

Home Care

Transformation & Re-procurement



Introduction



The purpose of this document is to:

- 1) Update the Health and Wellbeing Board (HWBB) on the work being carried out on the Home Care re-procurement programme.



Context



Domiciliary and personal care services are commissioned as a key means of meeting the Council's statutory duties to provide services under Community Care law.

There are currently approximately 2174 Home Care Service Users, utilising approximately 22535.76 hours of care, at a cost of circa £30 million per year.

The current contracts were let in 2017 and had a geographical locality-based focus designed to maximise efficiency and to align providers with wider integrated care and NHS partners. Feedback from various sources is that partnership working has vastly improved since the advent of locality working in late 2018. Relationships have been built and key information is routinely shared as necessary amongst partner organisations. This has led to improved quality of care and better outcomes for Service Users, where this model works.



Context Cont.



Challenges

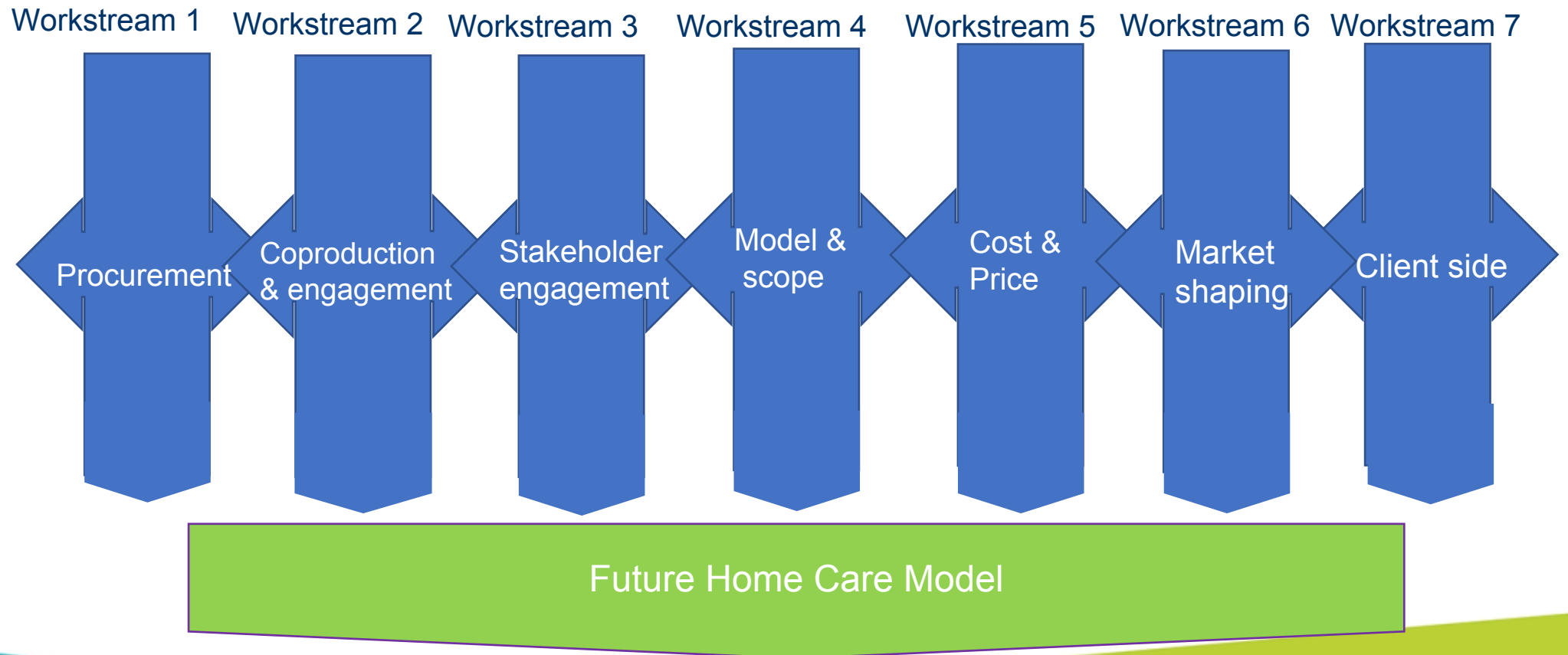
However, the current Home Care contract in Tower Hamlets has a number of problems that a new model needs to address. These include:

- Costs
- Quality
- Processes
- Complexity
- Innovation

In addition to this demand for support is also likely to grow over the coming years. POPPI (Projecting Older People Information System) projects that the number of older people requiring help in Tower Hamlets with *at least one domestic task* will rise from 5,582 in 2019 to 6,341 in 2023 and to 9935 in 2035.



