

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.”



What did we do?

9.00 Welcomes, coffee/tea, table allocations and hopes for the event.

9.30 Introduction:

IMPACT - Alicia

The Community Health & Wellbeing Service - Kate

How are we supporting change & working together? - Alicia

10.00 Strengths, needs, opportunities and barriers (SNOB) to the new service model. What are our top three priorities? Show & Tell.

10.40 Comfort break.

10.45 Staff Journey mapping and Service users/carers "If.....Then..." exercises
What have we found?

11.30 Show & Tell general ideas/suggestions.

12.00 Final remarks.....& next steps

13.00 Lunch & Vox pops

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

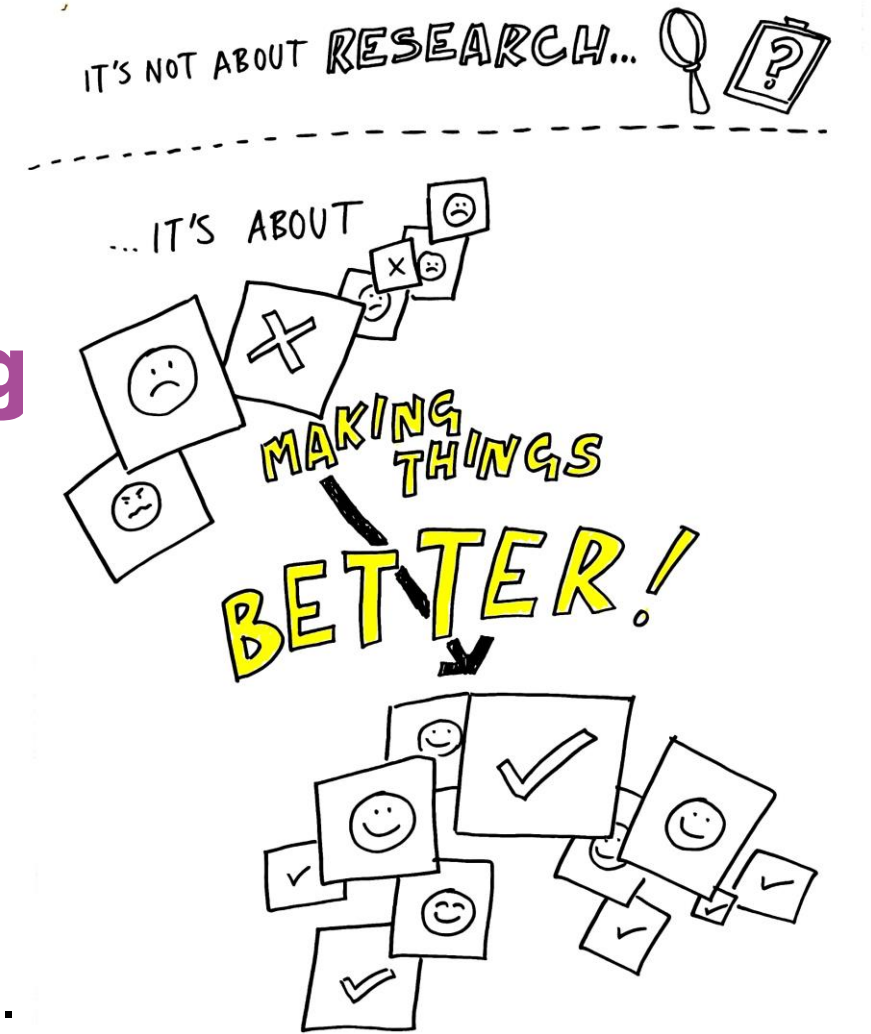
What is IMPACT?

UK Centre for Implementing Evidence in Adult Social Care (not research...)

Leeds Demonstrator

Hosted by Leeds City Council Adults in Care.

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

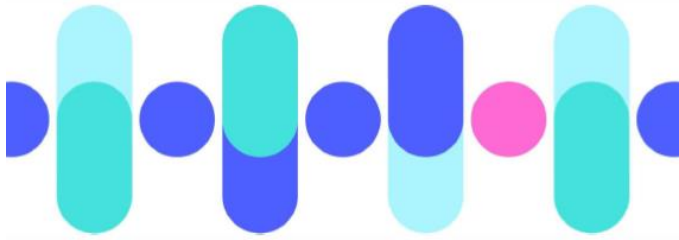


IMPACT's Objectives:

- **Increasing the use of high-quality evidence**, leading to better care practices, systems and outcomes
- **Building capacity and skills** in the adult social care workforce to work with evidence of different kinds to innovate and deliver better outcomes
- **Developing relationships** between a wide range of stakeholders across the sector, to improve outcomes for people who draw on services and their families
- Better understanding of **what kinds of evidence do and do not work in practice**, and using this to overcome barriers

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

Examples of evidence



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.



Department of Health & Social Care



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



CARE

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



What are we doing in Leeds?

- **Working across** organisations/geography/roles to **add value**
- Co-creating a **Change** model to support preparations for the Community Health and Wellbeing Service.

