Home Support: Keeping people Independent, Resilient and Well

June 2017

Emma Bugg, Head of Integrated Commissioning, North Norfolk
Home Support: Introduction

*Welcome* to the first detailed look at the market development plans for Home Support in Norfolk; designed to provide you with:

- Greater detail about the areas we are focusing on as a Council
- Meaningful information to help you focus your business

The information contained within this document has been split into 4 sections:

- The Market – Current Position
- Unmet needs
- Drivers for change
- Market Management

To manage this large portfolio of work we have established 4 priorities which will be the focus for the next 2 years. These priorities are:

1. Market structure and delivery
2. Contracts ending
3. What matters to people
4. Financial pressures

It is my intention to update and publish this document once every quarter. More regular information, on our day-to-day activities, can be found online at: [www.norfolkkpwah.com](http://www.norfolkkpwah.com)

If you have any questions, or feedback relating to this, or to any of our other publications then please get in contact.

*Emma Bugg*
*Head of Integrated Commissioning, North Norfolk*
# High Level Priorities Summary 2017/19

<table>
<thead>
<tr>
<th>Priorities</th>
<th>Rationale</th>
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<tbody>
<tr>
<td>1. Market structure and delivery</td>
<td>- Capacity to deal with unmet needs</td>
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<td>- Efficiency of provision</td>
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<td>- Integrated care provision to keep people safe and well at home</td>
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<td></td>
<td>- Simplified contractual arrangements</td>
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<td>- Process and system developments to support associated functions</td>
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<td>2. Contracts ending</td>
<td>- Block contracted arrangements ending in 2017/18 in North Norfolk,</td>
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<td>Norwich and South Norfolk</td>
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<tr>
<td>3. What matters to people</td>
<td>- Being as independent as possible in their own home</td>
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<td></td>
<td>- Returning home from hospital</td>
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<td>- Avoiding hospital admission, where appropriate</td>
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<td>- Prevent, reduce and delay the need for formal care</td>
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<td>- Positive wellbeing</td>
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<td>4. Financial pressures</td>
<td>- Achieve a balanced budget of £54.299m, by making £0.189m savings in</td>
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<td>year</td>
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<td></td>
<td>- Investment is made into well structured, efficient provision that enables</td>
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<td>people to stay independent, resilient and well</td>
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1. The Market: Current Position
1. The Market: Current Position

In this section you will find:

- An overview of how provision is contracted at the moment in Norfolk
- A summary of the level of spend in the care market in Norfolk (split by Accredited Provider, Block Provider and Framework Provider)
- How these arrangements and the placing of care packages may be leading to inefficient use of resources available within Norfolk
1. The Market: Current Supply

- Home Support secured via Accredited Provider, Block Provider and Framework Provider
- Between 1 May 2017 and 28 May 2017 (4 weeks inclusive) there were:

<table>
<thead>
<tr>
<th>Provider Type</th>
<th>Providers</th>
<th>Service Users</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Framework</td>
<td>21</td>
<td>1647</td>
<td>66,131.15</td>
</tr>
<tr>
<td>Block</td>
<td>10</td>
<td>1086</td>
<td>42,016.61</td>
</tr>
<tr>
<td>Spot</td>
<td>70</td>
<td>1325</td>
<td>59,177.59</td>
</tr>
</tbody>
</table>
1. The Market: Commissioned Hours by CCG area (per 4 weeks)
1. The Market: Current Investment

2017/18 forecast:

- £36.727m commissioned services (accredited, block and framework)
- £17.572m for related services via a direct payment
1. The Market: Financial Targets

On 10 October 2016, Norfolk County Council Adult Social Care Committee agreed to financial savings being secured in the area of home care:

<table>
<thead>
<tr>
<th>Ref</th>
<th>Proposal</th>
<th>Saving 2017-18 £m</th>
<th>Full Year Saving £m</th>
<th>Risk Assessment</th>
<th>Impact of earlier decision / potential to bring forward savings</th>
<th>Remaining budget £m</th>
</tr>
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<tbody>
<tr>
<td>010</td>
<td>Home care commissioning – an improved framework for procuring home care services in Norfolk</td>
<td>0.183</td>
<td>0.732</td>
<td>Green</td>
<td>0.000</td>
<td>48.613</td>
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</tbody>
</table>

