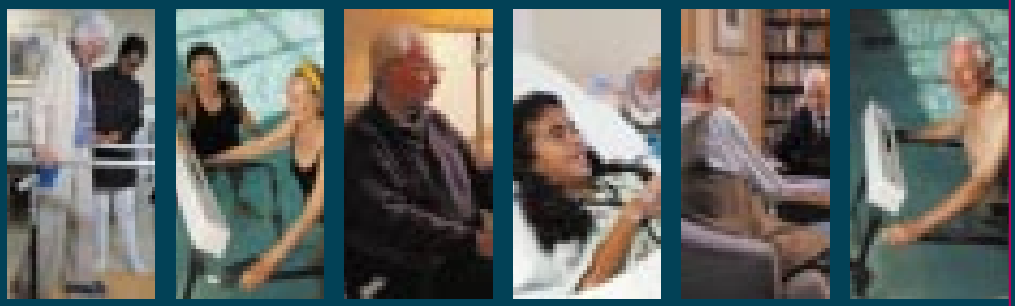
IMPLEMENTING BUILDING CAPACITY AND PARTNERSHIP IN CARE



FROM PRINCIPLES TO PRACTICE

A joint independent sector / ADSS discussion document

Foreword

Stephen Ladyman

In October 2001 *Building Capacity and Partnership in Care* (BCPC) was published, a key document setting out principles for good commissioning that were agreed by government, independent sector providers and health, housing and social care commissioners. I am heartened to see that incremental progress has been made towards achieving these aims and that the necessary expertise essential to its full implementation continues to develop.

In order to facilitate this progress, the Association of Directors of Social Services has been meeting regularly with representatives of the independent care sector. These meetings have culminated in this paper which restates the principles of BCPC, but also gives explicit examples of the initiatives in specific localities which demonstrate that aspects of the commissioning process have improved in some places. These practical examples should encourage and help others struggling with similar issues.

In the intervening two years since BCPC was published my department has also made available the resources and skills of the Change Agent Team (CAT) to help localities improve their commissioning arrangements. I have been told that its contribution in assembling the examples of illustrative practice in the paper has been invaluable. Some of CAT's publications in this and related areas are referenced in this paper and are recognised as extremely helpful in helping local providers and commissioners negotiate the detail - what we might call the *how* - of good commissioning.

I am conscious of the collaboration and effort that this paper represents and I applaud the initiative taken by members of this group in supporting and promoting practical implementation of BCPC. The group represents key partnerships and has attempted to accelerate improvements in commissioning services for adults, in particular older people. I recommend it for consideration and action to all partners involved in delivering quality services to people needing care and support.

Dr Stephen Ladyman, MP
Parliamentary Under-Secretary of State
Department of Health

Implementing Building Capacity and Partnership in Care has been produced by the Association of Directors of Social Services with help from a wide selection of independent sector providers. It is intended to help local authority staff and independent providers work more closely towards achieving their common goals. Copies have been distributed to colleagues in the statutory and independent sectors, and it is freely available on the ADSS website: www.adss.org.uk

The ADSS comprises all directors of social services throughout England, Wales, Northern Ireland and the Isles. Through its branches, policy committees and executive council it maintains an important role in policy development and in representing the interests of social care users to government, members of both House of Parliament, the media and other opinion formers and agencies.

For further information, visit our website at
www.adss.org.uk

or contact our business unit on 020 7072 7433

The Association of Directors of Social Services,
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to relationships with housing colleagues and others in the statutory agencies who have a role in the commissioning and provision of services.

Under each heading (strategic commissioning, financial planning and support, liaison and meetings, service development), a series of questions enables organisations to consider the arrangements they have in place and whether they need to be reviewed or changed.

More information and a copy of the checklist can be obtained from the Change Agent Team website www.doh.gov.uk/changeagentteam

Introduction


Andrew Cozens


David Behan


Ann Mackay

Following the publication of *Building Capacity and Partnership in Care* ADSS and representatives of the independent sector providers of care agreed to meet on a regular basis from early in 2002. The purpose was to help ensure the best possible range and quality of provision for people needing care, with individuals at the heart of the process. There were several elements to the process:

- **Developing** an ongoing dialogue, setting out the issues from all perspectives,
- **Identifying** actions which would bring inclusion of all parties and promote stability in the market,
- **Modelling** nationally an open and transparent negotiating process between commissioners and providers which could be replicated at local level.

As with local negotiations, this has not always been easy. Although everyone wants to achieve the same outcome, commissioners and providers have different responsibilities within the process and the effort to discharge these will throw up inherent tensions. Providers are acutely conscious of the need for adequate funding to allow them to deliver the quality of care that is required by national standards and which people are owed. Commissioners want to pay as much as they can afford to ensure that their statutory responsibilities are met to the required standards and commensurate with their other social care responsibilities, notably to children.

