

# Report of the Strategic Director of Health and Wellbeing - Adult Services to the meeting of the Health and Social Care Overview & Scrutiny Committee to be held on 6<sup>th</sup> October 2022

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**Subject:**

**Home Support Review: Update and Commissioning Intentions**

**Summary statement:**

This document provides an update on the Home Support Review, and an overview of the department's intentions to commissioning intentions

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**Portfolio:**

**Overview & Scrutiny Area:**  
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## **1. SUMMARY**

This report provides an update of the Home Support Sector, the sector review and intended next steps.

## **2. BACKGROUND**

Home support is the delivery of a range of personal care and domestic/community support services to individuals in their own homes. The support provided can range from a check to ensure that the individual has taken prescribed medication, for example, through to an extensive care package to meet their assessed needs including personal care i.e. support to get in/out of bed, bathing/toileting and meal preparation.

A report to the meeting of the Health and Social Care Overview and Scrutiny committee on Thursday 23<sup>rd</sup> September 2021 updated members on the current position for Home Support, including implementation of the Locality approach, the market landscape and national and local issues. It also referenced that a full system-wide review of Home Support was being undertaken with a view to developing creative solutions to delivering good quality, effective and affordable home support with the District.

Members requested an update on this review and a workshop.

## **3. REPORT ISSUES**

### **3.1 Current landscape**

The Home Support Sector remains challenging and remains a priority for the department. The following sections detail the additional measures that have been put in place to support the market over the last year and until the new contracts are in place.

#### **3.1.1 Capacity Meetings**

Weekly Home Support Capacity meetings continue to take place with key colleagues to assist with the flow of home support packages to the external market. This includes, Bradford Enablement Support Team (BEST), Support Options Team, Home Support Reviewing Team, Independent Advice Hub and Multi Agency Integrated Discharge Team (MAIDT), Operational Services and Commissioning and Contracts Team. More recently, membership has been extended to include Provider representatives from Bradford Care Association (BCA). Each meeting focuses on incoming and outgoing home support packages, key issues/analysis and support/possible solutions, along with key provider updates. Some specific work has included:

- Using available data differently so it is now possible to predict impending pressures on the system. For example, when the length of time people were being supported by BEST in Bradford South started to increase, this was identified early and resources targeted at that area.
- Improving the independent sector's access to equipment which means smoother, quicker and more successful discharges from hospital.
- Using funding from covid grants to pay enhanced rates over the winter and where there are additional costs incurred by the provider, to make the patch more attractive

- Giving grants to providers for innovative “quick wins” that would help them solve a specific problem they were having, enabling them to pick up more packages in localities where there were particular pressures, such as in Wharfedale (see Winter pressures at 3.1.6).
- Linking providers with local community groups to help them recruit people local to the area where the care is being delivered.
- Creating ‘rounds’ of care packages, rather than just passing on individual cases, which are easier for providers to fit within their current delivery and easier to staff as can be picked up by staff who do not drive. New use of mapping tools was developed to help with this.
- Working with providers to understand the specific issues in their area, for example when home care staff raised concerns about safety in an area, members of the group worked with Neighbourhoods to help manage some of those concerns.
- BEST sharing details of how they recruit staff with providers

### **3.1.2 Workforce**

There are a number of approaches being taken to improve recruitment and retention into the sector; these are across the department, the BCA and the wider council.

- The BCA are working with the Council to develop a more strategic approach to recruitment. Initiatives to support recruitment and retention are being planned ahead of autumn and winter when service pressures are expected to increase.
- A new portal ‘Bradford Cares’ has been developed which encompasses both council and independent sector vacancies as well as providing wider information.
- Our links to colleges and universities have been strengthened, and we are targeting students (the next generation of workforce) about the benefits and rewards of working in social care.
- We have developed promotional videos featuring colleagues across the service, discussing their work and the opportunities available. There have been a number of recruitment events across the district, enabling potential candidates to talk to professionals about careers in social care.
- All of the BEST fleet cars are displaying magnetic advert plates promoting the service and to join our team.
- There are apprenticeship opportunities and casual contracts for flexibility.

