

**Manchester City Council
Report for Information**

Report to: Health Scrutiny Committee – 5 September 2017

Subject: New models of Homecare

Report of: Head of Strategic Commissioning

Summary

Home care provides vital support to Manchester's citizens, enabling them to safely live independently in their own homes. The Council, in collaboration with the Greater Manchester Adult Social Care Reform team, is progressing an intelligence led commission of home care services, adopting a co-production approach to ensure the new services meet the needs of citizens and the health and care system.

The City's plans for new home care services aim to align Greater Manchester developments to support people at home and reflect current and anticipated future needs for Manchester citizens within an Our Manchester approach and a transformed health and social care system.

Detailed project plans, setting out core deliverables, workstreams, resource and other considerations, is being finalised, in collaboration with the GM Care at Home Project, and the workstream focussing upon Residential and Nursing Care, with the intention of the models and specification being procured during 2018/19.

In the meantime the Council is working with local providers to ensure sufficiency of high quality home care to enable people to safely live independently in their own homes.

Recommendations

The Committee is asked to:

1. Consider and comment on the plans to develop and commission new models of home care, residential and nursing home care;
 2. Receive further updates on progress to commission new models of home care.
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Wards Affected: All

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Background documents (available for public inspection):

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy please contact one of the contact officers above.

Final Report and Recommendations of the Homecare Task and Finish Group. Health Scrutiny Committee, March 2017

1.0 Introduction

Home care provides vital support to Manchester's citizens, enabling them to safely live independently in their own homes.

This report provides the background, approach and progress to date to commission new models of home care that will ensure improved outcomes and experience within a service delivery model that reflects the context within which it operates, using the opportunity the Adults Social Care Grant presents to drive this development of transformation whilst providing stability.

2.0 Background

2.1 Home care service providers commissioned by the Council undertake approximately 40,000 visits per week to nearly 18,000 citizens, by a workforce of around 750, with an annual cost in excess of £11.5m.

2.2 Demand for home care within the City has grown significantly over the last 2 years, with weekly commissioned hours having increased from 23,201 in April 2015 to 27,415 by July 2017 – an increase of 18%, enabling more people to continue to live in their own homes.

2.3 Home care providers are reporting increasing difficulties in recruiting and retaining sufficient numbers of staff to undertake the work. Ability to recruit is affected by many factors, including rates of pay (typically carers are paid the National Living Wage – £7.50p.h), providers being commissioned and therefore staff paid on a time and task basis and wider labour market considerations (i.e. competition for workforce). Nationally, 32% of home care workers leave within 12 months of starting their employment, and 56% within 2 years. Staff turnover in South Manchester providers last year was 45%.

2.4 At the same time there has been a reduction in the number of providers commissioned through the Council's framework has reduced by 4 from 12 to 8, with 3 of those 4 providers having chosen to cease provision due to concerns about their financial sustainability. This reduction in framework providers has required the increased use of off-framework providers.

2.5 As demand has increased and the number of providers reduced, it has become increasingly difficult to secure sufficient home care hours on a timely basis. This potentially has detrimental effects on the outcomes and experience for citizens, for example as they remain in hospital awaiting the home care required to enable them to return home, and on wider system performance – for example resulting in delayed transfers of care from hospital or from reablement – taking away other valuable capacity.

2.6 The Council currently commissions on a time and task basis – identifying and allocating a set time to undertake those tasks. Whilst supporting tight financial management, there are downsides to commissioning this way, particularly its deficit (as opposed strengths and assets) approach, which is inconsistent with the 'Our

Manchester' strategy, failure to focus on broader outcomes for citizens and roles that can prove unattractive and therefore difficult to recruit to.

2.7 The City's home care services typically operate in isolation – i.e. they are seldom part of wider health and care delivery. The introduction of Integrated Neighbourhood Teams provides the ideal opportunity to ensure that home care is included in wider delivery, improving outcomes and experience for Manchester's citizens.

2.8 There are also known gaps in services commissioned, for example the City does not have specialist home care for people with dementia nor does it commission home care services to undertake night visits.

