

Workshop 1 Report

18 November 2023 draft



**“Good support isn’t just about
‘services’ – it’s about having a
life.”**

“Good support isn’t just about
‘services’ – it’s about having a life.”



Co-design workshop: Leeds new home care service.

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Important messages for staff and commissioners

“Good support isn’t just about
‘services’ – it’s about having a life.”

The Community Health & Wellbeing Service



“Good support isn’t just about
‘services’ – it’s about having a life.”



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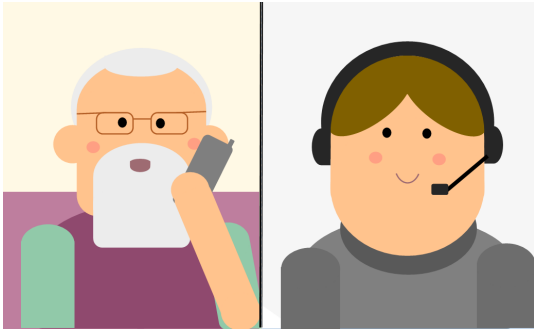
New Home Care Service Model - Pilot

- ✓ 2 or 3 Home Care providers to be selected to cover Armley, Bramley, Farnley
- ✓ Home Care Providers have to pick-up all home care referrals
- ✓ More collaboration between individuals, social workers and providers to design the support
- ✓ Care staff will be paid for their full shift
- ✓ Leeds Community Healthcare (NHS) will share the contract for simple referrals e.g. catheter care, stockings



How it will work in practice.....

Initial Referral



Social Work Assessment



Designing the support plan together



Understanding social and family connections



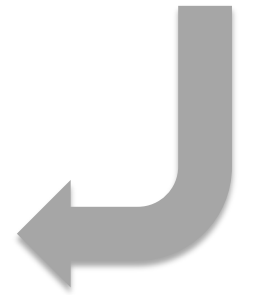
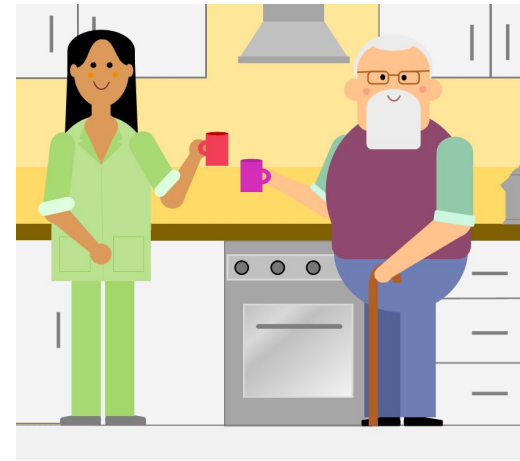
Consistent care worker for simple healthcare tasks



