

Welcome to the Care and Support at Home Engagement Day

Introduction

Paul McKay

Director of Adults Services West Sussex

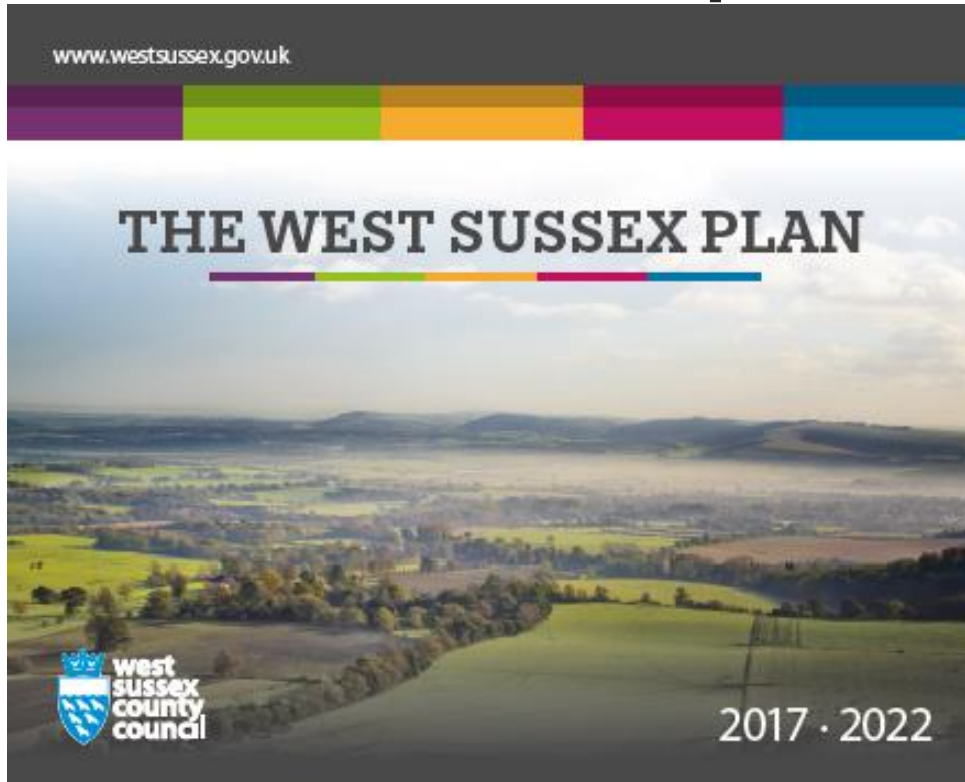
Purpose of the Day

- Share our vision and strategy
- Update you with our planning and timetable
- Listen to your expertise and incorporate your views in to the development of commissioning plans.
- Understand your challenges and the barriers to delivering care in West Sussex.
- Explore the art of the possible!
- Test ideas and investigate innovation.

The Adult Social Care Challenge

- £2b budget pressure by 2020
- The awaited Social Care Green Paper.
- Population changes
- Increased expectation
- Enable people to remain at home

West Sussex context – Our plan and priorities



West Sussex Context: Adult Social Care in West Sussex



"Our vision and strategy is simple: adults with care and support needs should have the best opportunity to lead healthy and independent lives. But we will only achieve this by changing the way we work, focusing on outcomes, what people want to achieve, how they want to live and working with our communities differently."

Kim Curry

Executive Director, Children's Adults', Families, Health and Education

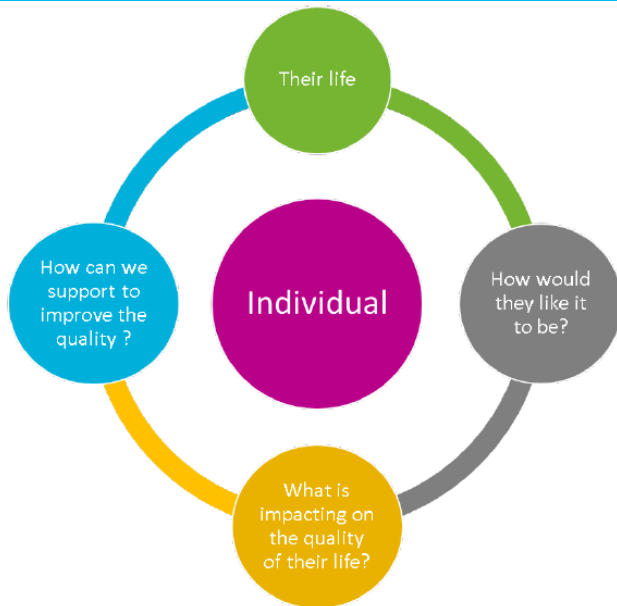
"No one doubts that most people would wish to be independent and in their own homes for as long as practically possible and to achieve this takes co-production, integration and hard work between the people involved, their family and friends and the organisations providing the services so that these can be delivered seamlessly and with the right outcomes."

Amanda Jupp

Cabinet Member for Adults and Health

June Ramadan's story - Resources - Think Local Act Personal

West Sussex Context: Supporting Lives Connecting People



- Community led model of Support
- Focused on strengths and community networks
- Supporting people closer to where they live.
- Emphasis on supporting people at the earliest stage possible
- A joined up partnership approach with the NHS and voluntary and community sector partners

From Strengths based approach: practice framework and practice handbook, Department of Health and Social Care.

How many people were supported to live at home with services provided or commissioned by Adults' Services in West Sussex, in 2017/18?

Answer D: 8,176 people had services commissioned by the council to help them live at home.

