

**NEW DIALOGUES**  
AUGUST 2017

Directors of  
**adass**  
adult social services

# REWIRING CARE AT HOME

**Achieving the art  
of the possible in  
home care reform**

**WHO WAS ON THE PANELS?**

**LONDON**

**JAMES BULLION**, director of adult social services, Norfolk County Council

**JOHN GREEN**, head of joint commissioning, London Borough of Havering

**IAN MACBEATH**, director of adult social services, Hertfordshire County Council

**TONY PILKINGTON**, managing director, Younifi

**STUART ROWBOTHAM**, director of adult social services, London Borough of Bexley

**MARGARET WILLCOX**, president, ADASS, and director of adult social services, Gloucestershire County Council (roundtable chair)

**MANCHESTER**

**JILL COLBERT**, corporate director for children, families and wellbeing, Trafford Council

**IAN CRABTREE**, director of adult social care transformation, Lancashire County Council

**STEPH DOWNEY**, service director for adult social care, Gateshead Council

**JULIE GONDA**, acting executive director, Bury Council

**JASON LANE**, commissioning manager for adult social care, Leeds City Council

**TONY PILKINGTON**, managing director, Younifi

**HAZEL SUMMERS**, strategic director for adult social care, Manchester City Council (roundtable chair)

**JOANNE WILLMOTT**, assistant director, Wigan Council





## INTRODUCTION

Plenty of change is afoot in how care is delivered to older people in their homes. The Better Care Fund, the Care Act, the personalisation agenda and the adoption of new technology are all driving this activity but there is also growing evidence that progress is being stifled by traditional thinking about how home care should be delivered.

To examine the barriers to reimagining care at home and explore how the system could be reshaped and better supported to improve outcomes for service users, ADASS organised two roundtable discussions involving adult social services leaders from across the country.

### The topics discussed during the roundtables included:

- The challenges about how we ensure enough capacity and the right capacity in our care markets
- Whether we are risk averse when it comes to helping people to help themselves
- Achieving wider person-centred care rather than care focussed on solutions to particular conditions or needs
- How to better connect communities, neighbourhoods and people, and the role of technology

The roundtables - which were made possible by sponsorship from Younifi, a company that seeks to use technology and services to deliver better social care - took place in London and in Manchester during April 2017. This report brings together the discussions from both roundtables to highlight the key themes and points raised.

## WORKFORCE CAPACITY

When it comes to identifying the biggest barrier to change in care at home, both roundtables rapidly settled on the same culprit: recruitment and retention.

"What's stopping the capacity to change the way we work?" responded James

Bullion, director of adult social services at Norfolk County Council, when the issue of barriers was raised at the London roundtable. "There's the money of course, but actually it's a lot more to do with recruitment, retention and the development of the workforce."

John Green, head of joint commissioning at the London Borough of Havering, agreed and added that pay is not a primary motivation for home care staff: "If it's about the money, they are in the wrong job anyway because remuneration is generally low. When we talk to frontline care workers, their motivations were often about being treated properly, getting support, and having a package that enables them to do their job. Money was in the background, but it wasn't the be all and end all for them."

At the Manchester roundtable, Wigan Council's assistant director Joanne Willmott suggested many of the workforce issues are due to the reputation home care has as a career path. "In Wigan we've been developing an ethical home care partnership and the thing driving us to do that was the need to correct the current narrative around home care and how it is misrepresented in the media - political coverage around ruthless organisations delivering very poor quality, 15-minute visits and the exploitation of staff through zero-hour contracts," she said.

## STOPPING THE CHURN

On the morning of the London roundtable, the news was reporting new Skills for Care figures showing that 928 adult social care workers quit their jobs every day. Picking up on the reports, Younifi managing director Tony Pilkington noted how many of those leaving their jobs "are still very passionate about providing care": "It's the organisation and the pay rate that these people are struggling with. How much opportunity is there for stimulating these people to set themselves up as micro-providers?"

