Kingston: Independence at Home

Design team and Golden Principles

The Golden Principles were developed in answer to what people said they wanted from health and social care services

Golden Principles

- Understand the person being supported as completely as possible, as early as possible
- Access to good quality, timely, share-able information about the person
- Minimise hand offs, both for information and for the person
- Make the best decision, at the best time by the best possible person/team
- Make sure the person being supported always knows what will happen and when, and who to go back to if needed
- Co-ordinated care, all the way through
- Keep listening to the person, all the way
- Work with the person and their relatives/carers to the extent of our capabilities.

What do we need to change?

- Help people to support themselves without the need to contact social care
- Give ourselves and others time to have conversations with people
  - Use conversations as a prevention approach
  - Change the conversation to what they would like to be better in their lives
- Make better use of reablement to maximise a persons potential to be independent
- Work smarter with our partners (VCS, Health) so the right person is doing the right thing at the right time
- Have good quality care and support workers

Why Kingston: Independence at Home

- Better lives not services
- Need to change the way of thinking
  - By people living in the community
  - Of the expectations of what support Councils can provide
- Want people to use resources already in the community
- Want people to benefit from the assets, skills and knowledge people have themselves

Financial Pressures

- We recognise that we need to ensure Providers can offer terms and conditions that will attract the type of workforce required
- The current approach is not financially sustainable, so need to find a better way of working with you
- Reablement and community resilience are buzz words but we have to make this work
- Working in partnership with Health, Voluntary sector and Communities will be important
- Wanting to work with a Provider who understands and is signed up to delivering the outcomes we want to achieve in Kingston

Where do we need your help to co-produce?

Small scale

Feedback on Information and Advice portal design

Information letters and leaflets

Design of support plans

Talking to people on how they want to be supported

Attending design workshops to give user perspectives

Larger scale

Feedback on specification

Evaluation of tender responses

On-going contract management and user feedback approach

Home Care: Overview of Current Demand

- Annual spend is £8.2m (reablement, home care, direct payments)
- Potential to include CHC and community equipment
- Currently quite high numbers with a direct payment
- Number of people using Home Care is increasing
  - 500 to 600 during the current financial year
- Low hourly rate
  - Capacity a national issue
  - Concerns on quality and type of care delivered
- Increasing levels of spot purchasing
- Pressure on capacity due to moving demand from acute health to community
- Need to make better use of initial support to maximise independence

