

Help to Live at Home

Engagement report

May 2015

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1. National and local context

The scale of the financial challenge facing the health and social care system is unprecedented with significant efficiencies needed to be made in both the short and long term. These pressures are due to:

- A rising demography (people are living longer) and
- The increasing complexity of health needs (more people have one or more long term conditions).

In addition to these pressures, the implementation of the Care Act requires Councils to:

- Support the market to deliver a wide of range of care and support services to residents to meet local needs;
- Promote the wellbeing of residents by developing preventative services; and
- Offer support to self-funders in order to help them manage their care and support needs.

There are a high number of self-funders in Richmond who arrange and manage their own care and support. The Care Act allows more self-funders to receive care and support funded by local authorities since there will be a cap on care costs¹.

In Richmond, the number of people with long term conditions, including mental health conditions, is expected to increase and the proportion of people with more than one long term condition is expected to increase by an estimated 30% over the next ten years. (Source: *DataRich*).

2. Background

The Council aims to make effective commissioning decisions and deliver services that reflect the needs and aspirations of the local community by engaging with the local providers and residents to understand their needs, views and expectations.

The London Borough of Richmond upon Thames has engaged with different groups of stakeholders on the new *Help to Live at Home* model. The Council would like to give an opportunity for all interested parties to be involved and shape future services.

The focus of the engagement process was around outcome based commissioning and specifically the following topics:

- manage service users` expectations of an outcome based provision;
- create/grow a skilled workforce;
- promote partnership working in order to deliver an outcome based service;

¹ People will only pay for £72,000 in their lifetime for their social care. In order to be eligible for this “cap” people will need to approach the Council for a “care account”

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- use technology to achieve better outcomes;
- best use of the community (voluntary sector) resources to meet desired outcomes.

3. Summary of findings

The engagement process has highlighted the following issues:

- The Council's existing providers have a good understanding of the outcome based approach. From discussions, it was clear that the providers felt confident in being able to deliver an outcome based model in Richmond, although there was no evidence of direct experience amongst providers in delivering such a model (most providers mentioned the delivery of an outcome based model in other boroughs);
- The service users and carers who took part in the engagement process were interested in an outcome based provision although they would still like to be in control of the task and time element of the delivery plan;
- Council staff have been involved in developing the Help to Live at Home model from the beginning. Although staff are concerned whether a fully outcome focused model can be delivered in Richmond (due to providers' capacity) they are willing to work in partnership with providers to ensure that the service users and carers receive the best quality of care and support services;
- Providers agree that the new approach needs to move away from task and time and the outcomes should be agreed in a creative way (moving away from traditional approaches) in order to promote greater flexibility. This can only be achieved if the Council and providers are working in partnership and there is clarity and transparency of the outcome setting and monitoring process;
- Providers are interested in using technology to develop their provision. They would be interested in taking part in pilot projects where this can be explored further;
- There is a strong appetite for providers to work in partnership with the voluntary sector in order to fully understand the care and support needs of the individuals.

4. Challenges and opportunities within current contractual arrangements

Originally, the current home support services and the rehabilitation support service were let as outcome focused contracts at low hourly rates, but did not fully achieve the outcomes, quality or continuity of care and support the Local Authority required. Some of the reasons are listed below:

- The current model, with different providers for rehabilitation support and home support services, do not ensure a seamless handover and support

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from one organisation to another. This is a challenge in ensuring continuity of care and involved additional administration and information sharing from one provider to another;

- Current division, with 6 providers across 2 zones, has an impact on the quality of care and support services provided to the resident population. Providers are competing with each other for care workers and packages of care and they do not share training or learning which would upskill their staff and improve the quality of care and support provided;
- Providers find it difficult to recruit and retain care workers who have little job security as a result of being employed on zero hours contracts.

