Let's do it! Working towards outcomes focused homecare – sharing *evidence* from practice across Wales

Aim of this report

This aim of this short report is the share emerging evidence from practice, drawn from pioneering people from across Wales, based in local authorities and provider services. Whilst the concept of outcomes-focused homecare seems simple, the emerging evidence illustrates a complex landscape which needs to be understood and negotiated if progress is to be made. The honest and encouraging evidence in this report illustrates that where there is a will, there is always a way. It provides a list of key messages for thought and exploration.

Background

The messages in this report were compiled from a series of Zoom interviews with key participants in each locality during January 2021 by Nick Andrews, Developing Evidence Enriched Practice (DEEP) programme, Swansea University

Gwynedd Council and Cartrefi Cymru

The story of the Gwynedd journey illustrates how taking a patient, inclusive and principled approach may take time, but reaps rewards. It illustrates the old African proverb "If you want to go fast, go alone. If you want to go far, go together". It starts with the local authority and a 3rd sector provider service coming together in 2016, with the local authority then taking the overall lead.

Key messages

1. Carpe diem! – seize the moment

There was a moment of birth for the Gwynedd project, which started serendipitously with the 'right' people in the 'right' context. A commissioning manager and a homecare service manager were both on a Vanguard training course, with a focus on human-centred systems. In conversation, they agreed to explore how they might make outcomes focused homecare possible. This set the ball rolling in 2016.

2. Recognise that life is messy - be prepared to go out of your comfort zone

"It's very messy in a way…. It's not the way we traditionally work, which gives you a certain time to do a certain task within a certain place with a certain person and it's done and we feel comfortable - everything is in its place. Everyone in that box and it's easy… it's easy to negotiate because we know where the boundaries are, but what we are saying is that life is not like that"

3. Recognise and be sensitive to initial resistance - involve everyone from the start and take your time and talk

When you start to work in different ways, it challenges existing professions, practices and experiences. For example:

- For **care workers** – they may not know where they stand, what they'd be allowed to do and what they would not be allowed to do – "*Am I going against legislation? Am I going to be told off? Can I go beyond the (time and task) care plan to do what really matters?"*
- For **social workers** – sharing care and support planning with providers challenges traditional ways of working. It requires trust between social workers and home care providers. Meeting together and building relationships and mutual understanding are key.
- For **people supported by** services and carers – many people and their families have a consumer mentality centred on set times and hours, reinforced by traditional working arrangements within which the social care teams have to operate. Some individuals, therefore, think of the service in terms of number of hours received rather than the quality of the service. The concept of taking an outcomes focused approach needs to be explored with them.
- For **business support** – genuine concerns about how to charge people for a service that is not based on time and task.
- For **commissioners** – understandable concerns about affordability (an assumption that addressing what matters will cost more) and how to keep a track of spending.
- For **providers** – moving from continuous support and specified hours toward enablement and helping people to achieve what matters challenges current business models.

4. Recognise and challenge so-called 'barriers'

Don't take the so called 'barriers' at face value. For example:

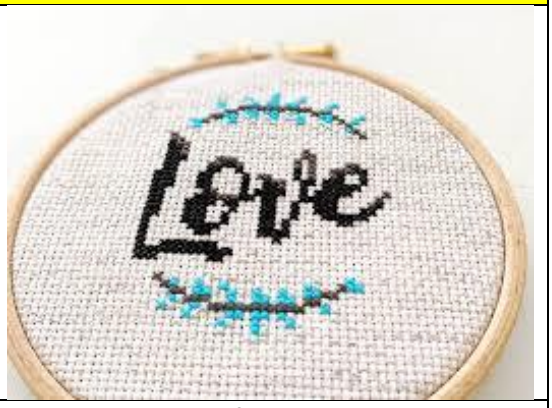
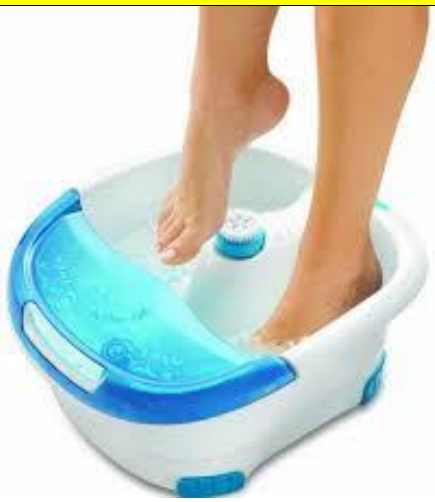
- **Charging is an impossible nightmare** - one of the most common barriers identified is the charging issue referred to above. However, when you drill down, things are not as bad as they might seem. In Gwynedd around 75% of people receiving a service pay the maximum weekly charge of £100 because they have more than 5 hours care/week. Around 15% of people do not pay anything as they are on low income.