IMPACT is **additional resource** and will be using

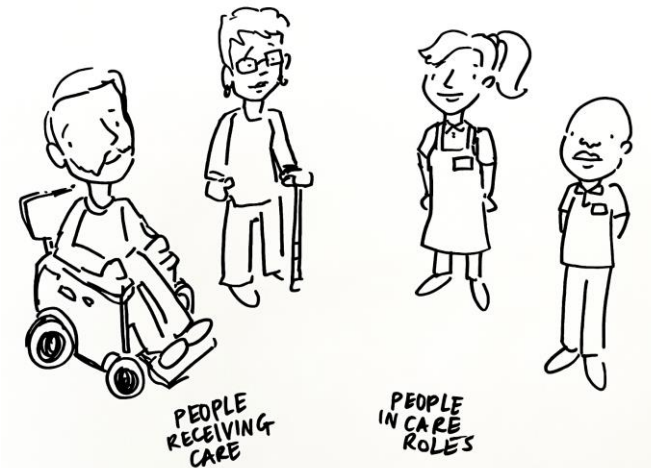
- ✓ **COPRODUCTION**
- ✓ **USE OF EVIDENCE TO INFORM IDEAS AND DECISIONS**

From **citizens** using services, their families and supporters

From **practitioners** and staff working in integrated teams

From **published** evidence, reviewed by academics.

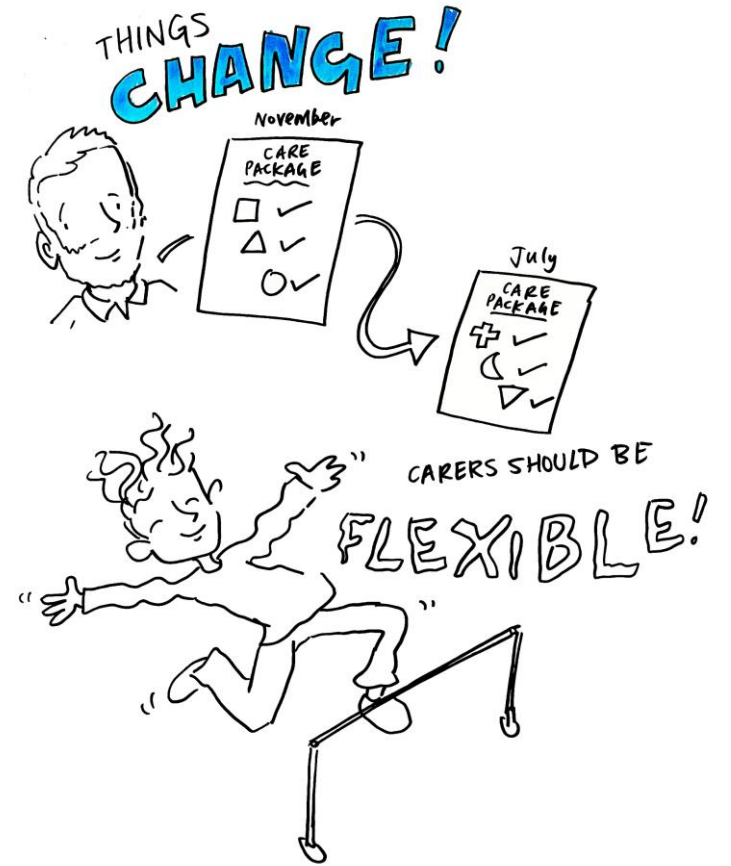
WE NEED EVIDENCE FROM
PEOPLE
"ON THE
GROUND"



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

Improvement needs

- ✓ To work in **cycles of change** so it is manageable
- ✓ Need to be **clear** what question we want answered
- ✓ Have to work out **what we need** to achieve it & **measure** the change.



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

Leeds project:

- ✓ Expression of interest submitted 2022 to IMPACT by Leeds City Council
- ✓ Accepted to support the **home care transformation** work & Integrated Neighbourhood Teams
- ✓ Senior Strategic Improvement Coach appointed, locally based for 12 months part-time: July 23 - June 24 & a budget for involvement
- ✓ Facilitation of the IMPACT model & support strategic learning with the other national leads.

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



The Community Health & Wellbeing Service



Why do we need to change home care?

- Over 100 providers
- Lack of consistency and flexibility
- Home Care Citizens Panel gave 25 recommendations for improvements



9 just in here

42 Providers cover the blue area



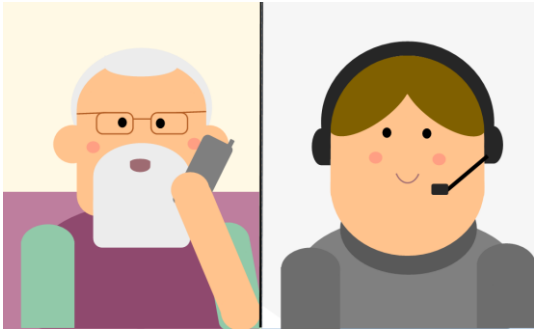
New Service Model - Pilot

- 2 or 3 providers selected to cover Armley, Bramley, Farnley
- 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 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



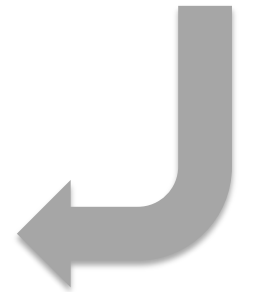
Consistent care worker for simple healthcare tasks