### **3.1.3 Cost of Living**

To support with the increase in cost of living, we have offered workers in the sector two different grants

- In March 2022, following a sharp rise in petrol and diesel costs, the Home Support Fuel Grant (HSFG) was launched utilising unused funding from the early NLW grants (through offsetting underspend from the Workforce Recruitment and Retention Fund and funding not claimed by providers). Providers received an additional 28p per hour to pass on to staff to help with fuel costs. A total of £269,534 has been awarded so far through this grant.

- In June 2022, the Council partnered with the Care Workers' Charity to provide funding small crisis grants to care workers living and working within the Bradford District area. The grants can help people working in the care sector who've experienced an unexpected cost with paying bills, rent, car repairs, replacing washing machines and other white goods as well as help for other costs. The purpose of the grants is to help people experiencing these unexpected costs to remain in the care sector. Further information is available here: <https://www.thecareworkerscharity.org.uk/crisis-grant/>

#### **3.1.4 Fair Cost of Care**

As part of the government's adult social care reform agenda, all local authorities are required to complete a fair cost of care exercise to arrive at a shared understanding with providers of the local cost of providing care. In addition, each Council is required to publish a Market Sustainability Plan detailing how they plan to move towards a fair cost of care over the next three years. As a Council, we have responsibility for understanding the costs providers incur in delivering care in a local area and this will be considered within any future fee setting approach and process.

Over recent months we have therefore undertaken a significant piece of work with Home Support providers completing a detailed financial position questionnaire for their individual services. Although this was not mandatory for providers to participate, we have had an extremely good return rate and is one of the highest for local authorities in the Yorkshire and Humber region. We are now in the process of developing our local Market Sustainability Plan for submission to the Department of Health and Social Care (DHSC) in October this year.

#### **3.1.4 Bradford Council Enablement Support Team (BEST) and Home Support Reviewing Team (HSRT)**

The BEST and HSRT teams are Council services and use a strength based approach to review and assessment, building on the person's own abilities and minimising the need for a commissioned home carer package. The team also oversee external cases and are working to ensure these are managed in a timely manner and that no one is over-supported. Work is also being done to identify where a person has a non-skilled care need and how to meet this, as well as development work to manage increases in a person's need and accurate, stream-lined billing. This should also support providers to be paid for additional work in a timelier manner.

#### **3.1.6 Hospital Admissions and Discharge**

Bradford is ranked highly for Delayed Transfers of Care (see section 3.2.3) and work by the Council Trusted Assessors team strives for continuous improvement. Working out of Airedale Hospital and Bradford Royal Infirmary, the team have put in new processes regarding hospital admissions of individuals who have a package of care with external providers. The Trusted Assessor teams at will be notified of the date of the hospital admission by the providers so they can support with timely discharge planning. This process will also support with some of the capacity issues all providers are currently experiencing due to recruitment issues and increased referrals.

### **3.1.7 Winter Pressures**

In order to support the alleviation of Winter Pressures, a strategic, system-wide meeting with representatives from Home Support and Care Homes providers, the VCS CCG and Council Commissioning and Operations took place in November 2021. Here, proposals were discussed that focussed on improving in-hospital discharge into the Independent Sector through increasing capacity within services or improving workflow.

In order to increase resilience over Winter, additional funding was made available to

- Increase the hourly rate that Locality or ISF providers were paid so that they were on par with STEP, in order to encourage them to pick up short-term packages
- Increase the hourly around the Wharfedale area where were having difficulties moving packages on
- Pilot a new approach around Ilkley, using to cars and employing drivers to transport non-driving staff to and around the area.

This was funded from central Discharge to Assess (DTA) money provided by the DHSC, which stopped on 31<sup>st</sup> March 2022, but can be stepped again should the need arise and funding available.

Planning meetings to build resilience for winter started in the summer this year.

### **3.1.8 'Quick Wins'**

Members of the Service Improvement Board for the Home Support Services alongside internal colleagues, to discuss any 'quick wins' that might be available via the council. There were a number of suggestions brought forward, and successes included, parking passes for Home Support staff (on par with District Nurses), access to volunteer-driven 4X4 vehicles for emergencies and sharing of staff benefits

## **3.2 Future Commissioning**

### **3.2.1 Home Support Sector Review**

Going forward, a complete rethink needs to be considered in order to address the long-term issues in the market. The starting point for this is to ensure that these are understood fully. Therefore, the department has been conducting a review of the Home Support Sector and which has recently concluded. The full details of this are available in a separate paper but covers the following areas:

- Current Provision and Performance - The current contracting arrangements, spend and commissioned hours (see report for full description)
- Current Demand and Trends – this is for both trajectories of demand and hours delivered but also workforce projections. (see report for full description)
- Consultation results - This involved extensive consultation with key system leads across Health and Social Care, providers and service users. This was used to pull together a rich picture of the issues and good practice in Bradford.
- Issues – national and local
- Good practice – local – which will be retained in the new model and we will continue to build on these in the run up to the new contract.