Support to access community activities



Regular reviews

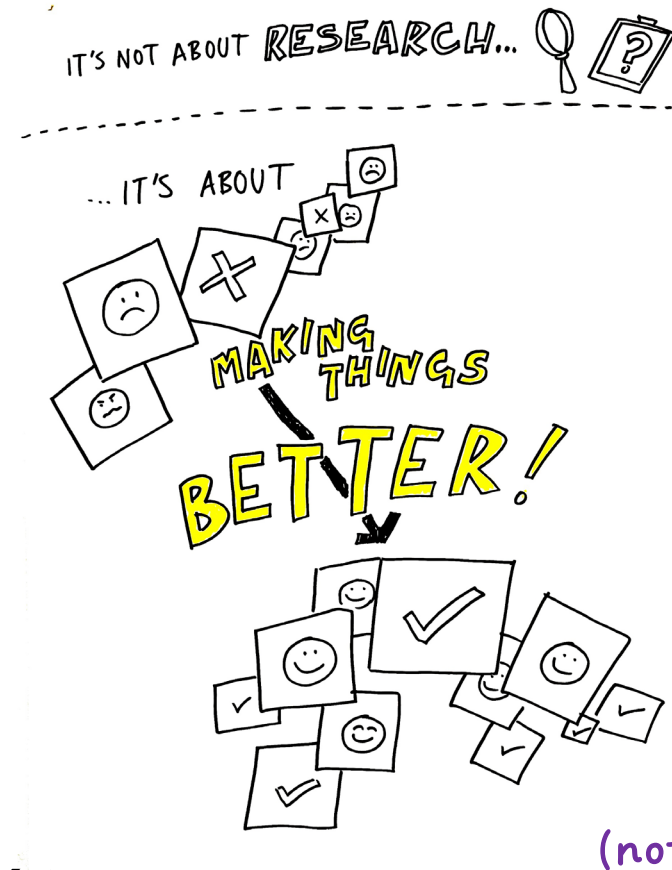


What is IMPACT?

**UK Programme:
Implementing
Evidence in Adult Social
Care, Together.**

Birmingham University working across the UK to help improve Adult Social Care.

“Good support isn’t just about ‘services’ – it’s about having a life.”



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What are we doing in Leeds?

Working together, preparing for the new Community Health and Wellbeing Service.

IMPACT uses
CO-PRODUCTION:

Click on the film button to
find out more.



“Good support isn’t just about
‘services’ – it’s about having a life.”

Leeds IMPACT project:

- ✓ Funding to work alongside the Adult Social Care Commissioning team setting up the new **home care service** starting in Leeds in September 2024.
- ✓ Funded until June 2024, when the Commissioners will take over.
- ✓ The work has been planned with IMPACT team and Leeds City Council, to test a **new way of improving services** like home care.

“Good support isn’t just about ‘services’ – it’s about having a life.”



We already know quite a lot...



The Community Wellbeing Pilot (CWBP) Evaluation.

Leeds City Council Adult Social Care & Leeds Beckett University

Authors:

Dr Darren Hill, Dr Erika Laredo, Dr David Mercer & Sara Rushworth.



Delegated healthcare activities Guiding principles for health and social care in England



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The Citizen Panel improvements:

In 2022 the top problems were:

- ☹ Lack of consistency and flexibility
- ☹ Too many providers (over 100)

😊 Home Care Citizens Panel gave us **25 recommendations** for improvements which have been acted on for the new service.

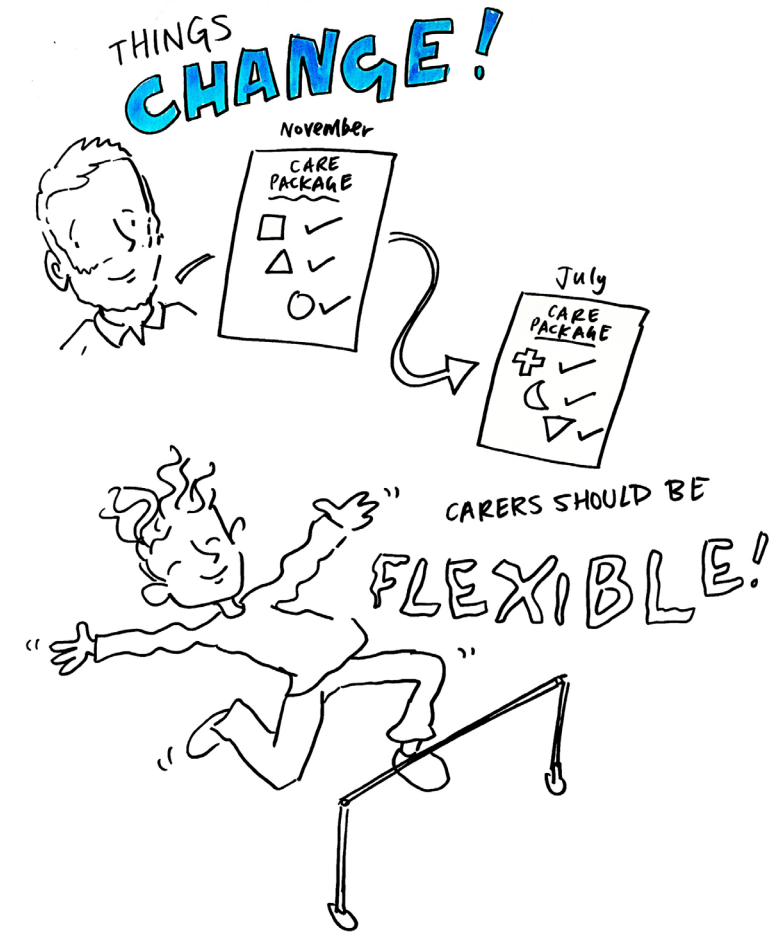
WE NEED EVIDENCE FROM
PEOPLE
"ON THE
GROUND"