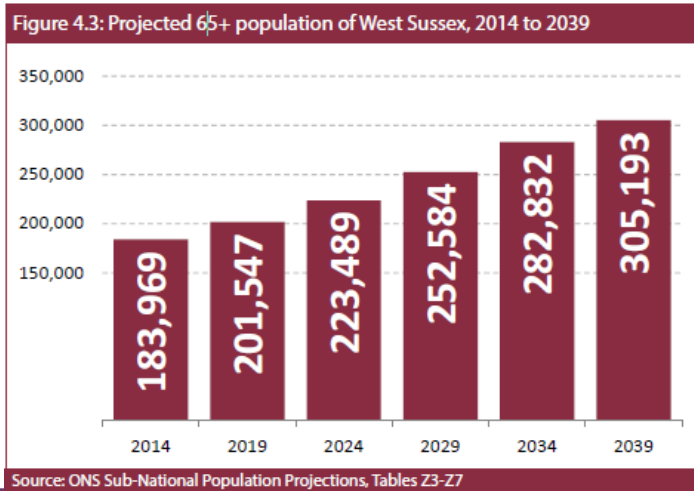
- A) 80,658
- B) 25,636
- C) 15,748
- D) 8,176

There are around 836,000 people living in West Sussex, around 187,000 are over 65. Most people in West Sussex do not require the services of the Council.

The Council wants to support people to live well in their communities encourage independence, and move towards solutions to enable people to live independently for longer. "It is important that people have a life, not just a service"

Financial and demand challenges

- £206m budget for Adults Social Care and Health for 19/20; largest proportion of the Council's service spend.
- Council faces a potential budget gap of £50m by 2023/24.
- Person Centred
- Our direction: prevent, delay, reduce
- Need to change the ratio of people in a care home and those in the community



- Increasing populations of older people.
- Increasing life expectancy.
- Long term conditions

West Sussex Life 2017-2019
<https://www.westsussex.gov.uk/about-the-council/policies-and-reports/corporate-policy-and-reports/west-sussex-life/>

Outcomes we want to achieve: Summary

- Co-produced
- Outcome focused
- Strengths based
- Providers working as true partners across health and social care
- Vibrant, diverse and sustainable market
- Cost effective
- Innovation
- Needs of customers in rural areas met
- Reduced stays in hospital – Home First



How can we work together to achieve our aims and vision and support people to be independently in their homes and communities?

What solutions do you have to help us on our journey?

Next steps

- Gerald Pilkington
- Market Engagement sessions
- Cabinet Member Decision
- Procurement Exercise

West Sussex Care at Home Market Engagement Workshop

13th May 2019

Reablement: What is it ? – a definition*

Prevention

- Services for people with poor physical or mental health
- To avoid unplanned or unnecessary admissions to hospital or residential care
- Can include short-term and longer term low-level support

Rehabilitation

- Services for people with poor physical or mental health
- To help them get better

Re-ablement

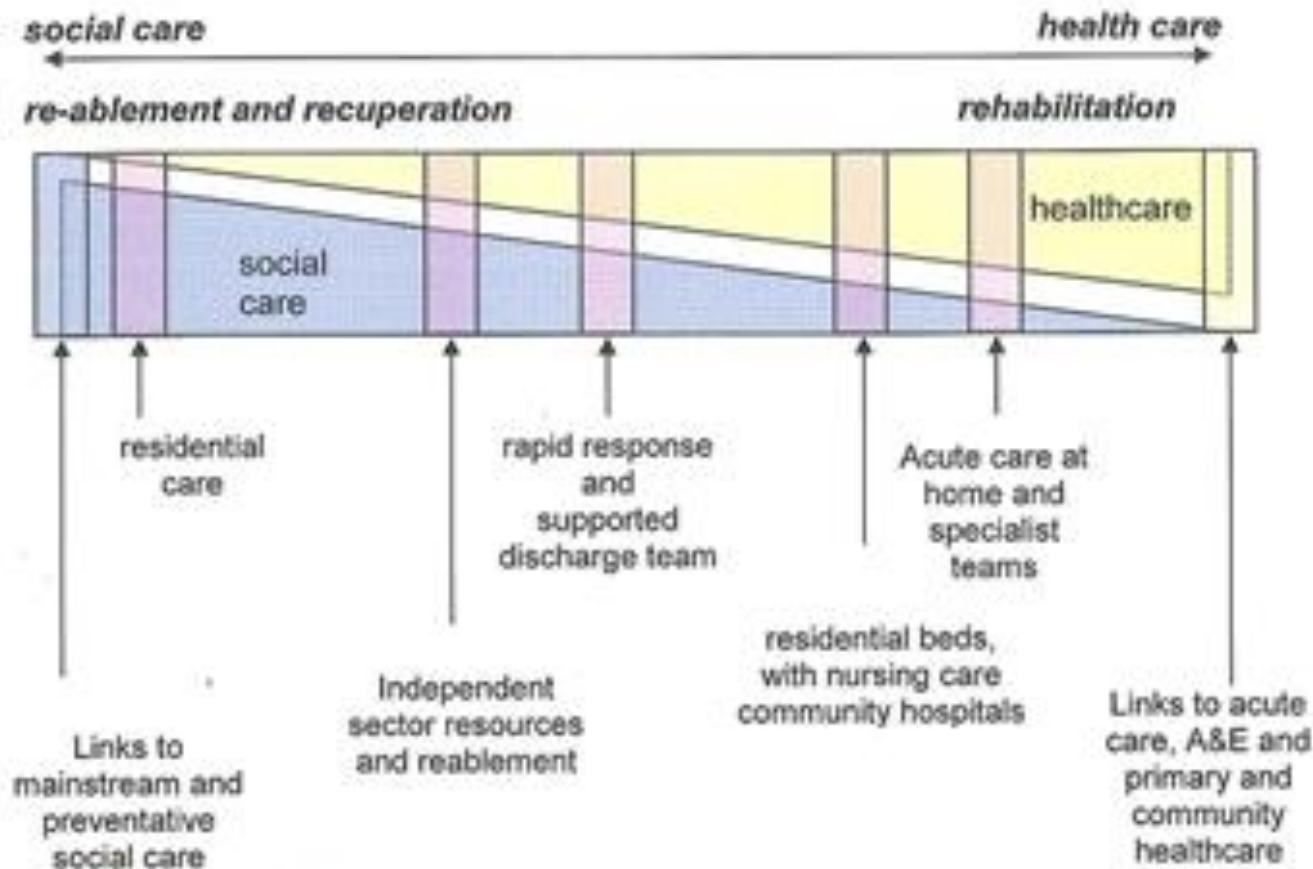
- Services for people with poor physical or mental health
- To help them accommodate their illness [or condition] by learning or re-learning the skills necessary for daily living and improving their confidence

