Care and Support at Home Recommissioning Recommendations Market Engagement Meeting
7th August 2019

west sussex county council

THE WEST SUSSEX WAY

www.westsussex.gov.uk

Strategic Approach

THE WEST SUSSEX PLAN
www.westsussex.gov.uk
2017 · 2022

A good place to grow old
Older people feel part of their community
Older people feel safe and secure
Independence for later life
People are healthy and well
Older people have opportunities to thrive
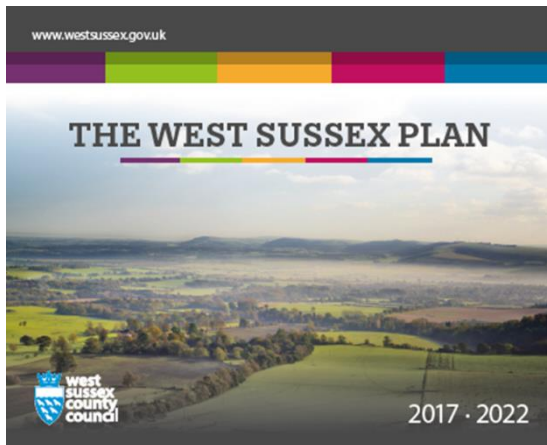
Future requirements reflecting our strategic aims and objectives:

- People feeling part of their community
- People feel safe and secure
- People are healthy and well
- Opportunities to thrive
- A good place to grow old
- High quality sustainable provision
- Focus on independence, helping people to help themselves
- Outcomes focused
- Community led models of support
- Co-production and partnerships
- Prevention and technology
- Changing the way we commission services
- Developing the workforce

www.westsussex.gov.uk
Adult social care in West Sussex
Our vision and strategy 2019-2021

west sussex county council

west sussex county council
Supporting lives connecting people

Key guidance and good practice considerations

Key to Care: Report of the Burstow Commission on the future of the home care workforce (2014)

- Councils should ensure they are paying sufficient rate for contact hours
- Move away from time and task commissioning
- Proactive oversight of existing contracts
- Care workers should be valued
- Providers should be responsible and innovative

Messages on the Future of Domiciliary Care services (Prof. John Bolton and Dr Jane Townson (2018)

- Clear understanding of the price of care
- Understanding of the menu of services to support people to remain at home
- Work collaboratively on recruitment and retention
- Use of technology
- Manage demand for domiciliary care services
- Understanding of the outcomes being sought

Home Care in England and New Models of Home Care– Kings Fund (2018)

- Staffing – fundamental challenge
- Councils holding down fees
- Rates affecting quality?
- Integration with health patchy
- Some alternative models not new
- Proving impact of technological innovation

Priorities:
Workforce
Person centred approach
Proactive and preventative approach
Informal care givers and community assets
Technology as enabler
New approaches to commissioning based on incentivising outcomes

| UKHCA – minimum price for Homecare | Six innovations in Social Care – Helen Sanderson | Reimagining Social Care (Think Local act Personal) | NICE guidance – Home Care | Skills for care and National Minimum Data set | CQC - WS Local Authority Data Profile |

Other Local Authority Approaches

Somerset – Micro Providers. Move from 7 providers in 9 blocks to two tiered framework with around 4 providers per area, and 2nd tier for reserve

Oxford - 8 Help to Live at Home providers first option, 32 Dynamic Approved Provider List, 2nd, then wider market

East Sussex – 4 tier hierarchy – 3 providers 60%, 41 providers 25%. 4th tier newly introduced for villages

Kent – 26 providers across 19 lots. Multiple providers per area based on demand in the area

Doncaster – Strategic lead providers and additional support providers model and working on a specialist framework

Brighton and Hove – 10 postcode areas and 8 providers. DPS for reserve

**Coventry** –7 clustered areas (GP clusters) includes transitions and non clinical CHC

Isle of Wight – collaborative approach to working with providers and focus on outcomes

Wiltshire – experiences, learning and impact on previous model on the market. New framework arrangements

Southampton – new framework as of 1/4/19. focused on Ethical Care Charter. In house urgent response

Workforce

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

Source: ONS Sub-National Population Projections, Table 2, Tables Z3-Z7
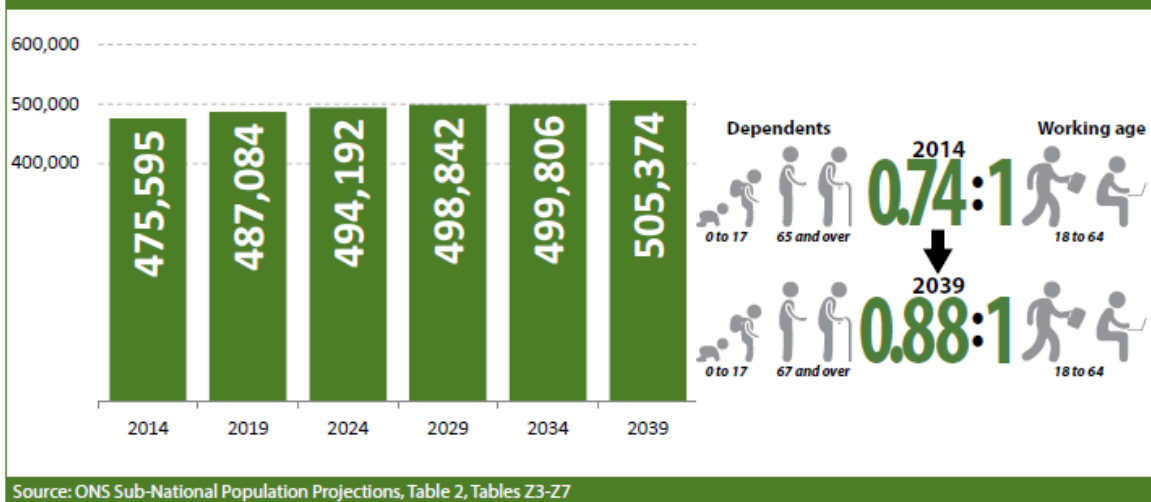
Skills for Care ASC workforce estimates - Dom Care 2017/18

