will be engaging regularly with the SAG as this work develops.

While we acknowledge there is a lot of work to be done, I am excited about the positive outcomes we can achieve systemically, but most particularly for citizens, in Sheffield over the coming months and years. We look forward to working closely with Healthwatch Sheffield as we continue to develop, implement and refine these changes.

Yours sincerely

**Phil Holmes**
**Director of Adult Services**

| Recommendation | Response (including actions) | People leading on actions | Date of completion |
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| **Improve experiences of accessing & spending financial support** | | | |
| Review the suitability and accessibility of information about the financial aspects of home care, how easily it can be found on the SCC website (following NICE guidance 1.2.5 and 1.2.6), and the timing of information giving. | The Income and Payments Change Programmes aims are to:<br><br>- Have a clear understanding of our customer needs, putting them at the heart of our end to end service review and redesign, to improve the financial aspects of their social care journey.<br><br>Our review of the current service, feeding into our redesign, includes insights from:<br><br>- Customers (service users), interviews and a customer experience questionnaire.<br>- Meetings with voluntary sector organisations to gain an insight into what their customers are telling them.<br>- Meeting with Healthwatch Sheffield, to gain insights into priorities for change.<br>- Provider engagement across all sectors of adult social care.<br>- Insights from service team members who support the delivery of the financial aspects of adult social care, how can we help them do their jobs better to improve the customer experience.<br>- Shared learning visits to other authorities to identify and share best practice. | John Higginbottom (Programme Manager) | September 2019 |
| Identify sources of good quality information from other organisations which people can be signposted to and consider adding links to this information on the SCC website. | | | |
| Establish how financial assessment forms can be improved and what support people would find useful in terms of form filling and throughout the financial assessment process. Include a review of current support available and discussions around the possibility of a Financial Support Officer who is independent from SCC. | | | |
| Explore ways of increasing flexibility in how financial support can be spent to better suit people's needs and priorities. | | | |

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| | Initial insights from the service review, which is the discovery phase of the programme include the potential to:<br>- Improve how we communicate the financial aspects of the social care customer journey, ensuing consistency of integrating into social care conversations at the earliest stage, supported by a summary information leaflet, also made available online. Also improved signposting for customers with regards to accessing support from other organisations.<br>- Improvements in our payment and charging model to simplify the process, ensuring customers receive clear and timely invoices and can make payments in a convenient and straight forward manner.<br>- Reposition our financial assessments, focusing more on how we can help individuals coming into a care pathway to maximise their entitled benefits, to help meet their care costs, while also completing the financial assessment.<br>- Redesign the financial assessment form and better use of technology, to make the process more effective and efficient.<br>- Improve the timeliness of our benefit support/financial assessments, with a view to these being completed as near to the assessment of care as possible, certainly no more than 5 working days after.<br>- Explore ways of increasing the flexibility in how financial support can be spent to better meet customer needs and priorities. | | |

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| | - Improve customers understanding of their control and flexibility they have around Direct Payments.<br>- Improved customer communication with regards to the first invoice and payment options, ensuring the customer understands their invoice when they receive it and the payment options available to make a timely payment. This would be done by initially communicating this information at the Benefits/Financial Assessment, followed up via a letter prior to the first invoice being received and a phone call after the first invoice has been received.<br><br>A key commitment we have made to the voluntary sector organisations we have met with and this would be extended to Healthwatch Sheffield, is that we want to keep in contact as the programme progresses, to test out our developments, where appropriate, prior to implementation. Co-production is an integral part of the programmes methodology with all of our stakeholders. | | |
| **Improve experience and reduce risk in relation to the timing & length of care visits** | | | |
| Ask home care providers to report how many people who live alone, or lack capacity have been affected by late and missed visits. Additionally, consider setting a limit for the percentage of late visits experienced by one person within a set period, with home care providers reporting the number of times this is breached. | There is an existing process in place for providers and/or professionals to report all missed visits, including visits which are classified as 'missed' due to being over 1 hour late.<br><br>We will implement an additional process for providers to report in on a monthly basis the number of people who receive a late visit more than 10% of the time. | Nicola Afzal (Commissioning Manager) | |

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| Work with users of home care and family carers to generate clearer definitions within home care service contracts of the circumstances which allow care visits to last less than 30 minutes. The revised criteria should allow for increased consideration of someone's individual situation and needs. For example, considering whether someone is isolated and the visit also helps to addresses their social needs. | The definition used by the Council within the Service Specification and as policy in respect of 30 minute visits is as per the National Institute for Clinical Excellence (see https://www.nice.org.uk/guidance/ng21):<br><br>*Visits shorter than 30 minutes shall only be made if:*<br><br>- *The Care Worker is known to the Service User, and*<br>- *The visit is part of a wider Package of support, and*<br>- *It allows enough time to complete specific time-limited tasks or to check if someone is safe and well.*<br><br>*All of the above stipulations must apply for a visit of fewer than 30 minutes to be appropriate.*<br><br>We recognise however that in practice this policy is not applied consistently in respect of the commissioning of individual care packages and that further work from commissioners and social work officers is required. We recognise that, while providers have a responsibility to raise concerns if the amount of time commissioned for individual visits is insufficient, and to utilise the allowed flexibility to take additional time, the responsibility for how much time is assessed as necessary, and therefore commissioned, lies with the assessing professional.<br><br>We welcome further discussion with, and input from, Healthwatch regarding this issue. | Chris Boyle (Commissioning Officer) | |