Iain MacBeath, the director of adult social

**“What's stopping the capacity to change the way we work? Money of course, but actually it's a lot more to do with recruitment, retention”**

**JAMES BULLION, DIRECTOR OF ADULT SOCIAL SERVICES,  
NORFOLK COUNTY COUNCIL**



*“We know people will move agencies for 50p an hour, so people keep moving between organisations and it’s a complete waste of resources”*

**MARGARET WILLCOX, PRESIDENT OF ADASS AND DIRECTOR OF ADULT SOCIAL SERVICES AT GLOUCESTERSHIRE COUNTY COUNCIL**

services at Hertfordshire County Council, said micro-providers could help with retention because care workers would keep a larger cut of what councils pay for home care.

But the micro-provider model does have problems, he added: “Setting up that sort of business puts a lot of people off. You’re slightly more than a personal assistant but you’re not a domiciliary care agency. Where is the line where you need to make things more official? This is what we need the CQC to advise us on.”

Another problem is that local authority systems are not always friendly to care workers who head down that route. “When Hertfordshire did it some years ago we found that we weren’t good partners,” said MacBeath. “We made it really difficult to pay the new micro-providers. We made them fill in all kinds of spreadsheets to get their money. We also paid them every four weeks and made them prove to the very last penny that they did every scrap of work before we would make the payment. But we have payment cards now, so they could get paid daily.”

Finding ways to make a career in care more attractive is important, added Margaret Willcox, the president of ADASS and director of adult social services for Gloucestershire County Council. “We know people will move agencies for 50p an hour, so people keep moving between organisations and it’s a complete waste of resources,” she said. “So we are doing a South West-wide campaign called Proud to Care, where we are working with carers to say what is it that attracts people to your organisation and to your role.”

Stopping the churn of care workers also matters to the bottom line, Willcox added. Less churn means lower recruitment costs and Gloucestershire estimates it could save more than £1m a year from reduced turnover while the care system as a whole could save £12m in the South West.

Building on the theme, Bullion shared some of the insights Norfolk had gained from working with providers to create a dedicated recruitment website for home care workers.



*“We commission these services to such a tight specification that providers can only ever do what is on the piece of paper”*

**JULIE GONDA, ACTING EXECUTIVE DIRECTOR, BURY COUNCIL**



“The findings from that seem to be that sometimes it’s the wages but it’s more often about the relationships within the home care agencies that are causing people to move,” he said. “So there is something in supporting the management with retention as well as providing money.”

### **BECOMING LESS DRACONIAN**

Several participants at the two roundtables explained how their authorities were already revising how they pay and work with care providers to help address some of the negativity around the profession.

The roundtables agreed that greater flexibility in how home care is commissioned is a vital step. Julie Gonda, acting executive director at Bury Council, told the Manchester roundtable: “Flexibility is key. We commission these services to such a tight specification that providers can only ever do what is on the piece of paper. We need to have the courage to step away from that a bit and trust in the providers.”

Bury, she said, is experimenting with having social workers commission home

care for the initial six weeks as usual before working with the provider to develop a long-term care plan that would be approved at the six- or 12-week review.

Councils also need to end the task-and-time culture in home care, said Wigan’s Willmott. “We created the task-and-time culture so we need to take responsibility for that and liberate frontline staff to do things differently,” she said. “I don’t think that was ever driven by frontline staff or by providers’ leadership. It was driven by our approach as local authorities. We need to measure what is important - the impact of the services we are commissioning.”

At the London roundtable, MacBeath explained how Hertfordshire Council has changed its commissioning approach to put more trust in providers. “We spent a little bit of time trying to weed out the poor providers who we didn’t think had the right values and now we have a group of providers we trust,” he said. “So now we have a more mature conversation about the money and we’re open book.”

Hertfordshire is now moving towards

outcomes-based commissioning, which MacBeath said will require the council to trust its providers even more. “We won’t be so draconian at looking at the rotas and making sure providers deliver absolutely everything in the care package,” he said. “And rather than asking ‘have you ticked all the boxes?’, we will ask people ‘are you satisfied with the service from your provider and do you need more or less care?’”

