Care and Support at Home

Payment Models

Workshop

13th May 2019

west sussex county council

THE WEST SUSSEX WAY

www.westsussex.gov.uk

Current Arrangements

- Personal budgets
- Individual, Support Brokerage & Provider work together
- Reality
- Hourly rates
  - Standard & Enhanced Rates
  - Pro Rata
  - Contact time only
- Weekly returns & 4 weekly payment cycle

Key Challenges

- Supporting more people to live at home for longer
- Sufficiency
- Rural
- Outcomes
- Sustainable, high quality services
- Value for money

TASK 1

Your ideas….

What payment models could be considered that will impact on some or all of the challenges, which also helps support/stabilise/grow your business?

TASK 2

For each payment model…..

1. What would the **model** look like? What would be the **pros** and **cons**?
2. How can the model help to **increase supply** (urban & rural) and **developing high quality** & **sustainable services**?
3. How can the model help you to **deliver outcomes** and supporting more customers to continue to **live at home for longer**?
4. Would there be any other benefits for the customer?
5. What **incentives** would help providers to deliver this model? What would this look like?
6. What else could WSCC do to help providers in delivering through this payment model?

Other Questions

1. Payment options for customers being admitted to hospital
2. How might WSCC measure value for money of different payment options?

Feedback

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Workshop feedback

The following slides incorporate the feedback from all of the table discussions in the payment model workshops throughout the engagement day

What payment models could be considered that will impact on some or all of the challenges?

- Block Payment – autonomy to flex package within parameters
- Block Payment – continuity of funding
- Block Payment – agreed monthly amount to cover an agreed number of clients/hours
- Live in Care
- Live In Care – Enablement Service
- Outcomes based hours – Live in and Dom Care
- Real time – less prescriptive
- Block of hours to use flexibly
- Blocked budget per client
- Take client contribution into account with flexible budget/service
- Individual Service Fund
- Electronic call monitoring for actual time
- Rural – Block contract
- Outcomes met measurement
- Separate price for rural blocks
- Block contracts
- Bridging flexible pot
- Include outreach
- Person centred care plan & personal budget to client
- Different rates for different areas
- Shift pay and block hours
- Time bandings – not specific call times
- Longer call times – min of 1 hour
- Block Pay
- Incentives for staff
- Rural – Satellite branch
- Live in POC & Respite
- Enhanced rates for rural workers
- Up call time to include time for general wellbeing
- Long term contracts
- Block contract of hours per area
- Pay providers full weekly budget
- Admin fee for new customers
- Pay for hospital admission/death
- Purchase runs to focus volumes
- Weighted payments (not pro rata)
- Pay for carer time not contact time
- Pay for slot within very small geographical area
- Block contracts offering rounds
- Enhanced rate for rural (travel time)
- Salary rather than hourly
- Link to Tels – prompts instead of 15 min calls
- Buurtzorg Model
- Block contracts in new and existing areas
- Block contracts
- Admission avoidance and reablement in one block contract
- More 'regular' rounds opportunities to develop rural and difficult areas
- Respite service pays in advance (works well)
- Block hours – Rural areas
- More flexibility and less proscriptive call times to enable providers and cared for to agree times to achieve outcomes.
- Pay shifts not per call
- Expanding call time for rural calls
- Central system to prompt meds
- Different rates for unsociable hours
- Different rates for different areas
- Satellite branch for rural with 7-10 customers and carers
- Paid total hours per week less proscriptive
- Individual block budget hours
- Area block hours
- Real time
- Pay reflecting level and skill
- More flexible
- Have block payments and let the client and care provider decide on how this is used to provide care

Payment Model Summary

Model	Description	Challenge Solution	Pros/Cons
Block Contracts – Geographical (Lead Provider for area)	Block contracts based on specific areas were most frequently highlighted	• Sufficiency • Rural • Sustainable services	Would guarantee income to providers. Allow providers to guarantee payments to staff leading to increased retention and a growth in provider's capacity. This would provide a solution to rural areas as well. Separates rural rate from 'usual' rate and can cover travel time. Known capacity and availability. Promotes continuity of care. There would need to be Trust between provider and WSCC. Need to be based on predictive numbers. Lack of choice for customers. Alternative services.
Individual Service Fund	Identified weekly/monthly budget for each customer. More flexibility for customer and provider to agree support.	• Outcomes	Flexible approach to utilising budget and responding to needs. Customer has greater role in determining how care is provided. Increased focus on achieving outcomes. Change in culture and package arrangement needed.
Group Service Fund	Providers are arranged to deliver to a group of customers with service flexing depending on need	• Sufficiency • Outcomes • Sustainable services • Supporting more people to live at home for longer	Guarantee income to providers. Increase recruitment and retention – salaried staff and shift patterns. More customer centred care with time to focus on independence activities. Lack of choice for customers. Potential for cherry picking of customers. Type of provider might impact level of cultural change. WSCC need to trust providers to determine care requirements flexibly. Customers may all prefer or need the same service at the same time – conflicts with service delivery preferences.
Enhancements	Enhancements to charges to reflect customers with complexities, rural location, unsociable hours	• Rural • Sustainable services	Aids providers to increase payment and incentives for staff to work evenings, weekends and in rural areas.
Achievement of Outcomes	Mixture of proscribed outcomes and personal budget	• Outcomes • Supporting more people to live at home for longer	Potential for incentives linked to customer outcomes and length of service

What other things could WSCC do to help providers deliver services better?

- Travel time
- Mileage payment
- Only pay 1 hour rates
- Cost of travel time – mileage and staff pay
- Higher rates to allow for recruitment and retention
- Fleet of cars
- Pay for parking permits
- Simplify finance processes
- Automate finance system
- Parking fees
- Access to cars / vehicles
- Bus Passes – carer travel routes
- Volunteer drivers
- One payment method for all services – short term CMB
- Providers share resources – back office functions, phones, IT
- WSCC provide some back office functions for providers – payroll, DBS, access to office space in rural locations, recruitment
- Utilise WSCC purchasing power for IT purchases, mobile phones, cars, transport, fuel,
- WSCC branded lease cars

Approaches to Hospital admissions?

- Retention payment
- Scaled retention payment – 1st week 100%, 2nd week 50%
- Maintain services in hospital – care staff to visit client in hospital, support hospital staff, start with reablement, joint assessments and quick discharge
- Pay a holding amount – 50% of staff
- Within the first week care providers should still receive payment as this affects the allocated carer