For these groups of people, variable hours (within reason) are not an issue when it comes to charging. The situation is different for around 10% of people who pay between £1 and £99/week. What is needed is an honest and reasoned conversation with these people – do they want a flexible and responsive service, and if so, they need to understand that bills may vary.

- **It's not fair - if we do one thing for one person and then don't do that for everyone else**. This might have been the case under previous legislation, but the Social Services and Well-being (Wales) Act puts a clear focus on achieving well-being outcomes, which will be met in different ways with different people.

5. Use stories to engage people's heads and hearts to support learning and the development of shared understanding

Stories are the best way to help people engage with complex concepts – they create an emotional and intellectual response which enhances learning. Practitioners may struggle with outcomes jargon – but they get stories. We gathered some outcomes stories in the form of 'magic moments' at an event with homecare workers in early 2020. Examples:

A stitch in time saves nine	
"I was providing care to an older lady and had noticed that she had a lot of cross stich samplers on her walls. One day when I visited her, I noticed that my uniform was coming apart and asked her if she wouldn't mind lending me a needle and thread to fix it. Her eyes lit up and said she would be pleased to mend it for me. I handed her the uniform and in no time it as good as new. As soon as she had finished it, she asked me if any of my colleagues had any mending jobs too! I now look out for anything she can mend for me and others".	
Why is this a magic moment: When you care for someone it can make them feel useless. This story illustrates how much people can benefit from feeling that have something to give	
Putting my foot in it	
"A lady I was visiting was refusing to have help with any of her personal care despite having a care plan which including a shower. Her family were struggling with this too. After weeks of talking to her and building a relationship of trust, I discovered that she had never liked showering and always preferred a bath. She is also a very 'shy' and self-conscious person, which makes it difficult for her to receive help. The turning point came when I discovered that she was partial to having her feet soaked in warm water - so I got a foot spa. We started with soaking her feet once a week and slowly, but surely trust was gained. Now this lady has a full wash twice a week, and even requested a second call!"	
Why is this a magic moment: Because I achieved a breakthrough, when I discovered she liked having her feet bathed – this opened the door for me to eventually provide the care she needed.	

6. Recognise that not all outcomes are about change

Often, when people talk about outcomes, they are focused on change, e.g. being able to cook your own meal, but research has shown that outcomes can also be about staying the same, e.g. being able to keep using the same hairdresser or about the way that services make people feel, e.g. valued and listened to. The 'magic moment' stories collected in Gwynedd illustrate a diversity of good outcomes across this full range.

Explore the integration of homecare with locality-based Community Resource Teams

The integrated Community Resource Teams (social workers, nurses, OTs etc) in Gwynedd are being modelled on a locality basis, which creates the ideal conditions for exploring how homecare can be integrated with the teams. To further develop this, Gwynedd are in the process of re-tendering home care on a locality basis, with the aim of having one homecare provider organisation per locality alongside the existing in-house service. This may reduce the overall numbers of providers but will establish a firm foundation for relational and responsive ways of working to maximise positive outcomes. Third sector and community organisations will be incorporated into this way of working too.

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All-care and Vale of Glamorgan Council

The story of All-care and the Vale of Glamorgan starts in a similar place to Gwynedd with a local authority and home care provider coming together in 2016, but it is clear that the driving force for ongoing development has been the homecare provider manager, who inspires not only her team, but also her local authority colleagues. The pilot, which supports around 30 people, is cost-neutral and based on allowing the flexible management of times and tasks within a 3 month period for each service user. If time is saved in one call, it can be banked and used creatively towards achieving outcomes during the 3 month period.

Key messages

1. It's a whole lot easier when you have a visionary and inspiring provider service manager

Even before the LA invited people to tender for an outcomes pilot, All-care were interested in putting the principles of the Social Services and Wellbeing (Wales) Act 2014 into practice. They were already involved in discussions with Social Care Wales on developing thinking around what constitutes good homecare.