* Definitions from an evaluation report by De Montfort University

Reablement v Rehab:

The continuum of intermediate care

Intermediate Care – Halfway Home (June 2009) , Chap.5 page 10



Reablement:

What is it ? – principles and objectives

Common principles and features:

- helping people 'to do' rather than 'doing to or for' people
- outcome focused with defined maximum duration
- assessment for ongoing care packages cannot be defined by a one-off assessment but requires observation over a defined period

Objectives are:

- to maximise users long-term independence, choice and quality of life
- to appropriately minimise ongoing support required and, thereby, minimise the whole life-cost of care

Reablement: Does it work ?

- In well performing services approx. 60% of completers did not require ongoing support ^{*1 & *2}
- Two years later 40% had still not required any support ^{*2}
- Improvements in social care related quality of life, health related quality of life and perceived quality of life ^{*3}

Most services accept people from health and community settings

^{*1} Leicestershire De Montfort study 2000 and Retrospective Longitudinal Study, SPSSU University of York

^{*2} Retrospective Longitudinal Study, APSSU University of York, Nov 2007

^{*3} Prospective Longitudinal Study, SPSSU University of York and P3SSU University of Kent Dec 2010

Reablement: Services

- WSCC have an established, well performing reablement service through ECL
- Some extending concept of maximising independence and outcome focus to all services including homecare, daycare, etc.
- Reabling domiciliary homecare: WSCC wish to explore
 - a reabling approach throughout the customers journey
 - improving / maintaining independence and outcomes
 - what could it look like?
 - how might providers develop this approach?

Contact:

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Care at Home – Current Arrangements and Future Requirements

Juliette Garrett
Senior Commissioning Manager
13th May 2019

Current Arrangements

- 2015 Care and Support at Home Framework
- Pre-existing legacy Framework agreement for Domiciliary Care.
- Direct Payments
- Reablement
- Telecare
- Meals on Wheels
- Supported Living and Outreach
- Community Support
- Friends and Family Carers

Current Service Use

55%

Estimated over 55% of total business is directed to self funders. Whilst the Council is the single biggest purchaser it does not commission the majority of services provided.

64

Average of 64 people waiting for a package of care at any time (short or long term) since September 2017

142

Average of 142 customers requiring long term care referred through Intend per month since Aug 2015

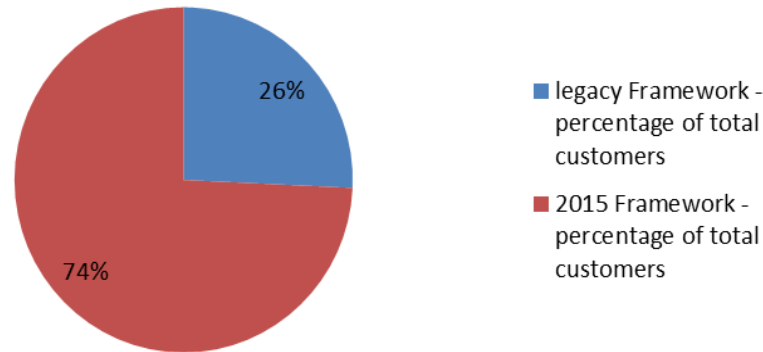
1901

Number of Council Managed Budget funded customers using the Council's contracted provision as at December 2018