Acknowledging these issues, there is nevertheless a determination on all sides to seek out and promote validated examples of illustrative practice which are the outworking of particular aspects of good commissioning. These give a practical lead which partners at a local level can explore, adapt and tailor to their own local circumstances. They are offered in this joint paper as some pointers towards the goal of making a reality of the aims and principles which we all share. We are aware that there is still more to do to ensure the principles of BCPC are covered comprehensively.

We hope this will prove useful to your work locally. We remain committed to progressing these issues nationally.

Ann Mackay representing the independent care sector
Andrew Cozens, President ADSS, 2003 - 04
David Behan, President ADSS, 2002 - 03

The organisations listed below have given their support to this document;

Anchor Trust
Association of Residential Care (ARC)
Association of Directors of Social Services (ADSS)
BUPA Care Services
Change Agent Team
Federation of Small Businesses (FSB)
Independent Healthcare Association (IHA)
Local Government Association (LGA)
National Care Homes Association (NCHA)
Registered Nursing Homes Association (RNHA)
United Kingdom Home Care Association (UKHCA)
Westminster Health Care
Help the Aged

Implementation

This paper revisits the principles set out in the October 2001 document *Building Capacity and Partnership in Care* and provides practical examples where these principles have been implemented. Across the country there have been various initiatives to put the BCPC principles into practice and some of these are highlighted with the objective of helping others who are seeking to commission and provide services locally.

This report is a result of national meetings between representatives from the independent care sector and the ADSS, observed by an official from the Department of Health. The DoH Change Agent Team has made a significant contribution to the work of the group during the latter stages of its work. The workbook *Catalyst for Change* produced by CAT is welcomed as another contribution to the development of commissioning strategies.

The group firmly believes that BCPC remains a valuable and relevant statement for partnership commissioning of care and support services, including housing. In particular it places the individual at the centre of commissioning decisions and seeks to ensure improved outcomes. The government clearly places great importance on commissioners and providers working together to implement BCPC as evidenced by its inclusion in the Fair Access to Care Services (FACS) guidance.

Paragraph 24 of the FACS guidance says:

"To assist them in the commissioning councils should follow the good practice outlined in *Building Capacity and Partnership in Care."*

This paper seeks to describe examples of current practice and in so doing stimulate people to draw on these and to take forward solutions locally.

During the trawl for illustrative practice, it emerged that there is no single locality that could be considered to have comprehensively adopted every element of BCPC. What we have done is identify individual examples of illustrative practice and set them against the BCPC principles

The examples demonstrate what can be done and it is intended that they should encourage more transparent and collaborative partnerships at a local level.

Principles into practice

The pattern of services is going to vary over time. Partnership arrangements will need to be dynamic and flexible enough to respond to changing needs, including demographic and epidemiological-led needs. Not only will this require innovative services but also continual revision of existing care. For example, with more people being cared for in the community the profile of dependency and health support for people in care homes will increase. There needs to be a clear acknowledgement that change cannot effectively take place without a proper pooling of the knowledge, expertise and innovation contained within the independent and statutory sectors. Independent providers have a strong track record of developing new services as an effective flexible response to changing need and this contribution needs to be harnessed by

Appendix 1

Change Agent Team

A Catalyst for Change

This workbook is intended to help local authorities and health organisations improve commissioning of non-acute services, principally for older people. It has been produced by the Department of Health Change Agent Team (in conjunction with Warwick Insight Ltd) to reflect the realities of commissioning non-acute services across whole health and social care systems, including the independent sector.

It has been produced as a practical aid for those with commissioning responsibilities. The aim is to help them assess the level and effectiveness of their partnering relationships with provider organisations and provide some helpful guidance on what needs to be in place to rise through the levels. The objective is to improve the range and effectiveness of community-based services for the sake of individuals and to help the commissioning authorities meet their own performance criteria and increase the capacity and utilisation of non-acute services.

The specific definition of commissioning used in the workbook and described as the 'virtuous cycle of commissioning' are: - understanding the market - aligning system partners - joint strategy planning - applying resources - reviewing and evaluating.

In using the workbook, a framework will be created to support commissioning authorities in managing change in a cohesive, coherent and sustainable manner. The specific drivers for change have been identified as - building partnerships - encouraging innovation - maximising resources - understanding the market - creating viable market conditions and commissioning and contracting practices. Although not essential, the workbook will be best used in a facilitated process, which the Change Agent Team will provide at no cost to health and social care communities.

The document can be seen on the Change Agent Team website www.doh.gov.uk/changeagentteam and organisations can register an interest in on-site facilitation by emailing: change_agent_team@doh.gsi.gov.uk

The Commissioning Checklist

The Change Agent Team has developed a series of checklists to help health and social care communities when addressing day-to-to operational and commissioning/contracting activities. The checklist addresses the issues facing commissioning authorities where the inequity of capacity or the unavailability of resources impacts upon strategies for commissioning non- or post-acute services.