Support to access community activities

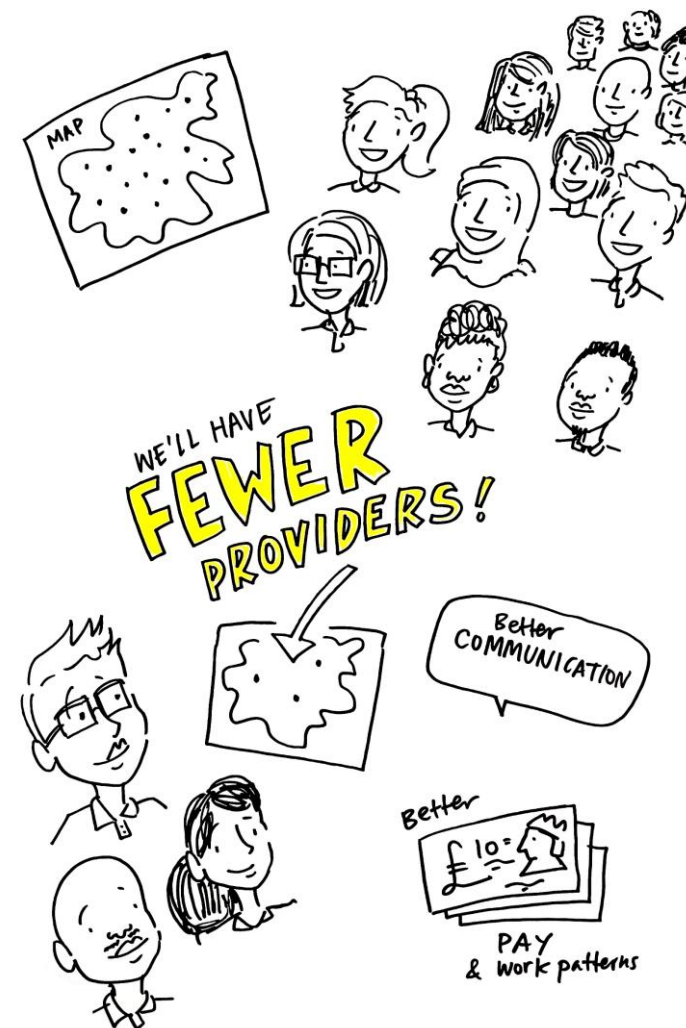


Regular reviews

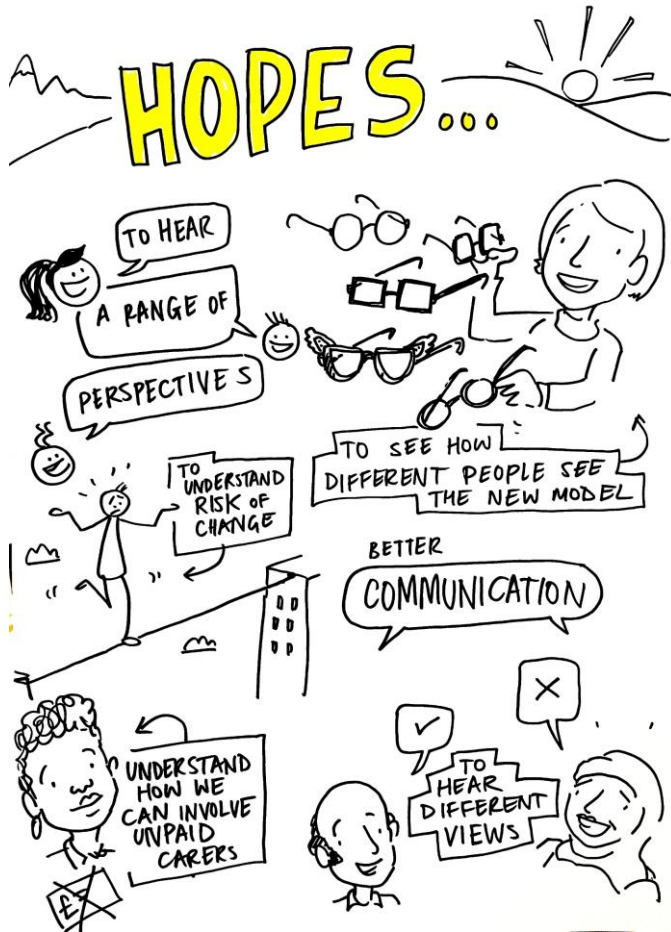




“Good support isn’t just about ‘services’ – it’s about having a life.”



Hopes for the workshop



Participants were asked what they were looking for from this 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.

