



## Worcestershire County Council Care and Support: A Provider Vision

To maximise the health and wellbeing of people by working with others to ensure the right care is available at the right time, sharing best practice across the services.

January 2019

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## Purpose of the vision document

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The purpose of this document is to describe the vision for the In House Provider. The vision document complements and responds to recent documents such as the Market Position Statement. It does not seek to discuss the demographics of the different populations in Worcestershire - whilst important this is laid out clearly in other council documents and would only be repetition.

The vision document is an attempt to clearly articulate how the 'in house provider' thinks the market should 'look'; how it will help shape the market; how it will collaborate with the market (including the voluntary sector and unpaid carers); where it will concentrate and focus its energies; and how it can collaborate with all parties to achieve a market that is innovative, responsive and robust.

In creating the vision the Provider Services have discussed many issues and agreed on a new name:

## Worcestershire County Council Care and Support

And agreed a new purpose

**Providing services to individuals, keeping them in their own homes for as long as possible, in a caring and personalised manner and in collaboration with the wider health and care economy.**

## Introduction

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This “Vision” document has been produced so that ‘Worcestershire County Council Care and Support’ can clearly communicate their aims, their model, their vision to important stakeholder groups that receive, take part or contribute in some wider context to the many and varied services provided. These groups primarily are:

- The ‘individuals’ we work with and whom purchase services; including carers
- The workforce that are employed and work on behalf of the council to deliver services.
- The other providers in the wider market that deliver similar services

The importance of a well thought through ‘vision’ cannot be under-estimated as it provides the bedrock by which people understand the work they do; the work that is delivered and how the council and Worcestershire County Council Care and Support want to move forward both with their values and their work in the coming years.

This Vision document also has to be seen within the wider context of other documents and legislation. Most notably ‘The Care Act 2014’ which was and is designed to ensure that the focus in health and social care is on the overall wellbeing of the individual and that this is at the forefront of any care and support they receive. Local authorities ‘must’ actively promote people’s wellbeing. A key part of this is enabling

“control by the individual over day-to-day life, including over care and support and the way it is provided” (Care Act 2014: Chapter 23, Part 1 Care and Support 1(2) (d)).

In addition and, most importantly, The Care Act (2014) places a duty on local authorities to shape their local care market based on the needs of their population, taking into account those who are eligible for care and support, as well as those who pay for their own care.

Worcestershire County Council Care and Support’s Vision sees the provider as part of the local care market, both providing and ‘shaping’ with all providers and communities in order that the council meets its statutory obligations.

The Worcestershire County Council Care and Support Vision endorses and is committed to this view and makes it very clear that its guiding principle is ‘collaboration’ with the wider market; providing care at ‘the right time in the right place’ and thereby managing the Council’s resources in the most effective manner possible.

I would like to acknowledge and pay tribute to the managers and staff that have contributed to the Vision and the production of this document within the Provider Services Team of Worcestershire County Council. Throughout the process they have maintained an open and receptive approach that has facilitated both debate and challenge and throughout their commitment to high quality services, innovation and constant change has been both steadfast and resolute.



## Best Value Analysis:

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A Best Value Service Review of every 'In House Provider Service' was completed by an evaluation panel from the period October 2018 – December 2018.

The best value analysis has been used to assess the providers current performance; inform work on the 'Vision' and future action plans.

The evaluation panel consisted of an external consultant (the lead and chair); Commissioner; Service Manager of Provider Services; Finance Lead; and co-opted colleagues where necessary. Services that were subject to Cabinet Reports/Recommendations were excluded.

Panels applied a standard and agreed set of questions to each service. The questions were divided into the following domains:

1. Financial Context
2. Market Position
3. Strengths Based Approaches and Personalisation

Once all the questions in each domain were answered a 3x3 matrix numbered 1 – 9 (1 being the lowest score and 9 being the highest) was applied.

Domain 1: Financial Context was scored 1 to 9 on the comparative costs with the Open Market. If the service cost 20% above comparative market costs then it scored 1; if it scored between 15 and 19% above market costs then it scored 2 and so on until if it scored less than 15% against comparative market costs it scored 9.

Domain 2: Market Position is a scale of 1 - 9 that measures the proportion of the market the service has or occupies. For example if a service scores 2 or even 1 then it has a very small percentage of the market and as a Provider is in danger of take-over' or too small to survive. If a service scores 9 on the scale then it is considered a Monopoly Position and holding 80% (or above) of the Market. Any service that provides a monopoly position is very difficult to withdraw.