It is targeted at those who, as purchasers or providers, are involved in commissioning from health, social care, housing, and independent care.

Following the direction set by *Building Capacity and Partnerships in Care,* it has a focus on work with the independent sector, from whom over two-thirds of care of older people is purchased. But it applies equally

Calculating a Fair Price for Care: A tool kit for residential and nursing care costs - William Laing for the Joseph Rowntree Foundation (JRT);
The toolkit was developed to help commissioners and providers to establish the true cost of care. The report uses industry and regulatory benchmarks and survey data to present a model for calculating the costs of providing both nursing and residential and nursing care for older people. For further details contact Chyrsa Apps at the JRF on 01904 752208 or chyrsa.appsejrf.org.uk

Model for Commissioning – PricewaterhouseCoopers; 2002
PricewaterhouseCoopers have developed an electronic model for tabulating data relating to the costs incurred by providers, which can be flexed for cost movements in subsequent years. A number of local authorities have commissioned this model. The principle contact in PricewaterhouseCoopers in relation to the model is Graham Lovell and he can be contacted on 02920 802250 or graham.j.lovell@uk.pwcglobal.com

UKHCA – *Costing Model and Spreadsheet*
The UKHCA have been developing a costing model and spreadsheet. The spreadsheet will enable users to insert all the costs associated with providing their domiciliary care service with the result of an hourly unit cost being identified at the end of the spreadsheet. The model will be launched in October 2003 when it will become officially available. *To find out more contact Kim Grove on 020 8288 1713.*

commissioners. These services will include care, support and housing solutions to meet people's lifestyle choice.

Some areas have developed their own robust frameworks based on BCPC but customised according to local circumstances. These are extremely useful mechanisms for dealing with care both now and in the future. Surrey County Council and Oldham Metropolitan Borough Council have both worked with their independent sector providers to develop a concordat/partnership agreement within which decisions can be made which reflect the principles set out in BCPC. This provides a sustainable context within which to ensure commissioning practices are developed and progressed. The processes therefore become securely embedded and do not wholly depend upon individual working relationships.

It is important to remember that the focus of partnerships between commissioners and providers is to ensure high quality services for the individual which offer good value for money

There follows a summary of BCPC which encompasses a number of practical examples under each of the main headings. The illustrative practice examples have all been validated by the CAT. Additionally a checklist, devised by the CAT, of good commissioning practice is also attached. Sources of relevant practical advice are also included.

Key points from *Building Capacity...* with illustrative examples

The government published this document in collaboration with commissioners and providers because it wants to see commissioners and providers working together. This must be with the mutual objective of providing excellent services that promote independence, self-esteem and social inclusion. Putting the person receiving the service first has often been more rhetoric than reality. We want to see this replaced by a genuine commitment by all parties to joint planning and working that results in noticeably improved outcomes for people using services and their carers.

A particular aim of BCPC has been to encourage a more strategic, inclusive and consistent approach to capacity planning at a local level. This should be based on a whole system approach that actively includes the current and potential contributions made by nursing and residential care, home care, ordinary and sheltered housing and other community-based options.

Commissioners and providers are equal partners in delivering services. The early and ongoing involvement of independent sector health and social care providers in the planning, delivery, monitoring and review of local services is not optional - it is essential.

BCPC provides a framework for future working relationships between providers and commissioners locally, geared to delivering the services that people need and expect. Its aim is to promote the establishment of close and harmonious working relationships, good communication, and to foster constructive co-operation between all parties involved in providing care and support services for adults. It seeks to establish a way of working that:

- Promotes positive outcomes and good quality care for people using services,
- Promotes mutual trust,
- Encourages openness and transparency.

BCPC concentrates on five areas and each area has its own action checklist for providers, commissioners

and central government.

It builds on the following principles:

- The support and promotion of independence,
- Social inclusion and equitable access,
- Rights and choices for people and their carers using services,
- Better care and higher standards,
- Care at, or closer to, home,
- The need for a whole spectrum of care options,
- Delivery through integrated working, unimpeded by organisational boundaries and supported by harmonised budgets.

New types of services will need to continue to be developed. The balance between existing services may need to be changed, moving towards care at home. Change on this scale cannot be delivered in isolation. It requires all those involved to work in equal partnership in pursuit of these goals.

Focusing on people using services, including patients and their carers

Commissioning is about meeting the needs of people using services and their carers; about outcomes rather than processes. Their wellbeing is paramount. The needs and aspirations of these people should be the starting point. Ongoing consultation with present and potential users of services should explore what to them are the most attractive options and how these can be provided or expanded. Where new services or changes are planned it is critical to involve potential providers in early planning discussions.

