Care and Support in the Home

Engagement Event

30 July 2018

Agenda

- Welcome and Introductions

  Clare Maynard**,** Head of Commissioning Portfolio, Communities Older and Vulnerable People
- Social Care overview

  Paula Parker, Transformation Programme Lead OPPD
- Care and Support in the Home overview

  Jack Moss**,** Senior Commissioning Manager
- Strategies (Needs, Lotting and Pricing)

  Dave Harris, *Commissioner*
- Summary and Indicative Timetable

  Lizzie Blockley, *Commissioner*
- KICA

  Ann Taylor / Andrew Saunders / Lara Bywater
- Q&A / Interactive Session

  Jack Moss, Senior Commissioning Manager

Care and Support in the Home Engagement Event

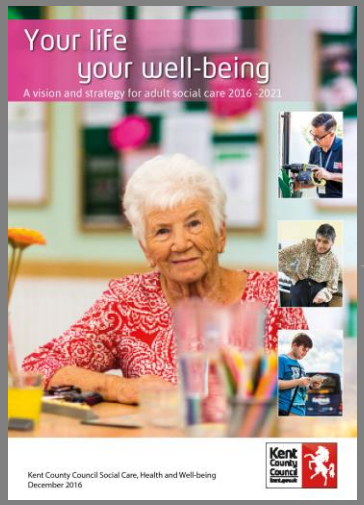


Paula Parker, Transformation Programme Lead OPPD

Your life, your well-being

Kent County Council kent.gov.uk

Our strategy at a glance



Purpose	Adult social care is there to support people (adults, young people and carers) who need help with daily living so they can live as independently as possible in the place of their choice.
Context	• Efficiency and finance • Quality of care • Outcomes and well-being.
Strategic outcomes from our Strategic Statement	Strategic outcome 3: Older and vulnerable residents are safe and supported with choices to live independently.
Our vision for adult social care	To help people to improve or maintain their well-being and live as independently as possible.
Achieving our vision through three themes	• Promoting well-being • Promoting independence • Supporting independence.
What will make it happen?	• Protection (Safeguarding) • Workforce • Commissioning • Integration and partnerships.
Our values and principles	• Person-centred care and support • Supporting people to be safe • Shared responsibility • Prevention • Quality of care • Integration • Answering for what we do • Best use of resources.

The Strategy's shape of future services (page 22)

- We will always make sure that people who need on-going care and support receive it, while at the same time working with people to help them do as much as they can for themselves.

- More people will receive care in their communities or, wherever possible in their own home.

- If people need care at home to help them with daily living, this will be focused around supporting the person to achieve the outcomes that are important to them, rather than being based on specific tasks.

- People who need the most intense and specialist care will be admitted to hospital or residential care, and the emphasis will be on moving people back to the community if they are able. For those people who do need to live in residential accommodation, on-going care will be designed, paid for and delivered to keep them as independent as possible.

The Strategy's shape of future services

- The services provided in the community will be flexible enough to adapt to a person's changing needs immediately and step up or step down the intensity of care they are receiving.

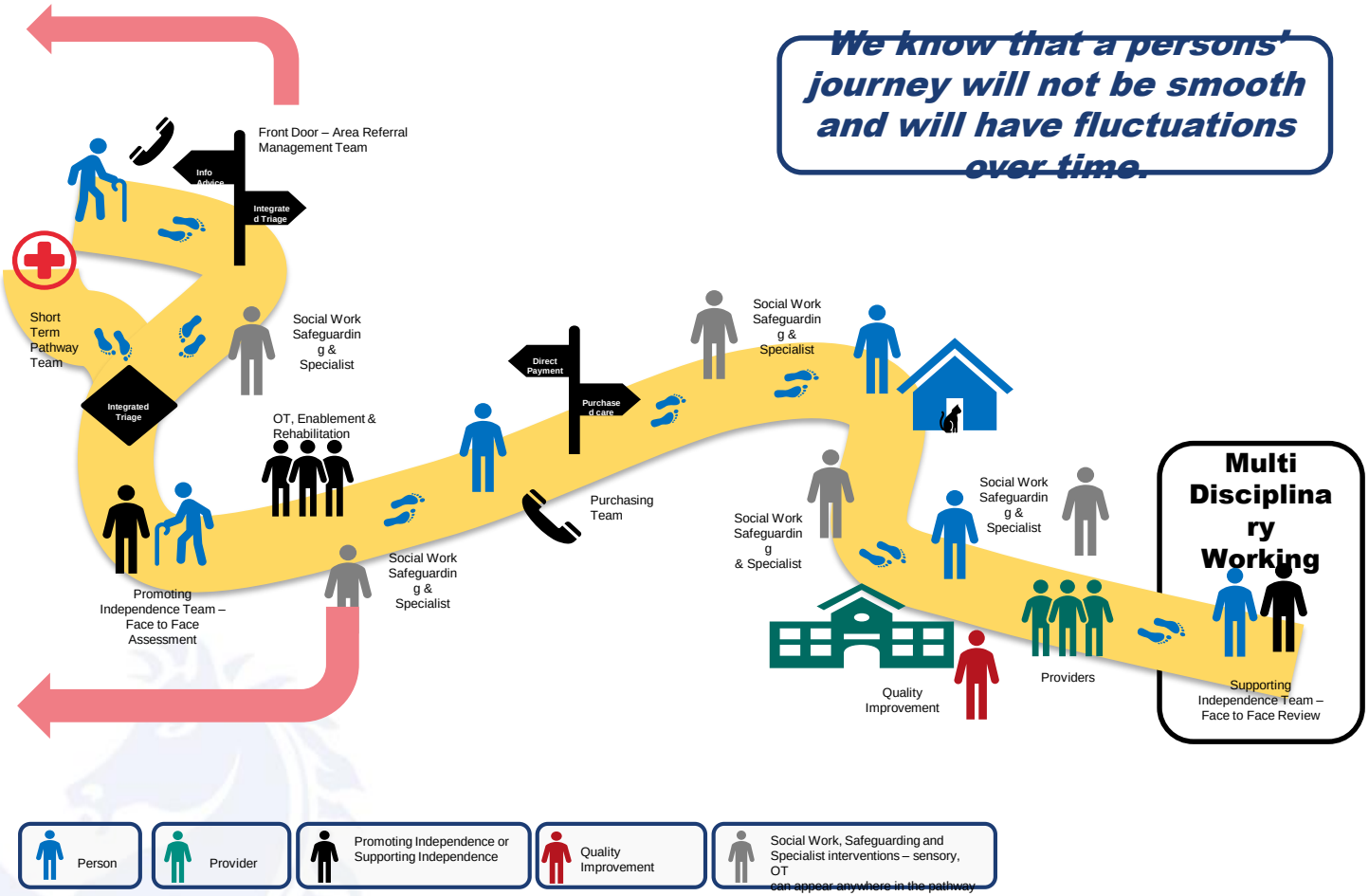
- For young people with on-going care and support needs, services will be as smooth as possible as the person moves from being a child to an adult, so there will be no need for specific support over that period.