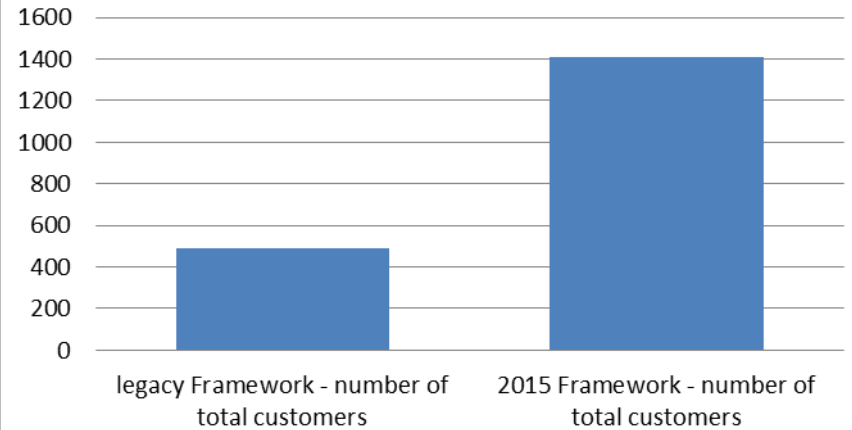
Current Arrangements

Council Managed Budgets Commissioned

Percentage of Council Managed Budget customers by Framework - as at 30/03/19

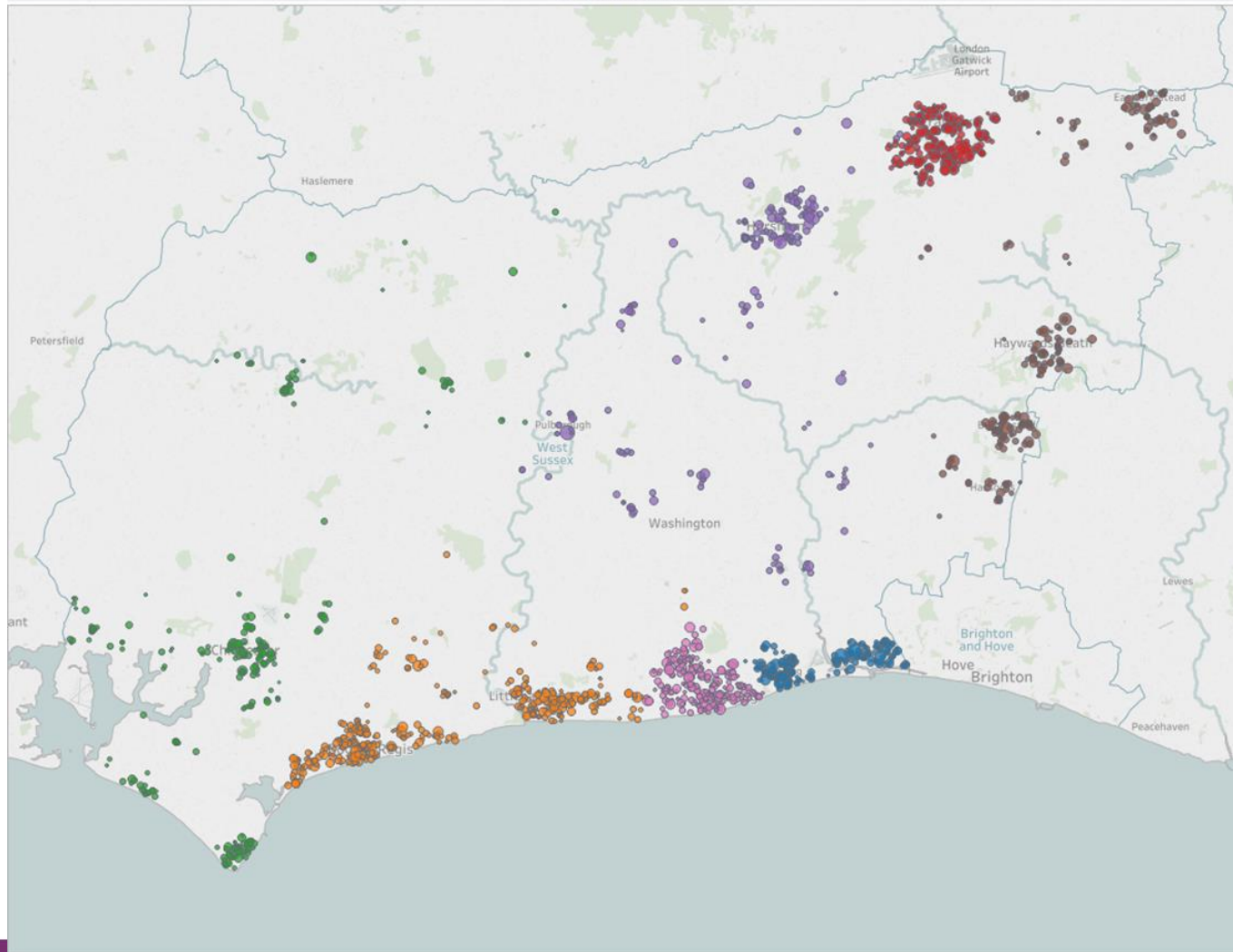


Number of Council Managed Budget customers by Framework - as at 30/03/19



- Around 1900 customers supported at any one time through a commissioned service organised by the Council and purchased through the 2015 Care and Support at Home Framework or the pre-existing legacy Framework.
- Additionally 506 older people (65+) currently have a Direct Payment. Some people will use this to organise and pay for care from a Domiciliary Care Provider

