ADULTS AND COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE: 2 JUNE 2015

FINAL REPORT OF THE SCRUTINY REVIEW PANEL ON HELP TO LIVE AT HOME

Foreword by the Chairman

The provision of good quality support at home is essential if the health and social care economy is able to tackle the needs of an ageing population, without the need even more acute, hospital or institutional based provision.

The current homecare market is under considerable strain and existing models for commissioning homecare services have led to a fragmented and unsustainable service that does not focus sufficiently on improving outcomes. Such an approach has also hindered the development of more integrated services.

The primary focus of the Panel was to explore and develop a new model for commissioning homecare services which focused on the following key outcomes:-

- Reablement – with the aim of increasing independence;
- Integration – so that the health and social care needs are both taken into account when commissioning an individual care package;
- Outcome and incentive based – so that providers are clear about what outcomes are to be achieved for each individual and provided with incentives for delivering those outcomes;

The Panel also focused on the current state of the homecare market and how the Council and Health bodies could help stimulate the market. Some initial proposals are put forward regarding this including the development of the provider market linked to the community health teams operating in localities across the county. Such an approach will help to deliver better partnership working between the public and provider sector resulting, we believe, in better trained staff, improved geographical coverage particularly in rural areas and ultimately an improved service for individuals.

The Panel report is a contribution to the current debate happening both nationally and locally on how best we help elderly people live in their own homes with the dignity they deserve. We would urge all stakeholders to consider the recommendations in our report and to seek to embed these in their commissioning plans.

Mr J Kaufman CC
Chairman of the Panel

Introduction

1. This report sets out the conclusions and recommendations arising from the Scrutiny Review Panel investigation into the Help to Live at Home project to develop, re-commission and implement a model of care to support people better to live independently and provide an improved care experience, better care outcomes and more cost effective service delivery.

Recommendations

2. The recommendations of the Panel are located within the body of the report. For ease of reference, they are also set out below:-

   (a) The Panel recommends that stakeholder engagement continues throughout the development of the model, with specific reference to:-
      (i) The need to engage with the voluntary sector and other community support and capacity building services such as Local Area Co-ordinators;
      (ii) The need to ensure that the scene is set in some detail for focus groups;

   (b) The Panel welcomes the intention to develop an outcomes-based model for domiciliary care services which will be focused on the needs of the individual. The Panel recommends that, in terms of the financial model, a two stage process is needed, with the fixed period stepped unit cost being adopted whilst continuing to develop the market and the necessary IT systems to deliver the incentive payment financial model in due course;

   (c) The Panel recommends the adoption of the provider delivery model with more than one provider per area but with a fixed upper limit;

   (d) The Panel recommends that the Help to Live at Home Project Team commissions only from providers that have the correct mix of skills within their workforce to provide services for people with a diverse range of needs;

   (e) The Panel recognises the impact that the workforce has on the quality of care and recommends that the Help to Live at Home Project Team ensure that contracts are developed which will enable providers to have certainty regarding their levels of business so they can develop a more stable workforce;

   (f) The Panel recommends that the County Council satisfies itself that all providers of the Help to Live at Home Service meet the statutory requirements relating to the minimum wage and assures itself regarding the overall terms of employment for staff;

   (g) The Panel welcomes the proposal for support plans to be outcome-focused and developed in conjunction with the service user and provider;

(h) The Panel welcomes the integrated approach to the Help to Live at Home Project and recommends that lessons are learnt from the challenges that have faced this project and that further opportunities are identified for the integration of health and social care services in the County, particularly where there are opportunities for savings to be made by both parties;

(i) The Panel supports the review of HART and recommends that the future commissioning model for HART is reviewed again when appropriate to enable a consistent approach to be taken across all reablement services;

(j) The Panel recommends that the development of the Help to Live at Home Business Case is aligned to the County Council's emerging prevention strategy.

Scope of the Review

3. The Adults and Communities Department is seeking to develop a new model for helping people to live at home in partnership with the local Clinical Commissioning Groups (CCGs). This new integrated model will form part of the Better Care Fund with a view to implementation in phases from 2016. The scope of this review forms part of the wider County Council Transformation Programme in the form of priority T2 – Help to Live at Home within the 'Work the Leicestershire pound' service transformation area. Given the multiple drivers for this review, Scrutiny activity in this area was considered timely.