The budget for 2017/18 is set at £54.299m including Direct Payments for Home Support. Whilst this is an increased figure compared to 2016/17 we will still need to make £0.183m savings in 2017/18 to stay within budget. For 2018/19 we need to make a further £0.549m savings, bringing the full year saving to £0.732m.
1. The Market: Supply 2015-17

Analysis of data from commissioned packages indicates that the market continues to provide a broadly similar number of care hours from 2015:

<table>
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<tr>
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<th>Start of reporting period: 06 Apr 15 – 03 May 15</th>
<th>Highest level of hours reported: 21 Sep 15 - 18 Oct 15</th>
<th>Highest no. of service users reported: 19 Oct 15 - 15 Nov 15</th>
<th>Current reporting period: 1 May 17 - 28 May 17</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of people</td>
<td>4,155</td>
<td>4,221</td>
<td>4,288</td>
<td>4,024</td>
</tr>
<tr>
<td>Total commissioned hrs (per 4 weeks)</td>
<td>164,263</td>
<td>170,284</td>
<td>169,586</td>
<td>167,325</td>
</tr>
</tbody>
</table>

Data available to us, from what we commission from the market, signals that:

- The total care hours we are commissioning has not varied significantly over 2 years.
- For the first time we are seeing reports of lower numbers in those we are commissioning home support in respect of. This cannot be deemed a downward trend at this time and will only be determined by monitoring future levels.
- This combination may suggest that we are commissioning packages of care for people with more complex needs (less independent than some, and/or unable to utilise assets and/or support around them).

*This is within the context of an increasing, ageing population living with more complex needs, reductions in permanent admissions to residential care and a more asset based approach taken to completing assessments.*
1. The Market: Placing Packages

Norfolk County Council’s Care Arranging Service place care packages using the following process:

1) Framework or Block Provider able to accept the package

2) If not, approach Accredited / Spot Providers

3) If not, potential for package to become an ‘unmet need’

Contributing towards mixed market place, with potential for inefficient operational delivery
1. The Market: Operational Delivery
(for 4 week period ending 05/03/2017)

- Each circle represents a package of care
- Each colour represents a contracted provider
- This does not show any private packages of care that providers may be responsible for
- This suggests operational delivery and resources available may not be used efficiently
2. Unmet Needs
2. Unmet needs

In this section you will find:

• A summary of unmet needs in Norfolk and actions taken to date
• The geographical areas presenting as the most problematic
• Prompt for further discussion as to what is happening
2. Unmet needs: Demand Versus Supply

Continually reported unmet needs result in:
• Unsatisfactory alternatives being used, resulting in blockages in the care system
• Potential negative impact on the ability to achieve good outcomes

Action taken:
• Implemented variation to contracts – target nearest provider, most prevalent first
• Successes on more recent cases
• Formulated recommendations for next steps
2. Unmet Needs: Oct 16 – Apr 17

Weekly Unmet Need Care Packages - October 2016 to April 2017
2. Unmet Need: Current Picture

This information is accurate as at 2 June 2017.

Each square represents an unmet package of care
2. Unmet Needs: Rationale

Is it:

- **Market saturation** – unable to recruit or deliver any more
- **Optimum business model reached** – not cost effective to increase any further
- **Refocusing** – supply is focused on private and/or health funded cases
- **Resources** – what is available isn’t always being used in the most efficient way, or people in need of care are demanding specific times or workers
- **Communication / process** – The way in which Norfolk County Council are communicating or managing this process needs improvement
- **Other**
3. Drivers for Change

- Policy (Quality and Value)
- Finance (Quality and Value)
- Customer outcomes (Quality and Value)
3. Drivers for Change

In this section you will find:

• An overview of the policies that are influencing the future direction of Home Support

• The financial implications that are to be addressed in developing the Home Support market

• A reminder on the importance of the person in receipt of support achieving what matters to them
3. The Policy Drivers

<table>
<thead>
<tr>
<th>National</th>
<th>Local</th>
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<tbody>
<tr>
<td>• The Care Act</td>
<td>• Promoting Independence (NCC)</td>
</tr>
<tr>
<td>• Better Care Fund</td>
<td>• Keeping me at home (NCHC)</td>
</tr>
<tr>
<td>• Sustainability &amp; Transformation Plans (STP)</td>
<td>• Supported Care / Crisis response (CCG)</td>
</tr>
<tr>
<td>• Multispecialty Community Providers (MCP)</td>
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</tbody>
</table>
3. Drivers: Policy into Practice (Now)

