



# Dorset Care Market Engagement Event

12 January 2017

# Agenda

10:00	Registration and refreshments
10:20	Introduction and background
10:30	Overview of domiciliary care specification
10:50	Timeline
11:00	Break
11:20	Question Time
11:50	How can we work differently?
12:15	Single-handed care
12:30	Conclusion and close

# Introduction and background

Nigel Harvey-Whitten - DCC Lead Commissioner

1. National Policy Context
2. Outcomes sought
3. What are we proposing to do
4. How we have engaged with service users and carers, the market and other commissioners to arrive at the approach
5. Key risks
6. How we will measure success

# National Policy Context

- National Policy Context – you would be forgiven for thinking “its all bad” and there is nothing much that can be done on “cost and quality” - in our view it is an area which has not been modernised for years and efficiency and quality improvements are possible through better use of ‘technology’ ‘market management’ and more efficient resource utilisation.
- ‘Homecare Commission’ flagged concerns about ‘time and task’ workforce and the need to develop trust between commissioners and providers in order to introduce more flexible approaches.
- New commissioning approaches e.g. with ‘Individual Service Funds’.

# Outcomes sought

- Practical approach that will deliver a solution
- Reduced reliance on 'Time and Task' contract measures with some focus on outcomes
- More attractive contract that they will not only sign up to but deliver on i.e. reduce 'spot purchasing'
- Full involvement by providers to transition from the 'old' to 'new' arrangement
- Increased business opportunities for all bidders (as there are several 'linked' contracts) via a single 'Framework Contract'
- An approach that anticipates the impact of: the 'Local Government Review' (and the *loss* of some of our current patch e.g. to the 'East' Dorset area)

# What are we proposing to do?

A contract that will:

- Include up to 7 areas that providers can choose to bid for including: 'Domiciliary Care', 'Short Breaks' 'Rapid Response' 'Roaming Nights', 'Live in Care' 'Support for those in Extra Care settings' 'Continuing Health Care work'
- Be re-opened to add new opportunities from either DCC or DCCG
- Allow economies of scale that could deliver improved value for money and a single view of the entire market for care services in scope
- The maximum value of this will be up to £270 million over the course of the contractual agreement

# The Future Model

From extensive engagement with providers, services users and other areas we now know ...

- We should look to embed a simple workable model where we don't have different tiers of providers.
- That we value those who have tried to make the existing arrangement work and not simply cherry picked work at a higher price.
- Allow for flexibility, e.g. focus on outcomes rather than specific times but ensure we agree any approach with operational Social Workers.
- There are opportunities for providers to work together.
- The Council needs to take a proactive role in supporting work to tackle workforce shortages in the sector.

# Key risks

- Enough time for 'mobilisation' for the new contract.
- Ongoing communication with providers and service users.



# How will we measure success

- Keep to timeline
- Reduce reliance on 'spot purchasing'.
- New supply/solutions to '*hard to supply areas*'.
- Price control.
- More effective Back Office systems.
- Joint purchasing with DCCG.
- New services added to contract to give incentives to providers new and old to do business in Dorset.
- Greater evidence of the use of technology in solutions offered.
- Increased provider collaboration.

# Overview of the framework and domiciliary care specification

Tony Meadows – DCC Category Manager

# Overview of domiciliary care specification

The Association of Directors of Adult Social Services (ADASS) describe a systems approach to health and social care based on six fundamental outcomes. It is the intention of the Commissioning Partners that any intervention or service procured as part of this frameworks must contribute to these outcomes.

The first three address what should be offered to people and the remaining three address how this should be delivered.

# 1. Prevention

“I am not forced into using health and social care earlier than I need to. I am enabled to live an active life as a citizen for as long as possible and I am supported to manage any risks.”

# 2. Recovery

“When I initially need health or social care, I am enabled to achieve as full a recovery as possible and any crises are managed in a way which maximises my chances of staying at home.”

### 3. Continued support

“If I need continued support I will be given a personal budget and I will be able to choose how to spend this to meet my needs. I can choose from a range of services which offer value for money. The resources made available to me are kept under review.”

