

Home Care — a Systems Thinking Alternative

Mandy Tilston-Viney and Adrian Roper

Home Care is a system in crisis. Vanguard Method Systems Thinking offers an alternative to Time and Task based commissioning. In this short article, the authors describe Cartrefi Cymru Co-operative's exploration into the failings of the current system and their efforts to transform service delivery through a co-productive approach based upon what matters to each person receiving support.

We are used to hearing that Home Care is in crisis; that fewer and fewer older people are getting help from a service that will cost more and more as we all get older; that Home Care causes Delayed Transfers of Care, resulting in huge strain upon our hospitals. But we don't hear much about why the Home Care system operates as it does, or about the thinking behind the practices that maintain it in a dysfunctional state.

Commissioners have attempted to address the issues with larger contracts and shorter call times, none of which have led to greater sustainability, or greater satisfaction amongst the people receiving support. It is a service dominated by a message of attrition — that there isn't enough to go around and we must all make do with less.

Vanguard Method Systems Thinking teaches its practitioners to think about "The System" in its widest sense. It encourages an in-depth exploration of "The Work" right at the grassroots so that leaders begin to appreciate how a failure in one part of the system has its knock-on effect elsewhere — with extra expenditure, time and work for whoever ends up mopping the mess.

Cartrefi Cymru Co-operative is the largest voluntary sector provider of care and support in Wales, mainly supporting people with learning disabilities, but in North Wales we have a small Home Care service operating in Arfon, in mountainous Snowdonia. This little service strives to organise 25 staff to carry out 723 calls a week to about 40 people, between 6.45am and 10.15 at night, 7 days a week, over a rural area of about 200 square miles.

How Does Home Care Work Now?

Home Care traditionally works in this way: people are assessed as needing help for a set amount of time at fairly predictable times of day i.e. "Breakfast, Lunch, Tea, Bed". The calls are grouped into rounds, running from person A to B to C etc. Managers try to keep costs down by grouping calls as close together as possible, which is a tough call because they have little control over where new packages of care will be situated. Cartrefi pays staff for their time on the road at their standard contracted rate and pays their mileage at 45p a mile. Travel is expensive.

The rounds change constantly. People die. They go into residential care. New people, living in different places, need calls. Staff have variable contracts, prefer to work different hours on different days, take holidays and sick leave. Nursing the staff rota is the biggest consumer of manager time. That and dealing with bureaucracy. The managers are under huge pressure on a daily basis in an unenviable job. These are good people, trying to get things right by running hard on the treadmill of doom.

What Matters?

A Vanguard check on our Home Care system began with an exploration of what matters to the people using it. We looked at records to see what people asked for, what they received, and

what they complained about. This revealed that What Matters to the majority of service users can be expressed in this way:

- I need a reliable service.
- I need a flexible level of service that can give me more when I need it and less when I don't.
- I want staff who suit me, who I can establish a bond with.
- I want people who can help me with what I need help with, when I want it, whatever that help is.
- I need help with my wellbeing (not just personal care).
- I want a service that listens and meets my individual needs.
- I want to feel informed and in control.

But the system as it stands is not set up to deliver these things: people are repeatedly frustrated by unreliability, by a one size fits all, task-based service, in which a varying stream of staff try to fit in someone's important wellbeing-related requests around the constraints of the Care Plan, often in their own time. There is no incentive for providers to be flexible or to innovate. The focus is on feeding the machine — putting more money in via bigger block contracts in an attempt to entice providers with promises of the elusive Economies of Scale.

So who does the Home Care system actually work for? Does Time and Task commissioning work for the staff who run from call to call, all too often on zero hours contracts, with little or no travel time given between calls so that for-profit providers can make a surplus? Does it work for the Home Care managers who spend their time nursing the rota and on the bureaucracy that providers, commissioners and inspectors impose upon them in an attempt to control the system? Does it work for the social workers who have been obliged to assess whether someone is needy and vulnerable enough to receive a Home Care service and then to reassess for the extra 15 minutes for support that everybody knows Mrs Jones really needs? And does it work for the older people receiving Home Care, who may be entirely dependent upon Home Care staff to meet their social and emotional needs?

Vanguard tells us that every system has its "waste" and is likely to be chock-full of bureaucracy and processes that we design into it. In Cartrefi's small service, we have a talented, creative management team that would much rather be out in the field, talking to people and finding out if we're doing what matters. But at the moment, their time is consumed by the rota and the bureaucracy. They made a record of all the demands on their time over a week. There were 306 demands. Only 14 related to the people we support, with only 1 direct call from a service user. Home Care eats managers for breakfast.

Where does the micro-management and bureaucracy stem from? Ironically, a lot of it is driven by a desire to control costs. There's a fear that if you let people have what matters to them, they will ask for the earth and the demand will be uncontrollable. But have we tested out how realistic that fear is? Have we looked to see whether, if we cater for people's emotional and social needs in a different way, people will place fewer demands on the Home Care system or the Health system or the Justice system? And have we looked for waste in the system? Well, mileage for randomly located calls is waste. Nursing the rota is waste. All the calls to social workers to ask for another 15 minutes are waste. And it all costs money.

