

# Outline of Day

- **08:45 – 09:00** Arrive; Coffee and networking
- **09:00 – 09:15** Welcome, introductions and context. Fran Mason
- **09:15 – 09:30** Feedback from Resident Engagement. Sarah Jones
- **09:30 – 09:45** Care Support. Usman Sheikh
- **09:45 – 10:30** Arts and Cultural Workshops. Kate Farmery
- **10:30 – 10:45** Coffee Break
- **10:45 – 10:55** Scope and aim of workshops
- **10:55 – 11:45** Workshop 1 - Fee structure and model and Quality framework
- **11:45 – 11:55** Feedback
- **11:55 – 12:45** Workshop 2 - Trusted Assessor and Block Contracts
- **12:45 – 12:55** Feedback
- **12:55 – 13:00** Next Steps/ Close



# Residential and Nursing Recommissioning Project


The Toorak Hotel, Torquay

09:00 – 13:00 31<sup>st</sup> August 2016

**Fran Mason**

Head of Partnerships, People & Housing

# Welcome

- Genuine partnership working
- Engaging and listening will shape the outcome
- If fees are wrong, nothing else works... 
- ***... 'An environment where there is a mutually agreed fee, visibility of bed vacancies within a supportive framework delivering sustainable outcomes'***
- Feedback from the day will be sent to you

# Current context

- All spot contracts with you...
- Standard and Standard Plus bandings
- No visibility of your voids
- Excessive time taken placing people into homes
- Good relationships between us
- Difficult financial situation



# Feedback from Resident Engagement

Sarah Jones

Strategic Commissioning Officer

# Care Home Consultations for an Outcome Based Service

# Consultation Purpose

- **To inform and support future plans to move towards an outcome based service**
- **Listening** with fresh ears from independent bodies run by local people for local people – Healthwatch, Torbay Voice
- **Understanding** perspective direct from family and residents
- **Learning** about decisions, choices, expectations, hopes and what the future might look like – with outcome based care and support

# What Happened

- Torbay Voice and Healthwatch went into 8 care homes and met with 45 residents (including 7 supporting family members)
- People were asked questions about their move into the care home, their experience and whether they would like to see anything different



## **CHOICE**

57% family chose the home  
73% reported not being  
involved in the choice of home

60% of people said they were  
able to make choices about  
how they receive their care

## **EXPECTATIONS**

44% Did not know what to  
expect/had little  
expectations

16% expected good quality  
of care/to be looked after



# What is Important to you?

- Lots of varied responses e.g.
  - Being Happy, company,
  - Relationships
  - Health needs and comfort
  - Security
  - Independence
  - Keeping active
  - Meals



## **Support to Achieve what is Important to you?**

21 people said 'absolutely, YES!'

9 people also spoke about good support from staff

7 people still had support from family and friends

## **EXPECTATIONS**

44% Did not know what to expect/had little expectations

16% expected good quality of care/to be looked after

# How Has Life Changed Since Moving Here?

- Mix of responses:
- 9 people looked after, life easier, no more worries
- 3 people less anxiety and stress (family members)
- 7 people company, new friends
- 10 people Loss of independence, stay in bed, don't get out
- 2 people accepted life had to change

# What Would You Like to See Different?

- 62% said there is nothing they would like to see different
- Others stated: more activities, have a role/responsibility, meal choices, better relationship with staff/residents



# What Next?

- Phase 2 – to meet with more residents, family and carers/advocates and look at:
- How people are prepared for moving to care homes and how they are involved.
- How to enable people and have choices open to them
- **Involve residents and staff in achieving an outcomes based service**

**THANK YOU FOR YOUR INPUT**



# Care Support (Extra Care Housing Provider)

Usman Sheikh

Director Care Support



# Arts and Cultural Workshop

Kate Farmery

Executive Director, Torbay Culture Board



# Scope of this Workshop

- To constructively advise on way forward
- Tell us your concerns
- Tell us about your experience of dependency etc.
- To challenge and constructively advise on structures including the current fee model
- Not decision making, but Informing the process..
- Your input will be the principal driver of the shape of the model