"Why we've got so far is because we have a vision and passion that says where there is a will, there is a way"

2. Only provider services know what works in practice – you will have more success through iterative conversations with them, rather than seeking compliance with a top-down, pre-determined specification.

When All-care were awarded the contract for an outcomes homecare pilot (300-400 hours/week), one of the first things that they told the LA, was *"What you are looking for is not possible".* The LA were expecting a provider organisation to gather existing staff to work in a particular locality. Whilst this might have worked for a brand-new service, it was impractical and unethical for a well-established provider like All-care. Their care workers had relationships with existing service users, and to sever these relationships would have been harmful to all involved. They also knew their service users and their different needs. The question for the provider was 'who will benefit?' and their feeling was that these people were spread across the region.

"We might get people who want to be in the pilot, and there'll be one over there and one over there and one over there and we know about those people because we know them"

3. Learning to trust provider organisations does not always come easy, but is essential – an ideal way to start is with a tripartite meeting when a care package is set up

There was quite a lot of resistance at the start of the journey - *"They want the person to have the best experience they can have, but they're not willing to have that leap of faith to trust the provider"* Over time, All-care were able to gain this trust through relationship building and demonstrating outcomes in practice.

Essential to the success in Vale of Glamorgan pilot, is to hold an initial tripartite meeting involving the person being supported (and where appropriate with a carer), the homecare provider manager and the social worker. These meetings allow for the development of a shared understanding about what matters and how it might be achieved, as well as forging the development of a working relationship that can continue.

4. The systems need to follow practice not the other way round and providers can help design the systems.

"The results prove the benefits, but you can't get the results because of all the so-called barriers. The way we got around this is that I (the provider) created all the documentation that allowed this to happen. I then presented what we had created to them (the commissioners) and asked them if it met their needs"

5. Charging polices are a genuine sticky issue when they don't match the outcomes approach, which often works over an extended period of time.

Within the pilot, each service users is allocated a cost neutral block of hours over a three month period. Little bits of time can be banked and used within this period, which can

compromise the monthly billing system. One solution to this would be to restrict flexible use of hours within monthly cycles, but from experience All-care have found that a lot of their working towards outcomes activities cannot be achieved within such a short time period – *"the flexibility has to develop over time, It doesn't just happen"*

6. Allowing the flexible use of time over a 3 month period of time has multiple benefits:

- It encourages the best use of time rather than wasted time, spent hanging around.
- It encourages and supports partnership working with families – *"In the past, families would want to keep all set calls even if they were visiting, but now we work with them and tell them to let us know in advance if they are visiting, so we can cancel our call and use the time creatively on another occasion – families really like this"*
- An example of strengthening family relationships is when someone used their banked time to be transported to a local café, where she had coffee and cake with her daughter for the first time in ages. Her daughter had been visiting her at home, but this was something 'special' and created an important memory.

7. Risk has to be shared and managed relationally by both commissioners and providers – there can be no 'them and us'

"As a provider, I am up for taking risks if needed in order to achieve outcomes, but I want to tell the commissioners what I have done especially if anything worries me. They have consistently said "We will support you" and this means a lot to me. This was initially achieved in the pilot by having monthly meetings that involve a team manager, a social worker, a commissioning manager, a contracts officer and the provider manager. Now we have a shared understanding, we no longer need such regular and comprehensive meetings. I just meet with a senior case manager/team leader once every 3 months and call someone if I have an issue in between"

8. Recognise that outcomes can sometimes clash with 'eligible needs' assessment and think your way around this.

Whilst taking an outcomes-focussed approach is invariable encouraged, commissioners can feel uncomfortable when the associated activities do not tick the 'we fund this' box. The following story illustrates this dilemma beautifully - it provides food for thought:

"One of the people we worked with was relatively young and lived with Multiple Sclerosis, which resulted in muscle wastage and physical weakness. In exploring personal outcomes with her, we identified that she would like support to go swimming to build her strength. The commissioners were happy with this. However, she had another concern; she was married and felt bad about her husband having to iron his shirts, which he needed for work – something which she previously used to do. She asked if the care workers could cover this task as it would help her to care for her husband rather than just depend on him. When this was raised with the commissioner, the response was "we do not fund domestic tasks"… However, we knew how important this was to her, so went back to the drawing board. One of the alternative activities that would build muscle strength was the

use of exercise equipment, which would need to be got out and put away by care staff. When we approached the commissioner to fund 20 minutes for this, the answer was "yes, that's fine" and whilst she was using the equipment, we ironed her husband's shirts. As a result of our support, this person has since become independent and no longer receives a support service"

There are other examples of where a personal outcomes approach comes into conflict with established norms. For example, one older person who never left her house, and received GP home visits said that if she could go out using her banked time, she would like to visit the GP practice, where she could see people she knew and feel less of a burden to the NHS. The commissioner's initial response was "we won't fund that – it's health related".

