

MEETING	B&NES HEALTH AND WELLBEING BOARD
DATE	26 June 2018
TYPE	An open public item

<u>Report summary table</u>	
Report title	Homecare & Reablement Recommissioning
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List of attachments	[<i>accompanying presentation to follow</i>]
Background papers	<p><i>B&NES Market Position Statement:</i> http://www.bathnes.gov.uk/sites/default/files/sitedocuments/Social-Care-and-Health/Social-Care-Services/bnes_market_position_statement_-_consultation_draft_-_1st_march_2018_-_final.pdf</p> <p><i>Intermediate care & reablement guidance</i> (National Institute for Health & Clinical Excellence) - https://www.nice.org.uk/guidance/ng74</p>
Summary	This report concerns the recommissioning of homecare and reablement services in Bath & North East Somerset. It focusses on creating services to deliver outcomes which make a tangible difference to peoples' lives and promote care market sustainability.
Recommendations	That the Board notes the update on the transformation work to establish new homecare and reablement service models set out in this report.
Rationale for recommendations	<p>This report's recommendations are consistent with the Board's commitment to working closely with providers so that people can access good quality services and have a say in the services they receive. Recommendations are also in-keeping with the Board's key priorities of:</p> <ul style="list-style-type: none"> ❖ <i>Preventing ill health by helping people to stay healthy</i> ❖ <i>Improving the quality of people's lives</i>
Resource implications	There are no direct resource implications to this report which is presented for information and endorsement. The full resource implications of home care and reablement recommissioning will be set out as part of the recommissioning process.
Statutory considerations and basis for proposal	The Council has a statutory duty under the Care Act (2014) for market facilitation and oversight. Under this, the Council publishes a Market Position Statement (MPS) outlining its commissioning intentions and preferred market conditions as well as supporting business and service continuity.
Consultation	Existing homecare and reablement providers, service users and carers have been consulted on the emerging proposals for recommissioning services that feature in this report.
Risk management	Risk management is included in the project plan. The project steering group is currently establishing and will retain oversight of a risk assessment related to the issue and recommendations, in compliance with the Council's decision making risk management guidance.

THE REPORT

1 THE ISSUE

- 1.1 This report concerns the recommissioning of homecare and reablement services in Bath & North East Somerset. The main focus of the paper and the project itself is to deliver outcomes that make a tangible differences to people's lives. This includes the potential for the Council to become an Ethical Care Council that commissions its homecare services in a way that is consistent with the Ethical Care Charter (ECC).
- 1.2 This work is enriched by a strong element of co-production built in to the project; with service users, carers and providers all influencing the service design and specific commissioning intentions. It is hoped that service users and carers can take part in the evaluation team for reviewing tenders for new contracts.
- 1.3 This report discusses how the recommissioning of homecare and reablement can respond to broader challenges facing the social care sector such as workforce stability and supporting the local urgent care system.

2 RECOMMENDATION

- 2.1 That the Board notes the update on the transformation work to establish new homecare and reablement service models set out in this report.

3 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)

- 3.1 There are no direct resource implications to this report which is presented for information and endorsement. The full resource implications of home care and reablement recommissioning will be set out in the recommissioning process.

4 STATUTORY CONSIDERATION AND BASIS FOR PROPOSAL

- 4.1 The Council has a statutory duty under the Care Act (2014) for market facilitation and oversight. This helps the Council to influence and support providers to offer innovative, sustainable and good quality ethical care. The Care Quality Commission (CQC) also supports the Council's broader remit in quality assurance.
- 4.2 A key part of the Council's Care Act duties is a Market Position Statement (MPS). An MPS outlines a Council's commissioning intentions and preferred market conditions as well as supporting business and service continuity. The current draft MPS has recently been out for market consultation and includes specific commissioning intentions for homecare and reablement. A link to the Market Position Statement is provided as a background paper.

5 THE REPORT

- 5.1 Most homecare in B&NES is commissioned through block contracts with four homecare agencies, known as Strategic Partners. Three of these agencies also provide reablement through an integrated service alongside Virgin Care, who provide the core reablement service.
- 5.2 Recently, the four agencies have been moved from historic 10 year contracts onto a one-year contract, which will allow the Council to redesign homecare and reablement pathways before introducing new contracts in early 2019/20.

- 5.3 Over 210,000 hours of homecare were commissioned by the Council in 2017/18. About 70% of those are with the Strategic Providers. The remainder is purchased under a range of individual arrangements and Direct Payments.
- 5.4 Reablement is aimed at supporting people to regain skills and confidence in the home, avoid unnecessary hospital admission and minimise ongoing care needs. Reablement services are provided on a short-term basis, usually up to six weeks, with a clear focus on achieving agreed outcomes for the individual.
- 5.5 There are specific, separate project groups for both homecare and reablement. However given the strong connections between them both as well as with related activity on direct payments, a Steering Group is in operation which ensures the two projects develop sympathetically. The homecare part of this project concerns services for older persons and also continuing healthcare purchased on behalf of the NHS. Other more specialist homecare services such as those for people with learning disabilities are progressed under different projects.