We do need to be careful when we look at payments based on performance, said Green: “When we’re looking at payment by results and that kind of thing, we have to be enormously careful about setting perverse incentives and driving the wrong type of behaviours where providers hit targets but don’t achieve better outcomes for service users.”

### **MARKET INTERVENTION**

Hertfordshire is not the only authority that has been trimming down the number of providers they work with. Ian Crabtree, the director of adult social care transformation at Lancashire County Council, explained to

*“If you want to make sure you’ve got the supply, there should be conversations with providers about risk sharing”*

**STUART ROWBOTHAM, DIRECTOR OF ADULT SOCIAL SERVICES, LONDON BOROUGH OF BEXLEY**

the Manchester roundtable how the county was in the process of tendering their homecare framework which may reduce provider numbers from the current 190 to around 40. “Just to give you the scale of this, we commission nearly five million hours of home care a year, which is roughly a budget of £65m,” he said. “The home care mobilisation following the tender process now appears high on our risk register in the county council, the first being our financial position.”

The goal, he said, is to end up with a sustainable group of quality providers “big enough to respond to the market”.

Leeds City Council has been taking similar steps shifting its commissioning focus from 30 or so providers to a group of 12. “We focussed on quality rather than price in our tender because our issue was trying to get capacity, trying to encourage the workforce,” said Jason Lane, the commissioning manager for adult social care at Leeds City Council. “So within the city we’ve set a Leeds Living Wage and signed up to the Unison ethical care charter but with a staged implementation because it is quite an ambitious programme. We agreed a Leeds Living Wage we want those companies to work to to encourage recruitment because we have competition from a booming retail economy in the middle of Leeds, which is pulling people away from care work. Health care also pays more than adult social care so there’s another pull on staff.”

Lane admitted that there are risks in working with a smaller circle of providers: “If you go for a smaller group of providers you have to manage the risk because you have a lot of eggs in a very small basket.”

Stuart Rowbotham, director of adult social services in the London Borough of Bexley,



told the London roundtable that he sees adult social care moving towards a more market interventionist approach than we have become used to. “I wonder if there is a space emerging around some kind of joint venture,” he said. “If you want to make sure you’ve got the supply, there should be conversations with providers about risk sharing. How you underwrite it has to be discussed but it could be a joint venture model in which you are connecting home care to other parts of the system.

“I’m thinking of some of the reablement work that happens with some very successful partnerships between statutory services in contractual partnerships. That de-risks it because otherwise you are asking providers to take the whole weight of understanding the market and where the price point needs to be. Increasingly in times of greater uncertainty, I think the need to be more interventionist in the market is greater because we have to assure that the supply is there. If we are saying this is what we need, I think we do have to underwrite some of that risk.”





*“People say I have an urgent need when they haven’t because they think that’s the only way they are going to get a response”*

**JILL COLBERT, CORPORATE DIRECTOR FOR CHILDREN, FAMILIES AND WELLBEING, TRAFFORD COUNCIL**

### CARE NEEDS INFLATION

Steph Downey, the service director for adult social care at Gateshead Council, made the point that reimagining care is not just about the supply of care. There is also a pressing need to change the culture and address the public’s demand for and expectations of adult social care, she told the Manchester roundtable.

“We’ve driven our providers and assessors down that time-and-task route but we have also driven up the expectations of our clients,” she said. “I had a scenario in my previous council where somebody actually complained that a social worker had left a blank care plan with them and said: ‘Think about what you might want to get out of this care plan and I will come back to discuss it with you later’. The complaint was that it’s the social worker’s job to fill in care plans, why are they trying to get us to do their job? Some clients are almost clock watching too. Their view being, ‘I’m paying for it and therefore I expect these hours’, rather than seeing their payment as a contribution to the cost of their care.”