Providing support to remain independent, resilient and well

- Increase of preventative assessments
- Effectiveness of reablement

- Reduce permanent admissions to care homes
- An increasing ageing population
3. Policy into Practice: Integrated Care approach

Providing support to remain independent, resilient and well

<table>
<thead>
<tr>
<th>Information &amp; Advice</th>
<th>Keeping well</th>
<th>Avoid breakdown</th>
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</table>
| Service user, informal carer and formal carer informed and empowered – self care | Increase resilience through use of local assets, reablement and wellbeing | - Contingency planning  
- Risk alerts raised to local integrated care structures to reduce the risk of hospital admissions, where appropriate |

It is recognised that Home Support providers:

• Have regular contact with those who may present a risk in terms of avoidable hospital admission,
• Have the potential to recognise when something is beginning to change for someone,
• Have the potential to develop support networks around the person increasing their independence and resilience,
• Could be the catalyst to raising an early warning alert to the community Integrated Care team, avoiding someone’s situation deteriorating further and preventing hospital admission.
3. Drivers: Finance into Practice

**The Challenge:** Budget pressures
**Solution:** Efficiency of Delivery

**The Challenge:** Cost structure (time and task, block and spot)
**Solution:** Cost of delivery within Integrated Care structures

**The Challenge:** Value from mixed contracts
**Solution:** Strategic Providers

**The Challenge:** Volume / Increasing ageing population
**Solution:** Support people to be independent, resilient and well
3. Drivers: Customer Outcomes

What matters to people:

• I want to stay safe and well at home
• If things do change I am able to recover quickly and return home
• If I need support it is flexible, honest, positive, with a solution-focussed attitude
• I can involve friends and family
• I have all the information I need
• I am supported to take risks
3. Policy into Practice: Market Development

Providing support to remain independent, resilient and well

Providers are commissioned to enable people to continue to live in their home by:

• Helping them to become more independent
• Providing solutions to help delay the need for more support in the future
• Promoting well-being
3. Drivers: Customers benefit from Integrated Care

Providing support to remain independent, resilient and well

This example shows the density of current need around GP surgeries in North Norfolk.
3. Drivers: Customers benefit from Integrated Care

This intelligence will be used to assist in shaping how integrated care teams, that aim to keep people safe and well at home, based around GP surgeries in locality should be formed.

This intelligence presents the opportunity to look at:
- The physical location of providers and where provision is needed – Business Development
- Where the highest levels of need are situated
- Price bandings for provision based on ‘reach’ / distance from the GP surgery
- Stakeholder relationships within communities aimed at keeping people safe and well at home, and raising an alert within the integrated care structure where change is being noticed
4. Market Management

- Customer outcomes (Quality and Value)
- Policy (Quality and Value)
- Finance (Quality and Value)
4. Market Management

In this section you will find:

• What interventions we are making in the market to bring about the changes required
• More detail about the Framework for Strategic Providers and what this will mean for Block and Spot Contracted Providers
• How these changes will be managed
• The timeframe for these changes
4. Market Management 2017

A. Framework Introduced
Start in North Norfolk, Norwich and South Norfolk; secure Strategic Providers, via a Framework agreement, who in time will link to Integrated Care Systems.

B. Manage existing contracts
Reduce the need for block (ending in 2017/18) and spot contracts.

C. Accredited list
Accredited list closed to new entrant wef 1 July 2017 (subject to review). Accredited Providers used for short-term placements where framework unable to provide.
4. Market Management: Framework for Strategic Providers

Key elements of the Framework are:

• Form strategic relationships with fewer providers
• Develop greater trust and flexibility
• Equitable contract management applied
• Remuneration based on geographical factors (proposed tiered pricing by distance for the whole of the commissioned market)
• Efficiency and resilience via provider collaboration
• Targeted approaches to meet unmet needs
4. Market Management: Framework for Strategic Providers

Strategic Providers are:

• secured following successful application, and
• awarded a framework agreement under the Light Touch Regime of Public Contracts Regulations

Secured on the proven basis of:

• Local operation
• High quality performance
• Capacity
• Willingness to develop (in particular, promoting independence and reablement) and to collaborate with other providers
4. Market Management: Current contracts

• In time Block and Spot contracts will cease to exist as they do currently

• Will maintain an accredited list for short-term placements (3-4 months) in the event that a strategic provider cannot pick up a package of care immediately