Dom care workers more likely to be on zero hour contracts (61%) compared to average for all services (35%)

Turnover rate 37.4% higher than average across all services (30.7%)

Vacancy Rate 10%, higher than average for all services (8%) 84% female and average age 43

Proud to Care
WEST SUSSEX

Care Worker's Survey

- 60 responses to a survey between 14-30 May 2019

- 60% work in care as it's a rewarding job which they enjoy

- Most felt suitably trained , equipped and supported

- Less consensus on feeling valued, meeting care needs within the call time, sufficient time to travel and fair levels of pay

- Most Important to care workers:
  - Being able to make a difference to people's lives, being able to maintain/improve their abilities and feeling valued by them
  - Receiving high quality training and increasing skills and competencies
  - Being able to achieve necessary tasks for the people being supported and within the scheduled time
  - Being valued by their employer and colleagues

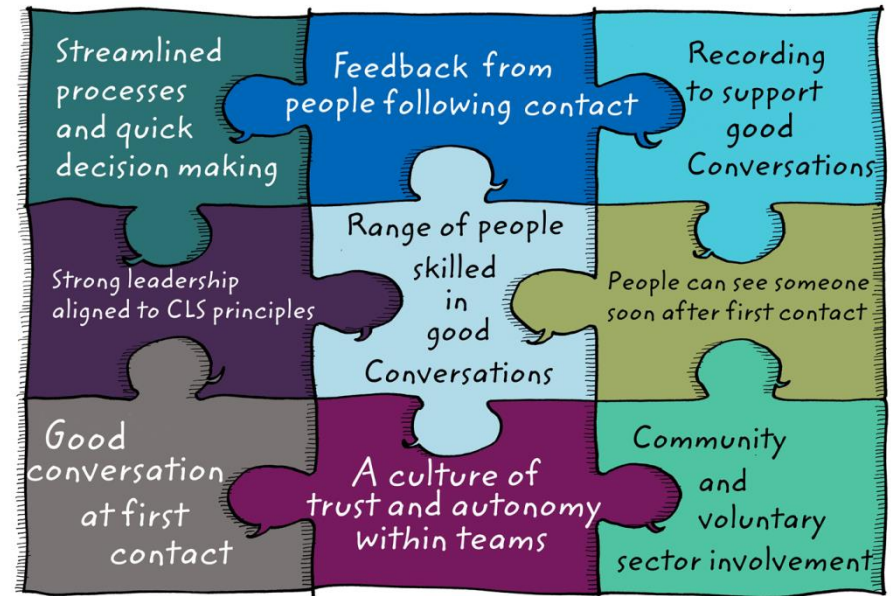# Market Engagement Feedback – 13/5/19

Outcomes and Strengths Based Approaches
Workshop – 13/5/19
Themes from discussions

- Training and skills development and culture change – not to be underestimated
- Blocks or changes in commissioning to allow flexibility
- Better use of technology and community networks

Payment Models
Workshop – 13/05/19

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

Rural Solutions and Geographic Areas
Workshop 13/5/19
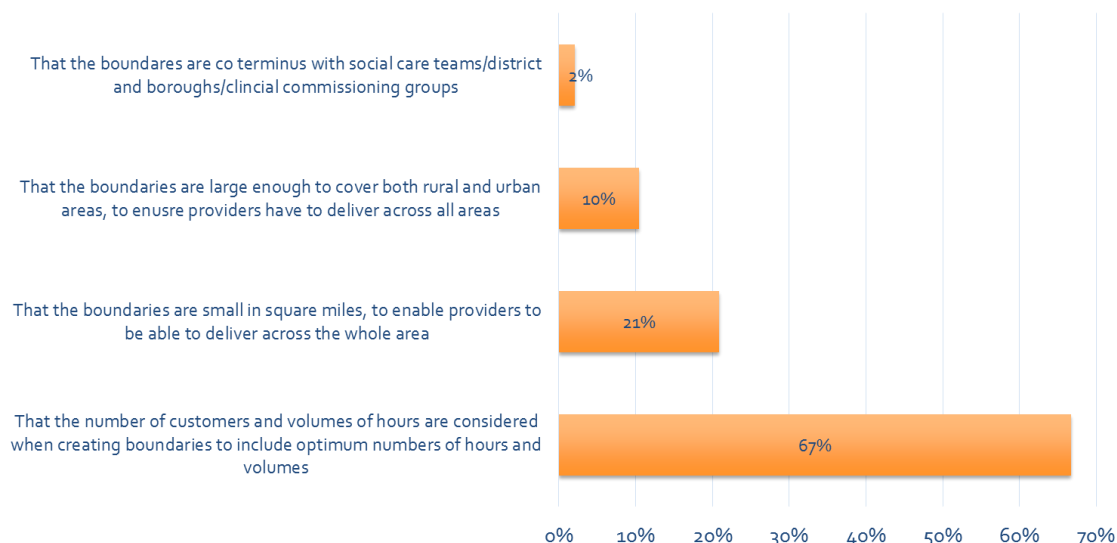## Themes from discussion