### 4. Efficient process

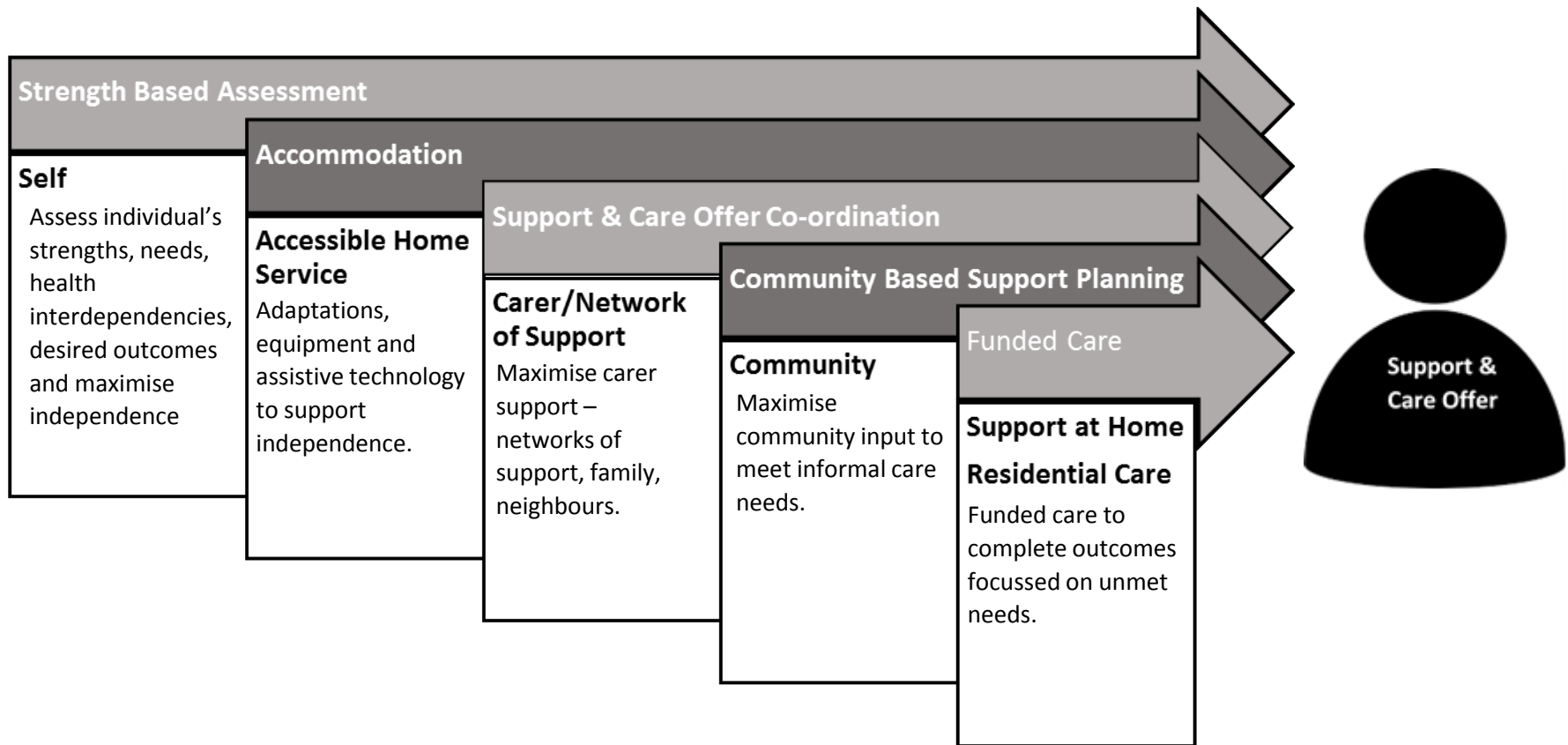
“The processes to deliver these three outcomes are designed to minimise waste, which is anything that does not add value to what I need.”

## 5. Partnership

“The organisations that support me work together to achieve these outcomes. These organisations include health and social care, other functions in statutory bodies such as councils or government, and the independent sector.”

## 6. Contributions

“I and others who support me are expected and enabled to make a fair contribution to this support. These contributions may be financial according to my means, informal care and support from those close to me or from volunteers, or from me playing my own part in achieving these outcomes.”



# Key Features of the Framework

- Geographical areas following existing borough/district boundaries.
- Guaranteed block hours in difficult to serve areas.
- Regular opportunities for providers to join.
- A joint approach by Adult & Children's Social Care and the CCG
- Framework Provider quality standard.
- Out of framework spot purchases time limited.
- Improved pay rates.
- Provider suspension from framework due to poor quality.
- The opportunity to bid for other areas of work 'called-off'.