Examples...

Block contracting; monitoring quality – Westminster

Westminster City Council has a method of monitoring the block home care contract, and a residential PFI ensuring service delivery is effective, quality is maintained and information/records are recorded in line with the block contract. This is complied with because a percentage of the contract value depends on achieving a high level of compliance using the scoring system.

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Direct payments – Barking and Dagenham

The London Borough of Barking and Dagenham have a scheme that is related to direct payments. Currently this runs for disabled adults. However, the scheme would be useful in encouraging older people to take up direct payments.

Conclusion

WE HAVE HIGHLIGHTED the early steps towards the implementation of the essential principles in BCPC and the tools that are available for use in realising these objectives. We hope that this will demonstrate that it is possible to put these principles into practice and therefore encourage all parties to do so. The principles in BCPC underpin the vision to which we all aspire and which we all wish to bring to fruition. The overwhelmingly positive attitude and increasing experience of all stakeholders indicates that the rate of change and development will accelerate on the foundations laid by BCPC.

References and sources of further information and advice

Building Capacity and Partnership in Care: An agreement between the statutory and the independent social care, health care and housing sectors - The Department of Health; 2001 – http://www.doh.gov.uk/buildingcapacity/

Health and Social Care Change Agent Team
A Catalyst for Change: Driving Change in the Strategic Commissioning of Non-Acute Services for Older People - Janet Crampton and Simon Ricketts, health and social care change agency 2003
http://www.doh.gov.uk/changeagentteam/reports_publications.htm

Discharge from Hospital: Pathway, Process and Practice – Department of Health; 2003
http://www.doh.gov.uk/hospitaldischarge/index.htm#down

Changing Places: Report on the Work of the Health and Social Care Change Agent Team 2002/2003
The first report of the findings and work of the Health and Social Care Change Agent Team. The Team has been working with local health and social care organisations in the past year, to help tackle the underlying causes of delayed discharges and to promote related aspects of the National Service Framework for Older people. Lots of ideas in the report about what works around the country, and where to find out more. Copies of the report are available at http://www.doh.gov.uk/changeagentteam/changingplaces.pdf or by emailing change_agent_team@doh.gsi.gov.uk

New Ways to Work Project – UKHCA; 2003
This project aims to identify an extensive range of schemes in domiciliary care focussing on four major themes: Health, Housing, Services for Ethnic Minorities and Working Carers. Following this UKHCA proposes to identify the critical factors to success when developing these schemes elsewhere. UKHCA will be issuing a CD Rom in July which will contain a directory of good practice, innovation and joint working. To find out more about the project and CD Rom contact Kim Grove on 0208 288 1713 or Email kim.grove@ukhca.co.uk

commissioners need to be aware that services which are valued may cease to be provided because certain issues have not been addressed, for example, cash flow, lack of incentive or capital development.

Essential elements in a contract between a local authority (or primary care trust) and the care provider

The contract must be flexible enough to ensure that the price paid for care reflects any changing care needs of the user, both amelioration and deterioration. Excellent communication between staff commissioning care and those undertaking assessment and care plan reviews is essential.

The commissioner and the provider must have a common agreement on the assessment process with reference to the single assessment process specification.

A contract must describe a methodology agreed between the parties to the contract to be used in calculating fee increases as a result of any change in the cost of providing the service. Equally the contract should be clear as to how changes in registration requirements that have a cost impact on the provider are calculated and reflected in the contract price which has been issued during the previous year, or may be applied in the forthcoming year. Over 70 per cent of costs relate to staffing. Due to shortages of trained staff, greater competition within the NHS and national policies in respect of salaries and wages, these costs have risen well ahead of inflation. As such the retail price index for example may not be an appropriate indication of the need for fee increases.

There must be a formal process for the review of residents' needs, agreed by all parties. This may be triggered by either party when it is deemed that the client's needs have changed (either because they have regained greater independence or become more dependent). How this review process is activated must be described in the contract.

There must be a common understanding of what is meant by 'quality' on the part of both the commissioner and the provider. The contract must reflect expectations of quality in the price paid for care. There should be a differential fee payment reflecting different physical standards and quality of care. Quality indicators should be regularly monitored.

The contract should acknowledge the other stakeholders to the contract. The contract should state explicitly how complaints and conflict resolution are to be addressed, in particular the roles and links to stakeholders other than those party to the contract including the resident's family and other statutory agencies.

The scheme has been outsourced to an independent agency and is multi-faceted. However some of the themes would be useful to all authorities looking to encourage direct payments:

- Promotion and publicity for the direct payments scheme,
- Training for those wishing to use this method both before and after they make the decision,
- Support through advice and advocacy,
- Significant reduction in the administration for the department by using an external agency.