Optimum volumes?
- 150-175 hours per week start
- Average 10 customers
- once established – 750 hours – 1000+ hours, 50 customers.
- 30 hours per week (per worker)

Optimum boundaries?
- 5-7 miles
- GP practices
- Consider the roads and traffic
- 15 minute travel time maximum

What is more important when developing Boundaries?
(48 Responses)

Response	Percentage
That the boundares are co terminus with social care teams/district and boroughs/clincial commissioning groups	2%
That the boundaries are large enough to cover both rural and urban areas, to enusre providers have to deliver across all areas	10%
That the boundaries are small in square miles, to enable providers to be able to deliver across the whole area	21%
That the number of customers and volumes of hours are considered when creating boundaries to include optimum numbers of hours and volumes	67%

Recruitment and Retention
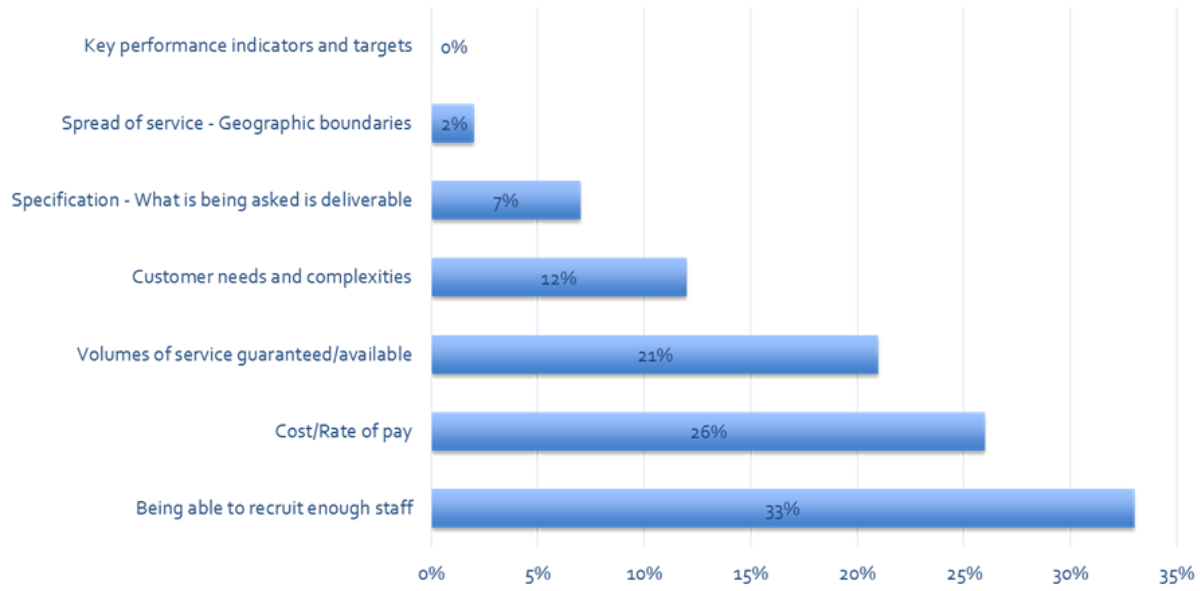## Workshop 13/5/19
Feedback from discussion

KEY THEMES:
- Blocks and groups of clients based on locations
- Promote Care, Educate and make role attractive
- Investment for travel and wages
- Longer call times
- Technology

Proud to Care
WEST SUSSEX

west sussex county council

THE WEST SUSSEX WAY

www.westsussex.gov.uk

Market Engagement Session – 13/5/19

What is the most important consideration for you as providers in delivering services on behalf of the Council? (43 Responses)

Consideration	Percentage
Key performance indicators and targets	0%
Spread of service - Geographic boundaries	2%
Specification - What is being asked is deliverable	7%
Customer needs and complexities	12%
Volumes of service guaranteed/available	21%
Cost/Rate of pay	26%
Being able to recruit enough staff	33%

Themes included:

- Biggest challenges were staff recruitment and retention
- Block contracts and guarantee or assurance of business
- More flexibility for providers – utilising full budgets (or block payments) to enable flexibility of provision
- Optimum volumes and customer base when considering area of coverage.
- One/small number of provider/s in rural areas to ensure viable service
- Smaller areas of focus than the current boundary areas are generally preferred.
- A new approach would require significant training and development and culture change. Not to be underestimated.
- Better use of technology and community networks should be a focus

west sussex county council

THE WEST SUSSEX WAY

www.westsussex.gov.uk

External Consultant Report – Gerald Pilkington

- Challenges
  - Timing
  - Market capacity
  - Capability
  - Geography

- Recommendations
  - Maximise number and range of short term services - reablement opportunities
  - Continue to stabilise the provider market
  - Consider the use of prime provider models
  - Continue to develop the Supporting Lives Connecting People principles
  - Consider some initial steps towards a longer term approach which incorporates an outcomes based approach

Customer Feedback

2014 –Surveyed all recipients of Domiciliary Care.
Three most important areas:
- The care worker is well trained and supported by their employer
- The service is flexible according to the customers needs and wishes
- The times care workers visit and the length of visits

2019 – 9 customers interviewed individually and 18 customers took part in focus groups. What was important to them included:
- The length, quality, reliability and flexibility of the home visits, enabling them to remain independent
- Communication, quality and consistency of care worker, adaptations/ equipment and the social aspect of care visits