- People with on-going care needs will be able to access a range of activities in their local community to keep them active and doing things they enjoy.

- We will routinely use technology to help keep people safe and maintain their wellbeing at home. We will continue to work with our providers to identify and put into place cutting-edge assistive technology.

- The aim is for fewer people to live in residential or nursing homes – there will be an improved choice of accommodation options which allows people with ongoing care needs to have their own homes.

OPPD New Operating Model



OPPD New Operating Model - Functions

Promoting Independence- Locality based. Short term/Integrated triage/Rehabilitation/Equipment/Assessment/Goal setting/Care and Support planning.

Social Work-County management .Short term specialist intervention for Social Work
Long-term case holder for vulnerable adult cases

Sensory and Autism--All age Sensory pathway/ ASC team integrated with Health MDT

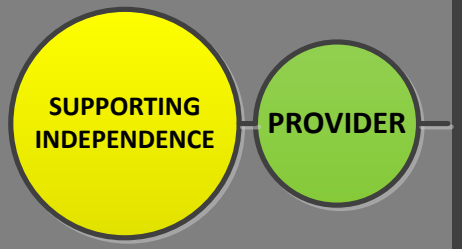
Supporting Independence- Locality based. Long term work with providers to deliver gaols set in care and support plan/ Reviews/ Part of Local Care teams

Safeguarding- County management with locality teams
Case closed to safeguarding when statutory duty complete

Quality Improvement- Practice based to service providers to improve immediate issues identified or as a result of a Safeguarding enquiry

Purchasing and Resource Management Accountability (RMA) function-All purchasing activity inclusive of Domiciliary and County Placement Team/Authorisation/Financial assessment/Debt management and finance issues

OPPD Supporting Independence Function – working with providers



- **Working with Providers to:**

  - ✓ ensure that care and support plans are understood
  - ✓ work with them to ensure goals, targets and outcomes are delivered
  - ✓ **Support providers** to deliver goals and increase independence
  - ✓ **Support providers** to complete reviews
  - ✓ **Develop services** and **build community capacity** to support individuals to meet their goals,
  - ✓ Encourage providers to **flex** support around individual needs
  - ✓ Develop a **skilled and highly trained workforce** that work to enable individuals to meet their goals
  - ✓ Ensure **assistive technology** e.g. just checking is used to support individuals
  - ✓ Contribute to **Local Care**

- **Working together towards provider-led:**

  - ✓ Outcome Focused Practice
  - ✓ Client Management
  - ✓ Provider contribution to MDT
  - ✓ Reviews

Learning Disability Outcome Focused Practice

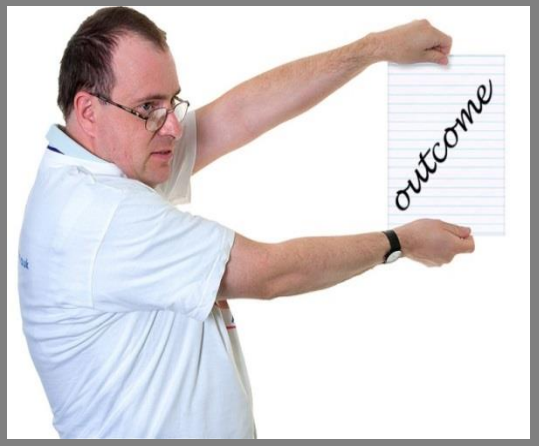
- The aim of the outcome focused practice has been to ensure that everyone **receives the level of support that is appropriate for their level of need.**

- It aims to further support people to **achieve their personal outcomes** for independence and wellbeing**, by setting goals and support providers to** deliver them.

Why Change?

Change is needed in order…

- ✓ To promote a **consistent approach to practice.**
- ✓ To continue with **person centred care** and continue to **promote independence and wellbeing.**
- ✓ To support people to **achieve goals** and **work with providers to deliver.**
- ✓ To **ensure we have a care market with the right services.**



Practice

- Unified approach to how we do our business – person centred and strength based.
- MOSAIC implementation will go live in February 2019.
- Working in partnership with commissioners to deliver the best contract for the future.
- Integrated models around MDTs with health.

What do we need?

- ✓ Work in an **outcome focused** way to support individuals to meet their goals and provide returns to ensure **goals are on track** to be delivered.
- ✓ **Develop services** and **build community capacity** to support individuals to meet their goals.
- ✓ Support that can **flex** around individual needs.
- ✓ A **skilled and highly trained workforce** that work to enable individuals to meet their goals.


Thank
YOU

Care and Support in the Home Service from April 2019

- The intention of Kent County Council is to commission a **Care and Support in the Home** service for adults living within Kent (excluding Medway), with the aim, wherever possible, to support a person to achieve the outcomes that are important to them, in line with the vision set out by the Council in 'Your life, your wellbeing'.

- Kent County Council are bringing together several Services within this contract. This has an ambition to be achieved through a sustainable market with the capability for one Service specification to ensure older and vulnerable residents are safe and supported with choices to live independently, and with the capacity to deliver a quality service Countywide regardless of postcode.