Contact...

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Quality accreditation scheme – Blackpool

Blackpool is understood to be one of the first authorities to adopt a quality accreditation scheme that provides for an additional premium to providers who attain the approved standard. Originally this was for one scheme only, but it has now been extended and includes IIP and ISO qualifications. The decision to provide a scheme was made in conjunction with the local Care Association, who were responsible for "selling" the package on to the providers. This is reviewed jointly by the authority officers and the Care Association

The director attends and speaks on the need for quality monitors at providers' meetings.

The scheme provides a framework for prospective residents to make informed decisions and provides the incentive continuously to improve quality. The scheme is currently under review.

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Dementia extra housing – St Helens

This is a group of eight units of extra care housing for people with moderate dementia. The property is managed by a housing association and care is provided by MHA.

Support is based on promoting independence and skills of the tenants. The scheme is promoted by the SSD but is wholly managed by the independent sector.

- Tenants have regained dormant skills,
- They have regained vigour and dignity,
- Enabled family and carers to renew positive relationships,
- Quality training and induction of care staff.

The scheme was based on a belief that people with dementia could sustain tenancy and regain independence and skills.

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Joint commissioning strategy for older people – St Helens

Commissioned by a whole systems group composed of the acute trust, St Helens and Knowsley SSDs and PCTs. It also included Halton SSD.

The strategy is wide ranging and has a vision statement written by older people working with them as citizens.

It involves regeneration, housing, leisure and other services as well as health and social care. It works with older people as citizens, and is working because it is a broad approach and is inclusive.

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CPC can be seen as a yardstick for productive working relationships locally. It is an enabling framework, leaving the detailed decisions about service delivery to be made locally. Outcomes for people using services should improve in consequence. Properly used, the BCPC document will encourage a constructive working approach so that all parties involved get maximum benefit from the relationship.

Working towards a fair rate for care

One of the central issues for these local partnerships is ensuring sufficient capacity of the right kind to offer choice and quality to individuals and within that to achieve a fair rate for care. This paper is a contribution which makes explicit some of the steps towards reaching this aim. Unless a fair rate for care is paid, providers will be unable to carry on delivering quality and relevant services which people need. Demography alone suggests that there will be increasing demand for a wide variety of care and support services and the supply of these services needs to be sustainable. There are a number of models available for determining a fair price for care which can be adapted for local circumstances. These are referenced in sources of advice at the end of this paper. One of the strengths of these models is that they make explicit all the elements that need to be considered and promote an open discussion between commissioners and providers particularly in relation to the rate of returns and the level of risk.

The new regulatory framework lays down the basic requirements for registration of care services and is intended to ensure every service user receives an acceptable standard of care. Local authority commissioners need to be clear about - and ensure that - the funding paid is linked to both the standards required by regulation and any other outcomes specified within the contract.

Framework for contracting

Trusting and inclusive partnerships are a necessary condition towards developing the appropriate range and configuration of services. Such partnerships are not easily developed and require investment in their own right. It is important that all stakeholders have a clear understanding of both the synergies and the differences which drive the commissioning and purchasing process. In particular, commissioners need to develop a deep knowledge of key business drivers which affect the ability of independent providers to remain within, or exit, the marketplace. Similarly providers need to be aware that the finances available to commissioners will vary quite widely across the country in spite of a single national average figure for the increase available to local authorities each year.

This expertise will enable the development of sustainable commissioning and purchasing strategies to meet the needs of local communities.

A comprehensive analysis of local need, including all stakeholders is also required. Commissioners, independent sector care providers and housing providers will all have a contribution to make to these discussions. The ability to acknowledge difficult decisions by all parties with regards to the balance of provision is an essential part of this analysis. It is in the interests of independent providers to understand the future needs of individuals and to reposition, reform and modernise their services accordingly. Similarly

- Twice yearly meetings with elected members. Including the member with responsibility for social services,
- An independent sector representative sitting on the *Building Capacity and Partnership in Care* cash for change steering group,
- Development work to encourage the formation of a Domiciliary Care Association.

The agreement works throughout Hampshire, including Southampton and Portsmouth unitary authorities.

The group monitors progress and reports quarterly to each authority. They are currently reviewing their terms of reference hoping to involve the nine PCTs in Hampshire. The PCTs currently involved are Portsmouth and Southampton.

Contact...

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Concordat with health and the independent sector - Surrey

The concordat is based on *Building Capacity...* This is backed up by an analysis of the care market in Surrey to project future needs. The analysis was undertaken by the University of Surrey, funded by the Learning and Skills Council. It has three key aims:

- To make the cost of care transparent,
- To understand and analyse the social care market,
- To work together to shape and change the market.

The concordat is a fundamental statement of trust between all the partners against a background of severe financial constraints for all including the health deficit, and the contracting care market.