Insights Into West Sussex Commissioning

Total Number of Domiciliary Care Customers (paid via CMB)

Domiciliary Care - Total in Pay via CMB

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

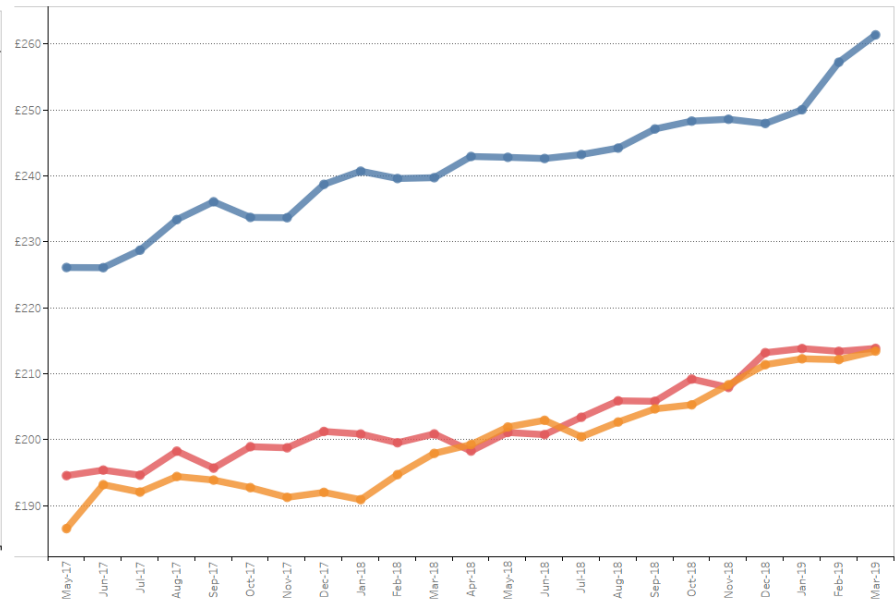Average Weekly Gross Cost per Customer - Domiciliary Care
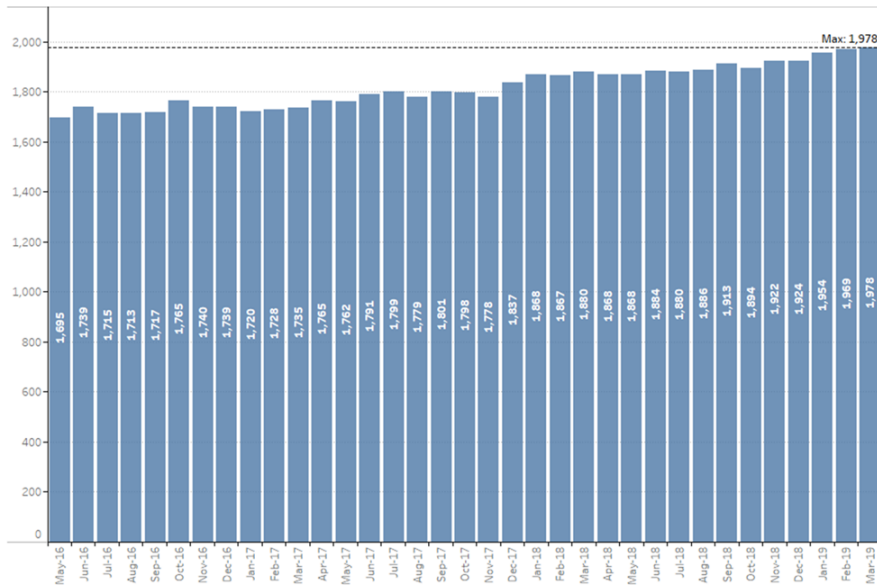
March 2017 – March 2019 - 14% increase in number of domiciliary care customers paid through CMB.

As the number of customers has increased the cost of domiciliary care has also increased, but at a higher rate of increase
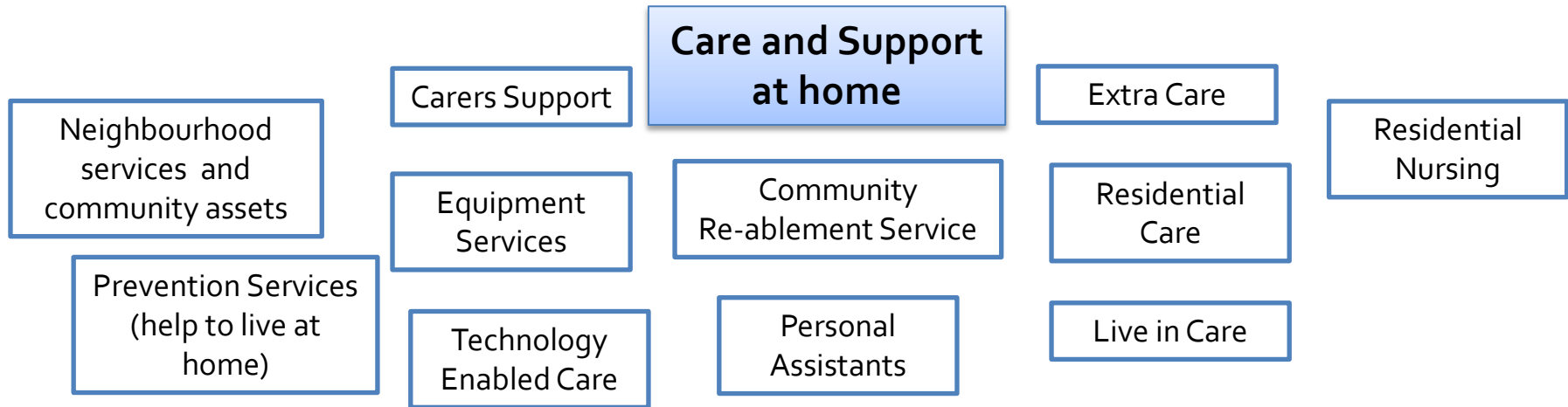
2018/19 around £22m spent on domiciliary care
Average weekly cost per customer is £210 per customer.
Average costs in the Northern area (in blue) are nearly £50 a week greater than in Southern and Western.
The Council has increased rates by at least 3% every year since the 2015 Framework commenced.