Current Customers

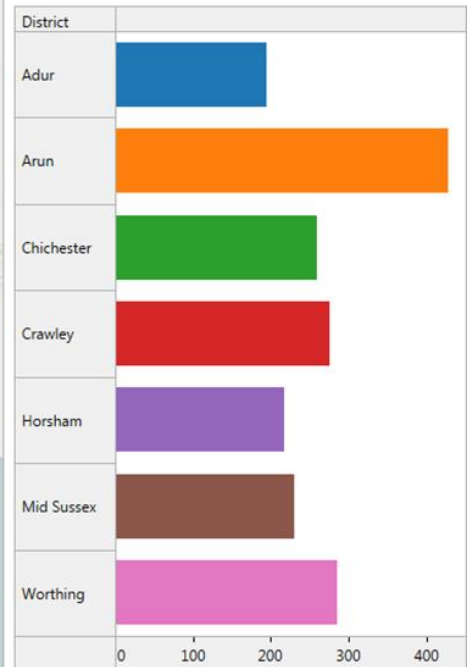


District

- Adur
- Arun
- Chichester
- Crawley
- Horsham
- Mid Sussex
- Worthing

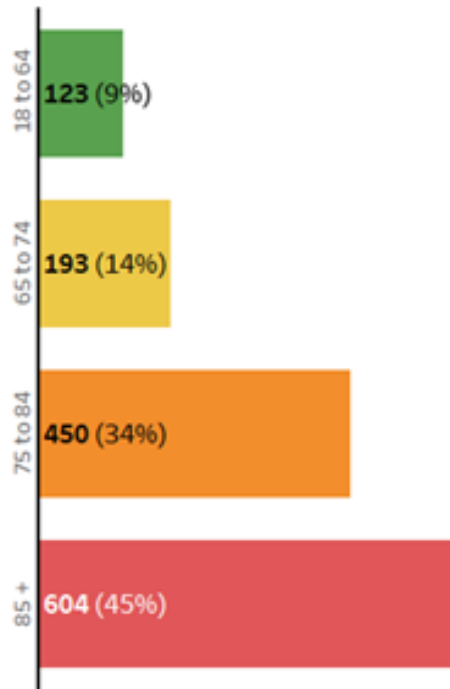
Approx Hours

- 1
- 50
- 100
- 168

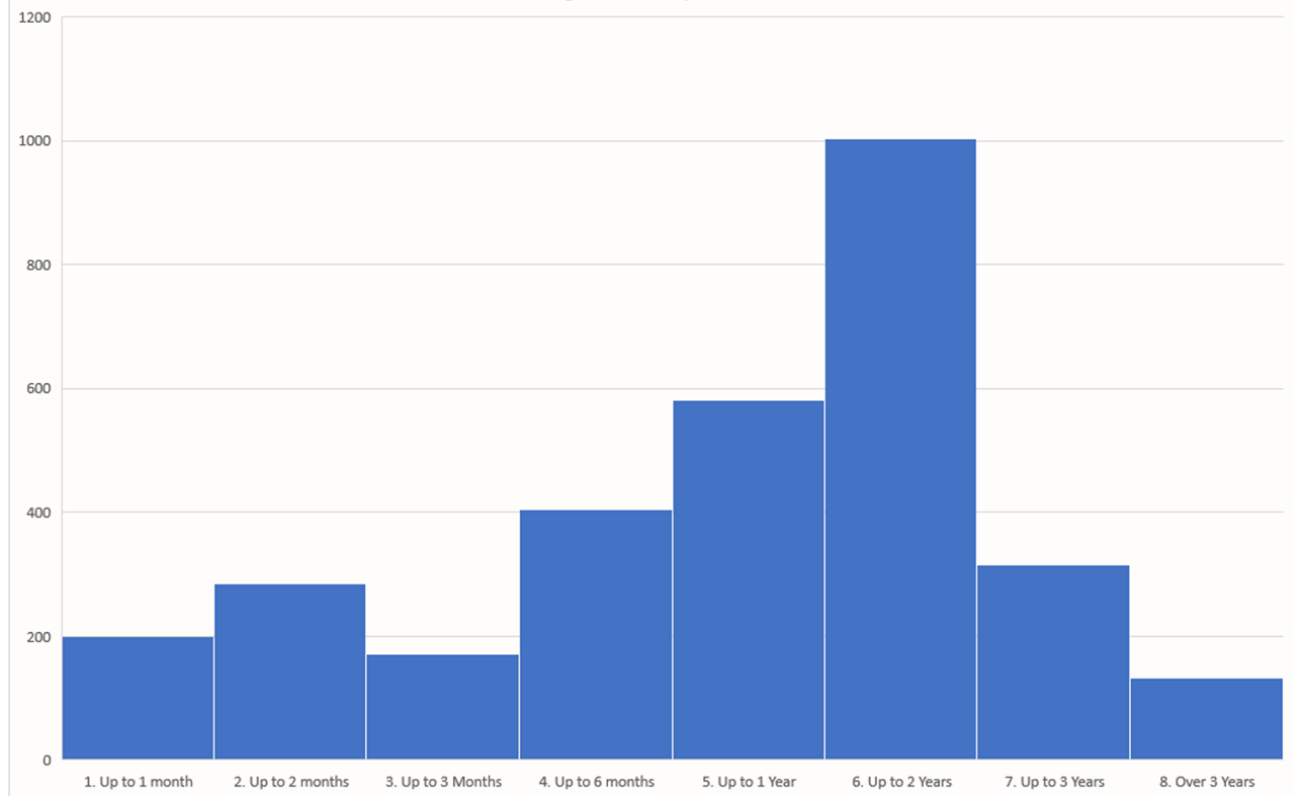


How do people use services?