Domain 3: Strengths Based Approaches and Personalisation Score was made up of a number of questions that were individually scored 1-9. The six scores to the 6 questions were totalled. The lowest aggregate score is 0-5 and gave the service a grid score of 1. The highest aggregate score would have been 49 – 54 and gave the service a grid score of 9

Every effort has been made throughout the process to consider evidenced-based information rather than subjective or anecdotal data in order to ensure objectivity.

The total of the 3 domain scores produces the Best Value Score –the higher then the better value the service, the highest score being 27.

The 'Best Value Approach' divided the services into the following areas: Non Domiciliary Care and Replacement Care; Residential and Housing; and Domiciliary Care and Re-ablement.

The following table summarises the outcome of the Best Value Exercise:

## Non Domiciliary Care and Replacement Care

Service / Criteria	Reviewing Team	Best Value Score	Recommendation	Risk Score	Action Plan
ALD Resource Service and Connect Long Term	15.10.18 External Consultant Commissioner Service Lead Finance	Moderate 17	Re-design new model that should arise from Connect and Resource Model Consultation.	Moderate (2,2)4	Yes
Replacement Care	15.10.18 External Consultant Commissioner Service Lead Finance	High 23	Capacity building required to ensure: better value, higher occupancy and alternative provision.	Moderate (3,2)6	Yes

## Residential and Housing

Service / Criteria	Reviewing Team	Best Value Score	Recommendation	Risk Score	Action Plan
Howbury	05.12.18 External Consultant Commissioner Service Lead	Moderate 18	Challenges market costs – develop best practice model and collaborate with market.	Low (1,3)3	Yes
Exmoor	09.10.18 External Consultant Commissioner Service Lead Programme Office	High 24	Challenges market costs – develop best practice model and collaborate with market.	Moderate (2,3)6	Yes
Shared Lives	10.10.18 External Consultant Commissioner Service Lead	High 26	Business Case and Investment required to ensure growth and expansion.	Low (3,1) 3	Yes
Woodlands	01.10.18 External Consultant Commissioner Service Lead	Low 11	Develop service and provide through domiciliary care market.	Low (1,2)2	Yes

## Domiciliary Care and Re-Ablement

Service / Criteria	Reviewing Team	Best Value Score	Recommendation	Risk Score	Action Plan
Side by Side Service	05.12.18 External Consultant Commissioner Service Lead Finance Lead	Moderate 19	Reduce service creating better value. Concentrate on high needs and collaborate with market to provide high needs care.	Low (2,1)2	No
Nights Service and Night Sitting	25.10.18 External Consultant Commissioner Service Lead Programme Office	High 26	Future re-design of Re-Ablement or UPI has to have a component of Night Service and Night Sitting Service	Low (2,1)2	No
Service of Last Resort	10.10.18 External Consultant Commissioner Service Lead	High 23	SoLR should be seen as part of a wider service (i.e. Side by Side) and the individuals it serves reviewed.	Low (3,1)3	No
Relief Pool Risk Team and Home Care Call Centre	24.10.18 External Consultant Commissioner Service Lead	Not Scored	Review the management and use of the resource as a function of all services.	Not Risk Rated	No
Urgent Pathway 1	01.10.18 External Consultant Commissioner Service Lead	Not Scored	Potential to re-design system and not reduce target. Focus is required on Reablement Model and create 'Avoidance' service at front door.	Not Risk Rated	People Too

## The People We Work With and What We Provide:

Worcestershire County Council Care and Support works with a range of people in different and challenging circumstances. For some individuals we are working with them by simply 'listening and connecting'; with others we are working intensively whilst they are in crisis; but with all, we are attempting to support them in 'building a good life'.

These are the principles of the 3 Conversation Model. The three conversations are:

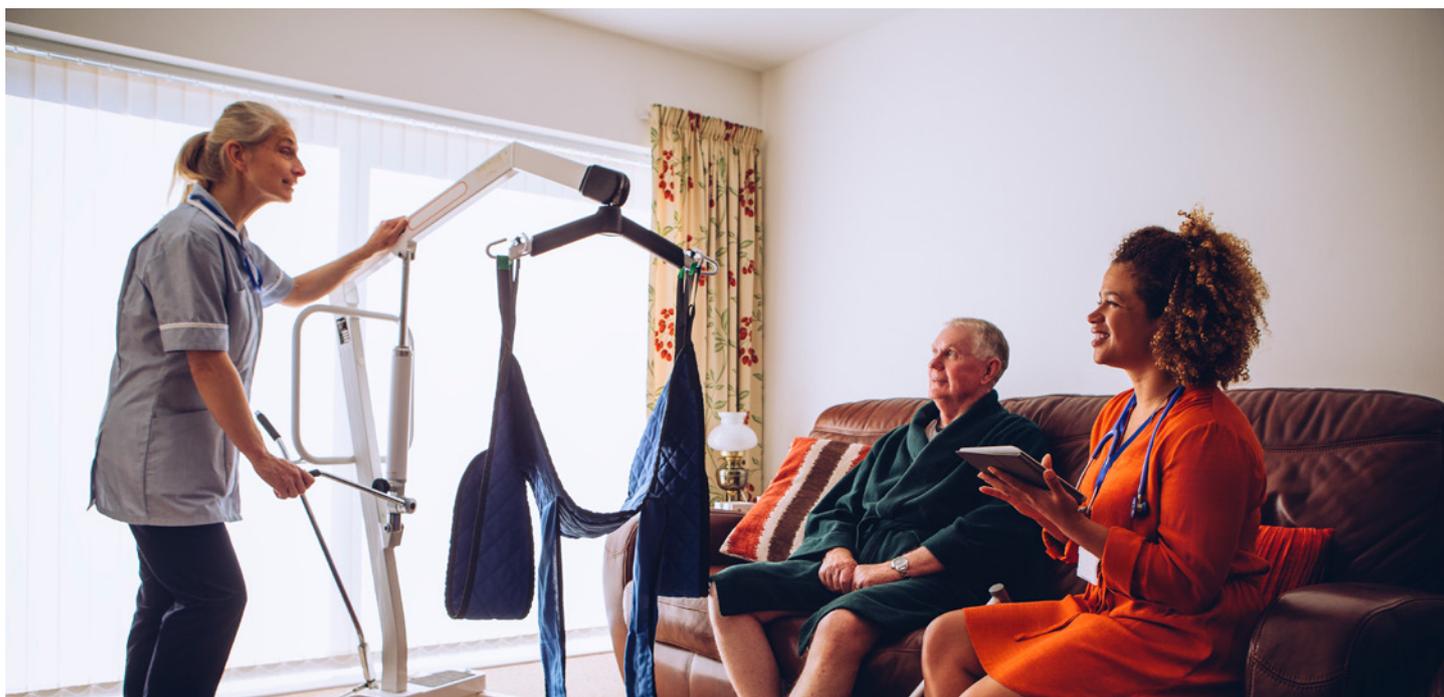
- Listen and Connect - understand what really matters and help someone get on with their chosen life
- Work intensively with people in crisis - to help people regain control over their lives
- Build a good life - helping people find the resources, connections and support needed

People are referred through different routes: some refer themselves, others are referred by family members, friends or other services. By far the largest population we work with is older people but we also provide many services to people with a learning disability, people with a physical disability and people with mental health issues.

Worcestershire County Council Care and Support delivers a wide variety of services to this wide variety of people and this should be based on their strengths and their views about what will maintain or improve their well-being, 'building a good life'. Such services include Domiciliary Care; 'Reablement' services; Residential Care; Supporting Living Schemes; Shared Lives Schemes; Night Service; Night Sitting Service; Day Care Opportunities and Replacement or Respite Care Services.

Regardless of the reason why people are referred or the service they receive they all have to meet what is termed the National Eligibility and be 'eligible' for services. (Care Act (2014) Sections 18 and 20 England). The National Eligibility is applied to every adult in receipt of services from Worcestershire County Council whether their issue is disability or illness or frailty. Equally people will be assessed for charges and some may have to pay for their care.

It should be acknowledged that the Care Market in Worcestershire has many providers – we are a large provider that has a significant share of the market but there are many competent and capable providers within the county.



## Maintaining the Wellbeing of a Person in their Home:

The Care Quality Commission (CQC) published a document called “Beyond Barriers: How older people move between health and social care in England” (July 2018).