4. The following outcomes for the Review were identified by the Scrutiny Commissioners:-

(i) To understand the challenges facing the County Council in relation to providing domiciliary care services and the need to develop a new more integrated service model.

(ii) To understand the current approach to outcome based commissioning for domiciliary care and other support offers, and how this compares to approaches taken by other local authorities.

(iii) To have an input in developing a new Help to Live at Home model for Leicestershire, focusing on improving the quality of service and addressing the following specific matters:

- Capacity issues, especially in rural areas;
- Improving the payment model from the current one which is based on time and task to one based on outcomes and which incentivises providers to deliver efficiencies;
- Promoting and maintaining independence;
- Increasing value for money and better use of family, informal, voluntary and community resources;
- A better alignment with NHS services;
- Improving the capability and skills of the workforce.

(iv) To help ensure a more dignified, holistic and coordinated experience for service users as well as better working conditions and progression opportunities for care staff, thus creating a better quality and more sustainable service.

Membership of the Panel

5. The following members were appointed to serve on the Panel.

Mr D Jennings CC	Mr J Kaufman CC
Mr J Miah CC	Mrs C M Radford CC
Mr R J Shepherd CC	

Mr J Kaufman CC was appointed Chairman of the Panel.

Conduct of the Review

6. The Panel met on six occasions between 14 October 2014 and 19 May 2015 and over that period:-

(i) Received detailed information on the current domiciliary care service model;

(ii) Hosted a stakeholder engagement event to seek the views of carers, service users, service providers, Leicestershire County Council, Healthwatch and the Clinical Commissioning Groups on the current difficulties and challenges, what a new model of service should deliver and how providers need to develop to meet people's outcomes;

(iii) Noted that the project was one of the 'accelerated' transformation projects and received a presentation from Ernst and Young on the Strategic Options for the new service;

(iv) Received detailed information on the development of the outline business case for the new service model.

7. The Panel was supported in its review by the following officers and is indebted to them for their contributions:-

Cheryl Davenport	Director of Health and Care Integration
Trish McHugh	Programme Manager, Help to Live at Home
Sandy McMillan	Assistant Director, Strategy and Commissioning

The need for a New Model of Care

8. Leicestershire County Council's current contracts for the provision of domiciliary care services for children/young people and Adults have been in place since April 2011. Since the award of these contracts there have been a number of issues which have affected Independent Sector providers' ability to meet increased

levels of demand. One of the key reasons for this is the difficulty in recruiting and retaining staff and subsequent capacity to deliver services in Leicestershire in the context of a changing health and care landscape where hospital stays will be shorter and more care will be delivered in community settings in the future.

9. Problems identified with the current offer also include:-
    - Fragmentation of services; there are over 60 Independent Sector agencies delivering care packages across the County;
    - Competing demands between Social Care, Continuing Health Care and self-funder markets;
    - Gaps in provision including difficulties in securing the right care at the right time and supply problems in some rural parts of the County.

10. In addition to this, the current model is neither sufficiently outcome-based nor person-centred and does not maximise value for money. This is in part because the time and task payment model does not provide a financial incentive for providers to help people become more independent and thus reduce their care package.

11. In reviewing the current service provision, it has also been identified that there is significant scope for further integration between health and social care services. The Clinical Commissioning Groups (CCGs) in Leicestershire also contract with independent care providers to deliver services for patients with Continuing Health Care (CHC) needs. The aim of the Help to Live at Home Project, then, is not just to improve the social care offer but also to develop an integrated offer, with a single procurement process for both health and social care domiciliary services and seamless care for patients and service users.

12. Other issues that a revised model would need to address are:-
    - An expanding older population with changing and increasing health and social care needs;
    - A number of disabled children with high dependency needs;
    - Children and young people with child protection plans.

13. With these factors in mind it has become clear that there is a need to commission services and work with the market differently. Rather than commissioning for 'time and task', there is a need for outcome focussed services which can bring together a range of elements, delivered holistically to support people at home to maximise their independence. Services will need to make efficient use of other, non- traditional, interventions that support and promote independence.

Stakeholder Engagement in the Process to Develop a New Model of Care

14. The importance of reviewing domiciliary care services and the need to change the way in which services are provided meant that this project was included in the County Council's Transformation Programme. The transformation programme incorporates 24 projects that have been identified as priorities to enable the County Council to deliver service transformation.