However, there are also strengths in the current arrangements that should be noted and built upon:

- The Council's previous experience of implementing an outcome based commissioning model with payment by results (rehabilitation contract) provides useful learning for implementing such a model again;
- The current model is partly outcome based. Thus, Council staff and providers are familiar with the concept of outcome based commissioning. This means that a smaller cultural shift is required than if the Council was starting from a pure time and task model;
- There is a good relationship between the Council and providers, which constitutes a strong basis for developing an outcome based model in partnership with providers;
- Local providers have some experience in providing outcome based home support for other councils, including Wiltshire Council where they are paid by results. Local providers consider this approach (payment by results) both possible and desirable in Richmond;
- Local providers who are providing outcome based home support in other parts of the country are keen to bring their knowledge and experience to Richmond and to work in partnership to develop the model.

5. Help to Live at Home – proposed model

The Help to Live at Home model is an outcome based approach to commissioning home support which will focus on reducing the ongoing care and support needs of service users and promoting their independence. The proposed model will include rehabilitation support as one of the tiers as well as intensive home support, maintenance and continuing care.

The aim is to create a developmental contract which would progress over its life and would consist of continuous improvement as well as future proofing the service through these changing times.

It is intended to use payment by results as part of this developmental contract to incentivise providers to decrease ongoing client requirements through increasing

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their independence living skills and enhancing their general wellbeing. This is the opposite of the current time and task model where providers receive greater payments for increased needs. By increasing the incentive to make service users more independent the system should allow for greater efficiencies and overall potentially, reduce the impact on other front line services.

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6. Engagement methodology

The following sessions were arranged with a wide range of stakeholders to ensure that the views and aspirations of local residents/providers and council staff were taken into account in the future commissioning process.

No.	Type of engagement	Purpose of the engagement	Stakeholders involved	Timescales
1.	Interviews	Gauge the local market appetite towards an outcome based approach when commissioning for home support services	<ul style="list-style-type: none"> Council`s Rehab Support Provider, Providers from Council`s Home Support Framework 	End 2014
2.	Workshop with internal staff	Ascertain benefits and challenges of an outcome based model for home support services	<ul style="list-style-type: none"> Internal staff 	February 2015
3.	Interviews	Research the local self-funder market	<ul style="list-style-type: none"> Private providers 	February 2015
4.	Focus Group	Test new business processes for Help to live at Home	<ul style="list-style-type: none"> Selected providers from Council`s Framework 	March 2015
5.	Focus Group	Test new business processes for Help to live at Home	<ul style="list-style-type: none"> Selected providers from Council`s Framework 	April 2015
6.	Co-Production Group (2 sessions)	Test the new model with a group of service users and carers	<ul style="list-style-type: none"> Service users/carers 	March 2015
7.	Focus Group	Discuss technology and community inclusion in the new model	<ul style="list-style-type: none"> Community Independent Living Service (CILS) providers 	April 2015
8.	Market event	<p>Launch the idea of outcomes based home support services in Richmond</p> <p>Engage with the local market to identify solutions for implementation</p>	<ul style="list-style-type: none"> Various home support providers (private providers and providers included in the Council`s Framework) Voluntary sector organisations CILS providers 	April 2015

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		Support providers to network and consider opportunities for joint working		
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7. Challenges in implementing an outcome based model and proposed mitigation actions²

Area	Challenge	Proposed mitigation action
Outcomes	Difficult to set and measure/monitor outcomes (especially if the care and support needs are changing fast)	The Council aims to maintain transparency and clarity with providers in relation to agreeing and monitoring outcomes. The proposed model will include a shared IT interface where both providers and Council staff can monitor progress. Close partnership working between the Council staff, providers and service users/carers in the process of setting up the outcomes will help build mutual trust. Regular reviews will ensure that the outcomes are amended to reflect any change in care and support needs.
	Engagement with service users/carers about achieving outcomes may prove difficult (resistance to change)	This approach (outcome based) is transformational in nature and will have staffing and workforce implications for both providers and the Council. All involved parties (Council, providers and service users/carers) need to work together to ensure complete transparency and clarity of the process.
	If an element of pay is linked with achieving the outcomes will this affect the care workers salary? (if so, this will also affect the relationship between the service user and care Worker)	The Council's intention is for providers not to associate the achieving of outcomes with the payment of the workforce.
	Concerns about care workers not speaking English as 1 st language and not able to explain outcomes to service users/carers	Providers need to ensure that the level of care workers' communication skills is appropriate for them to provide good quality care and support.