west
sussex
county
council

THE WEST SUSSEX WAY

www.westsussex.gov.uk

Prevention to Formalised Support Scale

Neighbourhood services and community assets

Prevention Services (help to live at home)

Carers Support

Equipment Services

Technology Enabled Care

Care and Support at home

Community Re-ablement Service

Personal Assistants

Extra Care

Residential Care

Live in Care

Residential Nursing

The Recommended Approach

- Avoiding a one size fits all approach
- Enabling the Adults Social Care strategic vision to be realised
- Recognising the challenges in specific areas and responding to these local areas needs
- Reflecting the purchasing trends
- Responding to provider feedback
- Reflecting the market provision within West Sussex
- Learning from previous commissioning approaches
- Meeting the outlined principles for commissioning
- Taking account of good practice
- Enabling innovation
- Mitigating risks

west sussex county council

THE WEST SUSSEX WAY
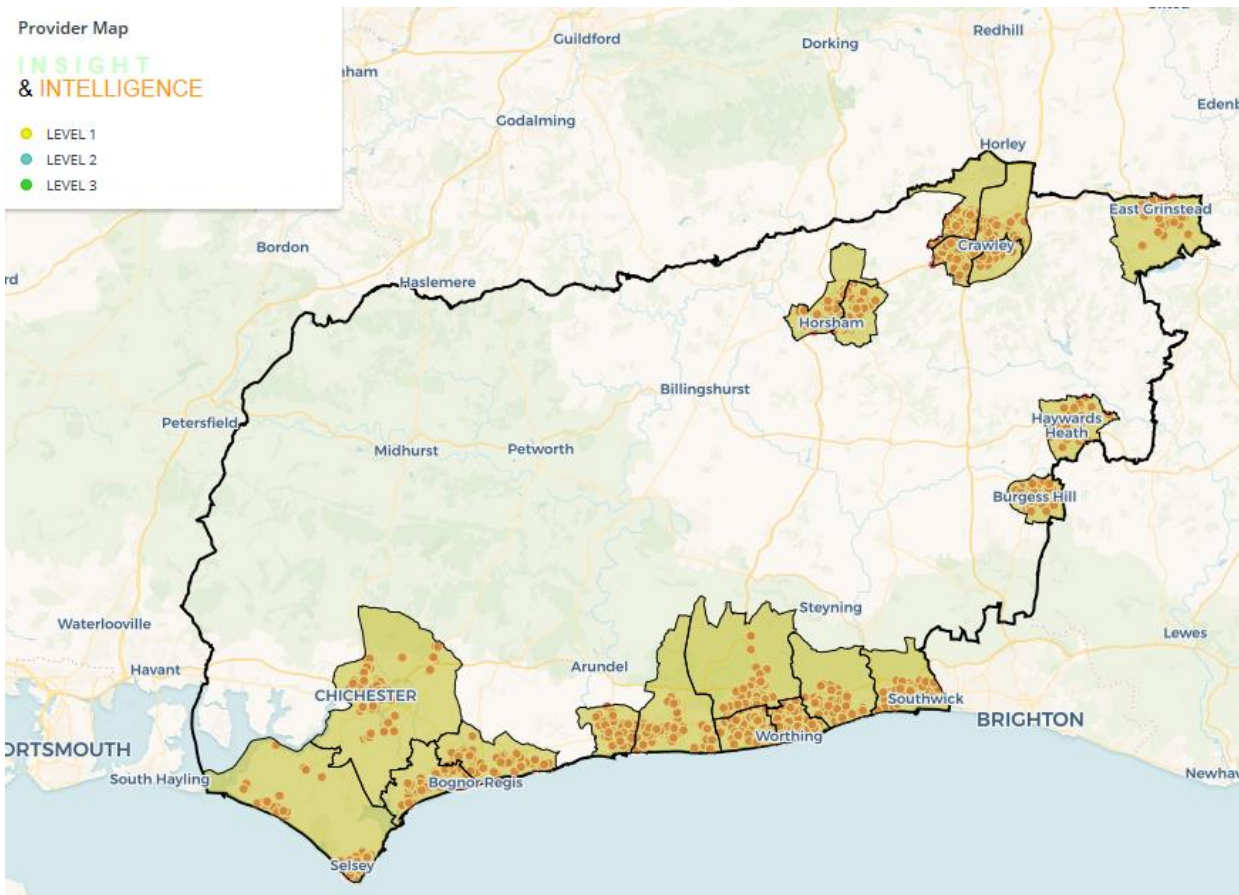
www.westsussex.gov.uk

4 Tiered Approach

- 1) Large volume, urban centred areas with high turnover of customer need

- 2) Smaller volume, more rural areas (small market towns and villages)