15. The Help to Live at Home Project was recognised as being critical in terms of its scale and delivery and was therefore selected for acceleration. The acceleration of the project meant that Ernst and Young undertook a strategic options appraisal to inform the development of a business case.

16. Stakeholder engagement has been key to the development of the new model. The Panel held an event with service users, carers, service providers, the County Council, Clinical Commissioning Groups and Healthwatch on 25 November 2014. The findings of the event are attached as Appendix 1 to this report.

17. The event highlighted the importance of joined up care to the service user, the need for flexibility in the model which the current 'time and task' offer did not provide, issues with recruitment and retention across providers and the importance of good care planning. The Panel is pleased to note that all these issues have been addressed through the development of the new model of care.

18. It has also been critical to the success of the project that providers are engaged with the development of the new model. The Panel is pleased that two events with providers were held in February to brief providers about the integrated approach being taken between the NHS and local government and take an initial test of market readiness. The key challenge identified by providers was the ability to provide an outcomes based service. In order to motivate providers to change their ways of working it will be important for officers to continue to engage with them throughout the process and to support them with their development.

19. Further market engagement events are planned for May and June. The intention of these engagement events is to build market readiness for:-
    - Reablement;
    - Assistive technology;
    - Social capital and developing community resources;
    - Outcomes commissioning and delivering to outcomes;
    - Continuing Health Care.

    The Panel welcomes the focus on community resources and the alignment of the Help to Live at Home model with the wider County Council Communities Strategy. To that end, the Panel would like to see voluntary sector organisations such as the volunteer bureaux which provide befriending services involved with these events. It will also be important for the newly-established Local Area Co-ordinators to be engaged and to develop strong links with providers so they can support them to make the best use of community assets.

20. The Panel also notes that further engagements will be held in late summer to brief providers on the strategic option, the service specification and procurement timeline.

21. With regard to service user engagement, this will include focus groups consisting of between eight and ten people supported by an independent facilitator. It is hoped that a cross-section of the County's population can be recruited including service users, carers and people not currently in receipt of service. The Panel is keen that the service is set in some detail for focus groups as it is likely that

people not currently involved with domiciliary care services will have no idea of the requirements.

Recommendation

A. The Panel recommends that stakeholder engagement continues throughout the development of the model, with specific reference to:-

(i) The need to engage with the voluntary sector and other community support and capacity building services such as Local Area Co-ordinators;

(ii) The need to ensure that the scene is set in some detail for focus groups.

What the New Model of Care Should Look Like

22. The key to delivering a service that focuses on individual needs and aspirations is to ensure that it is outcomes-based. This means moving away from the time and task model, to a service that has:-
    - An ongoing focus on reablement;
    - Incentives for providers to meet outcomes, not outputs;
    - An improved and more cost effective service delivery;
    - Integration, built around the needs of the individual.

Examples of outcomes:

Care planning: I have as much control of planning my care and support as I want.

Communication: The professionals involved with my care talk to each other. I am listened to about what works for me, in my life. We all work as a team.

Information: I have the information, and support to use it, that I need to make decisions and choices about my care and support.

23. Three strategic options were identified through the options appraisal. Each option will support the move towards outcome-based commissioning. They are:-
    - Contract payment mechanisms;
    - Provider delivery model;
    - Geographic market divisions.

24. With regard to contract mechanisms, the following two mechanisms were proposed:-

Fixed period stepped unit cost	**Providers are paid on a spot purchase basis at an agreed higher unit cost for a fixed initial period , then at an agreed lower unit cost , to incentivise them to reable people.** **This front-loads the incentive payment.**

Incentive payment for achieving outcome	Providers receive payment for an agreed level of care, and once it is agreed that the outcomes have been achieved, payments continue at this level for a fixed period, before reducing to the ongoing new level of care (which may be nil). This back-loads the incentive payment.

25. Appraisal of the two mechanisms identified that the fixed period stepped unit cost is the more viable model, although the benefits of the incentive payment model are greater in terms of maximising outcomes for service users. The difficulties with the incentive payment scheme are that the County Council's IT system cannot currently support it and the risk that, without significant further work to develop the market, providers would not be ready to deliver services in this way. The Panel is reassured to note that the payment mechanism is only one way of incentivising providers to deliver outcomes-based commissioning. Other factors, such as the track record of providers, will also be taken into consideration.