² These have been presented at different engagement sessions with providers, service users/carers and internal staff

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Resources	Difficult to recruit and retain care workforce in Richmond	Providers need to incentivise their staff (guaranteed hours contracts, training, promotion opportunities etc.) in order to meet the requirements of the new contract.
	Lack of social work resources to implement new service model	The new service model does not involve additional work, but alternative work. Social care staff need to work in partnership with providers to ensure that the service users/carers identify the outcomes they want to achieve and how best to achieve them. Instead of using a time and task approach to the support planning process, in the new model the focus will be on outcomes and means of delivery.
	Uncertainty over <i>the 0 hours contracts</i> and the impact on recruitment and retention of care workers	When consulted, providers agreed that care workers should be on guaranteed hours contracts. These contracts would offer more continuity of care for the service users/carers and more commitment from care workers.
Length of contract	The proposed length of contract (5 years +) may contribute to a decrease in quality of care (once providers know they have the contract for a long period of time they may not be interested in maintaining the same level of quality)	The aim is to create a developmental contract which would progress over its term and would consist of continuous improvement as well as future proofing the service through these changing times. There would be a phased implementation with key milestone dates for all the developmental changes to the contract over its life, to continually modernise the service to meet the Council's and service users' needs, statutory requirements and governmental aspirations.
Transition from	Transition from Reablement (free of charge for	The Council will agree the transition between the service

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Reablement to Home Support Services	6 weeks) to a home support service where people may pay for services may result in complaints	users receiving free rehabilitation services and then paying for a home support service in the model's developmental work. There will be clear statements about how many weeks of free rehabilitation service the service users/carers are entitled to.
Joint management structure with Wandsworth	Council's plans for setting up a joint management structure with Wandsworth may affect the new Help to Live at Home model.	The joint structure with Wandsworth will not affect the commissioning or the implementation of the Help to Live at Home project. Wandsworth has already started their commissioning process and It is unlikely that they would be able to stop their current process to join ours. Their model is quite different to ours at this stage with "time and task" as its premise.
Financial challenges	Achieving outcomes may take longer than task and time. Will the Council pay more for this model?	The current arrangements are not fully outcome focused and have cost more than anticipated whilst not achieving the best performance results. Whilst the number of people accessing the service has remained more or less constant the average package of care has increased. By moving to a fully outcome focused model the Council aims to reduce the costs of time and task activities by focusing on holistic outcomes and payment by results.
	The Care Act introduces new levels of complexity in terms of people accessing care and support services. This will have an impact on a number of the Council's resources as well as providers.	Future demand for home support services is difficult to estimate. Demographic pressures and the Care Act requirements may lead to increased numbers of people requiring this service, but this should be offset by an increasing proportion of people taking Direct Payments and the improved effectiveness of the new arrangements in reducing the home support costs.

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8. Next steps

The council will continue to engage with all the relevant stakeholders to ensure that the new model and its benefits are fully understood. Additional engagement will be organised prior to the implementation date.

The tender timetable is presented below:

ACTION	DATE
Issue of Contract Advert	04-Sep-2015
Issue Invitation to Tender (ITT)	04-Sep-2015
Closing Date for Tender returns	09-Oct-2015
Completion of Tender evaluation	20-Nov-2015
Contract Award	04-Jan-2016
Award Standstill Period	16-Jan-2016
Contract Mobilisation	16 January – 1 July 2016

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