

SUBJECT: DOMICILIARY CARE IN ADULT SOCIAL CARE & HEALTH

MEETING: Adult Select Committee

DATE: 5th November 2019

DIVISION/WARDS AFFECTED: All

1. PURPOSE:

An overview on issues /developments in a specific area of adult services as requested by Adult Select - Domiciliary care.

2. RECOMMENDATIONS:

- 2.1 To inform the committee of the current situation in Domiciliary Care and the actions being taken to mitigate.
- 2.2 Committee to use this information to scrutinise the progress and performance of Domiciliary Care in Monmouthshire

3. KEY ISSUES:

- 3.1 The provision of Domiciliary Care is a recognised challenge across UK
- 3.2 Wales are working on various strategies to improve the situation – recruitment campaign -“We Care”, registration of the workforce to recognise the value of the roles within the care sector
- 3.3 Monmouthshire has area specific challenges due to rurality, demographics these are particularly evident in Central and South of the county, further information is provided in Appendices 1 &2.
- 3.4 . The ageing population in Monmouthshire continues to increase. By 2039 the population aged 65 and over is projected to increase by 61% and, more significantly, the number of people aged 85 and over will more than double, from 2804 in 2014 to 7999 in 2039 – an increase of 185%.
- 3.5 Adult Services have been working on a model (Turning the World Upside Down). The model has been developed and implementation is due to commence in April 2020.
- 3.6 Appendices 1 and 2 outlines the demand for domiciliary care.

Key Points;

- Outstanding hours currently exceed 900 per week this has been an increasing situation throughout the course of the year
- Approximately 250 hours relate to hospital discharge

- Approximately 250 hours per week are waiting to be moved from reablement into longer term care provision
- The report attached is based on the end of August information, more recent data is not available in this format.

3.7 Appendix 3 outlines Turning the World Upside Down and the potential benefits of the new model.

Key Points;

- Traditional models of care have been based on the provision of care in a transactional way which meets personal needs but does not contribute to the longer term health and well-being needs of an individual and their families / carers.
- The new model is predicated on building meaningful relationships and comes together to design a genuinely co-produced model of support, which achieves better outcomes for people.
- We are developing twelve patches which include carer development and patch development, these patches will include in house care and care from independent providers.
- There will be regular patch evaluation sessions to check how things are working out and utilising a Common Measurement System
- Developing relationships between all stakeholders working within the patch.
- Changing the content of care plans and way they are generated so they are about what matters to the person and how they live their life.
- Proposes to make predictable payments by patch dependent on rurality.
- The model aspires to work in a way as outlined by the social Services and Well-being Act to suit individuals / families / communities, but also maintaining sustainability in Monmouthshire.

3.8 The model will be based on “place-based” working which will wrap services around a defined community from a whole system perspective.

3.9 Other services in social care and health will also work to adopt the model.

3.10 The model aims to improve the experience for service users / families / communities but also improve well-being of workforce. Improved recruitment and retention will improve sustainability.