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| Work with a home care provider to trial offering people the option of using a set amount of time flexibly each week/month without the need for approval from commissioners. This should be offered when care is planned or reviewed and the impact on users and providers should be assessed. | The flexibility to 'bank time' is described within the current service specification:<br><br>*The Provider shall seek to provide flexibility if a Service User wishes, and is practically able, to defer some of their allotted schedule to use for a particular activity or event. The Provider and Service User shall discuss the options for re-allocating the time and come to an agreement about how this may practicably be achieved. Any such arrangements shall be explained in the information submitted to the Council for verification of payments.*<br><br>*While best endeavours will be made to reallocate time, maintaining the safety and quality of Services will be paramount and reallocating time shall not impinge upon the Service delivered to other Service Users. Any reallocated time shall be used within 4 weeks of the original visit.*<br><br>Providers are also able to increase/decrease care packages by up to 7 hours per week, for up to 6 weeks, without requiring approval from Assessment & Care Management. Initially implemented for a trial period, this measure has been successful and is frequently utilised, but generally for responding to temporary changes in need or circumstance.<br><br>In practical terms, within the current, time and task based home care model, time-banking while desirable is difficult to implement. Schedules are planned in advance and the allocated time is commensurate to the | Chris Boyle | |

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| | predetermined tasks. To achieve a much more flexible and responsive service requires a greater systemic shift, and is a paramount element in the developmental work described in the main body of the letter. We will update in more detail at the next SAG. | | |
| At the care planning stage, home care providers to consult with users of home care, relevant health care professionals, and when appropriate their family carers, to identify acceptable personalised boundaries for the spacing out of visits which involve giving meals and assistance going to bed at night and getting up the next day. | This should, and we believe is in a high proportion of cases, a central element of the care planning and assessment process. We accept that in some instances what is planned and what is actually delivered do not correspond however. There are a number of measures in place to promote, mitigate and monitor the appropriateness of timing of visits, including clear stipulations in the contract, the utilisation of electronic call monitoring and performance monitoring visits.<br><br>We are engaged with considering what can be done in addition or differently to effect change in this area though, and welcome further discussion with, and input from, Healthwatch. | Nicola Afzal | |
| Ask users of home care and their family carers about quality of care, including the occurrence and handling of late and missed visits before providers can be contracted to take on a significant number of new clients. | We accept the spirit of the recommendation, however careful consideration is required about how it could be practically implemented, particularly taking into account procurement regulations and processes. Although we have engaged with Healthwatch and other representatives of service users as part of commissioning and procurement processes, we recognise this as an area for development and are committed to improving the level of engagement, and coproduction. | Chris Boyle | |

| **Address a lack of continuity of care** | | | |
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| Commissioners and home care providers to agree to set a limit on the number of care workers to be involved in one person's care and for this to be monitored. The limit should account for the number of care visits people receive weekly, and the nature of their care needs. | Due to the variety in both individuals' needs and size and nature of care packages, specific limits on the number of care workers visiting in a given period are not straightforward to impose. The service specification stipulates the following:<br><br>*Services need to be delivered by a consistent team of Care Workers. The Registered Manager will put in place measures to check that the number of Care Workers visiting a Service User is proportionate and appropriate to the nature of the Service.*<br><br>As part of the current quality and performance monitoring continuity of care is checked and where the continuity level is not acceptable it will be worked on via an action plan until improvements are made. | Nicola Afzal | |
| Home care providers to introduce all care workers to people before their first care visit together. Introductory phone conversations should be attempted when it is not possible in person and this fits with the user of home care's communication needs. The use of a 'Meet your team' document should be considered as a way of familiarising people with care workers that are or might be involved in their care. | Due to the demands on care provider's time and the timescales for packages to begin, particularly when people are being discharged from hospital, it is not felt that this is something that can be implemented in full.<br><br>Work can begin to look into the use of a 'Meet your Team' document as an alternative however. | Nicola Afzal | |

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| This could include photos, names and brief profiles of care workers and should be kept up to date. | | | |
| **Encourage care plans to be read & a responsive approach to reviews** | | | |
| Commissioners to work with home care providers to devise a way to monitor how often care plans are read and reviewed. | Several providers in the city now use an electronic system where the care plan is accessed on the care worker's smartphone; the worker has to check each element of the plan, including any updates, which provide an audit trail demonstrating the plan has been read.<br><br>For the organisations that do not currently use this kind of system it would be very difficult to evidence care workers reading care plans. All organisations regularly remind care workers of the importance of reading care plans. See below answer regarding reviews. | Nicola Afzal | |
| Commissioners to consider specifying a set of triggers for a care plan review at any point in time. These are to be informed by clinical opinion and insight from users of home care, family carers and care workers. | The current homecare contract already covers set triggers for review. All customers must have a review within 6 weeks of the service starting and then as a minimum annually thereafter or when a person's care needs changes, whichever is soonest. The compliance of this requirement is monitored on a monthly basis with all contracted providers. | Nicola Afzal | |