Delivering Care and Support for Cornwall
Market Update

13 July 2017
Welcome and House Keeping
Plan for Today

• **Introduction** - Jonathan Price, Service Director, Adults Commissioning and Transformation

• **Partnership Working** — Bernie Edwards, IPC CHC & PHB General Manager, NHS Kernow

• **Proud to Care** — Val Smith and Liz Symons, Cornwall Council

• **Supported Living Services** — Vicki Allan, Commissioning Manager, Cornwall Council

• **Home Care** — Karen Hooper, Commissioning Manager, Cornwall Council

• **Questions and Answers** - All
Jonathan Price
Service Director, Adults Commissioning and Transformation

- Introduction
- Observations of Home Care and Supported Living in Cornwall
- Working in Partnership
- What the future holds
# Immediate Challenges and Proposed Solutions

<table>
<thead>
<tr>
<th>The challenge?</th>
<th>How Commissioners can support?</th>
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<tbody>
<tr>
<td><strong>Build capacity</strong></td>
<td><strong>We can support the sector through:</strong></td>
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As a sector we need to :-

- Further develop the workforce
- Recruit, train and retain the workforce
- Build business resilience
- Identify how technology can enable

✓ Recruitment and Retention Investment
✓ Workforce Development Leads
✓ Proud to Care Campaign
✓ Promoting business support forums and networks
✓ Investment
## Immediate Challenges and Proposed Solutions

<table>
<thead>
<tr>
<th><strong>Prevent Delayed Transfers of Care</strong></th>
<th><strong>We can support care sector through:</strong></th>
</tr>
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<tbody>
<tr>
<td>A sector-wide response to :-</td>
<td>✓ Data sharing and joint planning</td>
</tr>
<tr>
<td>• Respond to fluctuating demand trends occurring in hospitals</td>
<td>✓ Support with costs of care planning activity</td>
</tr>
<tr>
<td>• Enable people new to care coming out of hospital</td>
<td>✓ Improved communications with hospital</td>
</tr>
<tr>
<td>• Work in partnership across whole system</td>
<td>✓ Enablement Training</td>
</tr>
<tr>
<td>• Train staff to enable people</td>
<td>✓ Support with costs of retaining visit slots while a person is in hospital</td>
</tr>
<tr>
<td>• Restart existing care packages promptly</td>
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Commissioning for Health Care

Bernie Edwards
Bernie Edwards,
IPC CHC & PHB General Manager, NHS Kernow

- Introduction
- Working in Partnership
  - Stakeholders and System Partners
- Benefits of co-production
- Shared Endeavours
Home Care Commissioning Intentions

- Info, Advice and Guidance
- Partnership Solutions
- Whole System Solutions
- Business Systems
- Funding Optimised

AIM: Improve outcomes for vulnerable people through enabling control, personalisation and independence

<table>
<thead>
<tr>
<th>COMMISSIONING INTENTIONS</th>
<th>BENEFITS</th>
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</table>
| **INFO, ADVICE AND GUIDANCE:** Easy to understand and accessible information, advice and guidance is available | - Will support people to navigate the health and social care systems
- Will enable people to make informed decisions about their care
- Will empower people to develop community assets and alternative solutions to care in their locality |
| **PARTNERSHIP SOLUTIONS:** Commission services that work in partnership to develop the market to deliver solutions that maximise independence and enable individuals. | - Will recognise what people can do rather than what they can’t and enable people to use their own assets, e.g. family, friends, community support
- Will encourage diversity of services, used of technology and innovation in the marketplace
- Will ensure multi-agency joint working delivers support services that meet the evolving outcomes and goals of individuals receiving services
- Will recognise good practice and positive outcomes for people |
| **WHOLE SYSTEM SOLUTIONS:** Commission services that prevent admission to hospital and support safe and timely discharges that ensure care is available in the right setting at the right time. | - Will improve communication across the health and social care system
- Will improve timely access to health and social care services in the community
- Will enable easier access to flexible support levels to meet fluctuating needs of individuals
- Will improve transfer of knowledge and skills to care staff in the community |
| **BUSINESS SERVICES:** Health and social care contracts and business systems will be robust, enable collaborative working and support delivery of the Commissioning Intentions and System Delivery Models | - Will use technology and resource effectively to support business functions
- Will improve market development and sustainability
- Will improve local knowledge and community resilience
- Will improve cross-sector consistency, alignment and performance |
| **FUNDING:** Funding is maximised across the whole system enabling domiciliary care provision to offer best value for money | - Will support people to take control of their own personal budgets and care solutions
- Will support people to have more choice about care solutions
- Will ensure expectations of service provision are realistic, well managed and achievable
- Will support financially sustainable diverse service provision
- Will support workforce recruitment and retention
- Will ensure support in the community offers the best value solution |
Future Commissioning for Health Care