4. EQUALITY AND FUTURE GENERATIONS EVALUATION (INCLUDES SOCIAL JUSTICE, SAFEGUARDING AND CORPORATE PARENTING):

This report is for information, a decision is not requested at this point

5. REASONS:

To ensure committee are aware of the challenges / actions

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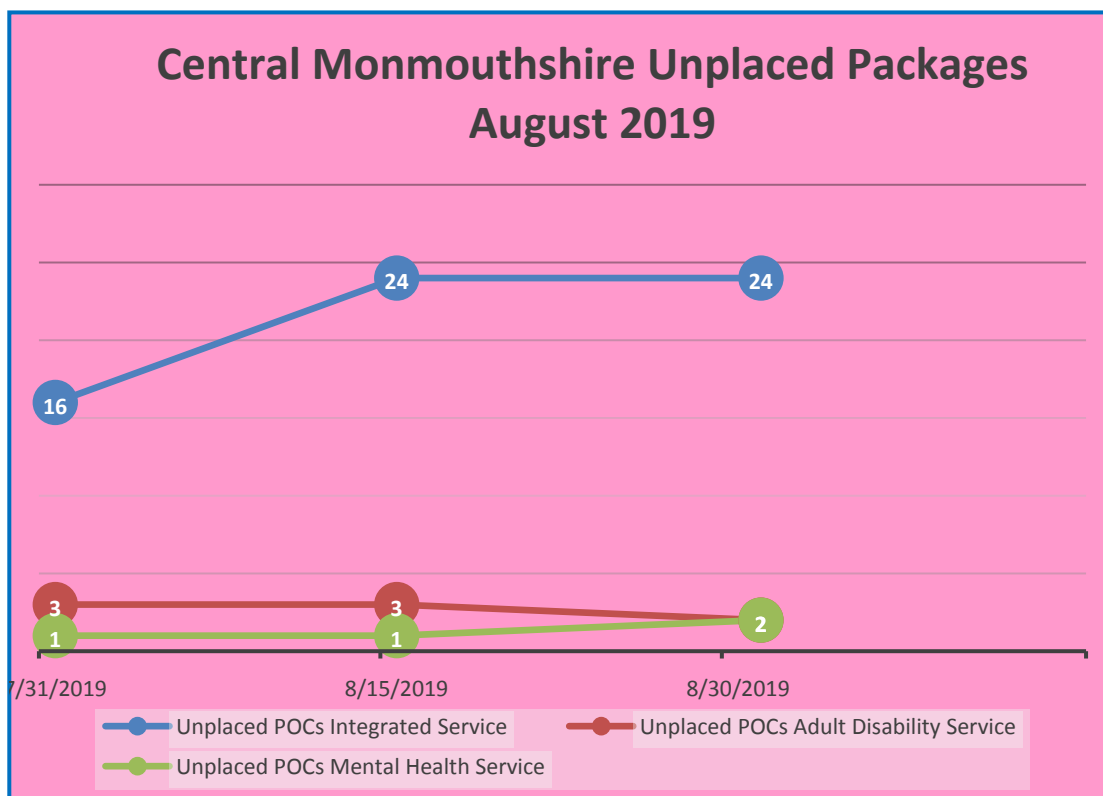
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Appendix 1

Unplaced Packages of Care (POC) in Central Monmouthshire

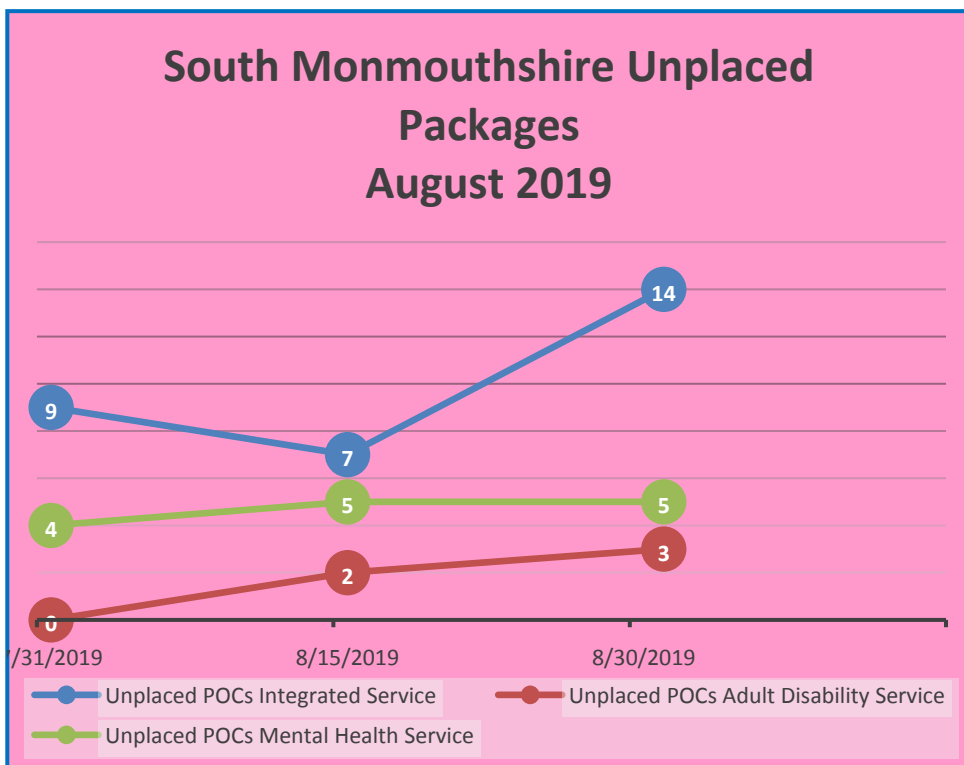
Date	31/07/2019	15/08/2019	31/08/2019
Unplaced POCs Integrated Service	16	24	24
Unplaced POCs Adult Disability Service	3	3	2
Unplaced POCs Mental Health Service	1	1	2
Total Unplaced POCs	20	28	28
Total Unplaced Hours	217.25	372.5	334.75