- The new Contract will bring together under one Contractual arrangement Services which have historically been delivered separately. The Services in scope for this Contract are:
  - Home Care Services
  - Extra Care Support ('background hours' element only)
  - Discharge to Assess Service (this Service will be subject to further competitions during the life of the contract)
  - Supporting Independence Service (SIS)

- The Services in scope deliver very similar tasks in people's homes and there is an opportunity to improve consistency of delivery and bring Services together under one contractual arrangement, with the aim to reduce silos, avoid duplication and improve outcomes through consistency of delivery.

- It will also support shaping the market to focus on the personalisation and outcomes agendas within the 'Your life, your wellbeing' strategy. Services must all support the Council's strategic outcome that 'Older and vulnerable residents are safe and supported with choices to live independently'.

- Bringing Services together will also develop a clearer pathway, with less transfers between Services for clients supporting improved continuity of care. Providers will also have greater flexibility and control to manage fluctuations in demand to meet assessed needs.

Prospectus

Kent County Council
kent.gov.uk

'Care and Support in the Home' Services

Prospectus

July 2018

Services in Scope for April 2019

Home Care

- Home Care (or Domiciliary Care as it is sometimes referred to) is the timely care and support provided by care workers to people in their own home to support their independence and managing activities of daily living.
- A good Home Care service should support people to take greater control of their lives by providing Individuals with the skills to maintain a good quality of life by helping them to retain and develop skills to enable them to maintain independent, fulfilling lives for as long as possible.
- Great Home Care involves putting the Individual (and their primary carer/family) at the centre of decisions about how they are supported and cared for. Services should be provided in such a way that the Individual feels involved, secure and confident in the care and support delivered to them.

Supporting Independence Service (SIS)

- SIS is a countywide, outcome-focused Service based on independence and social inclusion principles for people with health and social care needs in Kent. The focus of the Service relates more to the person as an individual, enabling them to make their own informed choices and live as independently as they are able.
- The Service is chargeable 24-hours, seven days a week, providing day, sleep night or wake night support as required to meet the assessed need. The Service puts individuals at the centre of their care and support process by identifying their needs, preferences, goals and aspirations. Individuals may then make choices about how and when they are supported to live their lives. This approach can give eligible people more freedom, choice and control over the type of care and support that they receive.

Care and Support in the Home

Services in Scope for April 2019

Discharge to Assess (D2A)

- Providing wrap around support to people in their own homes for up to three days post discharge from hospital.
- Integral part of Home First to free up hospital beds and contribute to the Council's Delayed Transfer of Care requirements/targets.
- Person is safe at home, maximising their independence with agreed outcomes.

Extra Care

- People aged 55 plus who want to maintain independence in their own home but need ongoing care and support.
- There is care on site, but it is not a care home.
- The care is flexible and can fit around a person's personal needs with staff available and on call 24 hours a day.

Services in Scope for April 2019

The new Service will commence from April 2019, with different elements potentially implemented shortly thereafter and throughout the Contract term.

Home Care

Timely care and support to individuals in their own home to support their independence

Extra Care

Individuals who want to maintain independence in their own home, there is care on site, but not in a care home

Discharge to Assess

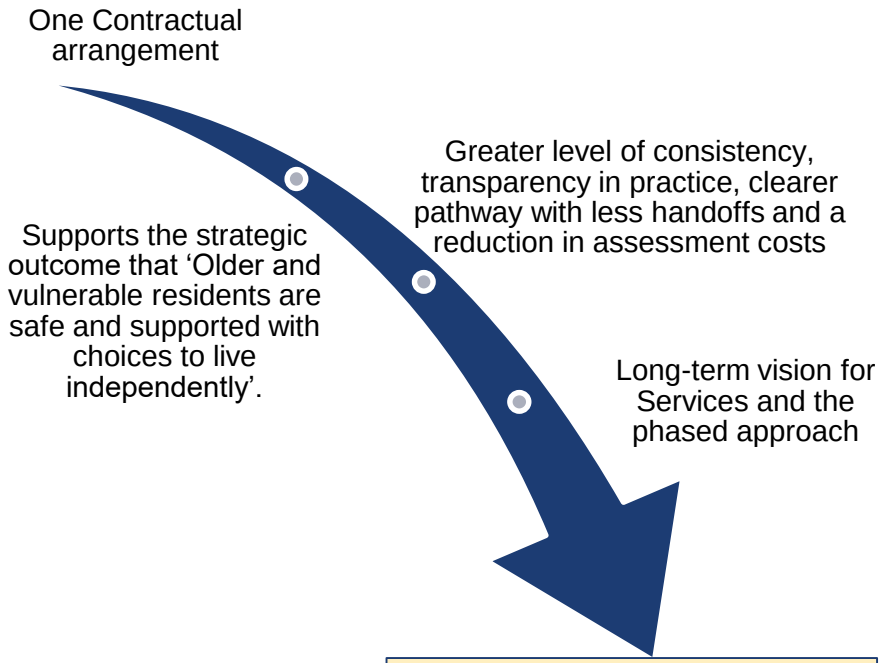
Wrap around support to individuals in their homes for up to five days post hospital discharge

Supporting Independence Services (Community)

Individuals make choices about how and when they are supported

Direct Payments

Individuals who would like to arrange for their own care and support



Care and Support in the Home vision

Care and Support in the Home Services long-term vision

- Person centred outcome-focused care
- Quality provisions with equitable access across the county
- Alignment to local care enabling a partnership approach in the future
- Sustainable provider market
- Professionalised workforce