- PHBs, IPC and CHC
- GSWs, EIS and D2A
- Home Care services –
  - £24.1m pa; 720 people
  - Jointly developing the new Service Spec and Operating framework for commissioning Home Care
- Supported Living Services –
  - Cornwall Council are currently lead commissioner
  - We are working together on behalf of people with complex needs living in shared accommodation to ensure the best support and outcomes for them
Proud to Care
CORNWALL

Val Smith / Liz Symons
Background

- Previous Council efforts to increase recruitment and retention have had very limited success.
- Employee terms and conditions are not sufficiently competitive and other issues include lone working, travel and the nature/status of care work.
- Experienced care workers often recruited into NHS on better terms and conditions or leave altogether leading to continuous churn.
- Reflects need for an integrated approach between social care and health – development of career pathways and investment into the whole workforce.
## Previous applicant feedback

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Feedback</th>
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<tbody>
<tr>
<td>32%</td>
<td>Care doesn’t appeal to me</td>
</tr>
<tr>
<td>19%</td>
<td>Salary too low</td>
</tr>
<tr>
<td>17%</td>
<td>Other</td>
</tr>
<tr>
<td>16%</td>
<td>Hours of work</td>
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</table>

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Feedback</th>
</tr>
</thead>
<tbody>
<tr>
<td>48%</td>
<td>If job paid above minimum wage</td>
</tr>
<tr>
<td>41%</td>
<td>If job offered a minimum number of hours and were flexible</td>
</tr>
<tr>
<td>34%</td>
<td>If I could walk between calls</td>
</tr>
<tr>
<td>30%</td>
<td>Pre employment training course</td>
</tr>
<tr>
<td>28%</td>
<td>If transport was provided between calls</td>
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Other Factors (Commissioning and Pay)

• Impact of financial challenges on NHS and Local Government budgets
• Low levels of unemployment in Cornwall make it harder to recruit to lower paying sectors
• Increased growth in competing sectors in Cornwall, such as large retail outlets and tourism (e.g. staycations on the increase)
• Negative perception of working care sector needs to be changed
What is the campaign and what is it designed to do?

What is Proud to care?
• Regional recruitment campaign to provide coordinated approach to recruiting in care

What is the purpose of the Programme?
• Encourage positive thinking and reaction to care
• Improve cultural willingness to engage in caring roles and attract people with the right values
• Attract more candidates into the sector
• Devon experience resulted in increased recruitment and retention figures
• Contribute to Shaping our Futures (Cornwall’s STP)
Proud to Care Programme

• 16 Councils in South West Region signed up together with Health Education England
• Pooled resources to form Proud to Care South West
• Regional recruitment campaign, with overarching website linking to local initiatives and local job portal ‘Proud to Care South West’; website live from 20 July, webpage [www.proudtocaresw.org.uk](https://www.proudtocaresw.org.uk/)
• [https://www.proudtocaresw.org.uk/](https://www.proudtocaresw.org.uk/)
• Built around 3 case studies (including one from Cornwall)
• Regional website will direct to Cornwall Council jobs portal which links to provider information initially.
• Phased approach working with providers to develop local portal for advertising jobs in care.
Campaign Overview

• Campaign launch Monday 17 July with a press release supported by local activity

• Regional Media campaign; including Fish 4 Jobs, local press advertorial, SoundCloud (information sharing platform), Sky TV advertising, Google PPC (sponsored advertising) and social media – Facebook, and Twitter #Proudtocare

• Continued media campaign through to November 2017 both in Cornwall & across SW
What’s happening locally....

• Communicating regularly with region on campaign and branding for South West campaign
• Currently revamping our own CC webpages to create landing page and links to providers – so far 100 providers have signed up for inclusion
• Next phase is to source a central jobs portal for vacancies – will work with you to develop
  Link with Skills for Care to identify potential ‘Proud to Care’ ambassadors (previously Icare ambassadors) and coordinate support
• Promotion within SoF and health employers
Measures of Success

• Analytical data (e.g. hits to webpages) will be evaluated both locally and regionally.
• Formal evaluation will be commissioned as part of project.
• Longer-term improvements to the National Minimum Data Set for Social Care figures on turnover and vacancy rates.
• Local feedback from providers.
How can you support the programme?