Appendix 2

Unplaced Packages of Care (POC) in South Monmouthshire

Date	31/07/2019	15/08/2019	31/08/2019
Unplaced POCs Integrated Service	9	7	14
Unplaced POCs Adult Disability Service	0	2	3
Unplaced POCs Mental Health Service	4	5	5
Total Unplaced POCs	13	14	22
Total Unplaced Hours	100	166	215.25





TURNING THE WORLD UPSIDE DOWN: BACKGROUND, THE JOURNEY SO FAR AND IMPLEMENTATION APPROACH

This paper summarises the background to the transformation of care at home in Monmouthshire, the progress made to date in developing a new model of support and the implementation approach moving forward.

1. Turning the World Upside Down

Domiciliary care across the UK is mainly a traditional model of care and support; providing time allocated personal care when a person can no longer manage independently. There is a growing acknowledgement across the sector that the traditional model of time allocated slots to provide personal care tasks is broken. We have evidence that the current system can lead to less person centred outcomes, difficulties in carer recruitment and providers struggling to continue to operate.

This evidence made it clear that we needed to transform this traditional model so we embarked upon our programme of Turning the World Upside Down. We recognised that the Council could not and should not do this alone and needed to develop a new model with providers; requiring us to work in a fundamentally different way. We would need to build meaningful relationships and come together to design a genuinely co-produced model of support, which achieves better outcomes for people.

2. The Journey So far

Significant investment has been made in building relationships with those wishing to Turn the World Upside Down. We have worked to secure the new approach in a very different way and have:

- Signalled change through a variety of Turning the World Upside Down events and workshops.
- Co-produced a way of making Turning the World Upside Down practically possible through a six day Vanguard Systems Thinking approach.
- Co-produced and agreed a System Design, a set of Operating Principles and Relationship Principles, which will underpin the Turning the World Upside Down approach.
- Established a Leadership Group of key Turning the World Upside Down providers, and key Council interfaces. We have started conversations with Turning the World Upside Down providers about the implementation approach with positive results.
- Held a Cultural Workout to understand how Turning the World Upside Down fits within wider transformation effort.

3. Progress against the Turning the World Upside Down Design

We have also rigorously progressed and achieved key successes with the themes set out in the Turning the World Upside Down Design, including:

- Co-producing 12 patches through the Turning the World Upside Down Leadership Group.

- Using a rational approach; taking account of key factors affecting the costs of delivering care at home through the Turning the World Upside Down model, we have arrived at a price per patch and are now able to provide a price per patch based on contemporary data.
- Whilst we are yet to move to formal integration, across the integrated teams, providers meet regularly with the care team in a solution focused way to consider capacity issues and work together to address these. The Leadership Group has also agreed an approach which enables organisations to reduce and increase packages of care themselves if outcomes can still be met, families are willing and it is appropriate.
- Providers are piloting the use of FLO. This is underpinned with a co-produced Information Sharing Protocol.
- A Common Measurement System and an agreed means of measuring against this has been co-produced.