Homecare - Current Progress

- 5.6 The emphasis in homecare recommissioning is on delivering genuine client outcomes rather than a *time and task* way of delivering care. Other areas are achieving success with such models, seeing reductions of commissioned care by 20%, improved satisfaction and alignment with changes in social work practice such as the *3 Conversations* model adopted in B&NES. Commissioners have invited providers to join them on fact-finding visits to other Council areas which are delivering best practice of this nature.
- 5.7 Commissioners are actively engaged with providers, key stakeholders and service users / carers in developing the future service design and held the first of a series of engagement sessions in June 2018, which was well received and offers a strong foundation for the work to come.
- 5.8 Providers brought a wide range of ideas for taking services forward, including: *making better use of resources, developing the status of care as a career, delivering better services by building trusting relationships and sharing risks & benefits.*
- 5.9 Providers also offered their views on current local performance against the Ethical Care Charter (ECC) standards. The 12 ECC standards are spread across 3 stages and the Council’s role in meeting these varies depending on whether it commissions services directly through contracts or through other individual arrangements e.g. direct payments:

Stage 1	Client-focussed visits which are not rushed - pay for travel time.
Stage 2	Consistency of carers - zero-hours contracts - reporting concerns - funding for training and peer support.
Stage 3	Living wage requirement and occupational sick pay schemes

- 5.10 Providers consistently reported strong performance against all stage 2 standards and the majority of stage 1 and 3 requirements. The biggest opportunities for

improvement were held to be: *ensuring visits are client-focussed* (a theme also strongly supported by service users & carers), *occupational sick pay for care workers* and *not being pressured to work when ill*.

5.11 In a vibrant and informative session, service users and carers shared their views of the services we provide, the aspects of homecare & reablement that make the biggest difference to their lives. They had a good understanding of the complex issues behind the services and were keen to continue to be involved in the review on an ongoing basis. The key things they noted as important were:

- ❖ Familiarity and consistency of carers along with timely visits
- ❖ Quality of human interaction
- ❖ System navigation and effective support from the Council in solving problems with their care arrangements

5.12 It was also suggested that the Council create a set of published standards and expectations that service users, carers and providers can all engage with.

Reablement - Current Progress

5.13 Reablement in particular is an area of rich collaboration between commissioners, Virgin Care and Strategic Partners. In anticipation of broader market and service user engagement, key milestones to date in developing the future reablement vision include:

- ❖ A workshop in June 2018 to further develop relationships and develop a standard operating model across all current providers which make best use of available capacity in the reablement system.
- ❖ Commissioners have spent time with frontline therapists, accompanying them on visits to meet service users and learn more about day to day service delivery.
- ❖ An audit of the current service model across all providers took place in May, results of which are currently being analysed.
- ❖ A review of best practice guidelines including those from the National Institute of Health and Clinical Excellence (see link to the guidance in 'background papers')
- ❖ Agreeing new contracts, service specification and key performance indicators across all partners to promote continuous improvement and value for money during transition to the new pathway.

Market Conditions and Support for Urgent Care

5.14 The redesign of reablement and homecare takes place in a challenging context. In a largely private marketplace where demand often outstrips supply and the Council does not directly provide much care itself, it needs to exert a more subtle influence on parts of the market where it does not have the traditional levers of contractual compliance at its disposal.

5.15 There are national concerns about the high turnover of staff in care provision and development of the social care workforce, which naturally impact on carer continuity. This was commonly cited by providers, service users and carers in the recent engagement and it is also reflected in other parts of the South West. The Council is actively participating in a number of initiatives in place to address these at local, sub-regional and regional level.

- 5.16 As well as promoting the sustainability of the social care sector going forward, new homecare and reablement services also have a vital role to play in supporting the wider urgent care system in B&NES in terms of timely discharge from hospital, preventing avoidable hospital admissions, maximising people's independence and reducing their ongoing care needs.

6 RATIONALE

- 6.1 This report's recommendations are consistent with the Health & Wellbeing Board's commitment to working closely with providers so that people can access good quality services and have a say in the services they receive. Recommendations are also in-keeping with the Board's key priorities of:

- ❖ *Preventing ill health by helping people to stay healthy*
- ❖ *Improving the quality of people's lives*

7 OTHER OPTIONS CONSIDERED

- 7.1 Recommissioning activity for homecare and reablement is currently at the *review* and *analysis* stages. Options appraisals and preferred recommendations for future services will follow.

8 CONSULTATION

- 8.1 No specific consultation has been undertaken on the contents of this report. However, there has been significant engagement with providers of care in relation to the MPS and future design of home care and reablement services. Service users and carers continue to be consulted beyond the recent workshops with the support of the Carers Centre.
- 8.2 The engagement undertaken as part of the *Your Care, Your Way* Community Services review, including with service users and carers, has significantly influenced the priorities and outcomes to be achieved for community services, including for home care and reablement services.

9 RISK MANAGEMENT

- 9.1 Risks associated with this paper are considered to be low. Providers and stakeholders have been consulted on high level commissioning intentions through the MPS consultation. Along with service users they continue to play an active part in shaping new service models.
- 9.2 This paper offers a general introduction only, so a formal risk assessment is not required at this stage. Risk management is included in the project plan. The project steering group is currently establishing and will retain oversight of a risk assessment related to the issue and recommendations, in compliance with the Council's decision making risk management guidance.

Please contact the report author if you need to access this report in an alternative format