2.9 The Home Care Task and Finish Group convened by the Health Scrutiny Committee identified a number of these issues when it reported its findings and recommendations to the March 2017 Health Scrutiny Committee under the following headings:

- Recruitment and retention of homecare workers
- Our Manchester
- Night care
- Hospital discharge
- Extra care

2.10 These findings and recommendations will inform the Council's future approach to commissioning home care.

3.0 Commissioning New Models of Home Care - Progress to Date

3.1 The council last undertook a city-wide tender for home care services in 2008, since which there have been significant changes to the context within which any newly commissioned services would need to operate. These include:

- National policy and local ambition – seeking to achieve better outcomes for citizens by enabling them to remain in their own homes for longer avoiding or delaying admission into a care or nursing home;
- Increased complexity – people are living longer, often with multiple long term conditions, requiring providers to be capable of meeting increasingly complex care needs;
- Demand – an increase in the numbers of people requiring home care – as the number of older people increases and to achieve better outcomes by enabling people to remain at home and reducing permanent placements to care homes;
- A greater focus on personalisation – regarding what is delivered, how and when it is delivered, based upon what the citizen has told care workers matters to them;
- Focus on outcomes – moving away from input / time and task approaches to outcomes and the impact the service has upon citizens lives;
- System integration – to deliver improvements in experience and outcomes for citizens, home care will in future need to become a core element of integrated health and care delivery;

- Good practice – with a shift to new contracting models, employing incentives for achievement of outcomes and increasing focus on building independence;
- Financial sustainability – the requirement to meet increasing home care demand against the backdrop of ongoing pressure on social care funding allocations. Pressures in part managed through limiting care provider fee rates increases, whereby many are indicating that this is severely impacting upon their future sustainability.
- Workforce pressures – tight labour market and choice of alternative low skilled roles impacting upon provider's ability to recruit and retain sufficient staff;
- Greater Manchester ADASS Adults Social Care Reform at Scale and Pace – a series of programmes intended to transform adult social care, which includes a Care at Home workstream.

3.2 Adopting a programme management approach, good progress has been made to design new home care models for the City. A project team has been established comprising representatives from Manchester Health and Care Commissioning, Council corporate services and Manchester Provider Board. Responsible for driving the programme, this group will ensure the development of new models of care adopts a co-production approach, involving providers, recipients of home care and their carers.

3.3 Initial deliverables, project workstreams and resource requirements have been identified and a high level project plan developed, with the programme organised into the following workstreams:

- Data and cost benefit analysis - data gathering and analysis and modelling, development of performance measures;
- Market engagement - market research, provider engagement and options appraisal;
- Service model and specification design - co-design new models to commission;
- Provider selection and mobilisation - procurement and support mobilisation planning;
- Communications and engagement - programme communications and ensuring good stakeholder involvement.

Wider strategic fit, with Greater Manchester plans and LCO development, will be a key consideration as these are finalised.

3.4 As part of the market engagement workstream, desktop market research has been undertaken to identify good practice and new models being implemented elsewhere. Findings include:

- Many authorities are using the pressure on budgets as an opportunity to re-think how they commission home care services, refocusing on service quality and outcomes;
- Longer contracts with fewer providers are favoured and likely to be more sustainable;
- Flexibility is key - often better enabled by framework agreements.

- A drive towards enabling providers to determine how they achieve specified outcomes;
- Many authorities are taking a locality/zone-based approach to commissioning (using contract 'Lots');
- Subcontracting arrangements (or local commissioning 'zones') are a good way to keep or create an active role for smaller providers whilst minimising Council contract management/admin time;
- Commissioning/supply chain management arrangements that enable commissioners to challenge performance (with the right contractual levers) and swiftly address any under-performance.

3.5 To ensure plans for new models of home care fit with wider Manchester and Greater Manchester plans, there have been discussions with Manchester Provider Board and the Greater Manchester Health and Social Care Partnership Team to understand and support alignment across different work programmes. To ensure ongoing dialogue, Manchester Provider Board is represented on the programme team and Manchester's Joint Director of Health and Social Care Integration is working alongside the Greater Manchester team.

3.6 Initial outcome and other success criteria have also been identified. To be further developed and tested through co-production, these are categorised as follows:

- Priorities for citizens;
- Provider perspective;
- System priorities;
- Provider performance and quality

4.0 Intelligence Led Approach to Commissioning New Models of Home Care

4.1 Whilst much is known about the council's current home care commissioning activity – in terms of quality, quantity, cost etc – less is known about its impact – e.g. experience, outcomes.