4. The Implementation Approach

Our reflections of progress towards the implementation of Turning the World Upside Down to date gives us confidence that we are making significant progress iteratively as we develop and understand the model better. The key remaining elements to implement are:

- Working in patches,
- Making predictable payments by patch
- Supporting people with what matters.

By implementing these three elements next, we will be able to fully test the whole Turning the World Upside Down concept in real time. We will do this over a reasonable period (three years) and during this will be able to tailor and refine the model and generate high levels of engagement.

Once we have proof of concept our intention is to articulate clearly and in detail what we would seek to procure for the long term. In essence, at this stage we will re-configure our current arrangements to test the new model with a view to procuring a new arrangement in the future.

5. Practical Implementation Plan

To pursue the above approach we will:

- Implement the Turning the World Upside Down design in full over a three-year period, as a prototype, by reconfiguring our arrangements.
- Hone and test the model to practically achieve 'proof of concept' with a view to securing an arrangement over the longer term.
- Proceed iteratively with the development work once partners are working in patches and receiving a predictable payment.
- Implement the model across Monmouthshire on the same date while recognising that each patch will move forward at a different rate in fully implementing all the model's design principles.
- Implement a relationship based model which results in the integrated development of patches including care management teams, in-house and independent providers.

6. Next Steps

Stage One Theoretical Implementation – Providers in patches with predictable payments

We will work out on paper what the reconfigured model could look like and operate. We will undertake an initial desktop exercise to establish providers in patches according to their current hours/people. This will be informed by a year's worth of patch data relating to providers' presence and configuration. We anticipate that where a provider has a significant presence in a patch this will remain under the reconfigured arrangements.

A series of individual conversations with providers will take place to share their patch profile. This will be an opportunity to understand better any anomalies or issues such as small volumes and gauge views etc.

Following the conversations, area meetings will be held to bring together all providers operating in a patch along with care management and in house care at home colleagues from the Integrated Services Teams. These meetings will further assist in developing relationships and co-producing the patches in a meaningful way.

Last year, using a rational approach, we developed a pricing methodology which takes account of key factors affecting the costs of delivering care at home through the Turning the World Upside Down model. This arrived at a price per patch based on contemporary data at the time. These historic costs will now be uplifted to reflect:

- Cost pressures e.g. NLW, pension auto-enrolment
- Rurality
- Market pressures
- Training
- Unmet need

A desktop exercise will then be undertaken to calculate a patch price per provider according to their census date % share. This will then form the basis of a predictable monthly patch payment to providers.

Once the desktop exercises, individual conversations with providers and area meetings have taken place we will review and move forward with reconfiguring the existing arrangements. This will enable us to put in place the patch based and predictable payment building blocks upon which we can change on the ground and deliver what matters to people.

Stage Two Practical Implementation – Working in patches delivering what matters

Stage Two is about working in practical terms to make the change happen. The integrated teams and independent providers operating within each patch will evolve an integrated way of working to achieve what matters for the people we support. In essence making the Turning the World Upside Down design happen in each of the patches.

The key aspects of this stage include:

- Producing and implementing a 'patch development programme' across all twelve patches which includes carer development and patch development.
- Regular patch evaluations sessions to check how things are working out and utilising the Common Measurement System
- Developing relationships between all stakeholders working within the patch.
- Changing the content of care plans and way they are generated so they are about what matters to the person and how they live their life.

We believe that we are at an exciting juncture with a clear way forward for us to make Turning the World Upside a reality. Together we can change the way in which people in Monmouthshire are supported to live their lives in a way which matters to them and achieve their personal outcomes.

CAY version 1 08072019