The concordat will be supported by new contracting arrangements and a stronger emphasis on partnership working.

The concordat is extremely short and could be replicated anywhere.

Contact...

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Intermediate Care Service - Bristol

This is an innovative service for older people with mental health problems including dementia. It demonstrates that whereas many services exclude such people from intermediate care schemes, they do extremely well when 'rescued' from acute hospital settings and followed through with an individually tailored plan. Many individuals said by the acute hospital teams to need EMI Nursing Home care were rehabilitated back home or to a much lower category of residential care. Others had hospital admissions avoided.

Average lengths of stay were shorter than anticipated at four weeks, including those who had brief respite admissions, and seven weeks excluding them. This scheme is a partnership between a mental health trust, an independent sector nursing home and the local PCTs.

Contact...

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Information for good commissioning

Commissioning has to be based on an assessment of health, housing and social care need - current and future - within the general population. The assessment should be thorough and based on local evidence. The assessment should identify any gaps or shortfalls in services. It should reflect the aspirations of people needing services.

Services cannot be shaped and developed without a clear understanding of what outcomes must be achieved. This will not be a one-off exercise. Needs and expectations change and service responses need to be flexible and adaptable. It is vital that related housing need, including for specialised provision, forms part of this overall assessment.

Commissioners have to understand the local market. This requires a thorough knowledge of all potential providers locally and the services they are able to provide. Some providers would have the capacity to provide a wider range of services if they were clearer about the need and financial support for those services. Obtaining hard data on such things as costs, referral patterns and lengths of stay is relatively easy. Information about the expectation, satisfaction and preferred choices of people using services is seen as harder to obtain or quantify. Yet it is equally important and should not be overlooked.

Examples...

Independent sector market survey - Blackpool

The social services department built on its positive relationship with care home owners by commissioning the Care Association (the representative body of care providers) to carry out a market survey of independent nursing/residential homes and commissioners in November 2002

The survey highlighted a number of issues for future action, including the operation of a higher residential fee and a reduction in nursing placements.

This model has been used for other projects. It promotes partnership with the independent sector.

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Home care working group - Solihull

The contracts unit has established regular meetings for contracted domiciliary providers. This not only provides regular communication between the providers and the commissioners: it is also a forum for providers to communicate with each other. Attendance is growing and it is identifying problems with delivery of services and geographically difficult areas. It is also able to be an early warning of a breakdown in delivery.

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Independent report on fees - Wigan

A report was commissioned from the Chameleon Approach Ltd in Feb 2002 by Wigan to predict the future demand for supported placements; to assess the financial viability of the care home market; to predict the effect of maintaining the existing fee levels and to propose a range of options. The outcomes have been reflected in the commissioning strategy and facilitated long term planning.

These plans have included:

- Expansion of provision in specialist placements ,
- Reduction in over-capacity of standard residential/nursing home beds,
- Reduction in out-of-borough placements,
- Block purchase of respite beds to secure provision.

Contact...

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- The scheme provides long term care.

Early indications are positive for a small number of individuals.

Contact...

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Joint commissioning services for older people - Brighton

The authority and the PCT jointly fund the post of commissioner and the team of three service improvement managers. They have the responsibility for commissioning services that make sense to the people using them. Dovetailing health and social care strategies producing clarity of direction for practitioners and providers gives a more integrated approach to commissioning and funding services in the independent sector.

- Cross sector approach including local authority, home care and housing,
- Work together to redesign services within current budgets,
- jointly commission all services for older people - intermediate care, older people mental health services, community services etc,
- Broadly focused on hospital discharge and prevention of hospital admissions

Contact...

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Engaging the independent sector – Hampshire

The Hampshire Care Association acts as a conduit to all Hampshire providers involved in the Local Authority planning process. This is now extended to the unitary authorities in the area. The Association provides a dialogue between the local providers. It also facilitates:

quality desired by both parties. The training expertise of the local authority has been harnessed to meet the identified needs of the employers' staff.

Contact...

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Care workforce development agency - Birmingham

The council intends to establish an independent agency to work with all care providers to improve recruitment, retention and training and development /supervision of all adult care workers. It is hoped it will maximise career opportunities and improve standards in residential, day and domiciliary services. The strategic development group which will include the independent sector representative is in the process of being set up.

The aim is to:

- Reduce competition for a scarce resource,
- Produce common entry standards for new recruits,
- Standardise training and development,
- Introduce consistency in supervision and management,
- Reduce and evaluate vacancy levels across the industry,
- Realise real improvements in the standards of care.

Partners will be the statutory agencies, private providers, PCTs, Learning Skills Council, Connexions, and Economic Development.

Contact...

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NHS supported care in residential care homes - Somerset

The scheme aims to release some nursing home places by avoiding inappropriate placements. This is achieved by a nurse support for residents who require a nurse support but whose needs are stable and who are unlikely to require nurse support at unplanned times.