Admissions by Age Group Mar-18 to Mar-19



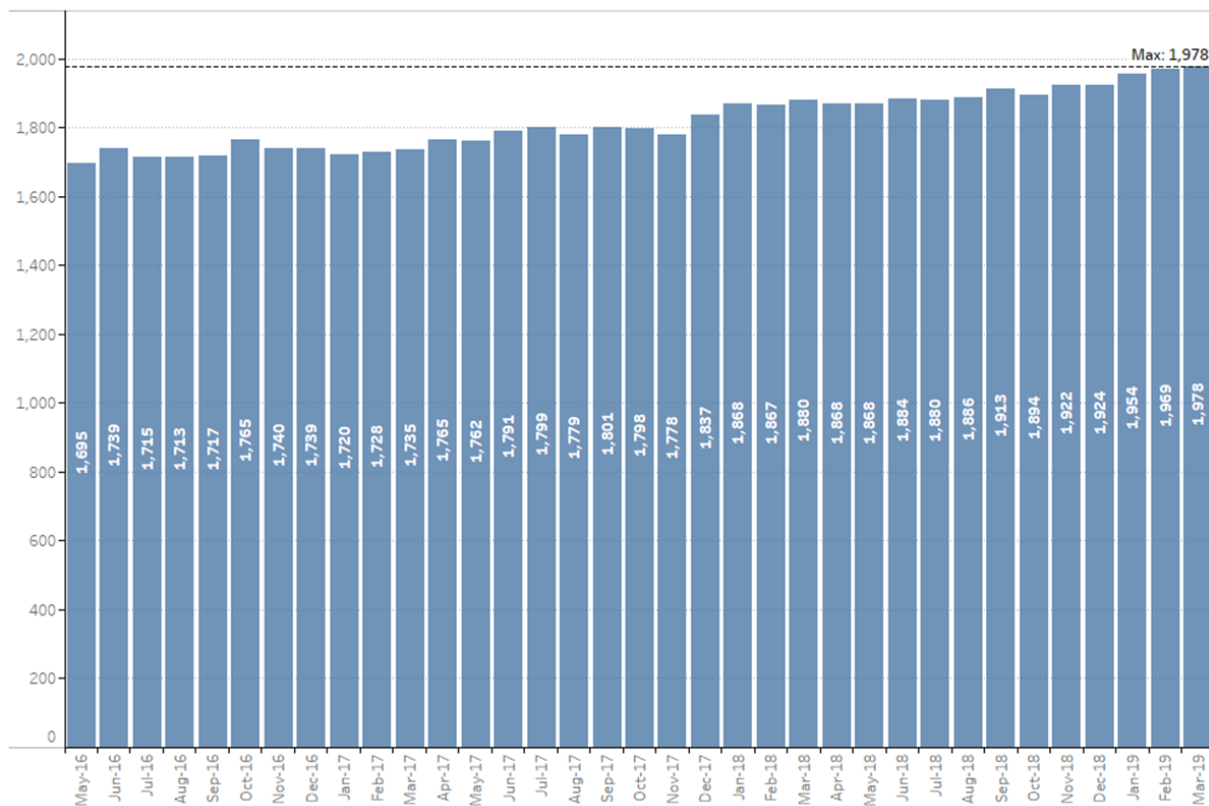
Duration Accessing Domiciliary Care - for 18/19 Users



Number and cost of Domiciliary care purchased on behalf of Customers via CMB

Total Number of Domiciliary Care Customers (paid via CMB)

Domiciliary Care - Total in Pay via CMB



March 2017 – March 2019

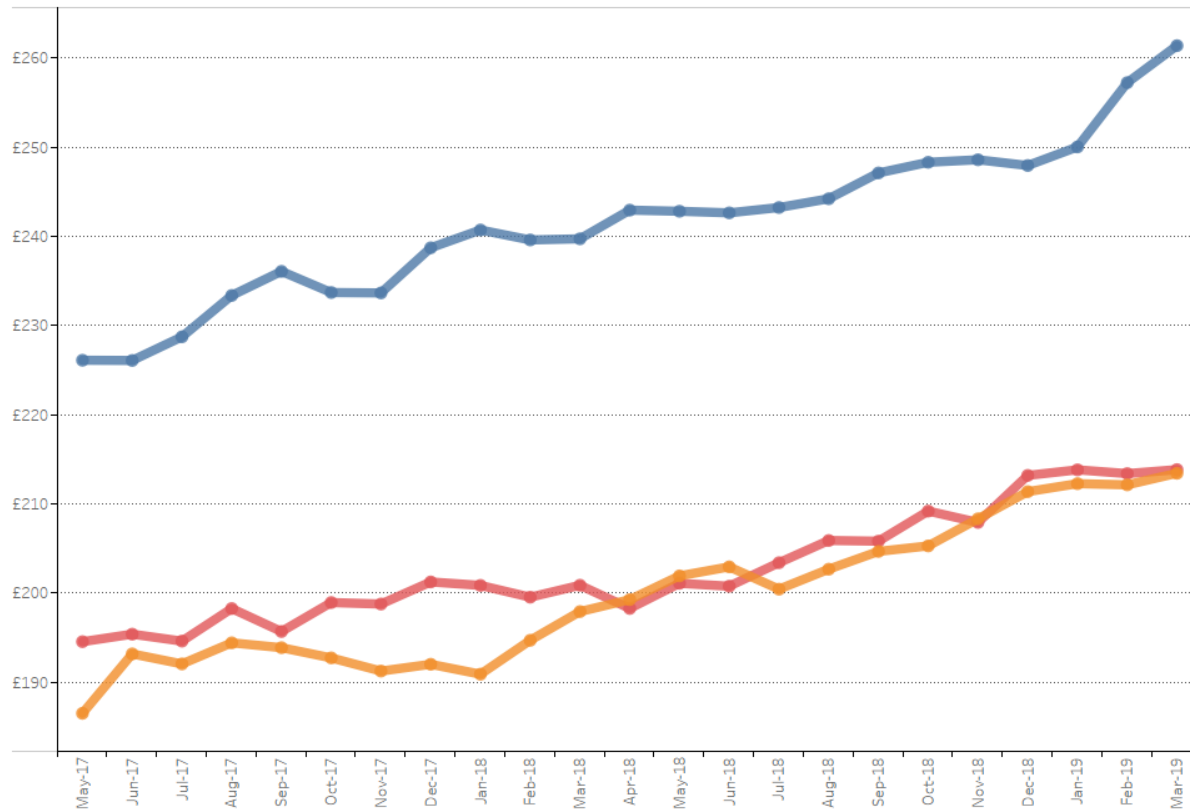
- 14% increase in number of domiciliary care customers paid through CMB

As the number of customers has increased, the cost of domiciliary care has also increased but at a higher rate of increase:

Costs

Average Weekly Cost of Domiciliary Care Customers (paid via CMB)

Average Weekly Gross Cost per Customer - Domiciliary Care



2018/19 around £22m spent on domiciliary care

Average weekly cost per customer is £210 per customer.