9. All homecare should be reablement focused – why can't we have one care 'team'?

The separating out of reablement from long term homecare can undermine a reablement focus as well as breaking continuity of care workers. All-care do call on professionals such as OTs and physiotherapists as needed but feel that they would be able to work much more effectively if professionals and care workers worked together as one team. Gwynedd and Monmouthshire are both working towards this.

10. The outcomes approach can work with everyone, including people with dementia

At the start of the pilot, commissioners were of the opinion that the outcomes approach could not work for people with dementia, because they lack capacity in decision making, This misconception was quicky challenged and overcome. In the vast majority of cases, All-care work closely with family and friends of people with dementia to support decision making. They also take the opportunity to sensitively challenge risk-aversion and make safeguarding referrals if necessary.

11. Let's be honest about recording and paperwork – design and use what makes sense and adds value rather than just of ticking boxes

All-care are not alone in stating that recording practice does not always fit with the outcomes-focused approach to practice. Social Care Wales have recently developed guidance on personal outcomes focused recording called *'Friend not Foe'.* Whilst the service manager has developed some outcomes focused recording, she is not comfortable with it, and neither are her staff – *"I have to give them what they (the commissioners) want… so I've got an outcomes recording form with the 7 National Outcomes listed on it. My staff don't like it at all but we use it because the commissioner can look at it and can say "Yes, that's an outcome". So even though I don't like it and it doesn't work very well, it gives us something to justify what we do"*

They are keen to explore better and more meaningful ways of recording with other homecare provider and LAs. They find stories and pen-pictures far more effective in getting people to understand and learn from practice.

12. Remember that you can still do outcomes-focused homecare within fixed time slots

Whilst some of the more ambitious outcomes demand the flexible use of time, many outcomes can be achieved within fixed time slots. All it requires is the creative and thoughtful use of time, for example:

"Making sure to tune the radio into the Archers at 2pm whilst doing a call, as this is the persons favourite radio programme or responding to the little unexpected things that crop up from time to time. One care worker took photos of someone's 'upstairs' and shared them with the person who could no longer climb stairs. Another took a handful of snow indoors to the delight of the person she was supporting, who could not get out".

13. Sharing good practice motivates and inspires everyone

Whilst there is a focus on providing outcomes training, care workers are often more inspired by seeing good practice and hearing each other's stories – their 'magic moments' which are often short but very sweet. Here are some examples:

Amidst the trials and stresses of the coronavirus crisis, the manager of All Care invited care workers to enter and an informal competition to create and record with a photos a 'magic moment' around the subject of food. Here are just three of the inspiring examples:

My wife's cheesecake: When approached by his care workers on the subject of food, a widowed man talked about how he missed his wife's cheesecake. He had not had a cheesecake in a long time. It was agreed that the care worker would make him a cheesecake in her own home using fruits and mint-leaves from the man's garden. Whilst the cheesecake was enjoyed, what was appreciated most was the chance to share and reflect on a memory of his precious wife.

Turning Japanese: A care worker asked a man who was confined to his bed whether he fancied anything different to eat. Rather unexpectedly, he said he would like some sushi, which he had not eaten in a long time. The care worker went out to buy the sushi from a local store and then lovingly presented it on a carefully prepared tray. The man was delighted.

Souper efficient: In conversation with family, a care worker identified that a woman with dementia used to love making soup but had not done so for a long time. Having gathered together the ingredients that the woman used to use, they worked together (somewhat messily) to recreate her old recipe in the kitchen. A delightful part of the woman's identity was restored.

