



LCR ASC INTEGRATED COMMISSIONING

PRIORITY 1

FLEXIBLE MODEL OF HOME CARE

WORKSHOP: 5th June 2019

OVERVIEW OF PROGRESS

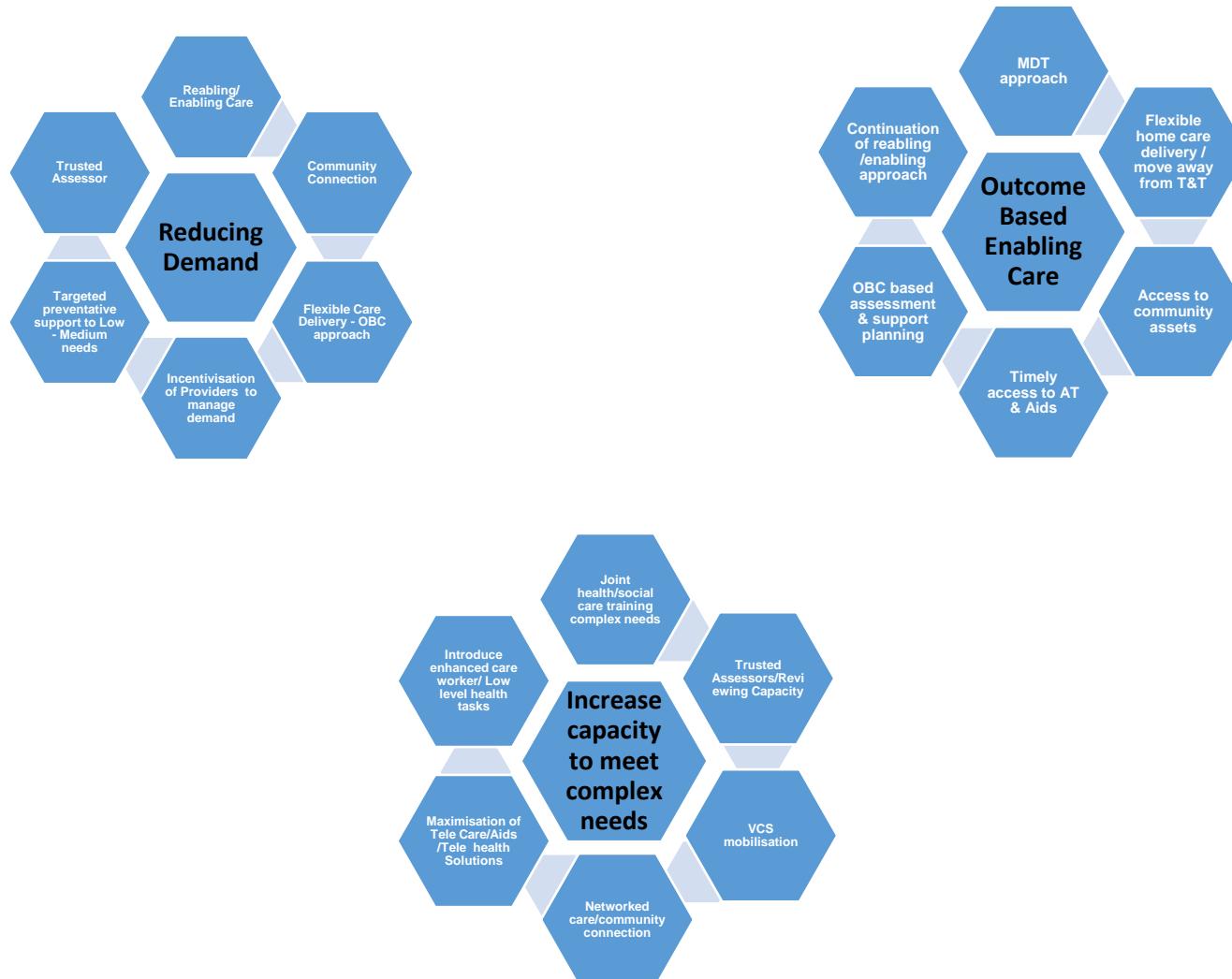
Priority 1 – Flexible Model of Home Care

An integrated, multi-disciplinary home care service will maximise health and wellbeing, using an asset based philosophy

WHY?	WHY?	WHY?
Unprecedented levels of provider failure and providers exiting the market	Significant issues recruiting and retaining care workers	LAs under pressure to reduce demand on Acute Health services
How?	How?	How?
Work with providers to understand the cost of care	Support Local Areas to maximise potential of National Social Care recruitment campaign	Clear contractual obligations in respect to hospital discharge underpinned by strong performance management of response times
Reduce unnecessary demand for home care: <ul style="list-style-type: none"> • Trusted Assessment • Single handed care • Increased use of AT/Low level aids • Maximise social inclusion/link to community resources/VCS 	Develop system wide response to workforce issues facing H&SC sector: <ul style="list-style-type: none"> • Values based recruitment to attract the ‘right people’ • Extend work with schools and colleges to increase numbers of young people a career in care • Development of career pathways 	Work with Health to ensure home care is an integral part of ‘place based’ care: <ul style="list-style-type: none"> • Care coordinators part of MDTs • Development of ‘blended’ or ‘enhanced care worker’ roles
Impact to date?	Impact to date?	Impact to date?
Marked reduction in the number of provider failures (1 national provider) and contract hand backs.	Providers still reporting significant issues with recruitment. However, providers are co-producing the work on Workforce and taking the lead on two work streams.	Lowest regional rate of DToC in NW (61.8% per 100,000) attributable to ASC. (However, awaiting a package of care remains the main cause for delay across the region).