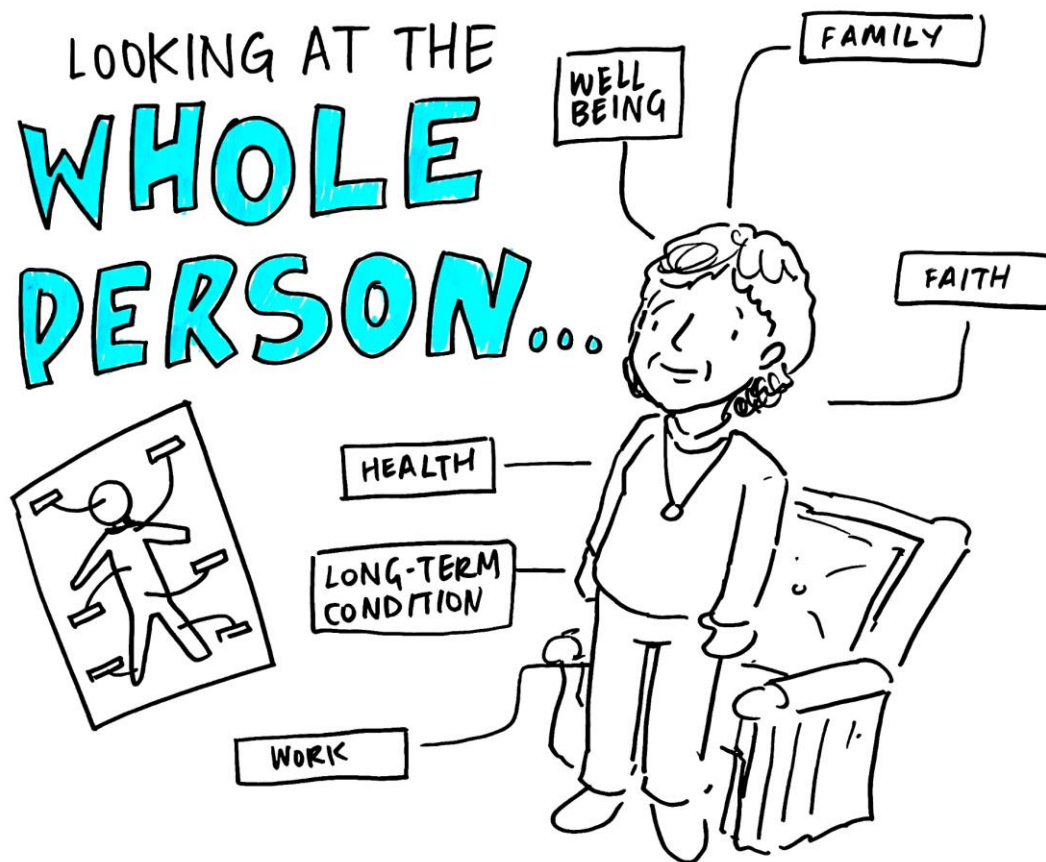
To widen my appreciation of other stakeholders' perspectives.

To hear a range of perspectives and voices.

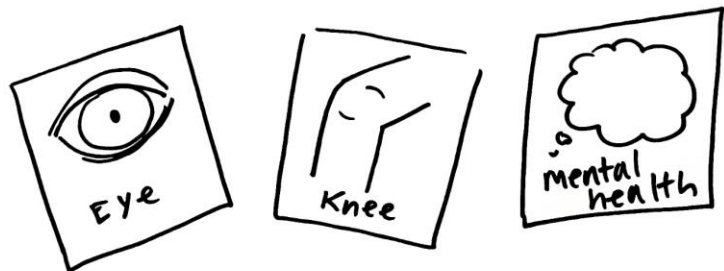
Better communication for patients and agencies.

“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 assistant helps me to
live my life, as I want to."

SNOB Analysis:



STRENGTHS NEEDS OPPORTUNITIES AND BARRIERS to successful mobilisation of the home care model in 2024.

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

Strengths:

Staff:

Less footfall by people receiving services.

Better relationships

Improved outcomes for service users.

Professionals know each other.

Paying care staff on shift

Better contract management.

*Invisibility – less intrusive care; more collaboration behind the scenes.

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



Service users/carers:

Potential for more positive relationships between people receiving services and staff,

Valuing each other.

Open and transparent.

*Staff paid on shift (home care providers)

Everyone wins if this works.

Relationships – more job satisfaction

Needs:

Staff:

- Appetite to make changes. What needs to happen?
- More transparency about details of the contract.
- Better understanding of various OT roles.
- Consistency. Culture change.
- Access to equipment. What replaces ISA?
- More clarity on who responds to concerns and complaints.

*To better understand what home care is and what is continuing support.

Understand the role and handover from SKILLS team/health to home care.

*Clarity of access route to hospital or rapid response or neighbourhood teams re expectations for meetings.

Better sharing electronic care records for people and professionals.

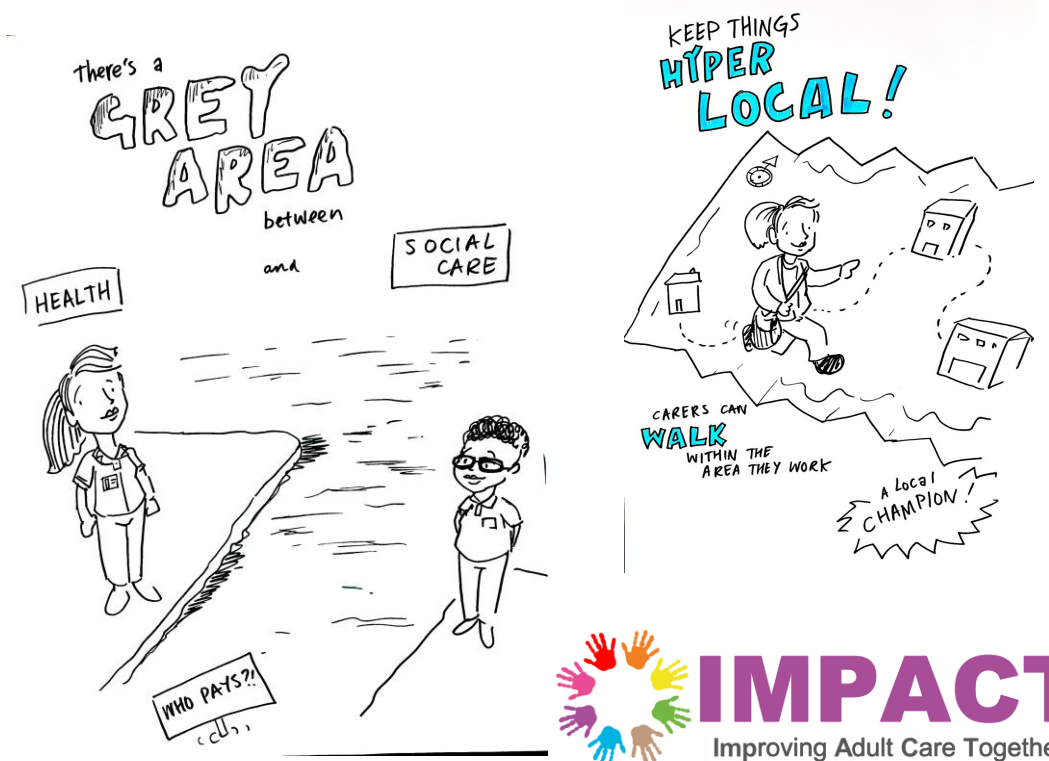
“Good support isn’t just about ‘services’ – it’s about having a life.”