- Specialist nurse team visit on a planned basis,
- Community nurse team is enhanced to ensure out of hours can be covered,
- Care staff have skills to provide enhanced care,
- PCT provides a physician to ensure that the medical needs of the resident are managed and understood,
- Provides an additional option following a careful assessment,

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Strategic planning

Commissioners and service providers must begin with a shared aim in mind - a vision of the range of services required and the balance between different services, now and in the future. Strategic planning and commissioning should be addressed openly and jointly, with the possibility of in-house, independent or a combination of service providers considered. Providers cannot be expected to develop appropriate services if they are excluded from planning processes. The aims of BCPC can and should be met through current planning arrangements that address the wider policy agenda for local communities.

Appointment of development director, Independent Care Group - North Yorkshire

An Independent Sector development director has been funded initially by North Yorkshire County Council and the City of York Council to act as a focal point for more effective independent sector engagement across the sector.

- Main areas of work include planning, fee issues, contracting, representation, workforce issues, and economic development.
- The financial support is conditional on meeting set performance targets.
- An independent provider company through the local providers' association employs the person directly.

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Ability to assist providers before breakdown in service occurs - West Sussex

West Sussex local authority has engaged with a variety of partners in order to ensure that problems with service provision are highlighted at an early stage. The traffic light system shows movement from green to amber, at which stage parties may jointly be able to assist with a speedy return to green. In the case of major variations or inability to deliver the service a red light would help to ensure that individuals are safeguarded.

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Building capacity, confidence and stability

It is in everyone's interest to build and maintain appropriate capacity and achieve stability in the social care economy through high quality commissioning. Fee setting must take into account the legitimate current and future costs faced by providers as well as the factors that affect those costs, the potential for improved performance and more cost effective ways of working. Contract prices should not be set mechanistically but should have regard to providers' costs, efficiencies, and planned outcomes for people using services, including patients. An over-reliance on short-term or spot contracts can undermine relationships between commissioners and providers and may not be cost-effective even where businesses are otherwise financially viable.

Commissioners should produce medium term plans - up to three years ahead - that describe the services they intend to purchase, and in what quantities. It is important that commissioners give notice of what they wish to buy in future so that providers can invest, reconfigure if necessary, and plan to meet the commissioners' needs.

Commissioners and providers should share information about services that may no longer be needed, or may be about to be withdrawn. In all cases, the aim must be to minimise the impact on the individual. Care homes closing at short notice can be particularly distressing for the residents of those homes. If services have to be withdrawn, commissioners and providers should seek to achieve this in a planned way. Commissioners should consider providing incentives for providers. This could involve some form of forward investment or the use of a block contract to reward a provider for establishing a new service, or preserve existing good quality services, with a guaranteed level of income. If the market is to change, some risk is inevitable. Risks need to be identified, allocated and managed.

Extension of Home Care Contracts - Camden

The London Borough of Camden awards its major home care contracts on the basis that, subject to the provider's performance, it can extend a three-year contract by up to two annual extensions, which gives security to the providers.The principles behind the extensions are that they:

- Provide a tangible incentive for providers to perform well,
- Encourage service improvements,
- Signal the intention of the authority to develop longer term relationships,
- Encourage investment in providers' business,
- Give a greater likelihood of providing continuity to individual service users,
- Over the longer term they reduce the administrative cost of tendering,

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A framework for effective independent/statutory sector engagement

Pilot project by Change Agent Team in East Sussex, Brighton, Surrey and Devon

How statutory bodies engage more effectively with the independent health and social care sector is an issue facing a considerable number of authorities. *Building Capacity and Partnership in Care* highlights the value of working in partnership. To this end, four pilot projects have been set up by the Change Agent Team to address the very important issue of how both the independent and statutory sectors can work much closer together. The areas involved are East Sussex, Brighton, Surrey and South Devon. The project features the appointment of professional paid independent sector development directors officers working for the whole sector.

Contact...

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Joint Working

The best outcomes from commissioning are those in which commissioners, providers and people using services work together as a team of equal partners, each bringing their own knowledge, expertise and resources to bear in realising an opportunity or resolving a problem. Joint working will mean providers grasping the opportunity to work collaboratively with commissioners. It should not be assumed that commissioners would always take the lead. The independent sector is perfectly capable of leading on some parts of the shared agenda, for example in the training of care workers or the establishment of quality assurance systems and the development of innovative systems.

At a local level commissioners and providers should work together on the total health and social care workforce to:

- Identify existing and future local staffing requirements,
- Provide information on workforce supply and demand across both public and independent sector workers to support planning for future training,
- Consider new skill mixes and task allocation while maintaining professional standards,
- Develop local human resource strategies.