• Sign up to the “thunderclap” before 20 July

• Promote campaign within sector

• Keep up to date with the campaign – follow Cornwall Council or Cornwall Council Jobs and Careers on Facebook and twitter. Use the #Proudtocare

• Facebook [http://www.facebook.com/ProudtoCareSW](http://www.facebook.com/ProudtoCareSW)

• Encourage care workers to describe the work they do and promote working in care sector (to include in media and website)

• Promote Proud to Care Ambassador campaign and support workers to sign up
Supported Living Services for Cornwall

Vicki Allan
Building Supportive Communities: 
Supported Living

SLS Context

• 170 people accessing supported living mainly shared housing through the Framework Agreement
• 7 Providers on Framework; 2 providers who have the majority of business
• Current contract arrangements 13 June 2018
• Spend approx £16m Framework/£2m ICC pa
Challenges

• Growing demand reduced budgets
• Historical void agreements for supported living shared housing.
• Clunky processes
• Existing Framework agreement too rigid/not outcome focussed
• Fair cost of care/issues with payments
• Effective communication/internal & external partners
Current areas of work

• Joint review of all SLS individuals living in shared housing by Dec 2017
• Review of shared SLS housing stock
• Engagement/Co-Production to shape specification & inform new approach to community support
• Option appraisal of route to market
• Doing Things Differently-Trial/Just Checking
• Increase provision of supported living in partnership with Strategic Housing, Cornwall Home Solutions, Planning Services and Cornwall Housing Ltd and Registered Providers
Opportunities

• Co-production with stakeholders to inform, influence & specification
• Netigate Survey-families/advocates
• Doing things differently-trail
• Strength based approach/outcome focussed commissioning & contract management
Dear All,

Cornwall Council and NHS Kernow have been working with service providers and stakeholders to consider the future service design and contracting arrangements for supported living housing options and support services. Engagement with a range of stakeholders is imperative to shape and inform future service development. **Below is a link to a short survey for families & advocates to give their views please do share this with your families**

Many thanks for your assistance

[https://www.netigate.se/a/s.aspx?s=445194X94850593X31891](https://www.netigate.se/a/s.aspx?s=445194X94850593X31891)

Principles of community based Support

• Personalised Support
• Deliver outcomes
• Strength based approach
• Development of ISF/IPC/Outcome Focused Commissioned Services/ Cluster-Scheme approach for SLS
• Route to market-exploring range of procurement options-DPS
Next Steps

- Supported Living Services - working age adults
- Engagement & Co-Production with all key stakeholders to develop & influence:
  - Develop service delivery approaches-mixed market providing choice & flexibility to meet range of needs
  - Developing the Service Specification
  - Developing the Contract Terms
  - Presenting the Business Case
  - Corporate Agreement to proceed
Home Care for Cornwall

Karen Hooper
Current Position for Home Care

Cornwall Council
- Commissions c.2700 PoC and c.34,000 hours of care per week
- Spends c£31m pa
- Direct Payments used by c.1600 people

NHS Kernow CCG
- Commissions 720 packages of care – CHC, EIS and Health needs
- Spends c£24.1m pa
- Personal Health Budgets used by c.50 people
- Drive to increase number of users of PHBs

Growth needed *(based on current demand for Home Care services)*

2017/18 : 8%  2018/19 – 21 : 3.9% YoY
Co-production = ‘We’

Co-Assess
- Reflect – what works, what doesn’t;
- Assess future needs;
- Assess desired outcomes; and
- Analyse the data.

Co-Review
- Review the Services;
- Review the Providers;
- Review the delivery model; and
- Review the outcomes.

Co-Design/Co-Produce
- Design the delivery model(s);
- Appraise the options; and
- Develop the specification.

Co-Deliver
- Procure the services;
- Identify the Providers;
- Implement and Mobilise the Contracts; and
- Deliver the services.