26. The provider delivery models identified by Ernst and Young were:-

Single provider per geographical area	Working with a single provider (including consortia) as the only point of contact within a certain geographical area – this could be through a prime/sub-contractor arrangement
Main provider with specialist secondary providers	There will be a generic provider within a geographical area: with LCC/CHC holding separate arrangements with a specialist provider
More than one provider per area, but with a fixed upper limit	Similar to current model but with a fixed upper limit of providers in a geographical area to aid contract monitoring and increase competition within a zone

27. The Panel, whilst recognising that the current number of providers (61 – the figure is well over 100 if you look across both social care and health) has resulted in the fragmentation of services, has concerns that the single provider per geographical area model will reduce competition and allow providers to operate a monopoly in their areas. It will also result in less choice for service users. In addition, if a provider fails there is no provision for another provider to take over providing services to people in that area. The Panel did, however, acknowledge that further appraisal of the options is needed and that any service put out to tender needs to be commercially viable.

28. Analysis identified that the main provider with specialist secondary providers is not a feasible model. This is because it is not possible to define what a specialist provider should look like and what services it would deliver. The Panel therefore suggests that the tender process focuses on providers who have a good mix of skills in their workforce so are able to provide services to users with a wide variety of needs.

29. With regard to geographical market divisions, the following options were identified through the strategic options appraisal:-

Align to current LPT/CCG localities	LPT Community Health teams work in 7 localities across the county, which would mean splitting the HTLAH contract into 7 areas which align with these
Commercial differentiation	Co-design with providers new areas to best support viable commercial operations based upon agreed parameters such as density or value

30. The Panel notes the geographical differences between the east and west of the county. The east is significantly more rural and it may be more difficult to let contracts in this area. The Panel was advised that the value of the contract is driven by market forces and that the County Council currently pays a differential rate for services in the Melton and Harborough areas in recognition of this.

31. The Panel wishes to highlight the importance of considering workforce development regardless of which commissioning model was selected. Members are pleased that the new model would guarantee business to providers and that this would enable them to identify staffing requirements and offer more consistent work for staff. This would result in a well-motivated, more stable workforce which would improve quality of care.

32. During the course of its deliberations, the Panel identified the need for the new service to improve staff retention. As well as more stability in levels of business, the Panel feels that it is important that the Council assures itself on the terms and conditions of employment of providers, for example with regard to the treatment of travel time, at award of contract and through ongoing contract performance monitoring. It is understood that some carers prefer zero hours contracts as they allow greater flexibility and the Panel suggests that there is a mix of full time and zero hour contracts available to staff. Workforce options will be explored with providers throughout the development of the model.

33. Support Plans will be a key feature of the new Help to Live at Home model. The Panel is of the view that they will ensure that the provider focuses on outcomes rather than tasks. The difficulty of defining and measuring reablement outcomes

consistently is recognised but the Panel is pleased to note that support plans, focused initially on reablement with the aim of the service user having a lower level of need going forward, will be developed by the County Council in conjunction with both the service user and provider. This will help to deliver person-centred care in line with the Council's Personalisation agenda.

Recommendations

B. The Panel welcomes the intention to develop an outcomes-based model for domiciliary care services which will be focused on the needs of the individual. The Panel recommends that, in terms of the financial model, a two stage process is needed, with the fixed period stepped unit cost being adopted whilst continuing to develop the market and the necessary IT systems to deliver the incentive payment financial model in due course.

C. The Panel recommends the adoption of the provider delivery model with more than one provider per area but with a fixed upper limit.

D. The Panel recommends that the Help to Live at Home Project Team commissions only from providers that have the correct mix of skills within their workforce to provide services for people with a diverse range of needs.

E. The Panel recognises the impact that the workforce has on the quality of care and recommends that the Help to Live at Home Project Team ensure that contracts are developed which will enable providers to have certainty regarding their levels of business so they can develop a more stable workforce.

F. The Panel recommends that the County Council satisfies itself that all providers of the Help to Live at Home Service meet the statutory requirements relating to the minimum wage and assures itself regarding the overall terms of employment for staff.

G. The Panel welcomes the proposal for support plans to be outcome-focused and developed in conjunction with the service user and provider.