- 3) No volume/occasional individual need, large rural areas (small villages or hamlets)
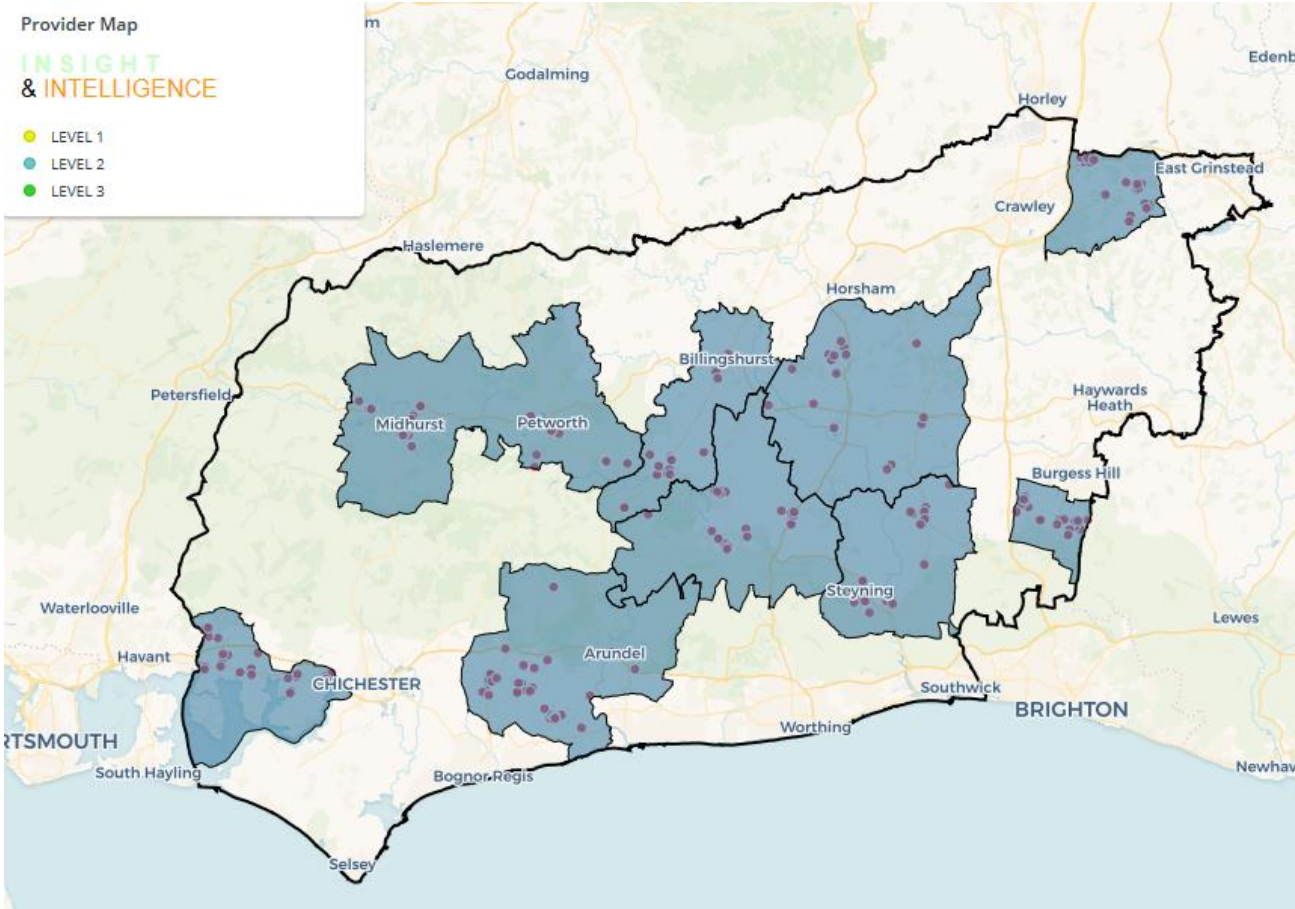
- 4) Reserve arrangements
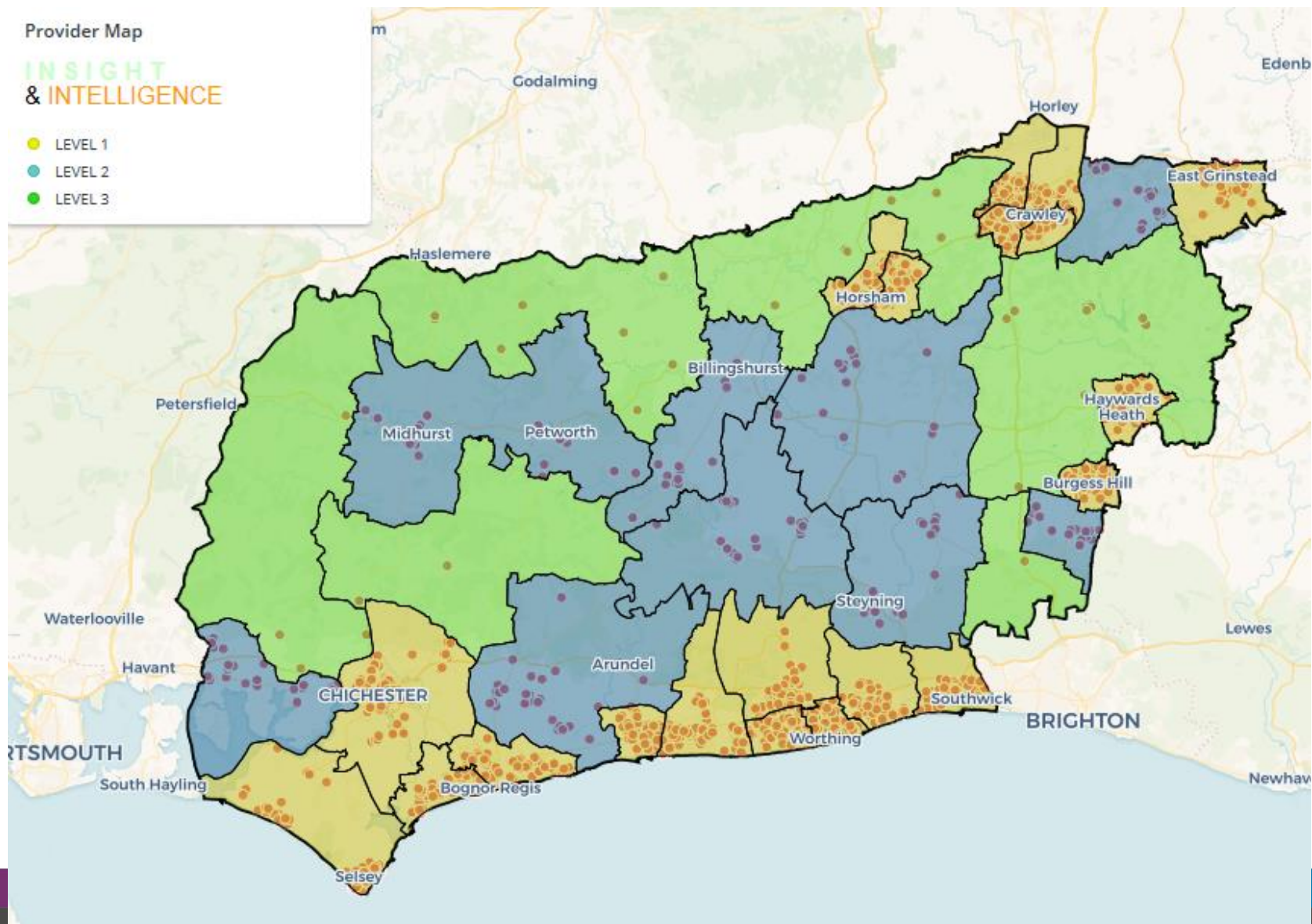
Level 1