14. If you want to make the best of it – know your staff team and match care workers to the right people for them

Good care is defined as much by *how it is received* by the person being supported, as in the way it is delivered. For example, some people like to be 'mothered' whilst others don't. A good manager understands this and matches care workers to the people with whom they might best 'click'

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Flintshire County Council

For the purposes of this report, we will focus on how Flintshire is trying to diversify a struggling homecare market through the development of micro-enterprises that provide personal care and support as well as wellbeing services such as shopping, getting out and about etc. The story in Flintshire is one principled experimentation which involves taking risks and iterative learning within a local context. This has been made possible by a permissive culture, supported by their Chief Executive Officer. Their story demonstrates that such an approach can reap unexpected benefits, not least the drawing down of alternative sources of funding to get things off the ground. Their micro-enterprise journey began in 2017, following a review of the care market which explored new ways of working. This included the commissioning of a feasibility study by Social Forms Wales. They currently fund 150 hours of direct care through micro-enterprises.

Key messages

1. There are advantages to developing the micro-care model in- house

Collaborating directly with social work teams and the direct payment teams has both helped publicise the model and enabled any risks to be managed. Specifically, they have be able to develop the model in a way that dovetails with existing care agencies and direct payments.

2. Visionary experimentation requires a leap of faith with associated risks

Whilst micro-enterprises can sound like a good idea to commissioners, can you guarantee that people will want care delivered by them or that there are people out there who want to provide a service. However, the experience in Flintshire suggests that this is gamble worth taking. They currently have 14 micro-providers in operation and 7 going through the developmental process.

3. Whilst there are operational challenges when it comes to providing personal care, these can be overcome.

By their very nature micro-enterprises are small. Some of the challenges include:

- If you are providing 7 day/week care and support, when and how do you get a break?
- Can you be financially viable if you are only allowed to provide personal care to a maximum of 4 people?
- How does a local authority support quality assurance in the absence of regulation?

These challenges are not insurmountable. In Flintshire, they are supporting micro-enterprises to network and share care and support packages as needed. Whilst this creates another challenge, in that each provider cannot support more than 4 people with personal care, their early findings are that this collective way of working is possible. For example, a number of micro-enterprises work together to support people in supported living accommodation.

Whilst micro-providers can only provide personal care to 4 people, they can provide well-being support (e.g. domestic and leisure tasks) to as many people as they like. This makes for a better income.

The Micro-care Development officers in Flintshire have offered advice on support on insurance, DBS check, health and safety training etc. to support quality. They have also developed a quality model which consists of due diligence requirements which mirror CIW prerequisites and then a Quality Framework to ensure micro-carers meet commissioning requirements concerning quality, safeguarding and business standards.

4. Stepping out in faith can open up new opportunities, including sources of funding

Having secured some initial funding from the local authorities 'Invest to Save' budget, they found that this small pot was then able to attract other sources of funding, not directly linked to social care. In the case of Flintshire, this included a grant from Cadwyn Clwyd, a rural development agency and a Foundational Economy grant from Welsh Government. This enabled them to fund two development officers from late 2019.

5. Don't start with a grand plan – just get out there and engage with the right kind of people.

Starting from scratch, the two development officers were encouraged to publicise the concept and meet with people who might be interested – many of whom did not come from the world of social care. They adopted a values-based recruitment approach, which they felt was particularly important in a service that is not formally regulated.

6. Helping micro-enterprises with initial start-up costs has proved important

Using some of the Foundational Economy grant to provide some initial support has made a big difference to recruitment. For example, paying for insurance, buying uniforms, printing business flyers/cards or a laptop.

"It's probably been instrumental in getting people attracted, because the outlay of those costs does not come with guarantee of an income. It's hard enough for people to risk their existing careers to do something different anyway, without them having to put money into it too"

7. People appear to be more keen to take up DPs, when they can purchase something good and get a bit of support.

Whilst there is a continued intention to directly commission micro-enterprises, Flintshire are currently only funding them via Direct Payments. This has not proved to be a problem and people have been willing to accept Direct Payments, because they are attracted by the micro-care opinion and get good support from the in-house Direct Payments team. Regarding direct commissioning, Flintshire are currently in the process of developing contracts.

8. Whilst flexible and responsive ways of working can ensure the delivery of bespoke care and support, they can also fit the needs of the micro-enterprise worker

"When you've got a working relationship, you know people are more understanding. They're not just expecting you to be there right at 9 o'clock. They understand that things happen… that communication and trust are there and they can be more flexible on both sides"

9. Micro-enterprises can supporting people in need who are ineligible for funded care. Case example

Following an initial assessment, an elderly lady living in the community was deemed ineligible for funded care. However, her family who lived abroad and were worried about her safety and well-being. The Social Worker contacted the micro-care officers who put the family in touch with two micro-carers. The family then encouraged a micro-carer to support their mother privately. This private package is working successfully and demonstrates how micro-care can contribute to the prevention agenda for people not yet eligible for funded case.