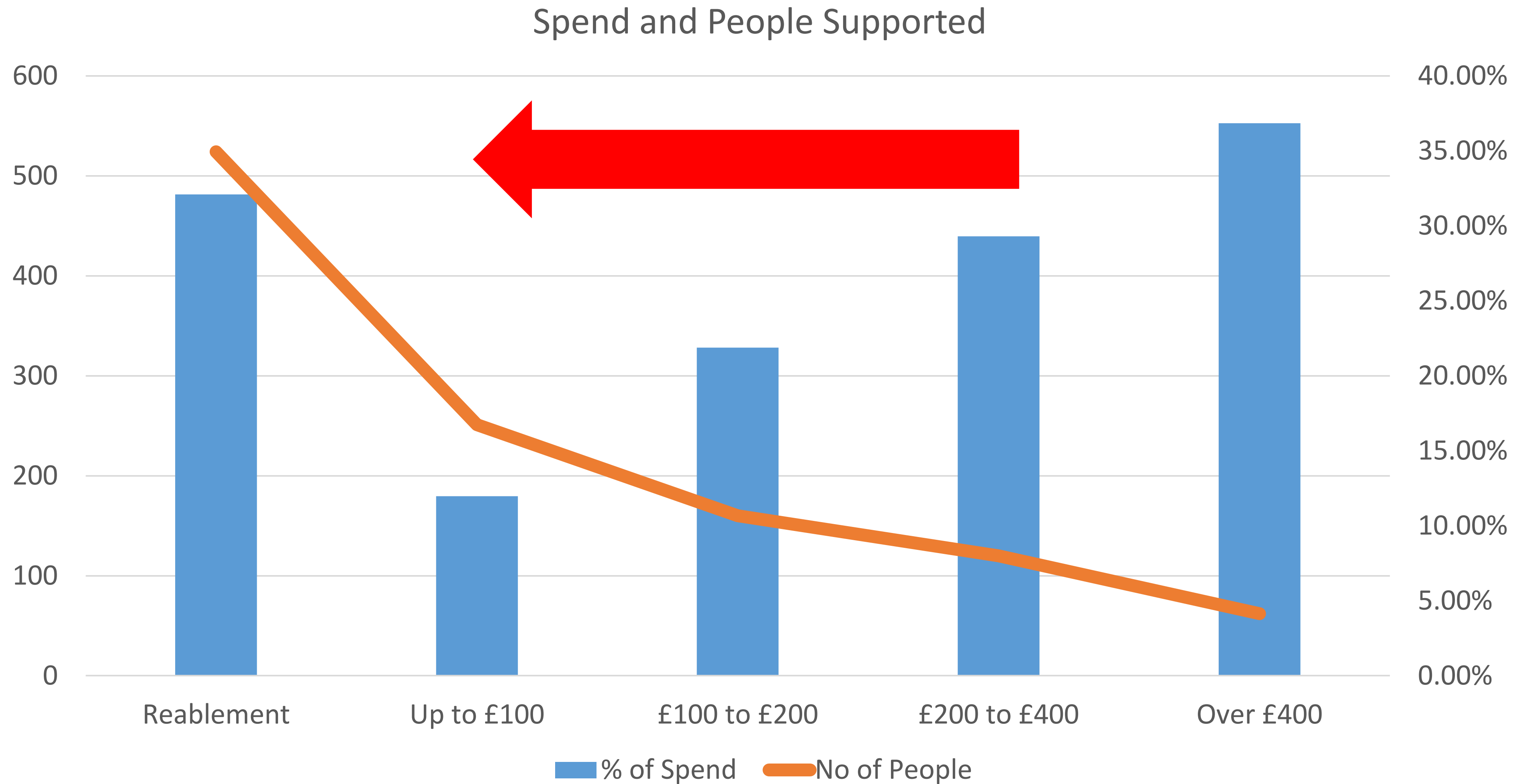
Customer Profiles

	No. of Hours (RBK)	No. of Hours (CHC)	Total Hours	No. of Service Users (RBK)	No. of Service Users (CHC)
Total	8108	927	9035	621	29
Actual Delivered	5825				

Support Value Ranges	People %	Funding %
Up to £100	40.36%	12%
£100 to £200	25.85%	22%
£200 to £400	19.27%	29%
Over £400	9.98%	37%

NB: All figures at this stage are draft and will be updated prior to formal procurement process starts

Customer Profiles



Customer Profiles

Age Group	Personal dignity	Physical and mental health and emotional wellbeing	Protection from abuse and neglect	Control by the individual over day-to-day life	Participation in work, education, training or recreation	Social and economic wellbeing	Domestic, family and personal relationships	Suitability of living accommodation	Individual‟s contribution to society
Up to 64	15%	28%	28%	11%	19%	7%	6%	7%	6%
65 to 79	12%	31%	17%	9%	5%	5%	2%	3%	1%
80 or over	8%	33%	16%	5%	7%	6%	4%	3%	1%
Overall	10%	32%	18%	7%	8%	6%	3%	3%	1%