Strategic training partnership - Leeds

The training partnership is employer-led and recognises the contribution to be made by training to the

Independent Sector.

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Fair rate for care home placements - Wakefield

Officers of the council worked in partnership with the local care home providers to:

- Identify an agreed fair rate for placements,
- Identify a strategy to meet the agreed rate over a three year period,
- Agree the rate. The Laing and Buisson report was used as a base and included the NCSC requirements.

The model was then populated with local data.

The success has facilitated partnership working with the independent sector; information sharing allowed sufficient time and a genuine wish to reach a mutual agreement.

Contact...

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Assertive inreach project - Avon and Wiltshire Trust.

Rapid intensive support to people with functional and organic mental illness in care homes. This project gives support to care homes and prevents transfer of residents into acute care or another home. It is making its mark because it is able to provide support to staff who are unsure how to respond and feel unsupported by other professionals. They might otherwise summon help on an emergency basis that could result in an inappropriate acute admission.

The number of referrals is dropping: this could be because staff are learning from experiences and gaining confidence.

- 56 people have been referred in the first nine months,
- Staff for the project are seconded from acute or CPN teams.

Contact...

• Could provide a transparent framework in the future against which decisions can be made.

Contact...

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Block Contracting for beds for older people using a tendering process - Leeds

Leeds local authority has in place a mutually agreed tender process for commissioning beds for older people. This gives security within the sector and establishes a true fair price for care The Care Association and the authority worked jointly to establish a process acceptable to all.
They have also agreed a contract that is acceptable to both sides

Contact...

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Block contracted intermediate care beds facilitating early safe discharge - Lancashire

This scheme is with the independent providers and the hospital and primary care trust. It grew from the successful winter pressures measures and is now all year round. It facilitates early, safe discharge for patients ready to leave acute hospital but are not yet able to return home. In a three month period, 20 patients were successfully rehabilitated and returned to independent living.

- The service is a block contract with the PCT for eight beds on an annual rolling basis,
- Staff team provides Physiotherapy and OT support for a maximum of six weeks,
- Review is through a multi-disciplinary team meeting,
- People are re-enabled with the clear objective of returning to independent living within six weeks,
- Trust and confidence is at a high level.

The security of the contract has enabled the provider to invest in the service. It includes a physiotherapy room, rehabilitation kitchen, and specialist staff training. The scheme enjoys Consultant support.

Contact...

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Capital grant scheme to increase capacity - Gloucestershire

£400,000 of building capacity money was set aside to fund providers to make extensions / alterations to their homes therefore increasing the capacity in the sector. Bids which were credible, affordable and in areas of most need were accepted. A one-off grant was allocated, homes were required to enter into a 3 - 5 year contract in which some or all the increase in beds was contracted to the authority at a discounted rate which allowed for the recovery of all or most of the original grant. The outcomes achieved are:

- An increase of 26 beds
- Increased partnership with the independent sector
- Long term additional capacity at reduced rates

The project is evaluated as part of the delayed discharge planning process. There are currently no voids in any of the beds and care managers have welcomed the increased capacity.

Contact...

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Interim nursing beds within an elderly persons' residential home - Northamptonshire

Currently this project has 16 nursing and one residential bed within a local authority home. The criterion is quite narrow and is to allow older people to transfer from acute hospital and receive short term nursing care whilst choosing a long-term care home.

Jointly funded through two PCTs and social care and health, this addresses, and has had a positive effect on, delayed discharges. In a number of cases the long term needs have been decreased. On a practical level it is an enabling service, with staff undergoing training in encouraging/enabling patient independence. Patients are medically stable at the time of transfer and it is short term. The actual length of stay and user outcomes

are currently being evaluated.

Contact...

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Home care partnership - Oldham

This is a broad-based agreement which includes the sharing of policies and good practice for the retention and recruitment of care staff, developing service standards and responding to the changing care/support needs of the community.

The group has also implemented a number of training workshops that reflect concerns in the industry. These are funded through the partners (SSD, PCT, Independent Sector) and the Acute Trust has been invited to become part of the partnership.

Contact...

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Specialised residential care for older people with mental health problems - Somerset

To commission 250 places [currently 50 per cent are active] in units of 15 in existing or new independent residential care homes. Mainly aimed at suitable people who have a diagnosis of dementia. Care is to an enhanced specification to provide an appropriate level of stimulation.

- Four specialist care development nurses based in the Trust will support the 250 places,
- Residents can be LA or independently funded,
- Places are on a block/long term basis with independent providers,
- The nurses manage admission, use of places, assist in drawing up of care plans,
- Care staff skills are enhanced.

Joint working is an essential component of this scheme that can avoid nursing home placements if they are felt to be inappropriate. The scheme will be fully operative (250 beds) in 2 - 3 years.

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