- 20 areas reflecting 85% of business
- 50 – 110 current customers, 700 – 1300 current weekly hours
- 1 lead provider per area
- 1 secondary provider per area
- DPS (level 4) as reserve if lead and second are unable to deliver
- No transition of existing customers (unless providers do not convert to DPS)
- New customers only

west sussex county council

THE WEST SUSSEX WAY

www.westsussex.gov.uk

Level 2

- 9 areas reflecting 13% of business
- 18 – 42 current customers
- 240 – 450 current weekly hours
- 1 lead provider per area
- No secondary provider
- DPS as reserve if lead unable to deliver
- No transition of existing customers (unless providers do not convert to DPS)
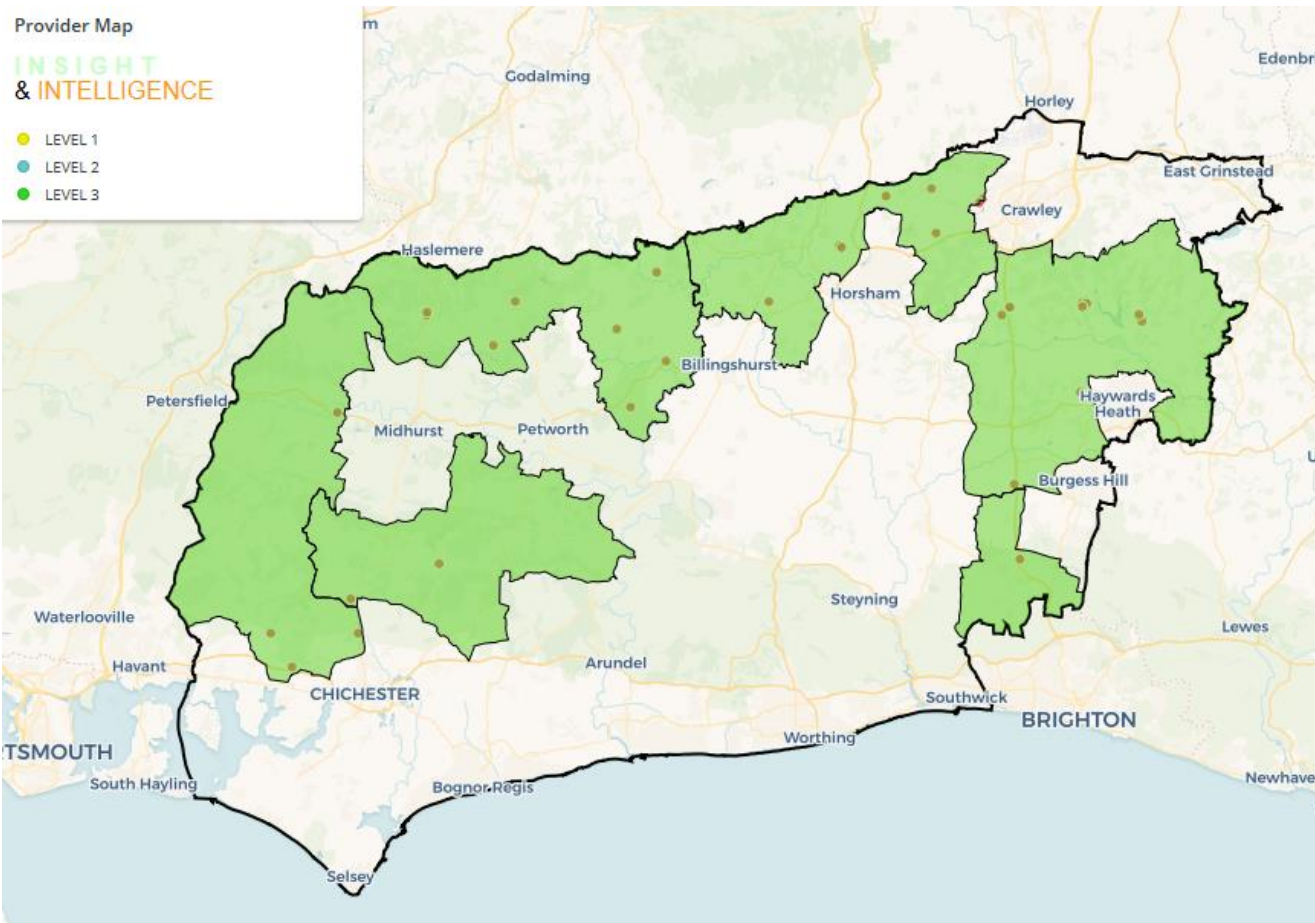- New customers only