In 2017 / 18 members of the LCR Project Board worked together to research national and international best practice to develop new flexible models of care. In 2018/19, using the new model as a basis each area is working with their local market to manage demand and support sustainable delivery.

Home Care Model Development – Key Areas



Local authorities have developed differing models (but inclusive of the various elements) as outlined below:

Halton

In April 2018, the new contract commenced - Halton developed a new model of care based on reducing the number of providers and delivering an outcome based approach that is not reliant on traditional time and task services that they currently have. A **single provider**, was commissioned to meet the needs, with the provider agreeing sub contractual agreements with two other agencies.

In addition a larger, longer term project to transform domiciliary care is underway. This project is focusing on how and who currently accesses care, equipment and who and what needs to happen in the future to stream line the process and pathways for people, including the development of an 'Outcomes Model'.

Knowsley & Sefton

In August 2018, a jointly commissioned contract (**Pseudo Dynamic Purchasing System**) for home / domiciliary care across Knowsley and Sefton went live. Both area are working at a local level to introduce elements of the LCR model of care. Progress to date includes the introduction of the first phase of Trusted Assessment that enables providers to reduce packages of care. All providers are in the process of rolling out electronic care management systems.

Further detail regarding proposed timescales next phases of the transformation of home care are set out in **P1- Performance Data report**.

Following the **Newton Europe review** of Liverpool and Sefton an LDS Action Plan has been developed which covers the following three work streams:

1. Decision Making (Beth Weston)
2. Placements (Sue Rogers)
3. Home Care (Deborah Butcher)

Work stream 3 incorporates the sub regions' plans for the transformation of home care.

Liverpool

In October 2017, the contract went live for preferred providers' status split into localities (**locality based model**) that have been based around GP neighbourhoods to ensure more of an MDT approach in delivering services - service to include generic personal care, reablement services & community support. These providers have 5 hours to accept the package before the package is also advertised to approve providers.

Liverpool is working with Knowsley and Sefton towards the implementation of a Trusted Assessor model, informed by the Wirral Trusted Assessor pilot. More recently Liverpool have worked with home care providers to introduce a model (**Home First plus**) which enables providers to meet complex needs in the community through an approach that maximises independence and personal resilience. Under the updated specification, home care agencies provide reablement and enablement, home from hospital support and community support.

St Helens

In December 2016, St Helens created an '**Approved List**' of providers of domiciliary care, with a mini competition for each individual package, which operates in a similar fashion to a **dynamic purchasing system**. New providers continue to apply to join at quarterly opportunities, demand remains high and capacity in some areas can be tight.

In February 2019, an **end of life domiciliary care contract** commenced, although early days it appears to be having a positive impact so far.

Wirral

In April 2019, Wirral went live with a new **domiciliary care commission**, a 'top to bottom' dom care offer, which includes dom care, reablement, CHC, enhanced care and also trusted assessment as a full offer so out of the pilot phase and in to business as usual.

The next phase is for a full review of their home first pathway (HICM), dom care ordering low level equipment and to join up with the single handed care project.

Additional detail regarding each areas progress transforming Home Care is set out in **P1- Performance Data report**

REF NO	PRIORITY 1 - FLEXIBLE MODEL OF HOME CARE KEY ACTIONS	COMMENTS
P1 a	Evaluate learning from existing good practice such as the Buurtzorg Home Care Model, the Suffolk and Wiltshire approaches to outcome based commissioning and new approaches to domiciliary care piloted across the Liverpool City Region in 2016/17, to inform co-production of options for a new flexible model of care	Complete
P1 b	Produce a baseline position statement of the cost and quality of the current fragmented system that supports care at home	Complete
P1 c	Develop and publicise an LCR Model of Self-Care	Removed as an objective
P1 d	Evaluate cost effectiveness of new service options using New economy cost benefit analysis (currently under development)	<ul style="list-style-type: none"> • New Economy failed to produce model • Potential to use / join Liverpool's evaluation
P1 e	Develop LCR Model of Domiciliary Care:	Complete
e.1	· Pilot health linked domiciliary care in Knowsley	
e.2	· Pilot local area co-ordination domiciliary care in Halton	
e.3	· Pilot domiciliary care in Liverpool	Complete
e.4	· Pilot dynamic purchasing of domiciliary care in St Helens	Complete
P1 f	Work with partners and regulators to agree a system wide collaborative accountability framework that incorporates quality assessment, risk sharing and reward	Removed as an objective
P1 g	Develop, roll out and consistently apply a strength based approach to care management	<ul style="list-style-type: none"> • Work underway via LCR Assessment Group to capture currently / planned approached in each LA and national / regional good practice, including agreeing a matrix to measure impact of change in each LA • Peer Challenge event took place on 13/03/19
P1 h	Provide people with information and advice on all health and wellbeing services and support available across the Liverpool City Region to promote and enable self-care	Complete
P1 i	Evaluate learning from pilots and produce LCR models of Domiciliary Care	<ul style="list-style-type: none"> • New Economy failed to produce model • Potential to use / join Liverpool's evaluation • Commission external evaluation (out of LCR resources)
P1 j	Collaborative tender for Domiciliary Care	Complete
P1 k	Work with the LEP and Employment and Skills to create good quality job opportunities across the region; and in particular to increase opportunities for people with long term conditions and disabilities to gain paid employment	<ul style="list-style-type: none"> • Unlikely to get picked up under wider Workforce Project • No bespoke work undertaken to date consider picking up under Complex Care work stream to improve performance
P1 l	Work with Employment and Skills to increase opportunities to work in health care, increase the number of generic health and care vocational qualifications; and develop a Liverpool City Region joint Workforce Strategy	<ul style="list-style-type: none"> • Progressing as part of LCR work on workforce - including review of regional work with Skills for Care, STP work stream, CA and local work