Downey noted that there is a real opportunity for clients to be much more directive and influence their own care, but the culture change required isn’t going to happen overnight, or without a different conversation with the public. Social care needs to get better at getting service users to understand the benefits of them being more in control of their care, she suggested.

Jill Colbert, corporate director for children, families and wellbeing at Trafford Council, echoed the point and noted how the system encourages people to inflate the extent of their care needs. “People say I have an urgent need when they haven’t got an urgent need because they think that’s the only way they are going to get a response,” she told the Manchester roundtable. “The way we’ve engineered the solution is we require them to really big up the nature of the problem.”

Colbert said the three conversations model Trafford has recently adopted appears to be making a real difference in this area: “You start with conversation one which is basically, how can we help you to

*“It’s getting our home care staff, providers, social workers and anybody who goes into a home to think about what is out in the community”*

**HAZEL SUMMERS, STRATEGIC DIRECTOR FOR ADULT SOCIAL CARE, MANCHESTER CITY COUNCIL**



live a good life? That conversation anticipates that you won’t have any enduring care needs but it’s also about connecting you to things, people and resources that are already around you. It’s a different methodology from the typical concept of an engagement which is ‘what kind of care package are you looking for?’”

### **ENHANCED CARE WORKERS**

All the roundtable participants felt reconnecting service users to their communities would be important in the evolution of home care. In Manchester, particularly, it became a big focus of the discussion.

Hazel Summers, the strategic director of adult social care at Manchester City Council, explained that linking people with their community is very much part of Greater Manchester’s post-devolution vision for home care.

“We are really looking at how care at home will look between the health and social care boundaries,” she said. “For instance if I am an old lady now I might have a home carer coming in four times a day helping me get out of bed, get washed, etc., but I might also have a district nurse coming in to change bandages or do my medication. What we are looking at in Greater Manchester is an enhanced care worker role where people will be able to do both.”

The benefit of this role is that it would create a career path with better terms and conditions for care workers while reducing the number of different people visiting people’s homes. “You could potentially come in as an apprentice in social care doing basic tasks and then do NVQs, then train to be a nurse. We all have problems about recruitment and this is a real opportunity for a career structure,” said Summers. “We’re still working out the cost-benefit analysis but we’ve all brought into that idea in Greater Manchester. This is really about thinking about the art of the possible. We know there will be things like charging that we will have to deal with but you know what - those are technical things and you can solve technical things.”

Greater Manchester’s vision includes having care workers play a greater role in directing service users to community resources. “It’s getting our home care staff, our providers, our social workers and anybody who goes into a home to think about what is out there in the community that you can feed



people into,” explained Summers. “The biggest problem older people have is loneliness. So if we’re re-imagining what care at home might look like it’s not just about the care you provide and the indicators that sit around that, it’s about did you manage to link somebody in with other people in the street or did you have someone who came visited them, took them to the pub or the library or whatever it is.”

Lane highlighted that commissioners need to recognise that requires a different set of skills to those that health and care workers traditionally have. Summers agreed but said it is important to set an expectation that everyone involved in providing care at home has a role to play in connecting people to the community. “That doesn’t mean to say you must know what’s available but you need to know who to get in touch with who can do that,” she said.

### **WHO CONNECTS COMMUNITIES?**

Picking up on the theme, Willmott offered the example of how creative thinking by one care at home worker in Wigan reconnected a service user with others. “A worker was



visiting a house-bound old lady and the worker thought I've got to think differently about what to do with this lady because she can't get out," she said. "What the worker thought of was that the lady is in her home every day and she could collect parcels for people in the street. So the lady became the parcel collection point for the post and everyday that lady had someone who came and visited her. She felt she was contributing so it was good for her but also she wasn't lonely because people were coming to collect their parcels and having a cup of tea with her. So there's a mind and culture shift we have to make because we have driven our workforce to be gatekeepers and task-and-time focussed."

Connecting people with their community was also discussed at the London roundtable. Willcox noted how these connections help family carers too: "We found that when the individual gives up what they like doing the rest of the family does as well because they feel they can't leave Mable or whoever. So, their world closes in and if the person with the defined care needs dies then you get a stranded

carer who has lost their social skills and doesn't know where to start again."