### **3.2.2 New Ways of working**

The review also encompassed desktop research looking at new national models of care as well as speaking to other Councils both nationally and regionally.

The four areas below summarise the key new areas of working

#### **Self- Governed Teams**

- These are teams of care workers, based in a locality that focus on more person-centred care and with more continuous staff who can build up a relationship with the service user.
- The staff can work more flexibly to meet someone's needs, with the support they want or need able to change as they fluctuate, rather than sticking to a rigid schedule/ set amount of time each day or week. It is a move away from time and task, to more of a focus on outcomes for the individuals, and what is important to them.
- It will also incorporate a Community Led Support (CLS) approach and look to support people in their communities, including through non-paid for care and should further reduce travel time.
- This approach will also look at time-banking, permanent contracts, the removal of split-shifts.
- It offers more autonomy for both the service user and the care giver.

#### **Integrated Teams**

- These would be based in the community for which they provide support and be integrated Health and Social Care Team.
- These Locality boundaries are (for the most part) running close to Area Team boundaries.
- The level of joint working could differ from co-location to fuller integration.
- It will further strengthen the CLS approach and offer a more holistic, joined-up approach to the individual's health and care needs.

#### **Skilled workforce/ career of choice**

- This is reimagining the workforce so that the Home Support staff can be skilled-up/specialise in different areas. This may include some delegated nursing tasks that could command a higher hourly rate.
- It is hoped that this will help make social care a more attractive career, with clearer routes for progression and support other roles in the district where there is a shortage.

#### **Technology**

- This is either increasing the use of technology in the sector, freeing up staff time. It will complement the current workforce, it will not replace it.
- Electronic Call Monitoring (ECM), online training for staff, online access to care records to support service users
- It can offer the individual more autonomy, for example medication prompts, support at access telecare

Together it is likely that these will help us fully meet the requirements of the Ethical Care Charter.

### **3.3 Commissioning Intentions**

Two workshops have been held with senior managers to discuss the findings of the review, what was felt to be the priorities for Home Support and tested the appetite for change. The four themes above are felt to be the future direction of travel for Home Support and works to Home First principles, Community Led Support and a strength-based approach. It was agreed that the new model had to be ambitious, but that the stability of the market was paramount in both the short as well as the long-term.

It was therefore agreed that a transformational contract approach be taken, with the current Locality approach broadly being retained, and a steady approach taken to build in pilots which will provide proof of concept, learn and refine before rolling out further in the district. This will be via a longer, transformational approach which will allow us to work together with providers to make changes incrementally without destabilising the market.

#### **3.3.2 Proof of concept**

It is proposed 3 pilots in the first years of the new contract to provide proof of concept which can then be rolled out to the wider district, reducing risk of large-scale change.

##### **1) Time Banking of Hours and Outcome Focussed Plans**

Providing flexibility to home support recipients to choose how and when their hours are used in line with the agreed care plan.

This will provide learning for self-managed teams

##### **2) Shift System/ Established Contracts**

Providers staff have permanent contracts and guaranteed minimum hours. Any 5 in 7 working is introduced to increase flexibility.

This will provide the foundation for self-governing teams and evidence for staff recruitment and retention.

##### **3) Social Care Hub**

Fully integrated teams, co-located in a specific geographic area comprising, health colleagues, DN's, PCN footprint, Physio, OT, SW. Local Single Point of Contact.

This will provide learning for integrated teams, self-governing teams and career of choice.

### **3.4 Engagement and Consultation**

#### **3.4.1 Service Users**

We have randomly selected a sample of 400 service users and sent a service user feedback survey to them to gather their feedback on what they feel works well and what they feel could work better. The survey has been designed to try to capture the qualitative data we would usually obtain through service user led workshops. It is anticipated, based on usual survey responses, that there will be a 10-15% return rate which will give a representation approximately equal to the number who would attend a workshop discussion. The survey is currently open and responses are being collated ready for analysis which is due at the end of October 2022.