# Timeline and milestones

Sarah Perret - Service Development & Contracts Project Manager

TASK	DATE
<b>PRE-PROCUREMENT</b>	
Provider Engagement Event	Thursday 12 January 2017
<b>TENDER STAGE</b>	
Tender Live on Procurement Portal	Week ending 10 March 2017
<b>TENDER CLOSE</b>	
Tender Close	Week ending 5 May 2017
Notification of intention to award	Prior to 31 July 2017
Contract Award following 10 day standstill	Prior to 31 August 2017
Service to commence	01 December 2017

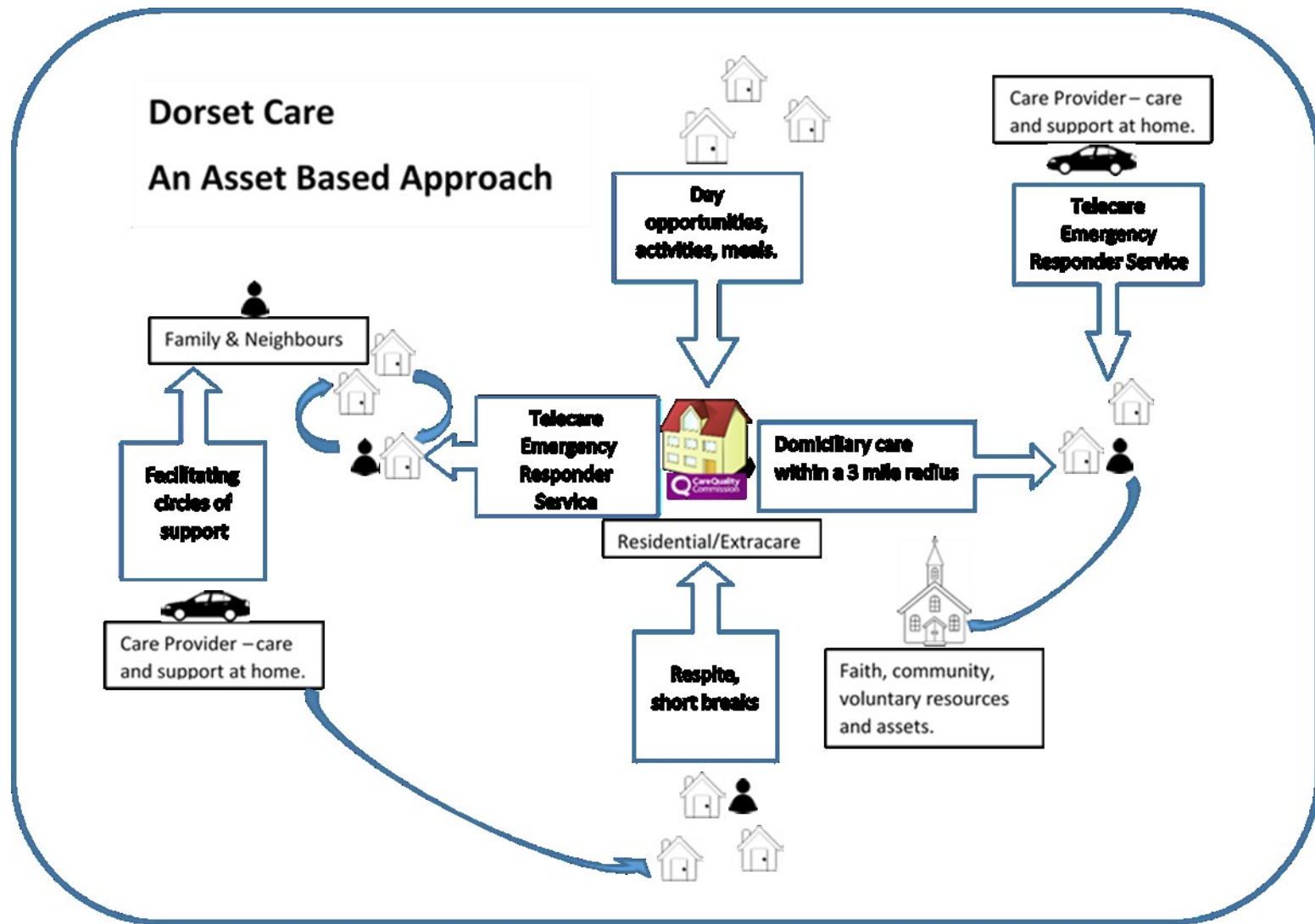
Break  
20 mins

# Question Time

# How can we work differently?

Tony Meadows – DCC Category Manager

# How can we work differently?



# Incentivising the reduction of care packages...

- Enablement as a core value
- Community based alternatives

Could framework performance be linked to annual rate reviews?

Would the ability to retain a percentage of the value of reduced hours for a defined period be an incentive?

# Single-handed care

Rachel Darby – Occupational Therapist



Any other questions or feedback?

Thank you for coming along today