Provision for April 2019

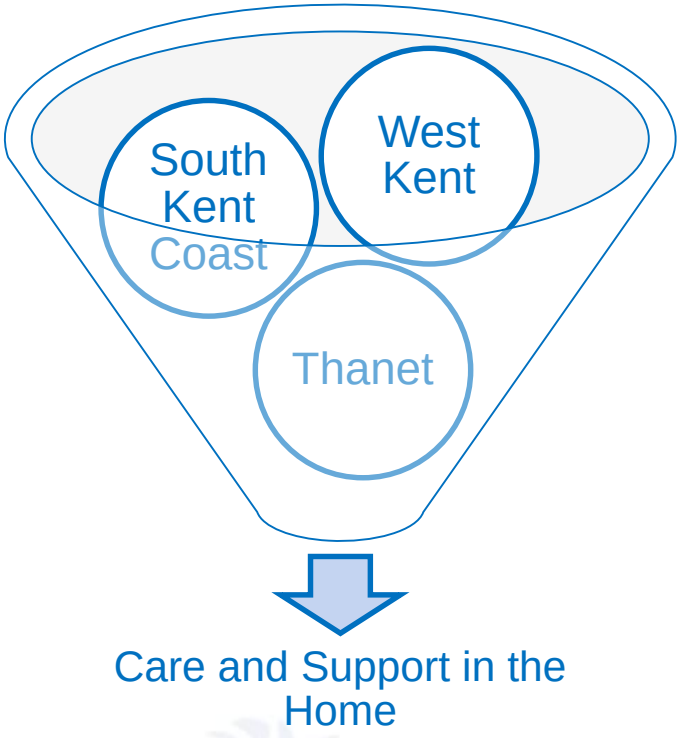
- Bringing together SIS and Home Care as one Service provision
- An equitable approach with ONS indices applied to pricing of urban and rural areas

Future provision

- Integrated Health prospect
- Opportunities for the workforce and Health and Social Care career pathways
- Providers support the delivery of reviews
- Flexible service models that support the delivery of outcome-focused person-centred care

Implementation of 2019 contract → Scoping future development and consultation → Delivery of pilots and integrated Services

Pilots and integration



South Kent Coast pilot

- 2017 – interim pilot to address an area with insufficient provider presence to meet demand.
- Resulting in the implementation of a block contract.
- Enabled providers to employ contracted staff based on guaranteed hours resolving supply issues.
- Opportunity to trial similar models going forward with contracted providers.

West Kent / Thanet aspirations

- Trial a joint approach to the delivery of community Services in partnership with Kent Community Health NHS Foundation Trust.
- The Council are currently engaging Health colleagues to build strong working relationships to form the foundation of a future partnership arrangement.
- Opportunity for an alliance contract to address many challenges facing provision.
- Work holistically with Hospices and other providers

Benefits

- Seeking to improve the customer journey through the service pathway, resulting in a more seamless transition from hospital to care in the community Services.
- Supporting efficiencies through activities such as joint assessments, alignment of back-office functions and reducing delayed transfers of care.
- Sharing best practice across care workers and health professionals to support the development of a better-defined career pathway for care professionals.
- Meetings taking place with Health Colleagues across Kent for all Continuing Health Care Services

Objectives and Success Factors

Objectives	Critical success factors
➢ Re-commissioning of Care and Support in the Home Services will support the realisation of efficiencies and will align to key strategic outcomes	➢ Level of risk: minimises operational risk, including risk to Service user, organisational and reputational risk, and risk of provider failure
➢ Quality, sustainable provider market able to meet eligible needs	➢ Investment costs
➢ Responsive Services led by the unmet needs of the individual	➢ Makes best possible use of available resources
➢ Providers are paid a fair cost for care which enables them to invest in workforce, quality and market sustainability	➢ Achieves improved outcomes for individuals
➢ Equitable access to Services across the county	

Standard / Complex

The Care and Support in the Home Standard Service will be provided to most people requiring support but there will be some exceptions where the Care and Support in the Home Complex Service will be required to safely and appropriately meet a persons additional needs.

The Care and Support in the Home Complex Service is for people requiring support who are assessed by Kent County Council as having complex and/or challenging needs, where higher risks are present that cannot be reduced by additional Staffing. This may also require additional training above that included in the providers mandatory expectations.

The Care Manager is responsible for assessing the need for the Care and Support in the Home Complex Service and defining the Service required in the Care Plan to meet the expected outcomes. The Care and Support in the Home Complex Service will need to be approved by a Senior Operational Manager at funding panel.

In addition to the standard service, providers are expected to:

- Prepare in depth risk assessments around the areas of higher risk and/or specific behaviour(s)
- Provide a clear behavioural support plan for people requiring support with a Learning Disability that details:
  - the identified behaviour(s);
  - how the behaviour(s) manifest;
  - clear guidelines as to how the person requiring support should be supported to reduce the behaviour(s);
  - and what alternative solutions have been considered and/or implemented;
- Have clear boundary settings;
- Evidence that Support Workers have had training appropriate to the complex needs of the individual, in particular, where there are clinical presentations of mental health issues; Dementia and Neurological function;
- Evidence that Support Workers have had training in the delivery of intervention strategies;
- Engage with professionals from other agencies who provide specific support and guidelines and that you follow their guidelines as required; and
- Engage with relevant professional support networks.

Example A: Simon (Standard Support)

A person requiring:

- Prompting with morning and evening medication
- Support with Personal Care
- Prompting with Meal Preparation

12 Hours per week @ Standard Rate

Example B: Ethel (Complex Support)

A person presenting challenging behaviour and hearing loss, requiring:

- Communication via level 3 BSL
- Support with management of challenging behaviour
- Support with morning and evening medication
- Support with Meal Preparation
- Sleep Night Support

25 Hours Day Support per week @ Complex Rate
7 Sleep Nights @ Contracted Rate

Example C: John (Highly Complex PBS Support)

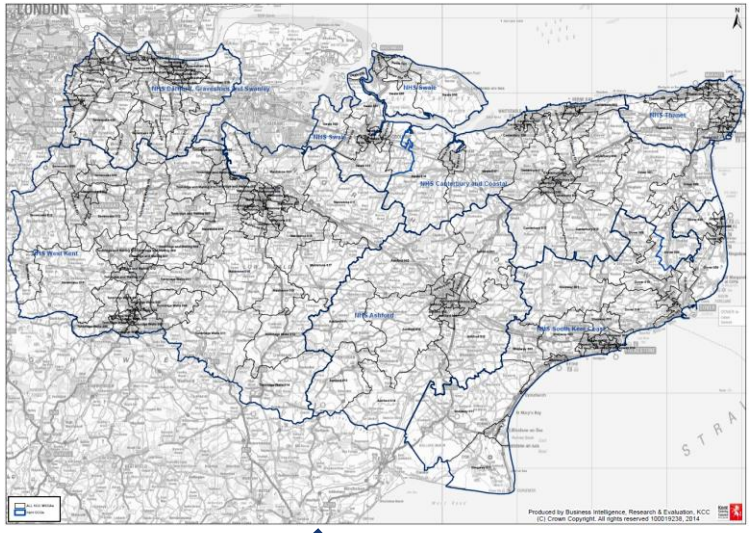
A person with LD, and/or Autism, and/or Mental health history requiring:

- Positive Behavioural Support to manage extremely challenging behaviour, and/or forensic history putting himself and others at risk

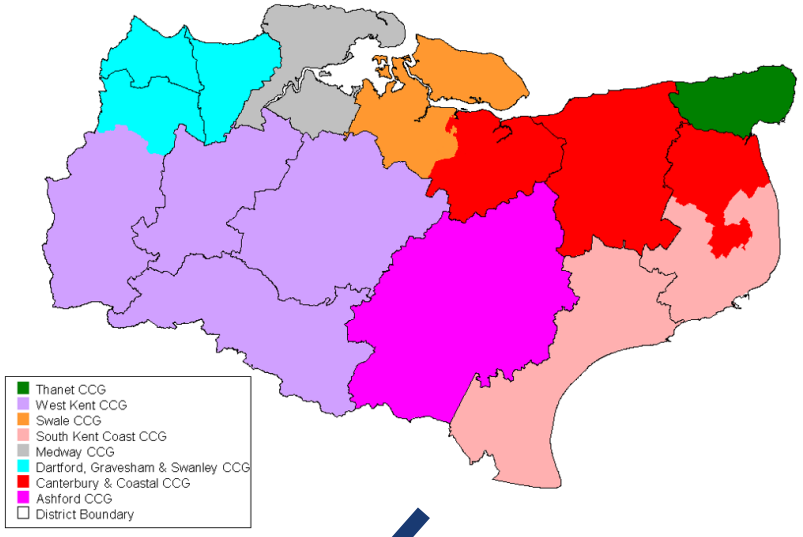
210 Hours Day Support (2:1 staffing) @ High Complex PBS Rate
7 Wake Nights (1:1) at Contracted Rate

What is different

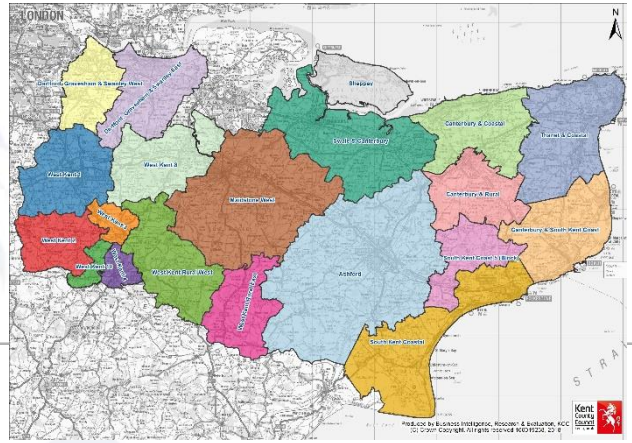
Current Home Care Map
(MSOA Clusters)



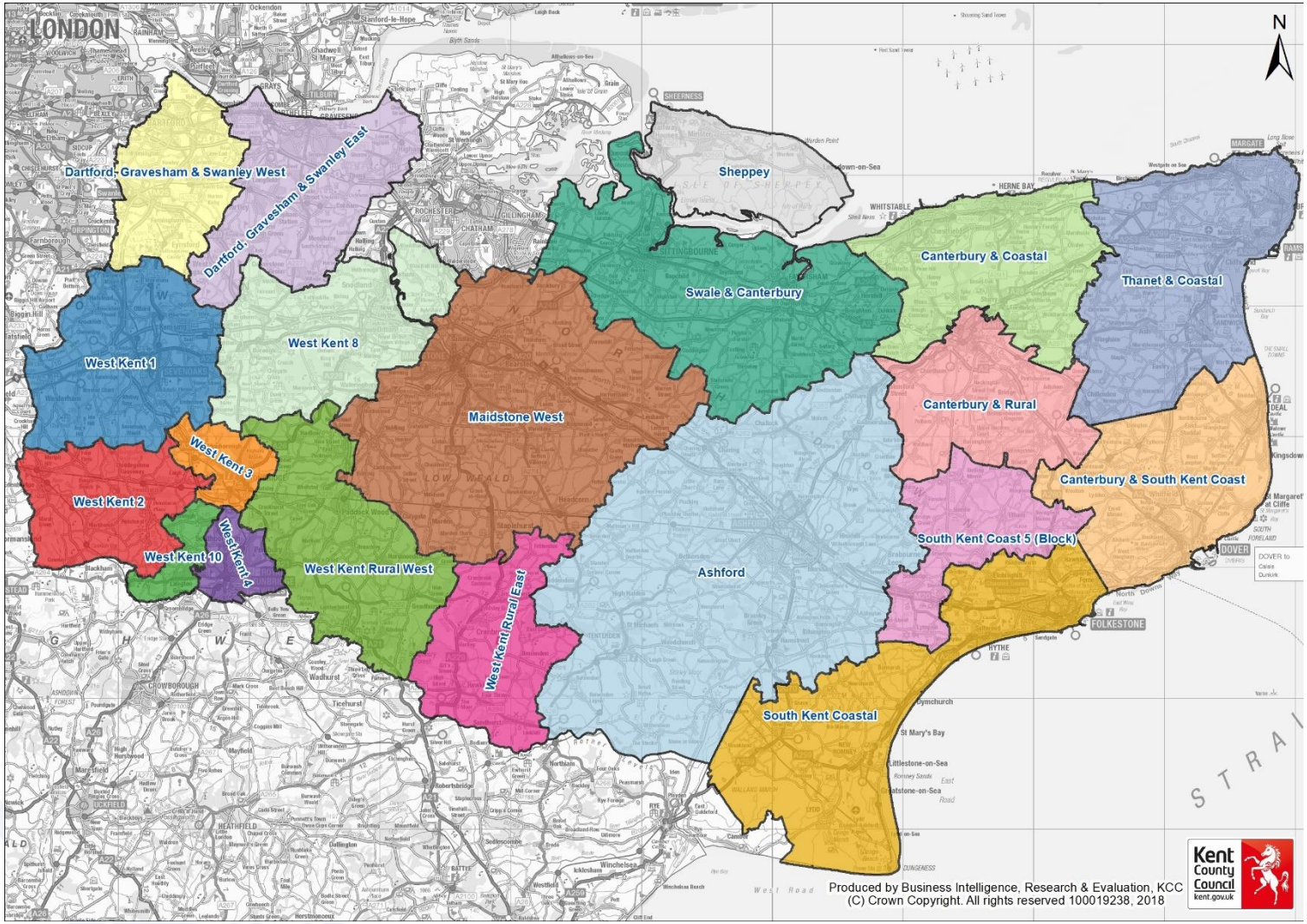
Current SIS Map
(Locality based)