Service users/carers:

To feel valued: staff, carers, and individuals

Clarity re induction, required skills, knowledge, and expertise.

Views of people and carers.



Opportunities

Staff:

Better relationships.

Potential to increase direct payments.

What can we add? What's not there?

OT aligned to SW team - new role in reviews and design (services).

More scope for creativity.

Providers able to feedback on equipment?

**Getting things right the first time.*

OT/OTA care management role.

Care workers have a reablement role?

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



Service users and carers

More conversation and involvement – involve unpaid carers.

Training market – quality, cost, competency

**Surveillance and control contact monitoring.*

Improve recruitment and retention.

Staff progression.

Autonomy.

Better relationship – people more willing to work together and compromise.

Barriers:

Staff:

Culture change in assessors and providers.

Understanding health needs

Wanting to make the change.

**Challenging behaviour*

How to log provider reviews/how to trust them.

How to log health provision

Changing.

Capacity and demand.

Service being able to respond to service pressures.

Challenges if service provider/user breaks down – less choice.

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Service users/carers:

Reluctancy from staff members – not everyone likes change.

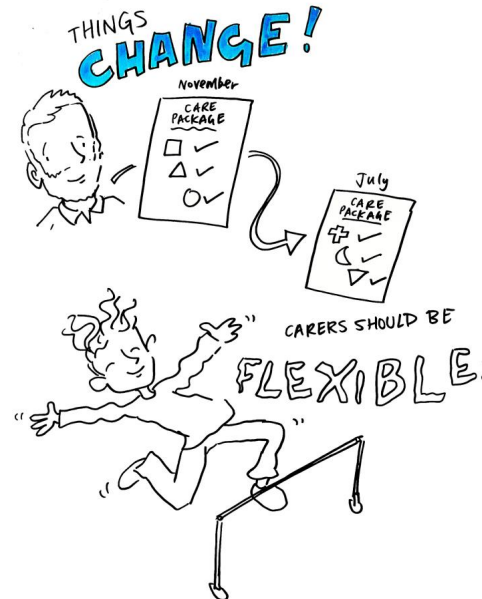
Can agencies change and be flexible enough?

Too many providers.

Healthcare tasks – staff trained?

Staff turnover.

Fear of the consequences if people complain.



Group feedback:

Service users and carers:

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

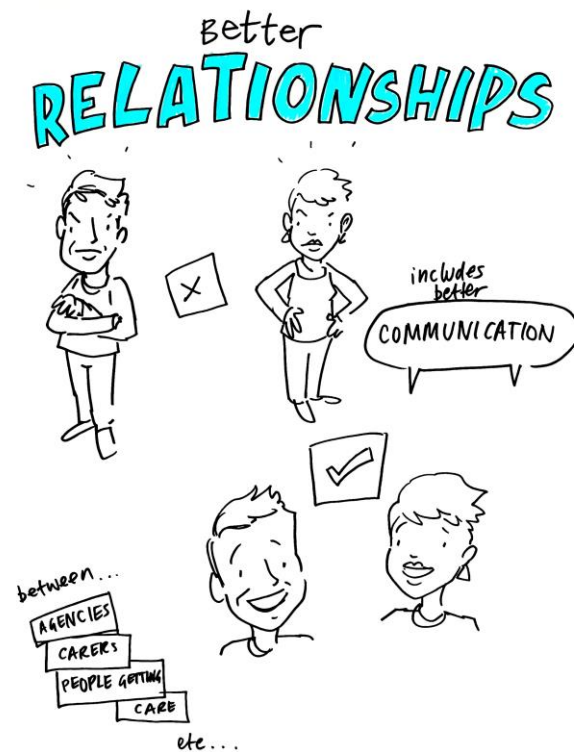
Start the process with relationship building and be open to say what you want and need.

Valuing and more confidence in the relationship between person 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?

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Group feedback:

Staff:

Key strength: Invisibility point above – **hopeful** it will give the service user **more control** and the hope that is it a **seamless** transition.