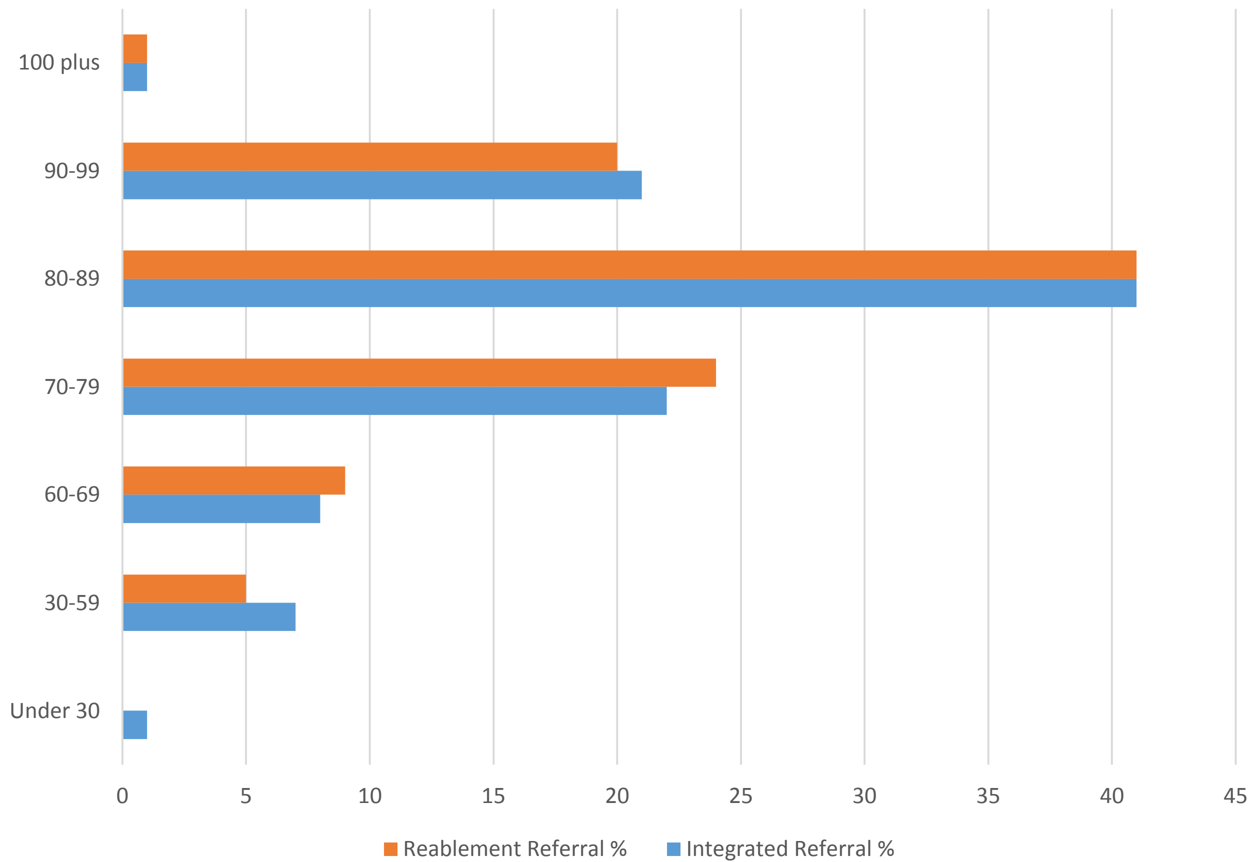
Specification

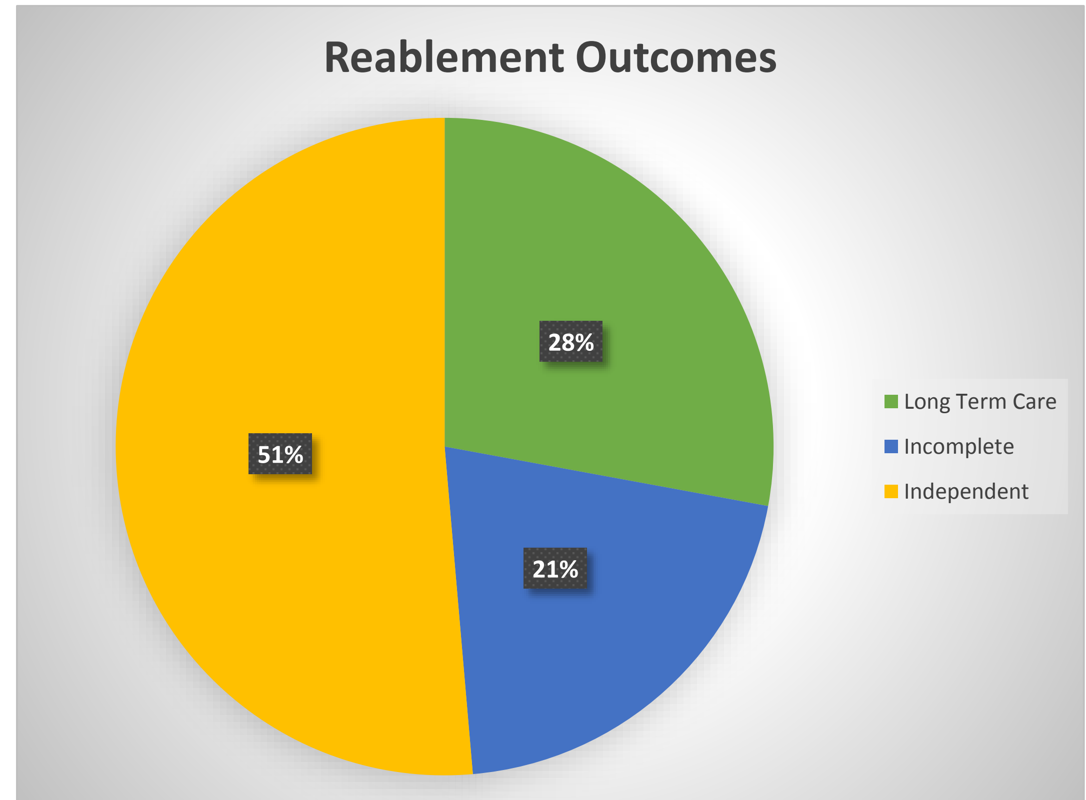
- Reablement
- Personal Care
- Support to Carers (e.g sitting service)
- Trusted assessors for community equipment and telecare (to be agreed)
- CHC (to be agreed)
- Trained to perform delegated Health care tasks
- 24/7 support
  - Night time support
  - Crisis response
  - Live in Care
- Support to access community resources
- Support planning
- Reviews

Reablement within Home Care Model

- Would operate as an in-take model
- Invest in this initial support period to ensure people are as independent as possible
- Use initial support as time to have conversations to establish how they self-support, access the community
- Vital part of system for social care to manage longer term demand for support
- Need to ensure this approach continues through longer term support
- Not just about functional reablement, but working with families, community to connect people