However, average costs in the Northern area (shown in blue) are nearly £50 a week greater than in the Southern and Western areas.

The Council has increased rates by at least 3% every year since the 2015 Framework commenced.

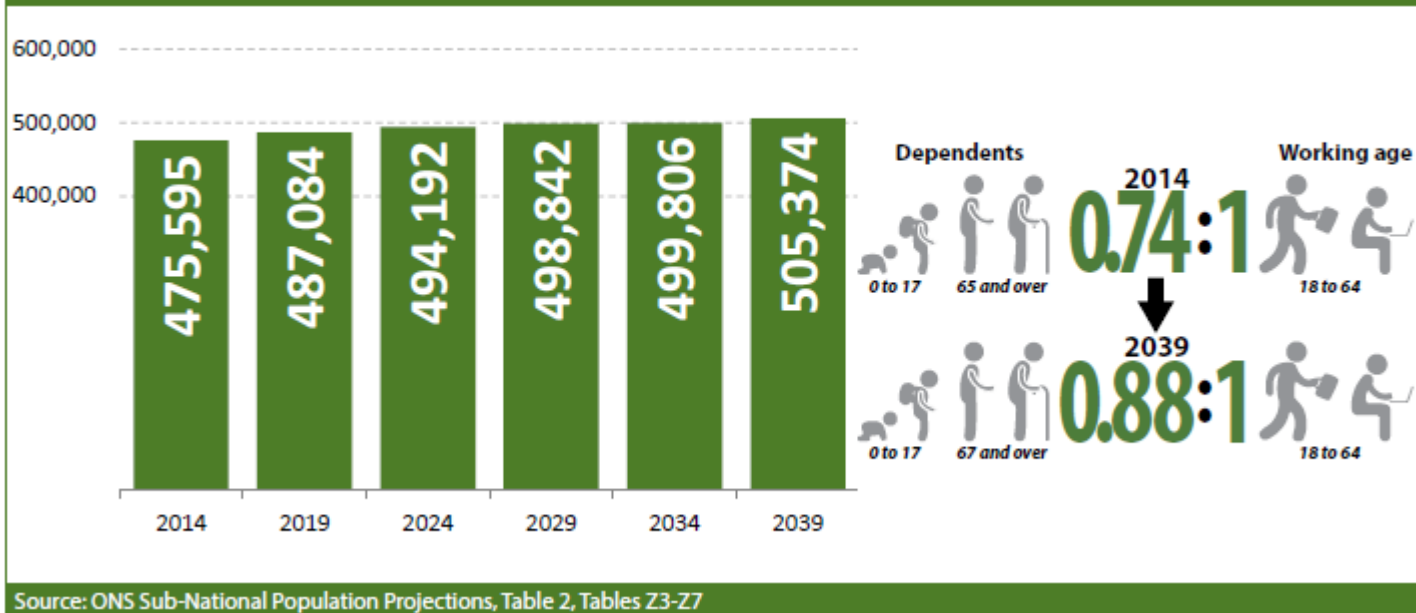
Current Challenges

- Recruiting and retaining
- Rural coverage
- Supporting customers with complex needs, circumstances and situations.
- Supporting people to discharge from hospital swiftly.
- People waiting for a package of care longer than ideal.
- Increasing costs and cost of delivery

Identify one key challenge your organisation faces in delivering services.