“Good support isn’t just about
‘services’ – it’s about having a life.”

But..... Making improvements needs:

- ✓ Clear questions we want answered
- ✓ People working together, who are involved
- ✓ Cycles of change so we learn over time
- ✓ Ways to see change - what happened?



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The Workshop

Health and care staff, commissioners, service users and unpaid carers; IMPACT facilitator.

“Good support isn’t just about
‘services’ – it’s about having a life.”

Hopes for the workshop

To hear people's views about the new service.

Understand how we can best involve carers

Risks of change at this scale.

Agencies working together to provide better care.

To widen my appreciation of other stakeholders' perspectives.

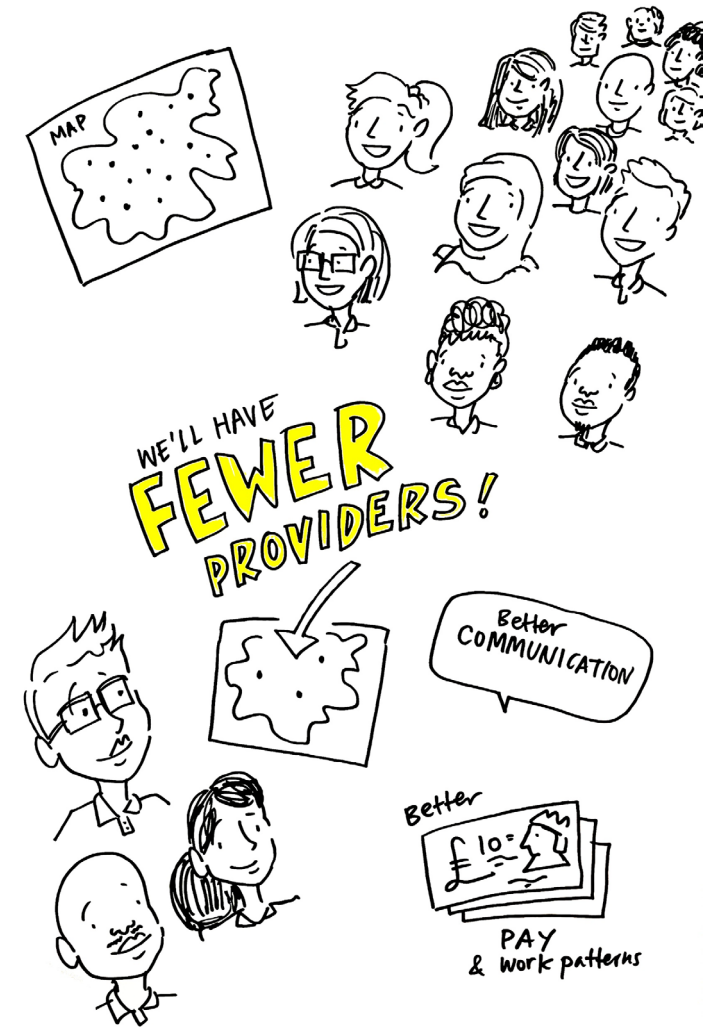
To hear a range of perspectives and voices.

Better communication for patients and agencies.



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What did we find out?