• If the framework for Strategic Providers is reopened providers on the accredited list can be considered for application
4. Market Management: Managing the transition

• Current providers who successfully join the framework will retain packages, unless otherwise agreed

• Transition of packages with unsuccessful block or spot providers will be managed via a phased approach

• Work with the framework providers to identify who is best placed to take packages and plan the transfer

• In the event that none of the framework providers can take on the cases, the contingency will be to use the accredited list as an intermediate solution
4. Market Management: Managing the transition

- Transition is phased
- Engagement will be well coordinated and sensitive to all stakeholders
- The new collaborative way of working is a journey, not an immediate solution
- Developing efficient rounds is a key factor
- Review whether the framework should be re-opened to new entrants at a point in the future
- Banded pricing need to be explored and consulted on
4. Market Management: Key dates

• North Norfolk: Framework agreements awarded on 30 March 2017

• South Norfolk and Norwich: Framework agreements awarded on 31 May 2017

• Other areas: Details to be confirmed
4. Market Management: Price Bandings

The needs:

• Efficient operations
• Fair price based on cost

The response:

• Interventions to reshape provision / supply
• Banded pricing based on mileage from central locations and reflective of demand
4. Market Management: Price Bandings

- Staff hourly rate
- Miles between visits (25MPH up to 7 miles)
- Travel time
- Employment costs (9.5% N.I, 12.07% Holiday, 1.73% Training, 1% Pension, £0.35 per mile)
- Running costs
- Profit (3% margin)
4. Market Management: In Summary

You will have seen that it is not purely a cost issue but more of a responsibility to ensure the investment made:

- Addresses the operational efficiency challenge presented in Section 1, some of which will be managed via the introduction of Strategic Providers via the Framework Agreement, as outlined in Section 4.

- Enables Strategic Providers, via the framework, to work together to improve efficiency of operations, encourages joint approaches to training, links with locality care teams and other community assets.

- Reflects the cost of provision aligned to integrated care structures based around GP surgeries; providing us with the opportunity to join up further to achieve better outcomes for local people.

- Mitigates against unmet needs being reported through targeting placements where providers are already in operation and better understanding the specific challenges faced.

- Increases community resilience and reduces the level of risk associated with non-guaranteed supply contracts. Providing market intelligence aim to reassure businesses to invest in particular areas.

- Supports more flexible service provision. The newer contracts (2015) allow for flexibility of time allocated over a 4 week period.

- Explores ways in which we can commission and remunerate for outcomes sought and achieved. The processes and systems we have in place needs to support this shift too.

- Secures provision that is focused on enabling people to regain independence where potential exists.

- Stimulates progressive and innovative ways to manage demand that take account of the increasing, ageing population, through the introduction of alternatives that focus on prevention and reablement.

- Takes account of other influencing factors, such as health funded provision and self-funders.
Home Support

Norfolk County Council

Norfolk Home Support: High level commissioning approach over time

The Aim: Implement the Care Act and subsequent responsibilities - Promoting individual well-being, Preventing needs for care and support, Promoting integration of care and support with health services etc., Providing information and advice, and Promoting diversity and quality in provision of services

Where we are now (2016)
- A mixture of block and spot contracts
- Continuous growing demand versus pressure to reduce spend
- Care Act responsibilities
- Self-funders
- 40% taking Direct Payment – Driving Choice and Control
- Culture of dependency on support

Commissioning based interventions

Phase 1 Iteration
Move towards the Future Vision

Further iterations
Further actions taken towards the Future Vision

Future vision
Individuals manage their wellbeing through exercising choice and control within local markets/communities

Other interventions within and across markets and communities

Our Role
Implement service model which focuses on high-quality care and prompts a response from within communities:

Providers delivering to new contract

Our Role
Further market interventions and development to:
- Increase responsiveness in local services to meet needs
- Ensure high quality provision is in place and delivering

Our Role
Set in place accessible and assured information provision that enables individuals.

Interventions within the market to ensure high quality, appropriate provision is in place and delivering effectively

Market position
Locally commissioned services
Stimulate, generate or utilise capacity with communities to meet the Personal Community Aspirations and Maintenance needs of individuals, enabling providers to focus on core care

Market position
Increased diversity within communities in meeting local needs

Market position
Proactive services and communities that respond to delivering what is important to individuals and their families, with the ability to provide sustainable solutions