Joan

Joan is 85 years old. She lives alone in a small Welsh cottage on the outskirts of a village. She's isolated and her mobility has decreased over time. In the past couple of years she has had

some falls that have knocked her confidence and she can't get out like she used to. Joan's care is funded by Health because Joan has a long standing severe mental health problem. Everyone agrees that Joan is very vulnerable.

A care package was arranged with Cartrefi in 2009 to prompt Joan to take her meds, encourage personal hygiene, and prepare breakfast and a bit of tea. Two calls a day, half an hour each, morning and evening, at set times. What Matters to Joan if you were to ask her is having the Sun newspaper in the morning and a steady supply of fags.

Reading through communication books and log entries showed an array of interactions between the staff on the ground, the managers in the office, and the health and social care professionals, to-ing and fro-ing in an attempt to sort out the problems Joan was facing on an ongoing basis.

If you look through this record of what's happened in Joan's life, you see that other things are important too: keeping an eye on her physical and mental health; keeping a close tab on her meds; keeping in touch with her neighbours; keeping her safe by trying to tackle the chaos that her house quickly becomes; making sure she's got food and money; trying to keep the accumulating stack of newspapers next to the fire from setting alight.

There are three different care providers and a care coordinator involved in Joan's Home Care, all with the responsibility to help her live her life well. So how effective has this service been? The Protection of Vulnerable Adults referrals we made, after repeated episodes of Joan having no food or money in the house when the system failed, would indicate "not very well". And there's the time it took to get Joan's toenails cut by a chiropodist: a concerted effort from staff and managers for just over 3 months and in that time it got so bad Joan couldn't put her shoes on and had to walk about in her stockings. How can that happen with this level of support?

There are many other examples of such system failures, even in that small service in Arfon. The scale of waste and avoidable suffering across all of Home Care, every day, must be immense.

Underpinnings

So what is the thinking that sits behind this pressurised system? Why do we have so much waste and a failure to meet basic needs?

As reflective Providers we have identified thinking such as:

- We can't trust the staff not to rip us off, so we'll monitor and control them.
- We can't have staff working with autonomy because we don't trust them and we'll lose control.
- We have responsibilities and we have to retain control.

And the Commissioner is thinking exactly the same things. They don't trust us and we don't trust our staff. This has landed us all with the top-down, command and control model of working that misses delivering What Matters every single day.

Our staff struggle from person to person, fielding swathes of unmet need as best they can. As a provider we struggle to meet the lowly purpose of doing the calls as best we can and breaking even. The people we support often struggle uncomplaining with unfulfilled lives, stifling discontent in the name of not making a fuss.

All of this is unsustainable and is testing Home Care to destruction. But if we remember What Matters to people using this service, then that brings us to a new Purpose: to get to know people really well and do what's important. If we can concentrate on that, then the potential is there for an amazing transformation.

As a multistakeholder co-operative, we are up for doing right by the people we support and our employees. And with admirable willingness to try something different, Gwynedd Council are working with us to carry out an experiment in the village of Bethesda. Our aim is to see whether it is possible to redesign Home Care so that it becomes an empowering system to commission, to work in and to receive.

Our Bethesda Experiment will particularly test out two propositions:

- That skilled and knowledgeable staff working on a local patch, with the power to make decisions about what they do, is a more sustainable way of providing Home Care — and compatible with decent staff terms and conditions.
- That skilled and knowledgeable staff who are using their resources, and the local community's resources, will be able to help people to do much more of What Matters to them — in a system that recognises their needs as human beings.

This redesign of Home Care will test out the principles of Co-operation and Co-production at every step. With the support of the Social Services and Wellbeing Act, we'll all be focused on finding out What Matters to people who are vulnerable, while at the same time looking at their strengths and assets to see how we can supplement those things that need supplementing.

Local Authorities and Health Boards are being compelled to think about what they commission and how. We're fortunate that some, like Gwynedd, are prepared to see if, rather than simply retendering a service, we can work together to re-design the whole system.

Scaling up?

Our experiment is purposefully small at present and scaling up will bring challenges as we introduce people who are used to working in a traditional way to an unfamiliar alternative. Scaling up is not simply a case of rolling out a training course and telling staff they now have permission to Do What Matters. A new approach requires normative learning — getting into the heart of the work to experience first-hand the waste, failure and missed opportunity that exists in the traditional model. Having a successful, redesigned model running alongside the old system creates a useful comparison and an opportunity for experiencing how it feels to work on the ground to work in a different way. The comparison creates a cognitive dissonance that is hard to ignore. As one of our staff has said, "I'm not going back to working like that. It's just wrong. I can't do it anymore". That is the secret detonator of scale.

The Authors

Mandy Tilston-Viney's career in social care has included representing and supporting learning disability providers as Wales Director for ARC UK, promoting Active Support as a best-practice methodology for people with high support needs, and developing quality systems and standards for home care. She is North Wales Regional Director for Cartrefi Cymru Co-operative.

Adrian Roper has 31 years experience of social care in the statutory and voluntary sectors. He started his career as a volunteer resident in Wales' first "group home" for people with learning disabilities. He is CEO of Cartrefi Cymru Co-operative, a Wales-wide provider of community-based support that reconstituted itself as a multistakeholder co-operative in 2016.

This article first appeared in the Welsh Institute for Health and Social Care's Think Piece, *Support for Older People — Health, Social Care and the Third Sector*, edited by Mark Llewellyn, University of South Wales May 2017.