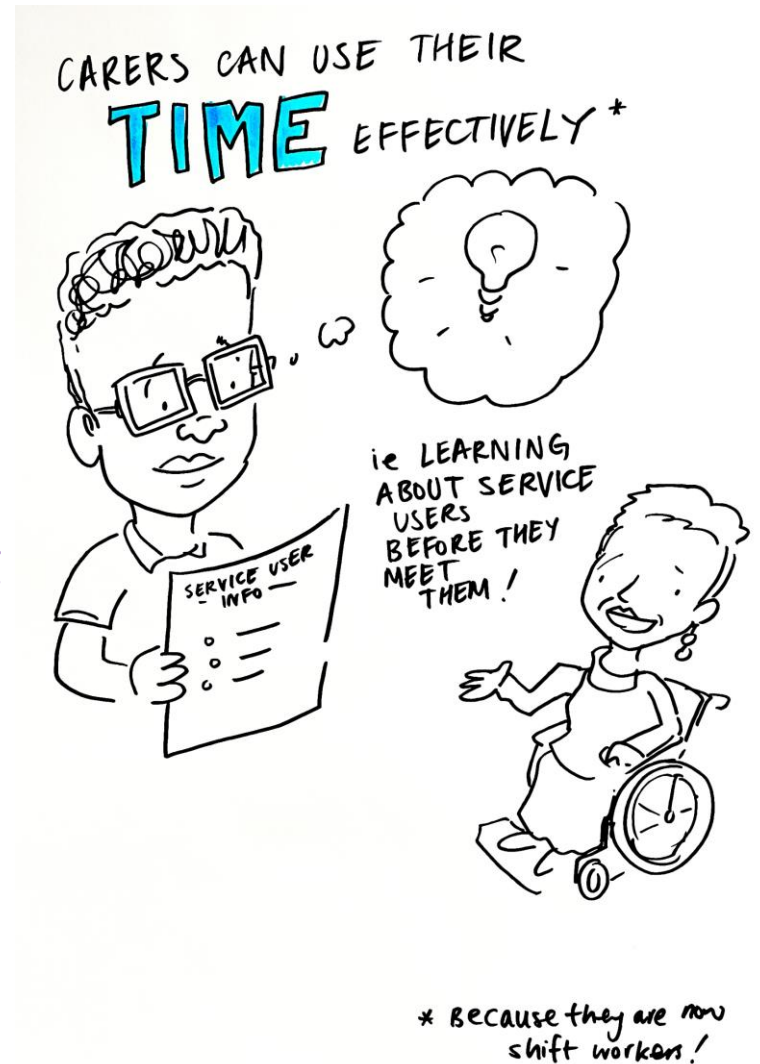
Opportunity: getting it **right first time** & better **understanding** of what's involved in the new service, when it launches.

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 next/the plan to make this happen?

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



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 behaviour.
- *Getting things right the first time.
- *Invisibility – less intrusive care; more collaboration behind the scenes.

Service users/Carers:

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

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

Summary: Opportunities the new model brings



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Summary: New model needs



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Service user/carer group: Scenarios.

The group were given three scenarios taken from evidence created locally by Healthwatch and Leeds City Council evaluation by Beckett University.

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TASK: choose from three scenarios based on the local test report (Beckett University), Healthwatch report & IMPACT evidence reviews.

Group selected scenario 2

IF WE.....

.....Want to feel less rushed, have a better experience of home care, stay at home longer, feel part of my local community and have the help and treatment I need, closer to my home.....

In your view, what is the **most important goal** here?

Describe who's view this is and add any questions for IMPACT to look into.

Our priorities are....

People using services/caring for someone:

- Small number of providers
- 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**.

Activities: Consider the people involved (all, not just paid staff), where and when the scenario might be happening, and using our strengths to **help change happen**.

THEN.....

- 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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Journey Maps: from **assessment** to **day/day care**.

Health care professionals: Social work & Occupational therapy

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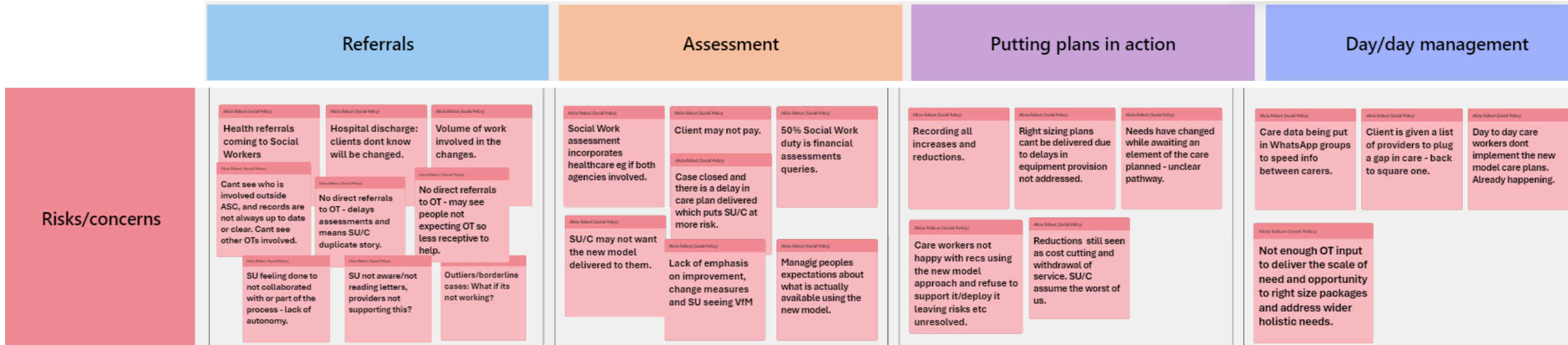


We bring the positives!

