Cabinet

Redesign and commissioning of home care services (Help to live @ home)

3rd November 2016



Help to Live at Home Service

Objective:

To redesign and commission a "help to live@home service" by the creation of a delivery model that enables people to access an appropriate level of support in a timely manner in order to meet outcomes.



Key Principles of new service

To prevent, reduce or delay the need for formal care and support

To provide flexible, personalised services that support independence and enhance wellbeing

To enable people to remain in their own homes for as long as they wish

To identify peoples strengths and the personal and community resources available to meet their needs



Drivers for change

Current and future financial challenges

Increasing levels of demand

Acuteness, level and duration of care packages

The increasing complexity of care needs

Recruitment/ retention difficulties in social care

Personalised care focused on outcomes rather than just time and task

Improving market capacity meet needs in a timely manner and address 'difficult to serve' areas

Eliminating the 'hand back' of packages by
providers.

The need for greater integration with Health and local communities.



Consultation Feedback

12 week consultation with service users and the market

Received approximately 30% response rate from service users

Dialogue with over 40 providers

Service Users Feedback

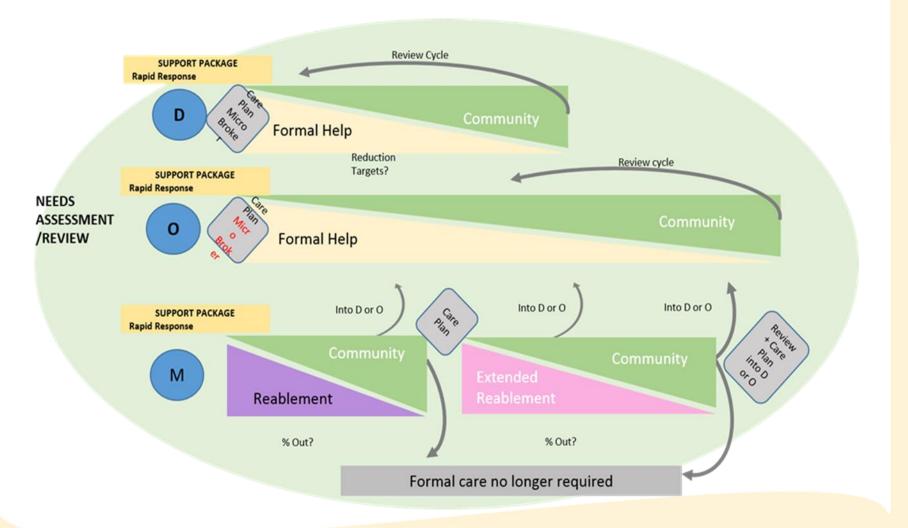
- There is general support for the **re-ablement** ethos
- >88% of people agreed that **priority** had to be given to those in greatest need
- >83% agree with the councils proposal for approved providers.
- >60% of responders who are funded by the council receive personal care services and 32% help with preparing meals

Provider Feedback

- Greater support for 'D' pathway to be separate 'service'
- Lack of flexibility in current assessment process cause issues for delivery
- ➤Business viability spans 700 2000+ hours per week
- Feedback has allowed us to re shape zones



Needs Based Delivery Model





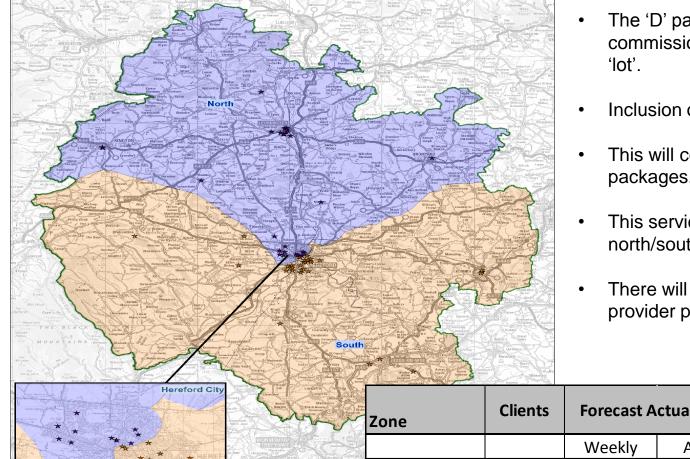
D - Pathway

Help to Live at Home: zones for 'D' pathway

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with current level of service provision (August 2016)