Workforce

Figure 4.2: Projected 18-64 population of West Sussex, 2014-2039



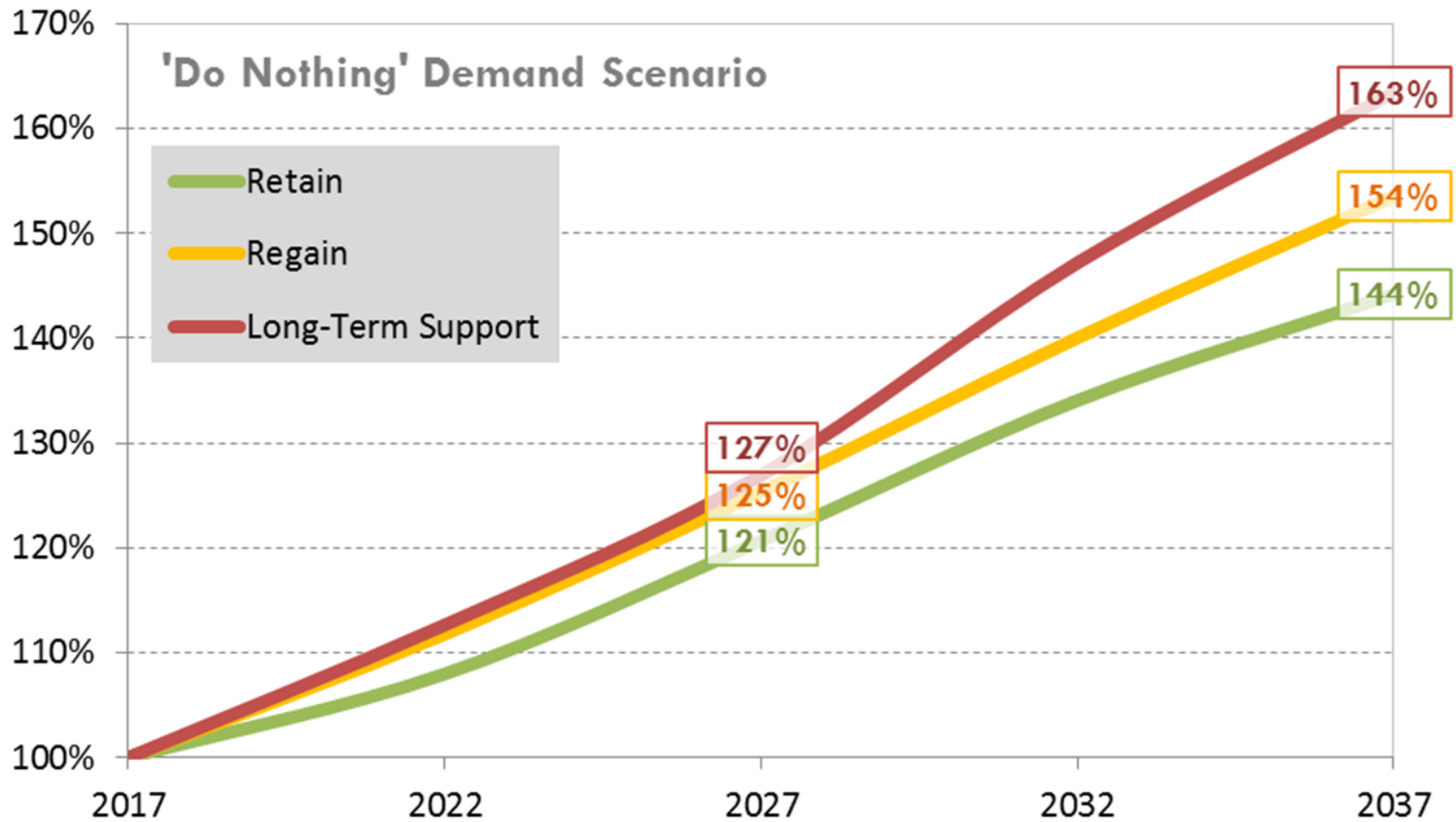
Ratio of dependent people (under 17s and over 65/67s) compared to working age population is increasing.

Greater challenge to ensure sufficient workforce to care for dependent people.

West Sussex Life: available at: <https://www.westsussex.gov.uk/about-the-council/policies-and-reports/corporate-policy-and-reports/west-sussex-life/>

Proud to Care initiatives

Potential Demand



So what might we need in the future?

- To support people to remain independent at home for longer.
- To support older people who are living longer and with multiple conditions and complexities
- To focus on re-abling people where possible
- To support people when they need it
- To support people to support themselves

Strategic aim to change how we arrange and commission services

We will work with our partners to:

- Help people to achieve their goals and ambitions
- Improve information advice and guidance
- Improve health and wellbeing focus on prevention
- Increase availability and accessibility of technological aids and adaptations
- Make sure services are high quality and sustainable

Adult Social care in West Sussex Our vision and strategy 2019 – 2021 p7)

The Plan...

- Recommission Care and Support at Home to meet our future requirements, and to achieve the aims and objectives in the Adult Social Care Strategy and Vision.

The principles:

- Co-produced services developed with the market and customers.
- Strengths based, enabling and outcomes focussed services that work with the wider community to develop solutions for individuals.
- Strategic provider relationships – key providers working as part of the health and social care system as integrated provider partners and responsive to emergencies.
- A vibrant, diverse and sustainable market delivering quality, cost effective services across the county.
- Consistency in delivery of outcomes but acknowledging the differences in the way these can be achieved.
- Innovative and alternative place based solutions for meeting the need of all residents, particularly in rural areas.
- An innovative partnership approach to the fair recruitment and retention of the care workforce.

What might the new commissioned arrangements look like?



Today's workshops will enable us to get your ideas of what future arrangements could look like.

Alongside today's session we are also:

- Reviewing how other local authorities are commissioning;
- Asking customers about what is important to them;
- Reviewing good practice and innovation being developed nationally;
- Asking care workers about their experiences;
- Working with partners and colleagues to consider requirements
- Learning from our current arrangements and tests and trials of alternative delivery mechanisms

What is the most important consideration for you as providers in delivering services on behalf of the Council?

- 1) Cost/rate of pay
- 2) specification – what is being asked is deliverable
- 3) customer needs and complexities
- 4) spread of service – geographic boundaries
- 5) key performance indicators and targets
- 6) volumes of service guaranteed/available
- 7) being able to recruit enough staff

Workshops

- **Payment Models**

Matthew Birch and Laura Hardie in the Doric Room

- **Rural Solutions and geographical boundaries**

Juliette Garrett and Debbie Young in the Corinthian Room.

- **Outcomes and Strengths Based Approaches**

Avril Mayhew, Sarah Farragher and Jane Walker in the Ionic Room

- **Recruitment and Retention**

Sarah Saych and Allison Durieu in the Members Room

Anticipated Timescales for Change

- Spring 2019 – Market Engagement and Customer Focus Groups. Gathering information and intelligence.
- Summer 2019 – developing recommendations and testing these with customers, providers and partners.
- Autumn 2019 – Seeking approval for the recommendations, preparing for procurement.
- Early 2020 – Commence Procurement
- Summer 2020 award and commence implementation
- New solutions in place by Jan 2021.

Workshops

Panel Question and Answers

Next Steps

We will come back to providers with our initial outline proposals to enable you to comment and feedback.

How would you prefer us to engage with you further?

- 1) Provider Forum or Meeting.
- 2) Send you written material for you to respond to.
- 3) Online response – ‘Have your Say’
- 4) Email updates

THANK YOU!