Workstreams



Coproduction & Engagement



We have commenced coproduction activities around Home Care and have much more planned as a full coproduction strategy and approach is developed for the new Home Care contract, reflecting Tower Hamlet's commitment to 'involve communities in everything that we do' (Community Engagement Plan). Our aim is to ensure citizens are active and equal partners in developing approaches and as such planned work includes:

- Continuing to work in close partnership with lead community and representative organisations to co-deliver workshops, focus groups and discussions with citizens to ensure coproduction in all stages of design, development and delivery. This will enable Home Care users, their carers, families and networks to set out the issues and barriers as they experience them; scope what works well and what doesn't, what good support should look like and so helping with the selection of the preferred model;
- Building on the themes and insights from people using Home Care interviewed for the Anyway Any How, Healthwatch report;
- Planning and supporting the involvement of citizens in the selection of providers and the ongoing role in overseeing successful implementation;
- Planning the right structures and governance for review so people's views and experience shape evaluation; quality assurance and future delivery.

We believe that effective coproduction will be critical to set the right delivery and contractual model and to meet the desired outcomes our Residents want from Home Care.



Stakeholder Engagement



There are a significant number of stakeholders to the Home Care contract. These include, but are not limited to:

- Single point of access or front door services – Information, Advocacy & Advice service; assessment and care management;
- Health partners; hospital discharge teams; social prescribers;
- Voluntary and community sector; faith organisations; mutual aid groups;
- Healthwatch; user led organisations; representative groups; disability specific groups;
- Carers groups and organisations;
- Workforce / employment partners;
- Service Users; experts by experience (see coproduction section).



Model & Scope

Connections with other key social care activities

- Effective Home Care is a key component of the future model and vision for social care in Tower Hamlets. It is central to delivering on the ambitions set out in the new Strategic Plan (Tower Hamlets Strategic Plan - 21-24) which discusses the Council 'refocusing efforts on providing the right care, at the right time, that supports people to be as independent as possible' with the recommissioning of Home Care a major part of that. Consequently, the Home Care contract has several important interfaces with critical social care activities, and it is important that Home Care activities are aligned and act in harmony.
- These include:
 - Access to services and management of demand at the front door;
 - Redesigned day services;
 - Assessment and care planning activities;
 - Reablement; and
 - Housing, extra care, supporting living and residential care.
- The potential changes we are reviewing have significant consequences and impacts on other parts of the social care delivery model and need to be fully worked through and agreed if they are to be effective and supported across the service.



Market Shaping



It is vital that we attract high quality and innovative providers onto the new Home Care contract.

The current contract has suffered with some Service Providers not providing the right quality of service and a range of complex and difficult payment reconciliation challenges with most providers. In the past, this has led to several providers being stepped off the existing Contract for quality issues. We need to foster better relationships with our key Service Providers, ensure that we have efficient and effective contractual processes and, hopefully, attract new and innovative providers into the Home Care contract.

We are therefore proposing a range of market engagement events to help shape the Home Care specification and contract and to shape and warm up potential market providers. This includes exploring the potential of new local providers, based in the Council and employing local people, coming into the market and exploring how we can bring innovative national payers into Tower Hamlets.



Delivery, Implementation & Sustainability



There are a range of complex change management activities to ensure that the contract is implemented effectively and to create the right conditions of success.

Whilst these activities will partly depend on the choices, we make in our Home Care delivery models it is likely that we will need to ensure we are ready to implement the new Home Care delivery arrangements. This is likely to require activities in a range of areas including ...