Rowbotham, however, questioned whether local authorities should be the ones brokering these connections. "For me it goes back to the bureaucracy, trust and commissioning - it's about how much we get in the way. Should it be us? Should it be our social workers?" he said. "I think that brokerage piece is far better done outwith the council. Local authority social services needs to be mindful of its core duties and really think about why it is doing some of the other things and what are the alternatives to that. If you can get that delegated with things like local care networks or a strong voluntary sector, then I think they are better connected naturally into that community to work with individuals and to manage this."

Other participants however felt there was very much a role for local authorities. In Manchester, Willmott explained how Wigan Council had teamed up with a software developer and community organisations to create a website that matches people with local groups and events that match their own interests. "You could put in that I live in

**“There’s a mind and culture shift we have to make because we have driven our workforce to be gatekeepers and task-and-time focussed”**

**JOANNE WILLMOTT, ASSISTANT DIRECTOR, WIGAN COUNCIL**





**“ We pay a business analyst £30,000 a year but GlaxoSmithKline, who are next door to county hall, will pay £130,000 ”**

**IAIN MACBEATH, DIRECTOR OF ADULT SOCIAL SERVICES, HERTFORDSHIRE COUNTY COUNCIL**

Orrell and my interests and passions are reading and dog walking and press a button and it says, ‘A-ha! There’s a Book-Cycle less than 50 yards from your house and there’s a dog walking club too’,” she said. “It’s really about using technology to help with those community and human connections that are at the heart of reimagining care.”

#### **HARNESSING BIG DATA**

Community brokerage services were far from the only way the roundtable attendees saw technology helping to re-engineer care at home, but making the most of what computing has to offer is still fraught with challenges.

MacBeath shared how he had heard that Kent County Council was working with a leading IT company at a recent conference. “Rather than looking at new devices and technology they are going to try and collect all the information from the devices they have already got - telecare,

home care management systems, phone calls, etc.,” he said. “They are then going to try and identify the triggers to prevent crises in the first place.”

Data could help councils spot potential crises before they happen, he added. For example, door sensors that monitor if people with dementia are wandering could also check how often they use the toilet, which could provide an early warning sign of a problem. “If they should be going to the loo six times a day and only go twice, it’s a good bet they’ve stopped drinking and that next week they will be dehydrated and probably have a fall,” he said.

But harnessing the potential of the data is tough, not least because local government struggles to afford the business analysts who could really help them collect and make effective use of the data. “We pay a business analyst £30,000 a year but GlaxoSmithKline, who are next door to county hall, will pay £130,000,” says MacBeath. “We need someone centrally to employ these big brains to say what is the art of the possible and convince us in local government that it is worth investing in.”

Adult social care’s limited use of data shocks people in the private sector, added Green: “There’s a woman who has started working in children’s social care for us who came from the private sector. She was immediately saying where is all the data? She was amazed.”

MacBeath warned that there is a risk that using data in this way could be regarded as Big Brother-ish but Rowbotham noted that people willingly accept that kind of monitoring of their daily lives by private companies. “We all accept that when we walk around with our phones; we all get personalised adverts online,” he said. “But there’s something about the relationship between the state and the individual where people really get their hackles up. But we are scratching the surface of both data use and technological remedies.”

Younifi’s Pilkington asked the London roundtable whether councils are collecting or even able to collect the right data. “A lot of the information at the moment is from when a crisis has already happened,” he noted. “Is that pre-crisis data within your control or in a place where you can get other parties to input into it?”

Rowbotham said obtaining data from providers could run into challenges around

the commercial value of that information to providers and others. One possible answer is to require providers to share data as part of their contract as is now happening in Leeds. “We’ve insisted that companies that are doing more than 750 hours of home care have an electronic case management system and that they feed us data from that because if a service user’s requirements are going up that is a signal that service user’s care needs may need looking at and that something is changing in that person’s life,” Lane told the Manchester roundtable. “Equally if someone is underusing a service then maybe their assessment needs to be re-looked at. The data is there, we just haven’t been accessing it.”