Herefordshire



- The 'D' pathway service is re commissioned as a standalone 'lot'
- Inclusion of 28 hour+ packages.
- This will contain all 24 hour packages.
- This service will be split over a north/south basis.
- There will be a minimum of 1 provider per lot.

Council

Zone	Clients	Forecast Actual Hours		Indicative Costs 17/18 (£)
		Weekly	Annual	Annual
Complex A & B	29	1,355	70,460	965,302
Complex C,D,E	29	975	50,700	694,590
TOTAL	58	2,330	121,160	1,659,892
Plough Lane Hereford HR4 0 F				ererorasnire

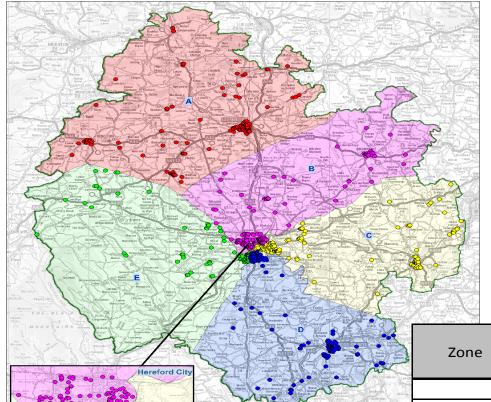
Plough Lane
Hereford, HR4 0LE
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O - Pathway

Zones for 'O' pathway

with current level of service provision (August 2016)

Herefordshire Council



Herefordshire Council Strategic Intelligence Team Plough Lane Hereford, HR4 0LE There was not a preferred map option or optimum number of zones, key feedback included:

- The majority supported a zonal model for the delivery of the 'O' pathway.
- A key risk around zoning is the lack of recognition for protecting diversity of supply market and promoting maximum choice available.
- Support for between 1 and 3 providers per lot.

	Zone	Clients	Forecast Actual Hours (Rounded)		Indicative Costs 17/18 (£)
			Weekly	Annual	Annual
	Α	161	1,682	87,464	1,381,931
	В	178	2,174	113,048	1,786,158
7	С	152	1,696	88,192	1,393,434
Durter	D	191	2,352	122,304	1,932,403
arpqets tren	E	86	1,295	67,340	1,063,972
oforde	TOTAL	768	9,199	478,348	7,557,898

Herefordshire Council

Commercial Update

- Financial modelling
- Based on previously used Herefordshire model utilising UKHCA criteria (adjusted for national living wage)
- Impact of travel times available from EMS and providers
- Consultation around business viability in terms of weekly hours
- Consideration of the market impact a fixed rate is proposed at
- £15.80 per hour (pro rata for shorter visits) and
- £12.80 per hour for all 24 hour packages and sleep-in nights



Procurement Timetable

New procurement timetable that is based on a outcome based/well being approach implemented by July 2017

Activity	Date	
Consultation	November 15 - August 16	
Procurement	November 16 – February 17	
Contract Award	March 17	
Transition/Mobilisation (Phased)	April 17 - June 17	
Contract Commencement	July 17	
Outcomes Phasing in Period	July 17 - April 18	



Key Features

- Needs based delivery model
- Aligning to whole systems outcome approach co produced and joined up working
- Enablement approach to delivery of service
- Move away from time and task to outcomes based service
- Geographical zones
- System wide intermediate care offer
- Fixed hourly rate



Comprehensive Outcomes Approach