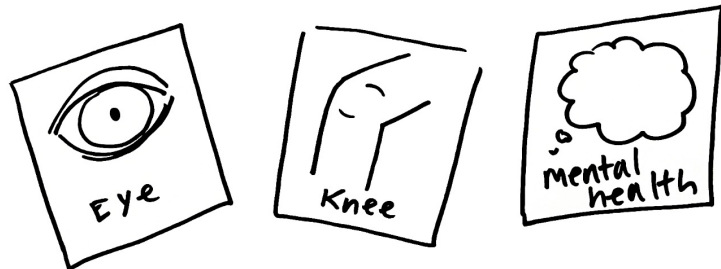


“Good support isn’t just about ‘services’ – it’s about having a life.”

LOOKING AT THE **WHOLE PERSON...**



...NOT AS INDIVIDUAL PARTS



Listening and hearing...

..the voice of a person using services:

"Home care makes me live the life
they choose..."

.... A personal approach helps me to
live my life, as I want to."

Things we do well or need to improve



STRENGTHS NEEDS OPPORTUNITIES AND BARRIERS – the new home care model

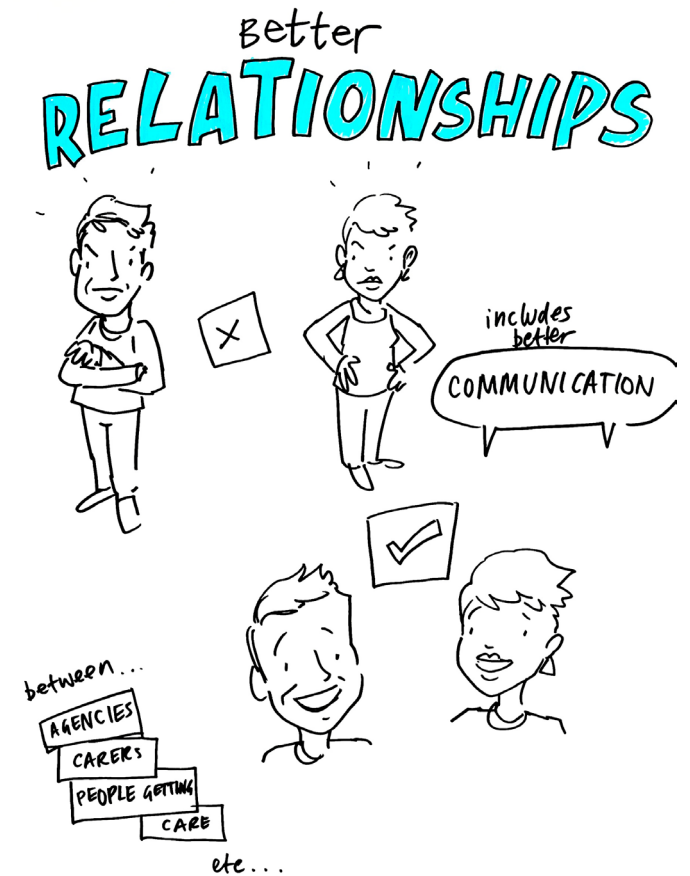
“Good support isn’t just about ‘services’ – it’s about having a life.”

Service users and carers views:

- ✓ **Key strength of the new model:** The provider workforce deserves better payment terms – it's a difficult job.
- ✓ **Opportunity:** Less providers may be quicker to pick up on issues.
- ✓ **General priorities:** Potential for **better conversations**
- ✓ Start the process with **relationship building** and be open to say what you want and need.
- ✓ **Valued**, and more **confidence** in the relationship between person, unpaid carer and care worker.
- ✓ **Barrier:** Can care agencies change? Significant concern about this but hope that the new model will help.

.....**What about people who don't have an unpaid carer?**

“Good support isn't just about 'services' – it's about having a life.”



Staff:

- ✓ **Key strength:** Invisibility point above – **hopeful** it will give the service user **more control** and the hope that is it a **seamless** transition.
- ✓ **Opportunity:** getting it **right first time** & better **understanding** of what's involved in the new service, when it launches.
- ✓ **Need** to resolve pathways in/out of urgent and emergency care, flexing with changing needs.
- ✓ **Barrier:** the small number of providers could result in a narrow field, so what about the **specialist service** providers?