4.2 Given the scale of home care provision within the city and the vital contribution it makes to people's lives and the potential for additional impact, it is essential that the council's commissioning work is intelligence led – informed by a detailed understanding of:

- Outcomes – individual, organisational and system;
- Priorities for citizens – what do local people want from home care services, delivering individual outcomes and adopting a strengths based approach;
- Current provision – volume, type, how and to whom;
- Provider perspective – their context, impact of commissioning approaches on their organisations, what is important to them, their desire and capability to deliver new models, workforce success measures (e.g. trade union recognition);
- System priorities – what does the health and care system require of home care, where are the gaps (e.g. night visits), how does it play into wider delivery (e.g. to

support smoother transition from hospital to home)? How can home care improve health and care system performance?;

- Performance and quality – what are the appropriate future performance measures, linked to outcomes.

4.3 This intelligence will be undertaken through data gathering and analysis, home care, wider health and care providers and service user engagement as well as the best practice research undertaken to date. The work will also be aligned to and informed by work taking place in Greater Manchester.

4.4 The development of the new model and service specification will adopt a co-production approach, involving and reflecting the needs of citizens and their carers, providers and their workforce, the wider health and care system, with contract and performance arrangements that ensure providers are managed against the achievement of key outcomes.

4.5 The detailed project plan is being finalised, with the intention of the model and specification being procured during 2018/19.

5.0 Greater Manchester Adult Social Care Transformation

5.1 Under the governance of the Greater Manchester Health and Social Care Partnership, a Programme focussing upon Adult Social Care is underway with a priority workstream on Care At Home. It is important to note that the Manchester provider market for home care (often referenced as domiciliary care) and residential and nursing provision is not locality specific with providers working across a range of localities/geographies and sometimes nationally. Devolution offers the opportunity to work across geographical and organisational boundaries to construct a new deal for domiciliary care in Greater Manchester, securing right care, at the right price, with a valued workforce for people in their own home that supports people to be active in their communities and as independent as possible.

5.2 As a consequence it is important that Manchester's approach aligns with, and is embedded in a wider GM approach maximising the collective opportunity to reform the adult social care market at a greater scale than just at the City level. This will be overseen locally through the Adults Health and Social Care Reform Board, ensuring the GM programme reflects what is required at the local level, and synergies between Manchester and other localities is optimised.

5.3 Key principles for the GM led workstream therefore are:

- Reducing variance in provider quality across Greater Manchester - everyone should expect a good standard of support wherever their home is in GM;
- Stabilising the market for high-quality domiciliary care providers in GM whilst encouraging and supporting new providers to enter the market;
- Ensure that all providers reflect best practice in terms of ethical practice and progressive approaches to workforce development and conditions;
- Putting the independence, choices and assets of citizens at the heart of their home care arrangements;

- Managing and reducing the demand for high-cost residential, nursing and acute hospital admission, and reducing the need for care at home through embedding a reablement ethos in practice and provision;
- Investing in local development capacity to enable innovation to take hold in concert with locality plans and emerging Local Care Organisations; and
- Trialing innovative new approaches to social care through a 'wellbeing-centric' approach whilst reforming commissioning practice.

6.0 Market stability and supporting system performance

6.1 Health Scrutiny Committee has previously received reports setting out some of the challenges facing the City's urgent care system. The timely availability of packages of home care is crucial to enable people to return home following a stay in hospital or to help them safely remain at home, avoiding the need for hospital or care homes admissions.

6.2 Whilst a new model of home care is being commissioned using intelligence led and co-production approaches. The council is working with local providers to ensure sufficient capacity of home care to meet the needs of Manchester's people. This includes exploring alternative contracting and performance payment mechanisms, including testing the benefits of paying providers an incentive for starting new packages of care from reablement within 24 hours.

6.3 As part of the work to agree care provider fees for 2017/18, commissioners have obtained assurance from it's providers that as a minimum they pay the national living wage.

7.0 Next Steps

7.1 As stated above, adult social care commissioners are currently finalising detailed project plan, setting out core deliverables, workstreams, team and other considerations to enable a new model to be procured during 2018/19.

7.2 Regular updates will be provided to future meetings of the Committee as part of the Health and Wellbeing update with a full briefing scheduled for March 2018.

8.0 Recommendations

8.1 The Committee is asked to consider and comment on the plans to develop and commission new models of home care, residential and nursing home care and receive further updates on progress to commission new models of home care.