- Alignment with assessment and care planning arrangements;
- Information, Advocacy & Advice, front door and reablement approaches that minimise the need for long term support;
- Support for people to live at home well for longer e.g. equipment and adaptations;
- Wider market shaping to extend choice and also to divert from residential care or to support more successful and sustainable hospital discharge;
- Supporting the growth of Direct Payments;



- Aligning the Contract to changes in social work practice;
- Quality assurance and quality management approaches;
- New financial management and performance management processes;
- New governance and partnership arrangements;
- Coproduction

There will also be a need to carefully consider how we transition from the current arrangements to the future model. Again, this will need careful planning and consideration and will be vital to a smooth change from the current to a future model.



Transformation Opportunities



Design of a Best Practice Home Care Solution

We are currently considering incorporating a range of new elements into the Home Care contract specification. This is vital and fundamental to gaining the value and outcomes we desire and expect.

There are a range of new market developments resulting from Covid-19 and a number of new models of Home Care that are now in place across the country. It is important that we consider these developments carefully and capture them in our new contract. Our work is helping to identify best practice and viable models that could be a good fit for Tower Hamlets. These innovations include:



Changes in Contract Scope

The potential to extend the scope of the Home Care contract and consider incorporation of other services, particularly to embrace closer working with the health sector and the community and voluntary sectors – for example, we are in productive and ongoing discussions about extending the contract to include District Nursing. This would build and learn from Tower Hamlet's 2018 Neighbourhood Care Team pilot

Individual Service Funds (ISFs)

We are looking at changing the basis of the contract – based on units of time to an arrangement where Service Providers are given 'annual budgets' to agree Care Packages with Service Users thereby enabling more flexibility and innovation in the delivery of Home Care. These arrangements have been effectively implemented in other Council's and are delivering great benefits (for example, Bexley, Wakefield, Hammersmith & Fulham and Somerset. Bexley's recently established ISF framework provides for flexible support for people with learning disabilities attracted experienced and innovative providers and has brought decision-making closer to individuals focusing paid support on what matters most to the person)



Outcome based performance measurement

There is potential to introduce a new outcome based framework which could capture the measurement of key Service User expectations and potentially make use of the “I statements” and insights we captured as part of the preparatory work developed for this contract with Anyway Any How & Healthwatch. Again, many Councils are coproducing these frameworks to drive better value from their Home Care arrangements (for example, Swindon, Thurrock and the Isle of Wight. The Isle of Wight has strengthened delivery and quality via a prime provider arrangement across three localities. Individuals work out their support with the prime provider so increasing flexibility and satisfaction. Market and workforce stability has much improved with supply and continuity assured by the prime providers subcontracting as needed with other suppliers but with them remaining accountable for quality).



Payment by results

There may be potential to link Service Provider payments to the achievement of desired contract outcomes. Whilst these arrangements need to be carefully considered they can incentivise better performance and alignment of Council and Service Provider objectives (for example, Nottinghamshire has introduced a payment system based on outcomes with 95% of the commissioned hours paid. This avoids just time and task delivery, with the remaining 5% based on achievement of individual outcomes).

A New Team Delivery Model

There are a range of different models being used in different authorities that could provide real benefits in Tower Hamlets. These include - self-managed teams / wellbeing teams through a Buurtzorg model (as they have delivered in Thurrock and Camden); the development of micro-enterprise models (such as they have in Leeds, City of York and Somerset) and more collaborative and reablement models (for example, Coventry which has significantly reduced the need for long term formal support and improved successful, sustainable hospital discharge). We are in the process of exploring these models with other local authorities and learning about the benefits they could bring.



Better Contract Management, Quality Assurance and Performance Monitoring

We are looking at our key processes and skills and capacity we need to manage Home Care activities more effectively to ensure we get the right quality of service and better value for money.

We believe that these new ideas could help the Council to achieve the benefits and value expected from the new Home Care contract. These issues need to be carefully considered and developed



Next Steps



Over the next six months we will be focused on engagement and model design before we proceed with the procurement of the new contract.



Any Questions/ Feedback?