Reablement Profiles





Data subject to validation

Workforce Implications

- Need to ensure we have a skilled workforce
- Want to have a valued and respected workforce
- Terms and conditions that will enable recruitment and retention
- Commissioned provider would be an integral part of the MDT
- Would be looking at options for co-location of staff within MDT
- Communication and feedback would be very important
- Approx 230 FTE working across the currently commissioned support

Workforce Roles

- Develop an enhanced care worker role capable of performing greater range of tasks and being more autonomous
- Case Co-ordinator roles for staff who assess, support plan and direct care workers

Contract Model Options

Geographic – a single contract for the whole area	Geographic – one provider for multiple contract area	Multiple providers across the whole of Kingston	Geographic – multiple providers for single / multiple contract areas
• Creates a strategic partner for care at home • Higher value contracts • Simpler to apply system wide outcome measures • More likely to lead to single workforce for support at home • Risks attached to single provider	• Creates multiple provider partners aligned with potential MDT model • Cover available if one provider fails • Reduces value of contracts • Harder to apply system wide outcome measures • Creates competition for care workers	• Minimises risk for provider failure • Providers work across multiple areas • Limited assurances for providers on contract value • Complexity in MDT development	• Minimises risks for provider failure • More choice of providers for people • Limited assurances for providers on value of contracts • Reduces opportunities for economies of scale • More capacity required for contract management

Provider Model Approach

Single Provider – responsible for all customers and delivery of support specified	Lead Provider – but using sub-contracted providers	Consortium – multiple providers working together to cover the area
• Strategic partner responsible for all outcomes • Clear accountability • Simpler contract management and focus on system wide outcomes	• Leads to a strategic partner • Provider can manage capacity by adding sub-contractors • Splits the workforce across providers • Allows smaller local providers to be included • Provider can bring in specialisms	• No single strategic partner • Harder to address quality • Uncertainty around how MDTs would be supported • Allows for smaller providers and specialisms to be brought in • Harder to deliver system wide outcomes

Bidding Models

Providers submit bids to deliver outcomes based on the current RBK spend and activity	Providers submit a rate card for all Home Care and any other element in the specification	Providers submit separate rates for reablement and home care
• Set out reablement outcomes required and outcomes for people with longer term care • Would need approach agreed for costs due to increased demand	• Clarity on costs for each activity • No focus on changing profile of support • Could have different rates for more specialist care	• Would mean not paying higher rates for long term care as less reablement • Potential to weaken reablement approach across all support

Potential Outcome Models

Capitated payment – X% on a risk and reward basis for delivery of outcomes

- Providers assured of income flow
- Providers focused on delivery outcomes
  - reablement performance
  - people accessing community
- Provider can determine where to target resources most likely to deliver outcomes

Outcomes agreed for each person and providers paid on ability to deliver outcomes

- Outcomes monitored at customer level of payment based on each customer
- Avoid complex processes to agree if outcomes have been achieved

Profile Customers into bands and describe the type of outcomes expected for groups of customers

- Outcomes still monitored at customer level but payment based on overall performance
- Outcomes could be system outcomes or individual outcomes
- Requires more detailed understanding of the customers supported

Capitated Payment - Example

- Provider paid £2m for supporting all people in the contract area
- They ensure each person is supported according to their need
- % Tolerance set for example at 5%
- Additional costs within 5% are absorbed by Provider
- Reduced costs within 5% are retained by the Provider
- 7% increase or decrease would lead to a discussion around how the 2% of costs outside of tolerance range will be funded
- Range of outcomes agreed covering system and individual customer performance

Customer Outcomes - Example

- Costed support plans agreed for each customer
- Provider is guaranteed payment pending achievement of outcomes in the support plan
- % value of support plan is at risk for each support plan should outcomes not be achieved
- % value would be higher for reablement outcomes compared to longer term support plans

Outcomes – potential examples

System

- Admissions to residential care
- Hospital admissions avoided
- Reablement independence rate after 91 days
- Reduction in overall spend on care at home
- Safeguarding investigations
- Level of satisfaction reported by customers / perception of healthiness or quality of life

Individual

- Customers supported to address eligibility outcomes
- Customers supported to achieve their well-being outcome
- Customers supported to reduce long term care needs or be independent

What thoughts do you have on

- Creating a workforce capable of delivering the ambitions of this service
- the potential to deliver this service within the current levels of expenditure
- The procurement approach
- the size and geographic approach to contracts
- a capitated payment or individual outcomes payment approach
- the potential outcomes based contract options
- a single contract covering initial support (reablement) and long term support
- supporting people to access community resources
- the role of a provider within a multi-disciplinary health and social care team
- What new roles / responsibilities could help simplify the care pathway