.....What's the plan to make this happen?

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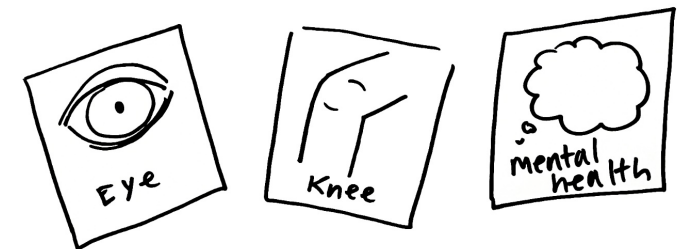
Service user/carers looked at a situation someone might experience

The group were given three situations taken from local evidence by Healthwatch and Beckett University. They chose one to work on.

“Good support isn’t just about ‘services’ – it’s about having a life.”



...NOT AS INDIVIDUAL PARTS



In your view, what is **most important**?

.....We want to feel less rushed, have a better experience of home care, stay at home longer, feel part of the local community and have the help and treatment we need, closer to home, then....

Our priorities are....

- ☐ Small number of providers
- ☐ The person needs to be **at the centre**.
- ☐ Staff able to **walk** to homes.
- ☐ Staff know **what's going** on in local communities.
- ☐ **Proper** assessment of needs with regular reviews.
- ☐ **Relationships are key**.
- ☐ **Communication** and **empathy**.
- ☐ Making the **most** of visit time.
- ☐ **Consistency** between providers.
- ☐ **Welcome** new staff into a service.
- ☐ Things will change – **people will change** their **mindset**.

What can we do to **help change happen**?

- ☐ Staff need **protection** like alarms.
- ☐ People need to know **where** to get help and **what** they are entitled to make decisions.
- ☐ WhatsApp group to **check in** on extra things that **need** doing (eg light bulb changing)
- ☐ Handovers – **before** visiting someone new.
- ☐ **Communications are key**

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**Health care
professionals:**

**Social work &
Occupational therapy
from **assessment** to
day/day care.**

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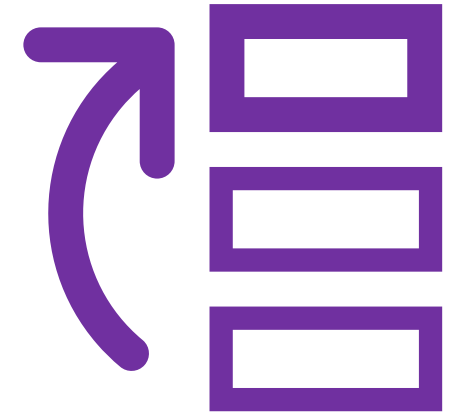
Summary:

- The new model can **play to the strengths** of the existing team of health professionals and support their ambition to strengthen a **personalised** approach.
- Numerous **risks to be ironed out** – flows of information, misunderstanding new model, non-standard care provision & fractures in referral pathways as this is the only part of the city changing.
- **Unanimous view that this is an opportunity to improve communications, relationships, understanding each other's roles, embracing holistic care provision & training.**
- Plenty of **questions** about the details of the process & long-term care or changes in need...

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Messages for commissioners and home care providers:

Summary messages and priorities.

“Good support isn’t just about ‘services’ – it’s about having a life.”

Summary: the new model brings:



“Good support isn’t just about ‘services’ – it’s about having a life.”

Summary: the new model needs:



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Group top priorities:

Staff:

- *To **better understand** what home care is and what is continuing support.
- ***Clarity** of access route to hospital or rapid response or neighbourhood teams re expectations for meetings.
- ***Challenging** staff behaviour
- *Getting things **right** the first time.
- *Invisibility – **less** intrusive care; **more** collaboration behind the scenes.

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Service users/Carers:

- *Staff paid on shift (home care providers)
- *Surveillance and control contact monitoring.

Improved communication and better relationships.



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Find out more about IMPACT projects, people and progress:

<https://impact.bham.ac.uk/>

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