10. Getting good support from social workers and allied professionals helps

From the outset, social workers and allied professionals have been supportive of the micro-enterprise initiative as they see it helping to address gaps in service as well as providing responsive and relational support.

11. Micro-enterprises have the potential to provide a valuable alternative to traditional respite services for carers

A lot of current respite services fall under day services, which are not regulated. Micro-enterprises are well-place to provide bespoke 'short break' activities in the community and

can support more than 4 people, if personal care is not included. For example, they could support shared holidays

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Monmouthshire County Council

Monmouthshire CC was one of the first local authorities to explore and develop outcomes focused homecare. It began with the Raglan Project which ran from 2013-14. The model, which is based on small teams of self-organising, salaried care workers, has now been successfully extended across their in-house service provision. A programme of work called *Turning the World Upside Down* has been exploring the development of a similar approach with independent sector providers, but there remains work to do.

Key messages

1. All good support is founded in an reflects meaningful and rewarding relationships.

From 2014-16, Monmouthshire CC participated in a Joseph Rowntree Foundation funded action research project under their programme A Better Life. The focus was on older people with high support needs. One of the key messages of the research was that meaningful and rewarding relationships lie at the heart of good care and support. Putting relationships first has been at the heart of service development in Monmouthshire. Enabling widespread recognition of and investment in this has reaped many benefits.

"We start all of our involvement with developing a relationship first and this has been universally adopted"

The focus on relationships is not confined to those between care workers and the people the support, but also between care workers and other practitioners and managers.

"She's like a walking angel… she's so caring… but it extends to everything she does. So in every conversation I have with her as a manager, you feel like she's looking after you"

2. Whilst granting care workers autonomy to self-organise is important, good team dynamics need to be nurtured not assumed.

"It is interesting when you give a lot of autonomy and discretion to people. They generally, you know, utilize it superbly well, but there are skills that are honed over years of negotiation, tact and diplomacy and some of those were missing in less experienced team member."

As with any team comprised of people with different personalities, experiences and perspectives, there can be bumps in the journey of team development. Whilst training in

outcomes focused practice is often given, perhaps more attention should be paid to helping care workers understand their role within a team.

3. Some care workers have low self-esteem, which makes then sensitive to being challenged or excluded

In Monmouthshire, there have been some complaints by care workers that they are not valued by social workers and other professionals. Sometimes these can lead to self-defeating or passive behaviours. The leadership team in Monmouthshire have placed a strong emphasis on ensuring that everyone feels valued and also the importance of valuing each other. Care workers are encouraged and supported to have a voice. This is generally working well now that they have been incorporated into integrated teams. Integrated service managers cover social work, therapy nursing and care and can reinforce equality and mutual respect.

4. People in self organising teams still need and appreciate the support of of their Leads.

Whilst care workers and other practitioners in Monmouthshire thrive on being given autonomy, they also value being able to check things out with their Lead. There appear to be three main reasons for this:

- People value being affirmed and appreciated – if only on occasions
- People like to feel that risk management and decision making has shared responsibility
- People may be confronted with issues and circumstances that they do not have an answer for

"She is a highly competent and caring worker, but she also wants the certainty of a senior member of staff being able to give affirmation and direction, but only at the time it is needed"

"She sometimes asks me whether a particular course of actions is right. Sometimes I say no and give her some pointers. She may go away and do something different, or she may come back to me and say' "Look I think I was right because…" and I say that's fine – let's go with that"

"We do have a strong culture of coaching in Monmouthshire, to the point that it has become a bit of cliché and you can hear people saying "Hey, are you coaching me again? 😊"

5. Care worker autonomy has to balanced with care and support planning and a shared understanding about what is important and in what way.

One of the common issues that arises in the provision of flexible and responsive outcomes-focused homecare is how to reconcile care worker autonomy with care and support planning. In some areas, these has provided to be a major stumbling block. The way they

have managed this in Monmouthshire is have a 3-tier approach to care and support planning activities:

- Daily essentials
- Weekly essentials
- Flexible activities

Working to such a framework has enabled the development of a shared understanding across social work, therapy, nursing and care services, which supports flexibility.