Going forward, we will involve Service Users in the design of the new ways of working, notably during the pilot phase where feedback from all parties will be critical.

### **3.4.2 Market Engagement**

An Expression of Interest (EOI) has been published – this alerts the market to our intentions and allows us to discuss future commissioning. An engagement event has been scheduled for 27<sup>th</sup> September so that we can share information with providers as early in the process as possible and lay the ground for partnership working. It is essential that we work together throughout the process, and at this date we will set out full opportunities to shape the model.

### **3.4.3 Workshop with HSCOSC members add dates and future plans**

A workshop has been proposed for the 27<sup>th</sup> October, following the update to HSCOSC, to share more detail on the new model of working and allow for a more in-depth discussion.

## **4. FINANCIAL & RESOURCE APPRAISAL**

The Council continues to see a significant increase in spend in home support provision linked to increased demand as previously described. The review will consider the necessary finance and resource needs in detail and make recommendations for future provision.

It will take into consideration the outcome of the Fair Cost of Care ‘ People at the Heart of Care: Adult Social Care Reform White Paper’

## **5. RISK MANAGEMENT AND GOVERNANCE ISSUES**

The sustainability of the home support market is a concern at both a local and national level. There is a large focus on supporting the market to be able to meet the support needs of people in the district in the work of the Commissioning & Integration section in the Department of Health & Wellbeing.

The review and subsequent remodel will take into account the whole system around home support including Locality, ISF, DTA and reablement pathways.

## **6. LEGAL APPRAISAL**

The procurement and implementation of Home Support services is to ensure the Council is meeting its statutory duties under the Care Act 2014, the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the Mental Capacity Act 2005, and to cater for future demand.

The Local Authority must also have regard to its public sector equality duties under section 149 of the Equality Act 2010 when exercising its functions and making any decisions.

## **7.1 EQUALITY & DIVERSITY**

The Department will undertake an Equality Impact Assessment as part of the re-commissioning of Home Support where requirements necessitate and is incorporated into the specific work/procurement plan. All work undertaken will address issues of equality and diversity as they apply to protected characteristics groups.

## **7.2 SUSTAINABILITY IMPLICATIONS**

The re-commissioning of home support services in contributing to sustainability strategies will be considered as part of the tender process to ensure that the Departments functions and services maintain their capability and quality through the transition process and beyond.

## **7.3 GREENHOUSE GAS EMISSIONS IMPACTS**

The proposal to retain specific small geographical localities will enable provider staff visiting people to reduce the organisations carbon footprint and emissions from a reduction in the use of vehicles. In some instances, staff are able and encouraged to walk between visits.

## **7.4 COMMUNITY SAFETY IMPLICATIONS**

There are no community safety implications arising from this report.

## **7.5 HUMAN RIGHTS ACT**

The Human Rights Act 1998 provides a legal basis for concepts fundamental to the well-being of older people and others who are in need of home support. The Act provides a legal framework for service providers to abide by and to empower service users to demand that they be treated with respect for their dignity.

## **7.6 TRADE UNION**

Officers have liaised with the Trade Union (Unison) in respect of the implementation of Unison Ethical Care Charter which forms part of the new contract arrangements.

## **7.7 WARD IMPLICATIONS**

There are no direct implications in respect of any specific Ward.

## **7.8 IMPLICATIONS FOR CORPORATE PARENTING**

There are no Corporate Parenting issues arising from the implementation of the Home Support Locality Contracts.

## **7.9 ISSUES ARISING FROM PRIVACY IMPACT ASSESMENT**

Specific areas of GDPR and information security will form part of the tender and evaluation process. It is recognised that the transfer of personal data is significant.

**8. NOT FOR PUBLICATION DOCUMENTS**

None

**9. OPTIONS**

None

**10. RECOMMENDATIONS**

We would welcome the view of members and their constituents either at the meeting or the following workshop in late October.

**11. APPENDICES**

Home Support Sector Review

**12. BACKGROUND DOCUMENTS**

Previous report -

<https://bradford.moderngov.co.uk/ieListDocuments.aspx?CId=145&MId=7628&Ver=4>