### EDUCATING THE NHS

Improving NHS workers’ understanding of adult social care was also identified by the roundtable participants as something that will be necessary if home care is to be successfully re-imagined.

Asked what one barrier to better home care he would remove if he could, Bullion cited other agencies’ misunderstandings about social care.

“If you could eradicate the misconception about what social services do by not only the rest of the council but particularly in the NHS, it could potentially transform services,” he said. “People would rally round whereas at the moment there’s a view that it is an entitlement – a view that social services is the next stage in your journey.”

Willcox recounted how in autumn 2016 Gloucestershire Council held a summit with its NHS colleagues in response to overwhelming demand for domiciliary care



**“The big thing is being able to say we will save you money by investing in really good social care to keep people in their home”**

**HAZEL SUMMERS, STRATEGIC DIRECTOR FOR ADULT SOCIAL CARE, MANCHESTER CITY COUNCIL**

and reablement services. “I told them that the difference between you in the NHS and us in social care is you’re an entitlement and we are not. Only five to 15 percent of the people you see will come our way and even then they might not be eligible,” she recalled. “It was scales from the eyes stuff. Especially for the doctors who were saying Mrs So-and-So couldn’t possibly go home and do her own housework. Well, she was doing it on her own before she came in so yes she can - it might not be as grand as yours, but it will do.”

The Gloucestershire summit helped pave the way for the recent opening of a hospital ward dedicated to getting people back into their homes, which is staffed by both nurses and social workers.

“In the first three weeks they turned over all the beds twice and 65 percent of those people went home with nothing even though they had been sat waiting on the ward for 10 days for something they didn’t actually need,” Willcox said. “The big success from it appears to be the attitude of the staff about getting those people home - their ambition was to get people home whereas the ambition of the staff on the other wards was just to get them somewhere else because they need that bed.”

### GOOD TEAMS MATTER

Within social care having managers who can successfully put new approaches into place is a challenge. MacBeath noted how a few years back he experimented with increasing spending on social workers with the aim of reducing the amount spent on home and residential care in Hertfordshire.

“They did it but they were a good team

with a good team manager and motivated social workers,” he said. The following year the same approach was applied to other social work teams but the improvements did not occur.

“It didn’t replicate across the teams,” said MacBeath. “The first team were very good at finding alternatives. In other teams that did not happen. It’s about getting the right people and the right social workers with the right value base to do that outcomes-based stuff.”

### SELLING THE VISION

The biggest barrier to all these changes however is proving that the investment needed to make it happen is money well spent, said Summers. But making that case will probably need councils to embrace a consistent methodology for measuring the outcomes of the re-imagined home care system so that local government can successfully make the case for change to the Department of Health.

“You can have as many aspirations as possible but you need to have the money to do that, and the only way we are going to have the money is to make the national and local case for a change in funding to demonstrate the difference,” said Summers. “The big thing is being able to say we will save you money by investing in really good social care to keep people in their home, we will have discharge assessment systems that take people to their home, we will have reablement that links into community care which keeps people in their home, we will have great, committed home care staff who get a proper wage, and we will all do our best to keep people out of really expensive hospital places and away from GPs. That is the case we make.”

## NEW DIALOGUES AUGUST 2017

directors of  
**adass**  
adult social services

This document is sponsored by Younifi.  
The roundtable theme was agreed  
in partnership with ADASS, which  
independently commissioned and  
edited the report.

No partner organisation should infer that  
acknowledgement of its support by ADASS  
represents an endorsement of its policies,  
actions or products.

Content was written by Tristan Donovan  
Photography by Peter Searle and Paul Cooper  
Graphic design by Forty6Design  
Cover image: Flegere/Shutterstock

ADASS would like to thank everyone who  
contributed to this report

Supported by

**younifi**