	Referrals	Assessment	Putting plans in action	Day/day management
Strengths/Assets, Working well	<div>Alice Redburn (Social Policy)</div> <p>OT - clearly identified needs to prioritise referrals eg PADL</p> <div>Alice Redburn (Social Policy)</div> <p>Contact centre - one access point works well.</p> <div>Alice Redburn (Social Policy)</div> <p>Its easy to see who is involved from ASC</p>	<div>Alice Redburn (Social Policy)</div> <p>Welcome 3 way planning</p> <div>Alice Redburn (Social Policy)</div> <p>Good at forward planning for future needs so SU/C can think about this and be prepared for change.</p> <div>Alice Redburn (Social Policy)</div> <p>Good emphasis on individual strengths and independence as a focus.</p> <div>Alice Redburn (Social Policy)</div> <p>More input at the start improves services later.</p> <div>Alice Redburn (Social Policy)</div> <p>Less back and forth: Brokerage-SW-individual-provider.</p> <div>Alice Redburn (Social Policy)</div> <p>OT has good links with other organisations and professionals outside ASC. Holistic occupations.</p> <div>Alice Redburn (Social Policy)</div> <p>Good at difficult conversations with SU/C & transparency/reasons why some things can/cant be done & signposting.</p>	<div>Alice Redburn (Social Policy)</div> <p>Takes reductions in care packages off SW duty as providers will do this.</p> <div>Alice Redburn (Social Policy)</div> <p>Tracking increases or decreases ECMs</p> <div>Alice Redburn (Social Policy)</div> <p>OTs can keep holistic needs now and for the future in the conversation, keeping goal focused.</p>	<div>Alice Redburn (Social Policy)</div> <p>Uniforms out in the community.</p>

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What are the risks?



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What are the opportunities?

	Referrals	Assessment	Putting plans in action	Day/day management
Gaps/opportunities	<div><div>Alice Redout (Social Policy)</div><div>What is a 'referral'? Lack of clarity or agreement which impact SU/C knowing what a referral is.</div></div>	<div><div>Alice Redout (Social Policy)</div><div>Opportunities for combining assessments/care planning.</div></div>	<div><div>Alice Redout (Social Policy)</div><div>Community access needs a relationship with the community organisations, providers.</div></div>	<div><div>Alice Redout (Social Policy)</div><div>Surface the dark art of contract monitoring.</div></div>
	<div><div>Alice Redout (Social Policy)</div><div>Data migration between services.</div></div>	<div><div>Alice Redout (Social Policy)</div><div>Clarity re who pays for what.</div></div>	<div><div>Alice Redout (Social Policy)</div><div>How healthcare tasks fit within the Home Care service</div></div>	<div><div>Alice Redout (Social Policy)</div><div>Training properly.</div></div>
	<div><div>Anonymous User - Alice Redout (Social Policy)</div><div>Undertaking service improvement in steps - need to identify the priority improvements.</div></div>	<div><div>Alice Redout (Social Policy)</div><div>Data is detailed for IT systems - improve data.</div></div>	<div><div>Alice Redout (Social Policy)</div><div>Introductory meetings - are key (with new staff etc)</div></div>	<div><div>Alice Redout (Social Policy)</div><div>Easier for Care Workers to contact GP than an unpaid carer.</div></div>
	<div><div>Alice Redout (Social Policy)</div><div>Communications: opportunity to change the lack of autonomy and improve comms.</div></div>	<div><div>Alice Redout (Social Policy)</div><div>Assessment pathways for usual care and outliers aswell.</div></div>	<div><div>Alice Redout (Social Policy)</div><div>Managing changes in care needs.</div></div>	<div><div>Alice Redout (Social Policy)</div><div>Training and education from the start, what the process is and why care plans may go up or down.</div></div>
	<div><div>Alice Redout (Social Policy)</div><div>What is the pathway? Needs articulating and embedding in IT systems so its clear.</div></div>	<div><div>Alice Redout (Social Policy)</div><div>IT systems need to map to the new pathways and data in records to ensure transparency.</div></div>	<div><div>Alice Redout (Social Policy)</div><div>For providers to ask for OT review directly to increase or decrease a package as needs change.</div></div>	<div><div>Alice Redout (Social Policy)</div><div>Use of technology to support families and staff with the new model.</div></div>
	<div><div>Alice Redout (Social Policy)</div><div>What is a 'referral'? Lack of clarity or agreement which impact SU/C knowing what a referral is.</div></div>	<div><div>Alice Redout (Social Policy)</div><div>Communications</div></div>	<div><div>Alice Redout (Social Policy)</div><div>Communications</div></div>	<div><div>Alice Redout (Social Policy)</div><div>Communications</div></div>