Integration with the Health Service

34. The Help to Live at Home Project is an integrated project across health and social care. The project will result in service users receiving a single offer, whether they access services through social care or CHC. In order to deliver this, data relating to patients receiving CHC was needed. There were a number of difficulties in accessing the CHC data which led to the project being delayed by several months. In addition, the project has highlighted concerns regarding the quality of data across both the NHS and social care. The Panel recognises that poor quality data could have a significant impact on the final model, including that the service commissioned is not appropriate for the service users and therefore affects the quality of care received. It is important that data is quality assured and that lessons are learnt from this so that other health and social care integration projects are not faced with similar issues.

35. Analysis of the data has shown that approximately half of the providers of domiciliary care in Leicestershire are commissioned by both the NHS and the County Council. There are some differences in the levels of funding across the organisations. Further analysis of the data will show the cost of activity commissioned by both the NHS and the County Council and will enable identification of the potential for savings. The Panel welcomes the move towards identifying savings both individually and across the health and social care system, and is particularly pleased to see the joined up use of data to support the whole system. The Panel hopes that the Help to Live at Home Project will generate other integrated projects across health and social care.

Recommendation

H. The Panel welcomes the integrated approach to the Help to Live at Home Project and recommends that lessons are learnt from the challenges that have faced this project and that further opportunities are identified for the integration of health and social care services in the County, particularly where there are opportunities for savings to be made by both parties.

Reablement Services

36. Reablement is essential to the new Help to Live at Home Model, which is focused on outcomes for service users and helping them to be as independent as possible. All social care reablement services in the County are currently provided by the in-house Home Assessment and Reablement Team (HART). The new model proposes that community referrals are dealt with by the Help to Live at Home providers and that HART focuses on providing reablement services linked to hospital discharge, both for social care service users and patients funded through CHC. This would be a change to the current model which does not provide a service to CHC-funded patients.

37. The review of HART is not part of the Help to Live at Home project but is a related worksteam. The review will ensure that the service is resized so that it is fit for purpose. The Panel welcomes the review of HART, which has also been influenced by a lack of capacity caused by both the volume of community referrals and by delays in putting a long-term package of care in place for people using HART services. The Panel also suggests that in due course a further review takes place as, subject to market development, the Help to Live at Home Providers may be able to scale up their reablement offer to include hospital discharge as well as community referrals.

Recommendation

I. The Panel supports the review of HART and recommends that the future commissioning model for HART is reviewed again when appropriate to enable a consistent approach to be taken across all reablement services.

Prevention and Early Intervention

38. Recognising the rising levels of demand for social care services, the Panel is pleased to note that the County Council is working with partners through the Better Care Fund to ensure that robust prevention and early intervention systems are in place to provide people from needing more intensive and costly support in the longer term. This includes appropriate signposting and engagement with Local Area Co-ordinators who will act as community champions. The Panel also welcomes the proposal to develop a Prevention Strategy which will enable preventative service to be more joined up in the future. It is hoped that this will help to make the new Help to Live at Home service more sustainable in the future.

Recommendation

J. The Panel recommends that the development of the Help to Live at Home Business Case is aligned to the County Council's emerging prevention strategy.

Resources Implications

39. The Help to Live at Home Programme has an MTFS target to save £1m.

Equalities and Human Rights Implications

40. Given the personal nature of these services, there is potential for disadvantage to occur. However, service users in Leicestershire are entitled to receive services to meet assessed need and as part of the process of assessment, care planning and service delivery, each service user's individual choice, preferences and outcomes are considered. This process also takes into account the gender of the person who will deliver the care, that care staff have knowledge and understanding of the service user's needs in relation to their disability/health condition. Care workers should be able to communicate in a person's first language, must have an understanding of a person's culture, and also must demonstrate respect in relation to a person's beliefs, religion and sexual orientation.

41. Contained within existing contract documents is the requirement for the Service Provider to deliver all commissioned care calls to meet the assessed needs of the service user taking into account the gender, age, race, ethnicity, culture, sexuality and disability in accordance with the specified tasks on the Service Users Support Plan, and which meet the Specification and the Health and Social Care Act 2008, (Regulated Activities) Regulations 2009.

Circulation under the Local Issues Alerts Procedure

42. None.

Background Papers

43. File containing the reports submitted to the Scrutiny Review Panel on Help to Live at Home.

Recommendations

44. ***The Adults and Communities Overview and Scrutiny Committee is recommended to:-***

(a) support the findings of the Panel and refer the conclusions to the Cabinet for its consideration;

(b) receive further updates on the Help to Live at Programme at key milestones during the project.

Mr J Kaufman CC
Chairman of the Panel