

MINUTES

MEETING NAME: Meeting with Domiciliary Care Providers with Experience of Outcome Models

MEETING DATE: 1st November 2016

PRESENT: Martina Graham – MiHomecare
Darren Bieron – MiHomecare
Tony Johnston – Oxford House
Lynne Lidster – BFC
Alison Cronin - BFC

Alison explained that the notes from the meeting will be made available to all tenderers when the contract is advertised.

Outcome Based Models:

Local Authority A – one provider had been involved in a pilot in this area that was focussed around post-reablement. This was a small pilot with 3 providers. The concept was good, with a bigger focus on reablement.

Local Authority B – one provider referred to a Flex Pilot in this local authority area. This gave the provider the authority to increase care for 72 hours. If increased care was required after the 72 hours, the person required a reassessment. The provider said that they could share some information with BFC.

Local Authority C – the model is based on one provider, who provides or sub contracts the work. An annual % reduction in costs is built into the model. The providers said that they felt this financial model was high risk for the provider, and that there were also risks associated with only having one provider.

Local Authority D – outcome based model, but the service is still heavily based on time and task.

Local Authority E – this model contains a gain share, whereby if the service reduces during the initial 6 weeks, the provider still receives the same amount for the remainder of the 6 weeks.

In another model, outcomes were rewarded financially, by adding to the hourly rate. There were 5 outcomes, each worth 20p, so the provider had the potential to earn up to an extra £1 per hour.

It was acknowledged that reference to 'outcomes' has varying meanings from local authority to local authority, and it was questioned whether any outcome based models are truly outcome based, as current models still contain a lot of time and task services. BFC said that they were considering only having one outcome: 'improve independence'.

It was also acknowledged that outcome based services do not suit everyone who receives support, and in some models, people are split between maintenance and reablement. BFC are not currently considering doing this. BFC felt that alongside reducing services through reablement, there were also opportunities to reduce services through doing things differently, which could apply to many people.

It was agreed that any model needs to be as simple as possible, to reduce the burden of back office costs.

Suggestions for a successful model

- A good handover from intermediate care services is vital. This can be achieved by involving providers in people's support at an earlier stage, and providing an in depth handover. It was agreed that by having a small number of providers it would be easier to develop good working relationships between teams. A study undertaken by York University evidenced that 6 week reablement worked best when the long term support followed in the same way and avoided time and task services.
- Training and support to provider's staff – staff need training in additional skills such as balancing positive risk. They need to feel enabled to provide a flexible service and empowered to make some decisions without authorisation e.g. responding to a request to take someone out, rather than bath them.
- The model could include an incentive for creativity, which improves wellbeing and improves quality of life.
- Providers should be given authority to provide the service in consultation with the person. This would help ensure flexible services based on meeting the individuals personal outcomes
- The culture within the council, and the expectation of people who receives services, needs to change. One provider referred to a pilot they had participated in. This evidenced that people new to receiving services were most likely to improve, as their expectations were managed up front e.g. they were told that the support was short term and subject to regular reviews, whereas the majority of existing users were quite reluctant to accept a change to their service. The same provider also said that in their experience, private users were motivated to reduce their service, as they wanted to reduce their costs, and wondered whether people's contributions could be linked to the cost of their care, so if there was a reduction, their contribution reduced?
- One suggestion was made for a simple bonus incentive scheme which all contracted providers could potentially share in. This could be reviewed annually at a meeting between the local authority and the provider. The provider would be required to put together a case detailing why they should benefit, this would be reviewed alongside the local authorities intelligence. This could be apportioned by the hours provided by individual providers e.g. if the available bonus was 5% and one provider provided 50% of the available hours, they would potentially be entitled to half the 5%, with the rest shared proportionately between the other providers, again, based on hours provided
- One point came out very strongly - allow providers to use their own electronic monitoring system, rather than impose one. This would allow providers to use what best meets their needs and prevent situations whereby they have to implement different systems in different branches. The view on the system currently used by BFC was that the system was outdated.

General

Discussed option of zoning. Lynne said that the feedback from the providers market engagement event and the carers event, was very positive about zoning. Whilst it was agreed that there were benefits to zoning, it was also acknowledged that providers might be reluctant to bid for some areas e.g. rural areas. To add this, it was suggested that there could be a higher travel rate built in, or it could be that in some rural areas there was the potential benefit of having a high level of private users, which could be a selling point.

BFC were asked whether they were planning to include negotiation as part of the tender process. BFC clarified that the tender would likely indicate that the council reserved the right to include negotiation, but said that any negotiation would not be in accordance with the strict OJEU Competitive Dialogue, or Competitive with Negotiation, as this service is under the Light Touch Regime, so a much simpler process could be used.