New Care and Support in the Home Map
(Cluster Groups)



Future Cluster Groups and Lotting Map



Future Cluster Groups and Lotting Strategy

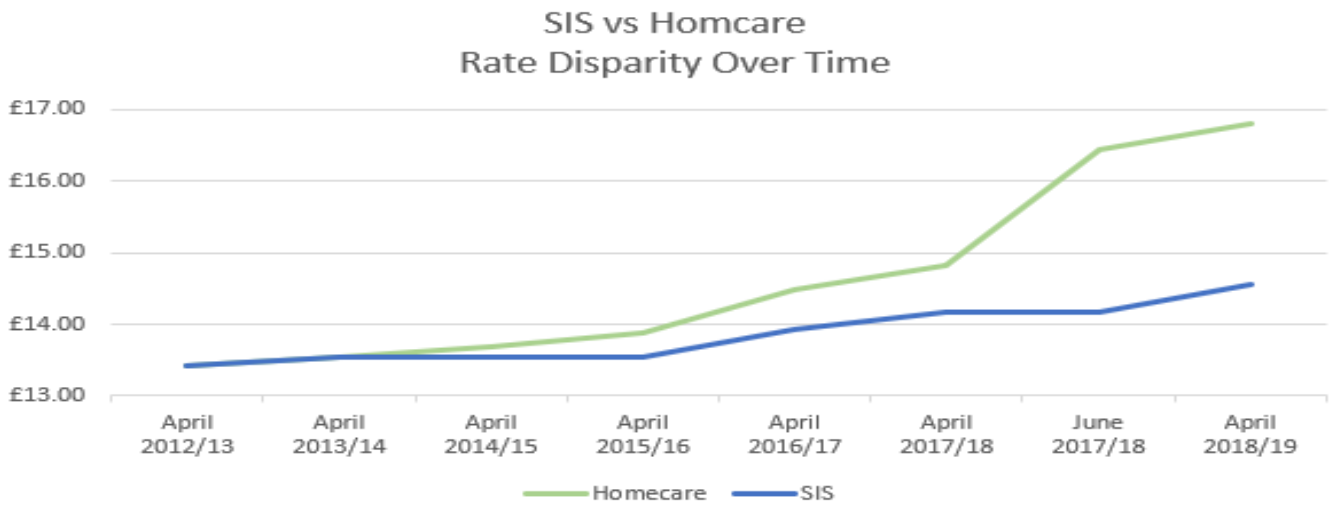
New cluster	Old clusters	Combined weekly hours	Post-contract let total number of SIS and Home Care providers
Ashford	ASHFORD1 ASHFORD2 ASHFORD3	5253.25	4-6
Thanet & Coastal	THANET2 THANET3 CANTERBURY & COASTAL7	5578.59	5-7
Sheppey	SWALE1	2697.25	2-3
Swale & Canterbury	SWALE2 CANTERBURY & COASTAL1	3789	3-5
Canterbury & Coastal	CANTERBURY & COASTAL2 CANTERBURY & COASTAL3 CANTERBURY & COASTAL6	5423.99	5-7
Canterbury and Rural	CANTERBURY & COASTAL4 CANTERBURY & COASTAL5	2172.30	2-3
skc5 (block)	SKC5	1937.25	2
South Kent Coastal	SKC3 SKC4	6189.96	6-8

New cluster	Old clusters	Combined weekly hours	Post-contract let total number of Care and Support in the Home providers
Canterbury & South Kent Coast	CANTERBURY & COASTAL7 SKC1 SKC2	7912.80	6-8
DGS East	DGS3 DGS4 DGS5	6655.86	6-8
DGS West	DGS1 DGS2	4593.75	4-6
Maidstone West	WEST KENT7 WEST KENT9 WEST KENT12 WEST KENT13	9366.70	8-10
West Kent Rural East	WEST KENT6	586.25	1
West Kent Rural West	WEST KENT5 WEST KENT11	1301.50	2
West Kent3	WEST KENT3	2239.40	2-3
West Kent4	WEST KENT4	3964.75	3-5
West Kent10	WEST KENT10	2453.89	3-4
West Kent2	WEST KENT2	677.70	1
West Kent1	WEST KENT1	1792.25	2-3
West Kent8	WEST KENT8	3778.50	3-5

- The above lotting strategy is still under consideration and subject to change.
- The Council encourages potential consortium bids but recognises this as a future aspiration.
- Partnership working will be a necessity in delivering the Care and Support in the Home Service.

Pricing Strategy

Disparity
The graph below illustrates the price compression that occurred in SIS when the Council applied no uplift to the contractual rates in either the 2013/15 and 2014/15 financial years.