# Aim of This Workshop

- To make sure we are cognisant and understanding of issues affecting you
- Identify what works for you – and what doesn't!
- Take feedback that will influence and inform the new model
- Achieve mutual understanding of our common aims
- Critically review
  - » Fee structure and model
  - » Quality framework
  - » Trusted assessor model
  - » Block contract option

# Fee Structure and Model

- Structure and Model
- Staffing cost - how do we assess and cost staffing time?
- Dependency profile (all use the same) for staffing? (identify res or nursing, hours per person)  
Fits with Trusted Assessor model. Beneficial to all as can adjust when need decrease as well as increase. Person centred solution, individual care needs? Transparent?
- Banding? Do we need bands..
- No banding required if DP used - all individual. All needs vary so suggest an option to consider is that all cases are negotiated individually re care costs.
- Fixed / hotel costs could be set and not varied? Apply to all providers across the region. Are these costs right?
- Return on investment - as %.. is current level ok.
- If core costs are too low, providers won't see it as a viable option to join the framework. We need to find an average that works for commissioners and providers.
- What about homes setting their own prices?

# Quality Framework

- Quality - evidence from providers -business plan, training matrix, finance model?
- Impact of new CQC inspection regime - driver for quality. duplication of CQC requirements?
- Issues in recruitment and retention
- Possible framework entry parameters (assume agreed fee):
- 'Good' CQC rating - auto entry?
- \* Include CQC but don't make it exclusive - build in our own judgements
- \* Staff competence - training (ML: Level 2 as minimum standard, 50% level 3 and level 5).
- \* Registered manager qualified & competent
- \* Accreditation and training (safeguarding)
- \* Commissioners to assure of quality (QAIT), help providers achieve – provide business tools - managers checklist - should be common support across network.
- Regular audit - internal or external (make more use of ICT - feedback from residents/families). Online mechanisms for complaints/concerns - regular monitored and responded to by managers.
- Training for managers to do job better
- Better overall use of ICT making it easier for the provider

# Trusted Assessor Model Framework

- Providers know existing residents better than social work teams. Best placed to assess care needs changing over time.
- Link to potential DP and fees model
- Other TPM applications?:
- Consequences if TPM abused
  - \* claw back funds from date of previous audit if found to have abused model
  - \* Commissioner should monitor trends - set parameters, flags to raise concerns.
  - \* Appeals panel to agree if commissioner thinks abused but disputed by provider?
- Anticipate majority of framework providers will be TP's. Principle - must trust, allow to do business, commissioners must prove they have confidence in the market.
- Commissioner will still need to conduct random audits. Providers may welcome more regularly audit - more support to home managers.
- Reporting of vacancies built in to model to help to keep provider beds full
- Must avoid multiple care manager approaching provider

# Block Contract Option

- Who determines who gets placed in block bed - what if higher level of need? Extra strain on provider.
- If needs can't be met by provider - need to be able to reject placement. Home dynamics/environment/feel needs to be considered as legitimate factors for refusing block placements.
- Clause built in re number and length of voids - could withdraw block.
- Or could we look at current levels of DCC placement per home and offer this level as block? Providers would prefer greater business flexibility, block too fixed.
- Can we look at how quickly/easily we can increase/decrease the volume of block per provider? Regular review points.
- If pricing approach is individual rather than fixed rate, block if less attractive to all.
- Retain block as option and determine price (average amount of hours, hotel costs and average return on investment?).
- Possible use of blocks for specialist services?

Project mailbox for queries/ feedback:-

[adultsc.residentialnursingcontractfeedback-mailbox@devon.gov.uk](mailto:adultsc.residentialnursingcontractfeedback-mailbox@devon.gov.uk)