IPC Commissioning Cycle

http://ipc.brookes.ac.uk/
http://neweconomics.org/
What we’ve heard is wanted

Service users  (Royal Cornwall Show / survey / visits)
Health and Social Care Staff

• Improved availability of range of services incl. community health, home care and local low-level support services
• To feel listened to, not done to

Service Users
• To know who where to turn when I need help
• To have a say in how my support is delivered
• To receive the service that was agreed and what is being paid for
• To be able to trust people coming into my home

Health and Social Care Staff
• To receive the service that was agreed and what is being paid for
• To be the link between all support and the person
• To know where to go to when I have concerns
• To get people back home from hospital as quickly as possible
What we’ve heard is wanted

- Improved availability of range of services incl. community health, home care and local low-level support services
- To feel listened to, not done to

**Home Care Businesses**
- To have a say in how we deliver the support – to be able to say ‘No’ this is not a ‘need’ but a ‘want’
- Clients not having to change providers due to different commissioners
- To be trusted to do a good job
- Better pay and recognition for my staff and for them to feel valued and safe at work
- Financial sustainability and ability to build organisational resilience
- Knowledge of alternative support options and ability to access them

**Hospitals and System Partners**
- To get people back home from hospital as quickly as possible
- To avoid people having to come to hospital where not necessary
What we’ve heard would help

- Less generic approach to commissioning
- Improved messaging - Choice vs Reality
- Improved communications
- Involvement of Care Workers in reassessing and support planning
- To enable Flexible Service Delivery – Trusted Providers
- Improved financial sustainability
- Ensure Continuity of Care
- Improved back office functions
- Simplified procurement
The Commissioning Challenges

- Lack of Home Care in Areas of Cornwall –
  - How do we reach everyone and meet expectations?
- Responding to Demand Trends
- Time and Task to Outcomes based support services
- Payment Approach for Outcomes
  - If not an hourly rate - How?
The Co-Designed Future?

- Joint Commissioning: NHS Kernow and Cornwall Council - £54.1m

- Reablement, Enablement, Ongoing Support = REOS Pathway

- Community approach to geography of Cornwall
  - Bidder defined postal areas and services covered

- Requests for services matched to Provider’s Service – reduce volume of requests/emails

- Built in Provider resilience

- Flexible contract able to respond to change

- Flexible Service Delivery – Trusted Providers
Principles being explored and refined

• An all inclusive market approach
• Option to Block purchase in an area – intelligence led
• Procurement – Dynamic Purchasing Systems, Block Purchasing
• Data Sharing across systems and Market Information
• MDT approach to agreeing support planning for outcomes
• Incentivisation for the right outcomes
• What should chargeable rates be and how are they calculated?
• Q. Existing Business rules and where directly awarding a package maybe applicable
• Q. Minimising multiple providers visiting a single occupancy
• Q. Electronic Call Monitoring (or No?)
What could it look like?

• Payment of personal budget for enablement period
• Achieving Best Fit and Best Value
• Simplified compliance requirements
• Financial benefits for the right outcomes
• More trust but more scrutiny
• Monitoring of Outcomes delivery
• Quality Assurance and Service Improvement
• Improved relationships – being honest and transparent
  • Working together to address issues
  • Working together to strengthen our market information
• Commissioners response to Provider failure or lack of compliance?
What are the expected returns??

- Work in partnership to reduce demand
- Help build community-led support: diversify
- Work in partnership to manage the money
- Care is delivered and received flexibly
- Know the alternatives and integrate care services in a ‘package’ of support
- Have a skilled and valued workforce
- People are not left in hospital or care homes when they should be at home
- People are not at home unable to access support
- Take responsibility for the views of our Sector
- Equal access to good quality Support in Cornwall

BEING PROUD WE WORK IN CARE IN CORNWALL!
Next Steps

Home Care

• Provider Focus Group – to detail;
  • Co-producing Support Plans for Outcomes;
  • Home Care Services – Service categories and Requests
• Developing the Operating Model
• Developing the Service Specification
• Developing the Contract Terms
• Presenting the Business Case
• Corporate Agreement to proceed
## Indicative Timeline for Commissioning Home Care and Supported Living Services – Not Set in Stone!!

<table>
<thead>
<tr>
<th>Aims</th>
<th>Dates</th>
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<tbody>
<tr>
<td>Engagement/Co-production</td>
<td>May – August 2017</td>
</tr>
<tr>
<td>• Market Update</td>
<td>13 July 2017</td>
</tr>
<tr>
<td>New Service Delivery Approach Governance</td>
<td>September – November 2017</td>
</tr>
<tr>
<td>Procurement</td>
<td>December ‘17 /January ‘18</td>
</tr>
<tr>
<td>Contracts Award Notified</td>
<td>Easter 2018</td>
</tr>
<tr>
<td>Go Live</td>
<td>By June 2018</td>
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Where to find Information
Questions?