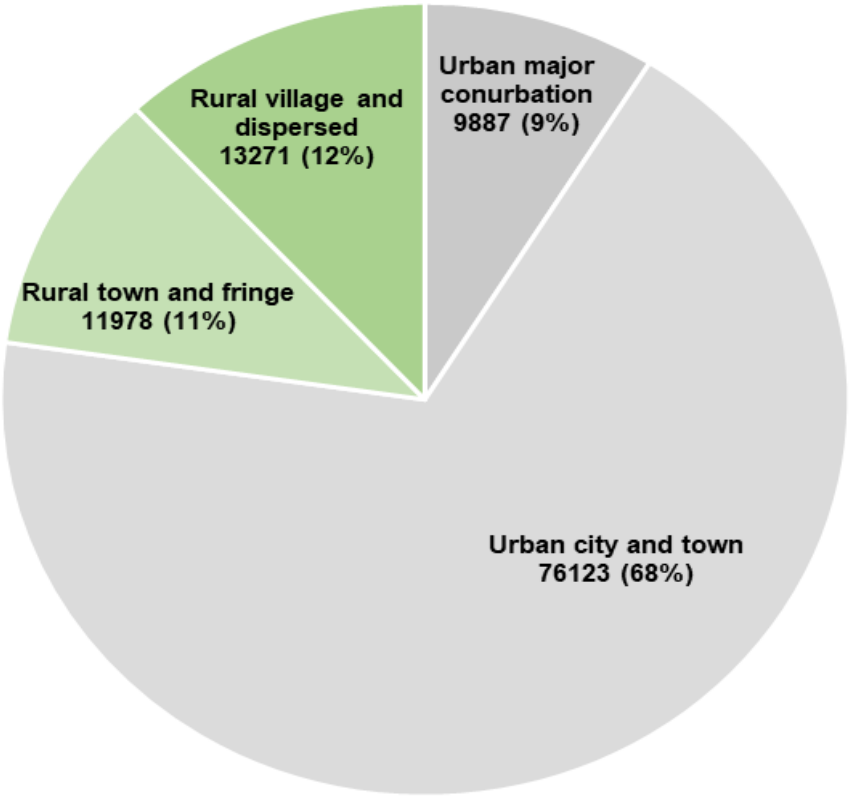
Care and Support in the Home
To meet the strategic objective of the Care and Support in the Home contract in achieving a financially sustainable provider market, with the capacity and capability to meet assessed needs regardless of postcodes:

- Strategic Commissioning have considered **combining** the SIS and Homecare rates to a **single Care and Support in the Home Standard rate**.
- Each Cluster Group may have its own financial envelope bidding threshold based on a number of factors including, regional variations, cost of living, volumes, market share and rurality indices.

Rurality Indices

Providing greater financial sustainability for the market by increasing the rates for delivery in harder to reach rural communities

Dispersal of Weekly Hours by Rurality Category

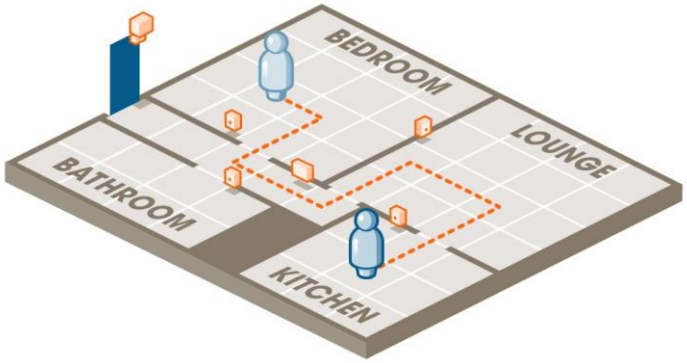


ONS Rurality Indices can be applied to each client's postcode, with potential price weightings associated with the following categories:

- Urban major conurbation
- Urban city and town
- Rural town and fringe
- Rural village and dispersed

Technology

- Will never replace the human interaction that occupies the very heart of adult care.
- Does have the potential to enhance the quality of Care and Support by:
  - Improving operational efficiencies
  - Reducing errors and risks
  - Increasing capacity to manage limited resources effectively
  - Giving social care staff more time and space to deliver personalised care and support.



Workforce Development

Workforce development

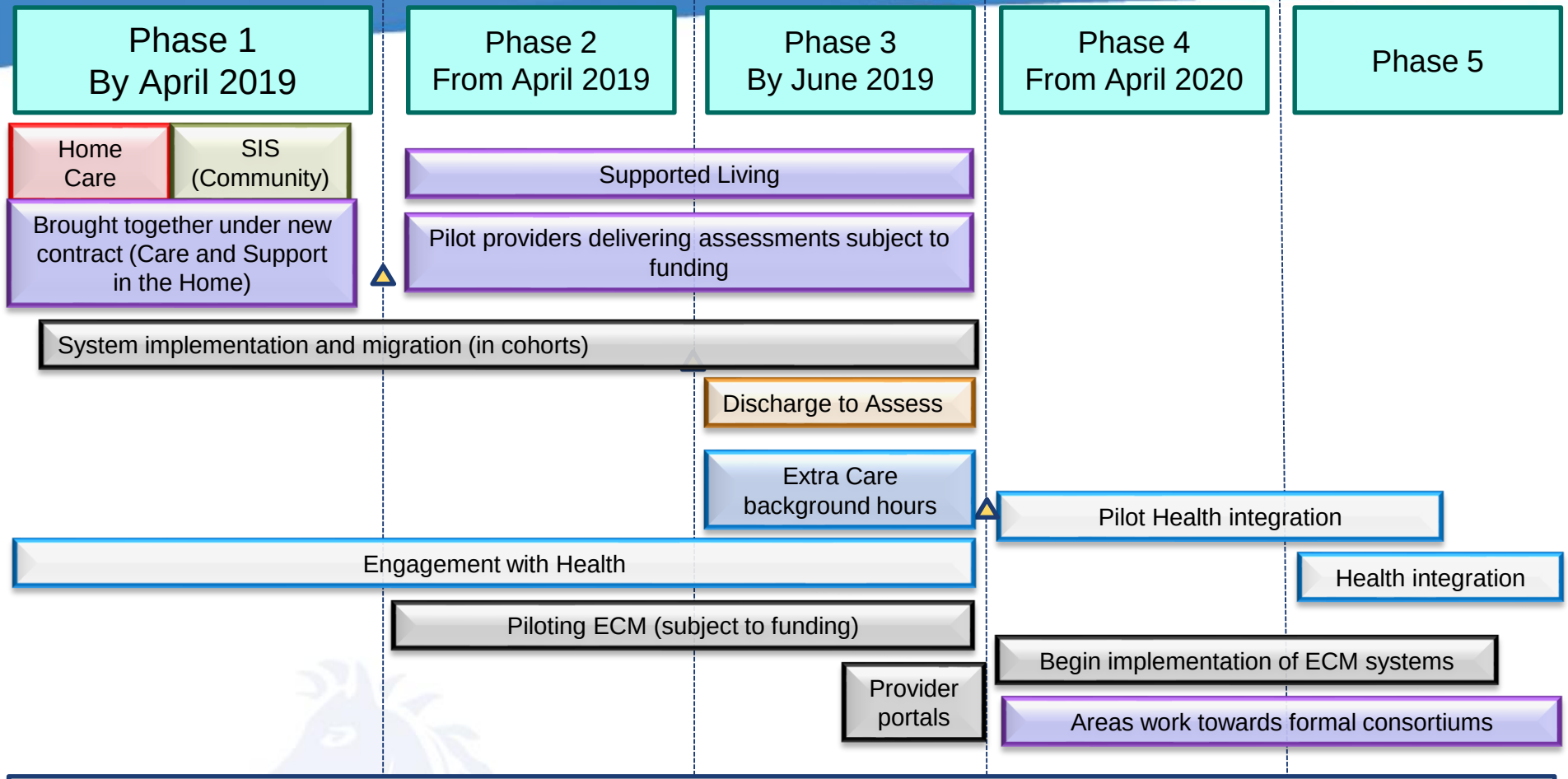
- The Care and Support in the Home Service **supports the market** in developing their workforce through increased **training opportunities** for **professional development**, **working in partnership** with practitioner colleagues across both the Council and Health.
- The potential use of block contracting, guaranteeing volumes of hours, further enabling workforce **investment**.
- Continued **long-term benefits** include a reduction in staff turnover, career progression and increased stability within the market.
- The Care and Support in the Home Service provides all stakeholders with the opportunity for greater levels of **partnership working** and the encouraged use of **consortiums** to support the development of future service delivery models.
- The Council shall specify training and development requirements as a minimum and there will be an emphasis on the Provider's ability to recruit, retain and develop a **sustainable workforce**.