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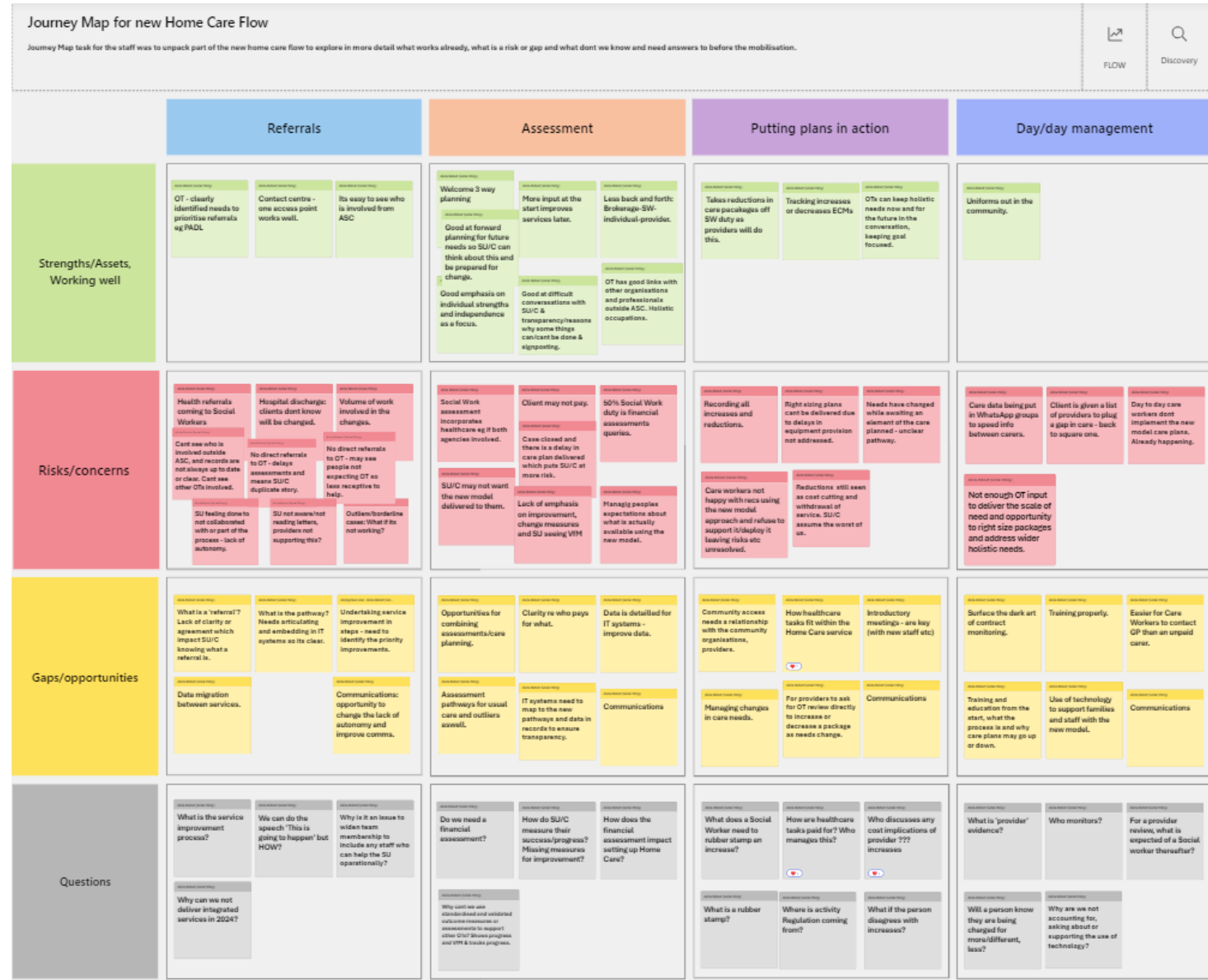
What do we still need to know?

	Referrals	Assessment	Putting plans in action	Day/day management
Questions	<div>Alice Redout (Social Policy)</div> <p>What is the service improvement process?</p>	<div>Alice Redout (Social Policy)</div> <p>Do we need a financial assessment?</p>	<div>Alice Redout (Social Policy)</div> <p>What does a Social Worker need to rubber stamp an increase?</p>	<div>Alice Redout (Social Policy)</div> <p>What is 'provider' evidence?</p>
	<div>Alice Redout (Social Policy)</div> <p>We can do the speech 'This is going to happen' but HOW?</p>	<div>Alice Redout (Social Policy)</div> <p>How do SU/C measure their success/progress? Missing measures for improvement?</p>	<div>Alice Redout (Social Policy)</div> <p>How are healthcare tasks paid for? Who manages this?</p>	<div>Alice Redout (Social Policy)</div> <p>Who monitors?</p>
	<div>Alice Redout (Social Policy)</div> <p>Why is it an issue to widen team membership to include any staff who can help the SU operationally?</p>	<div>Alice Redout (Social Policy)</div> <p>How does the financial assessment impact setting up Home Care?</p>	<div>Alice Redout (Social Policy)</div> <p>Who discusses any cost implications of provider ??? increases</p>	<div>Alice Redout (Social Policy)</div> <p>For a provider review, what is expected of a Social worker thereafter?</p>
	<div>Alice Redout (Social Policy)</div> <p>Why can we not deliver integrated services in 2024?</p>	<div>Alice Redout (Social Policy)</div> <p>Why cant we use standardised and validated outcome measures or assessments to support other OTs? Shows progress and VFM & tracks progress.</p>	<div>Alice Redout (Social Policy)</div> <p>What is a rubber stamp?</p>	<div>Alice Redout (Social Policy)</div> <p>Will a person know they are being charged for more/different, less?</p>
			<div>Alice Redout (Social Policy)</div> <p>Where is activity Regulation coming from?</p>	<div>Alice Redout (Social Policy)</div> <p>Why are we not accounting for, asking about or supporting the use of technology?</p>
			<div>Alice Redout (Social Policy)</div> <p>What if the person disagrees with increases?</p>	

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Summary:

- Agreement that 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 opportunity to improve comms, relationships and understanding of 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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Planning/ideas.... Next steps:

1. What are **the top priorities** from today, that we can look into in more detail and generate **ideas to help** make this change a success?
2. What would be useful **right now** to help everyone feel ready?
3. Can we **offer** some training, info or other help? What would have the most **IMPACT**?



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Leeds City Council contact: Kate.Sibson@leeds.gov.uk

Find out more about IMPACT projects, people and progress:

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

@ImpAdultCare

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