6. The computer says "No" - there is a challenge in overcoming the inherent inflexibility of call monitoring platforms.

The current mobile platform for care teams does not like flexible and responsive ways of working. Example scenarios which jar with the system include:

"I was a bit worried about Myra this morning, so after I have finished my other calls, I will pop back to see that she is OK"

"I've got a spare hour today, which will give me an opportunity to spend an hour with Esme looking through her photos"

7. Some people make a big thing about the difficulties of charging for a flexible and responsive service, but this is over-stated.

As was shared by folk in Gwynedd CC, many people pay the maximum charge of £100/week or no charge. For these people, a reasonable degree of flexibility will not impact on their bill. The implications for people who pay up to £100/week is that they need to be engaged in an honest conversation – for example, *"Your care plan suggests that you will need between 6 and 8 hours, for which you will be charged accordingly"*

8. Care and support can be enhanced by place-based working, which draws in community action and support

During the coronavirus crisis, local people have come out of the woodwork to help people in need. In order to sustain this interest and involvement, Monmouthshire is in the process of further developing place-based working, which brings together existing elements of the integrated care teams, with activists in the local community, affectionally referred to as 'Bobbies' and 'Bobbettes' (community activists who work on a large or smaller scale). The plan in Monmouthshire is to recruit and pay local community activists to be a member of place-based teams. They can help people to access community resources to support sustainable well-being.

9. Progress in developing flexible and responsive outcomes-focused homecare has been slower than expected with the independent sector

The Turning the World Upside Down programme has been running for the past 4 years, with the aim of developing a similar model of care and support with the independent homecare sector, who

provide around 65% of homecare. Unfortunately, progress has been delayed by a number of factors. Some of the possible reasons are:

- People coming and going – building relationships of shared understanding and trust take time and you have to start again when some leaves or is replaced.
- As a local authority, we make the assumption that providers will buy into our model, without us really understanding their business model.
- Recruitment and retention is a big issue, which limits provider organisations ability to focus on anything other than providing the basics.
- The quality and leadership of homecare provider organisations is not consistent.

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Powys County Council

Powys County Council went through a very difficult time in 2014/15, when three out of four newly commissioned framework providers exited the market. Since that time, they have been taking a steady, step by step approach to rebuilding the market, which included reinstating the in-house service. They have been careful to nurture and support existing provider organisations and go at their pace in exploring and developing outcomes focused homecare.

Key messages

1. It takes time to build shared understanding and consensus

Powys have established a Care and Support at Home Working Group that meet for 2-3 hours every other month. This aims to be a fully representative group of relevant council stakeholders. After 18 months of planning, they have produced a 'Plan on a Page' detailing all projects and tasks that are being worked on to prevent demand, meet demand and increase capacity. They have updated their service specification for new packages of care and support that accommodate the flexible use of hours within a weekly timescale. They have also introduced a Dynamic Purchasing System, which ensures compliant procurement and has brought new providers into the market. However, there has been some 'push-back', particularly from social work teams, who have expressed concern about changes to care and support plans that might go unmonitored.

"We are still in the process of winning hearts and minds"

2. The coronavirus crisis has strengthened relationships and trust between commissioners and providers

Whilst the coronavirus crisis has been traumatic for so many people, it has also brough out the best in people and organisations. Homecare provider organisations have demonstrated their dedication and competence in responding to challenges. As a result, there is now greater mutual understanding and trust between commissioners and providers. Providers have managed to recruit a significant number of additional care workers since the pandemic started, which is managing to meet demand across the county.

3. Be sensitive to provider organisations in development work and go at their pace.

Whilst progress may seem to have been slow in Powys, their experiences have taught them to take things one step at a time. The homecare market is fragile, and with all the will in the world, any approach to development needs to recognise the pressure that provider organisations are under, not least the challenges to recruitment and retention. In the next phase of development, Powys are hoping to learn from a pilot project in the North of the county, using a co-production approach which brings together all relevant stakeholders within a particular locality. They are also introducing the 'Powys Pledges' from 1st April 2021, which links improved Terms and Conditions for care workers to higher rate increases to providers. Over the next two to three years the plan is to bring all care providers, who sign up to the 'Powys Pledges', up to the UKHCA minimum price for home care.

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