Before and After

Market	• Fragmented across Services and localities • Capacity/financial viability challenges	• Collaborative working • Flexible contracting approach depending on locality needs to support capacity
Delivery	• Time and task focussed • Lack of flexibility	• Development of consortiums supports joint working and shared best practice • Flexibility for providers to adapt according to client needs • Ambition for 'Menu of Services' instead of time & task
Work force	• High turnover • Unclear career pathway • Recruitment challenges	• Increased focus on training and skills development for workers • Opportunity to work with qualified practitioners to develop practice • Joint work with Health supports career pathway
Health integration	• Silo working between Health and Social Care • People navigating Health and Social Care pathways experience inconsistency and confusion	• Integrated pilots in West Kent and/ or Thanet demonstrate the benefits of an integrated approach • Ongoing engagement with Health identifies further opportunities for integration
Pricing	• Differential between SIS and Home Care rates • Pricing structure is not nuanced enough to address geographical challenges	• Pricing strategy is linked to rurality indices and cost of living to ensure fair cost of care • Differentials between SIS and Home Care are resolved by bringing Services together • Opportunity for piloting of block contracts

Phasing

*indicative only



- A phased approach will be taken to achieve key milestones throughout the life of the contract
- The contract will also support flexibility in trialling new ways of working including systems trials and Health integration pilots in locality areas. This will allow a collaborative approach between Commissioners and Providers to prove the effectiveness of an approach before county-wide implementation

*Indicative only

Procurement and Governance timetable

*indicative only

Proposed Procurement Timetable		
Prospectus Published	Tuesday 24th July 18	1 day
Market Engagement Event	Monday 30 July 18	1 day
Draft Specification Published	Week Commencing 6 August 18	1 day
Specification Feedback	During August 18	2 weeks deadline
Publish advert and ITT (including PQQ)	Monday 10rd September 18	30 days
Deadline to Submit Responses	Wednesday 10rd October 18	
Commencement of Tender Evaluation period	Thursday 11th October 18 – Tuesday 6th November 18	19 days
Notify Providers to attend Negotiation	Thursday 8th November 18 – Friday 9tj November 18	3 days
Negotiation period	Monday 12th November - 14th December 18	39 days
Evaluation following Negotiations	Monday 17th December 18 - Friday 4th January 19	18 days
Further Submission (if necessary)	Monday 7th January 19 – Monday 21st January 19	14 days
Commencement of Award Evaluation	Tuesday 22nd January 19 – Tuesday 5th February 19	14 days
Award Clarification meetings	Wednesday 6th February 19 – Wednesday 20th February 19	14 days
Draft Award Report	Thursday 21st February 19 – Wednesday 27th February 19	6 days
Award Report Signed	Thursday 28th February 19	1 day
Contract award and standstill	Friday 1st March 19 – Monday 11th March 19	10 days
Contracts Issued & Signed	Tuesday 12th March 19 – Friday 29th March 19	17 days
Contract commencement	Monday 8th April 19	1 day
Mobilisation	Targeted or by exception as necessary	

KENT INTEGRATED CARE ALLIANCE

Market Engagement Event

30th July 2018

Ann Taylor - Chair

Andrew Saunders - Director

KENT INTEGRATED CARE ALLIANCE

Drivers

- One Representation Group for all providers within Kent and Medway
- A Commitment to Quality Care
- A Commitment to support and develop our workforce
- The Utilisation of Local Knowledge & Experience
- Partnership and Collaboration

KENT INTEGRATED CARE ALLIANCE

The Business

- Engagement of a dedicated COO to drive KICA growth and deliver the strategy
- Membership for all Providers within the County to access information, support and advice
- Strengthen the Community Care member engagement
- Build stronger partnership arrangements to support our workforce strategy

KENT INTEGRATED CARE ALLIANCE

KICA CONTACT DETAILS

Email: info@kica.care

Telephone: 01634 291073

Website: www.kica.care

Questions

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Thank you