west sussex county council

Level 3

- 6 areas reflecting 2% of business
- 1 – 11 current customers per area
- 10 – 150 current weekly hours
- No lead provider per area
- Referrals to DPS for traditional service provision
- Development of community based solutions and investment in to alternative models including PA networks, micro providers and community services

Current customers and hours by level and area

Level	Area Names	No. of Customers	No. of Hours
1	Bognor East	113	1,206
1	Bognor West	110	1,335
1	Burgess Hill	63	867
1	Chichester	101	1,222
1	Crawley NE	54	819
1	Crawley NW	71	871
1	Crawley SE	68	1,143
1	Crawley SW	83	1,062
1	East Grinstead	50	731
1	Haywards Heath	61	901
1	Horsham East	54	737
1	Horsham West	61	752
1	Lancing	100	1,215
1	Littlehampton	76	878
1	Rustington	92	1,079
1	Selsey & Witterings	74	863
1	Shoreham	95	1,208
1	Worthing East	107	1,102
1	Worthing West	113	1,209
1	Worthnig North	74	921
2	Adur Rural	25	295
2	Arun Villages	37	449
2	Billingshurst & Pulborough	27	359
2	Bourne	31	297
2	Chanctonbury & Chantry	27	346
2	Crawley Down	18	228
2	Hassocks & Hurstpierpoint	28	358
2	Midhurst & Petworth	42	454
2	Hosham Rural South	18	242
3	Chichester Rural South	2	29
3	Mid Sussex Rural North	11	109
3	Mid Sussex Rural South	1	8
3	Chichester Rural North	8	98
3	Horsham Rural North	8	153
3	Chichester Rural West	4	26
	TOTAL	**1,907**	**23,572**

4) Reserve Arrangements

- Dynamic Purchasing System
- To approach for services where there is no capacity from lead (or second) provider
- All providers start on DPS and bid to take position as lead.
- No limit on providers. Providers can enter at any time
- Based on same areas as level 1, 2 and 3. 35 areas total
- Minimum requirements for acceptance on to DPS
- All current providers to move to DPS to enable notice on the 2009 framework
- Used as a reserve pool with low percentage provision target (once lead providers established)

Reasons for the proposed model structure

- Reflects hours identified by the market for small areas and branch levels
- Smaller place based areas reflect strategic approach of local and community focus and reflect market feedback for smaller areas with optimum numbers of customers and hours
- Lead provider in an area enables better opportunity to build strategic relationships with providers to influence delivery
- Second in level 1 areas as well as DPS mitigates for risk of provider failure, by having multiple tiers of mitigation
- Targets for response realistic based on markets ability to respond
- Level 2 potential assurance to enable attractiveness of the offer and ability to sustain the service with a minimum guarantee
- Level 1 – larger demand and referral levels, but may explore assurances.
- Only one provider per level 2 area to improve potential to sustain the service in the area. Not enough demand for multiple providers
- Hours reflect council business and enable potential for branches to accommodate council business alongside some private business – greater stability for providers to have multiple funding sources
- Target hours for DPS to reflect smaller level of business

Further development of recommendations

- Payment Structure

- Guarantees and assurances of business

- Planned/actual

- Right sizing opportunities

- Hospital retainers

- Restrictions on numbers of service lots per provider

west
sussex
county
council

THE WEST SUSSEX WAY

www.westsussex.gov.uk

We would like your views on:

- Are the areas the right sizes? Are there any local geographic factors we haven't taken account of?

- Do they reflect the level of business providers would need to be viable?

- What are the considerations for providers with an approach which only offers new business?

- What would your considerations be if deciding what to bid for?

- How could we structure the DPS?

We would like your views on?

- What the anticipated costs might be?

- What benefits could the Council expect to see in return for more assurances, guarantees and investment into care and support at home?

- How could providers assure the council of delivery if blocks were offered?

Next Steps

- Publish Public Facing Consultation Document

- Market Engagement meeting – 7/8/19

- Consultation on recommendations – 7th August 2019 – 15th September

- Customer information and link to survey

- Refining of recommendations end September

- Publish consultation response October 2019

- Decision – November 2019

- Jan 2020 – commence procurement