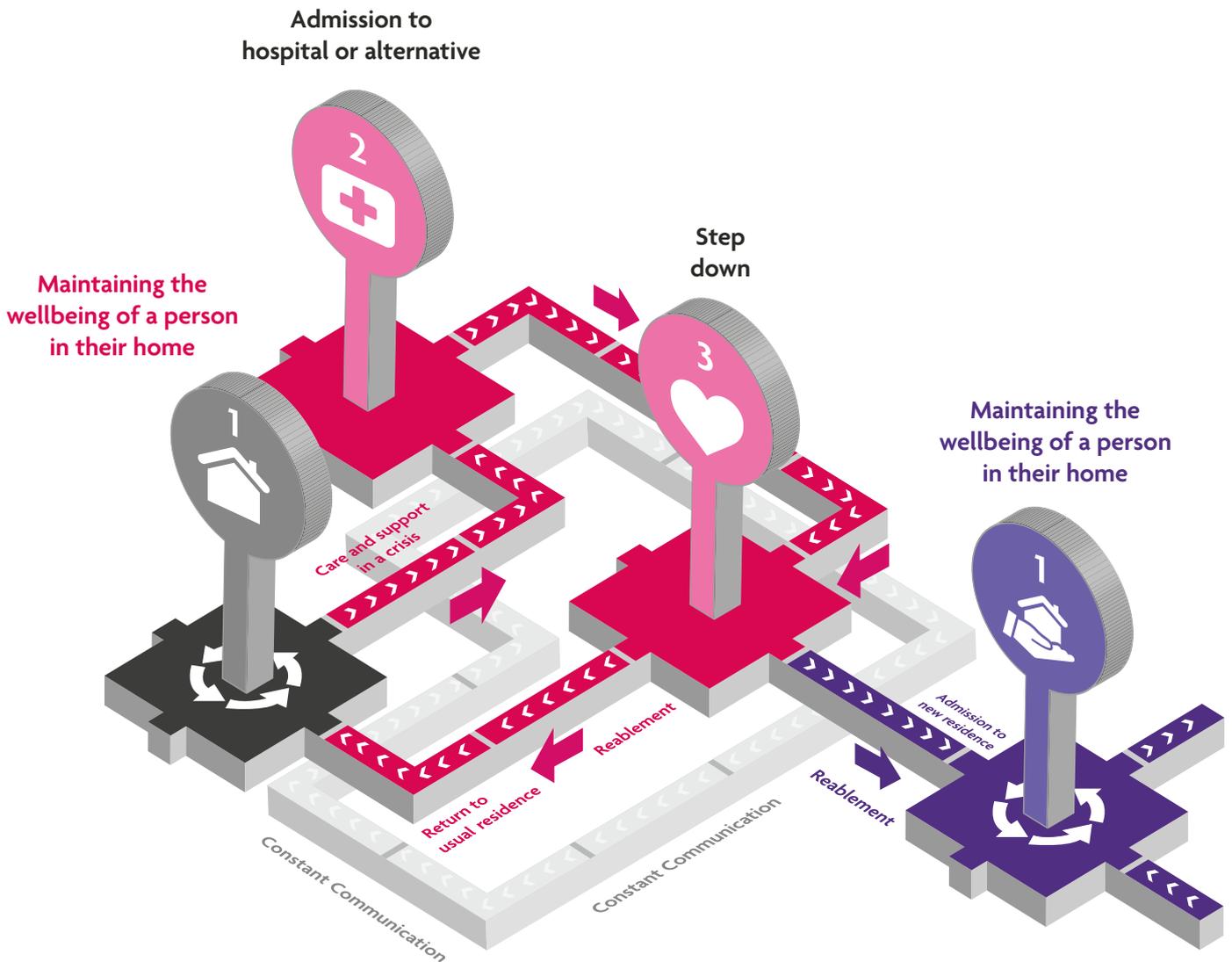
The report is based on the work of the CQC and the review of 20 local health and care systems, to understand how services are working together to meet the needs of people who move between health and care services. The focus was people aged over 65 and the report states:

“As a starting point, there should be greater emphasis on keeping people well at home...If older people have to go to hospital they should only be there for as long as necessary. If they are ready to go home, they should not be delayed.”

The Care Quality Commission produced this report across 3 key areas of interface between health and social care:

1. Maintaining people’s wellbeing at home
2. Care and support when people experience a crisis
3. Step down, return to a usual residence, and/or admission to new residence.

### Diagram 2: How Older People Move Between Health and Social Care Services



We have used the same model and from it expanded our 5 Aims of Worcestershire County Council's Provider Services which reflect the Adult Services Leaderships key areas of focus:

### Diagram 3: 5 Care Aims Supporting Independence



The CQC report, “Beyond Barriers” suggests that the only way to build sustainable improvements in the care economy is through ‘collaboration’. We have taken this as our central theme in our thinking about how we will ‘shape’ provider services in Worcestershire.



## Shaping Provider Services in Worcestershire

When people attempt to explain the health and social care system rarely do they take into account the different providers in the market meeting the different needs of the many thousands of people that are assessed by adult social care services or treated by the NHS.

It is important to think about how the Provider Market operates; the services we would and would not want and the changes required in the 'Provider Market' to ensure that people receive the 'Right Care' in the 'Right Place'. Visualising or describing how services should be in the future can help us think about how we best prepare ourselves and our work force for these changes. It can help us re-organise and shape our services so that they have maximum effect.

### Diagram 4: Future Shape of Provider Market

Less Providers Providing 'More'

Smarter technology in all environments

Better equipment better supplied

More supported living / Shared lives

More community assets - building supports

Meaningful opportunities and less "day care"

Residential for our most vulnerable only

Domiciliary Care plus provided by external market

In house provider focus on re-ablement and avoidance and collaboration

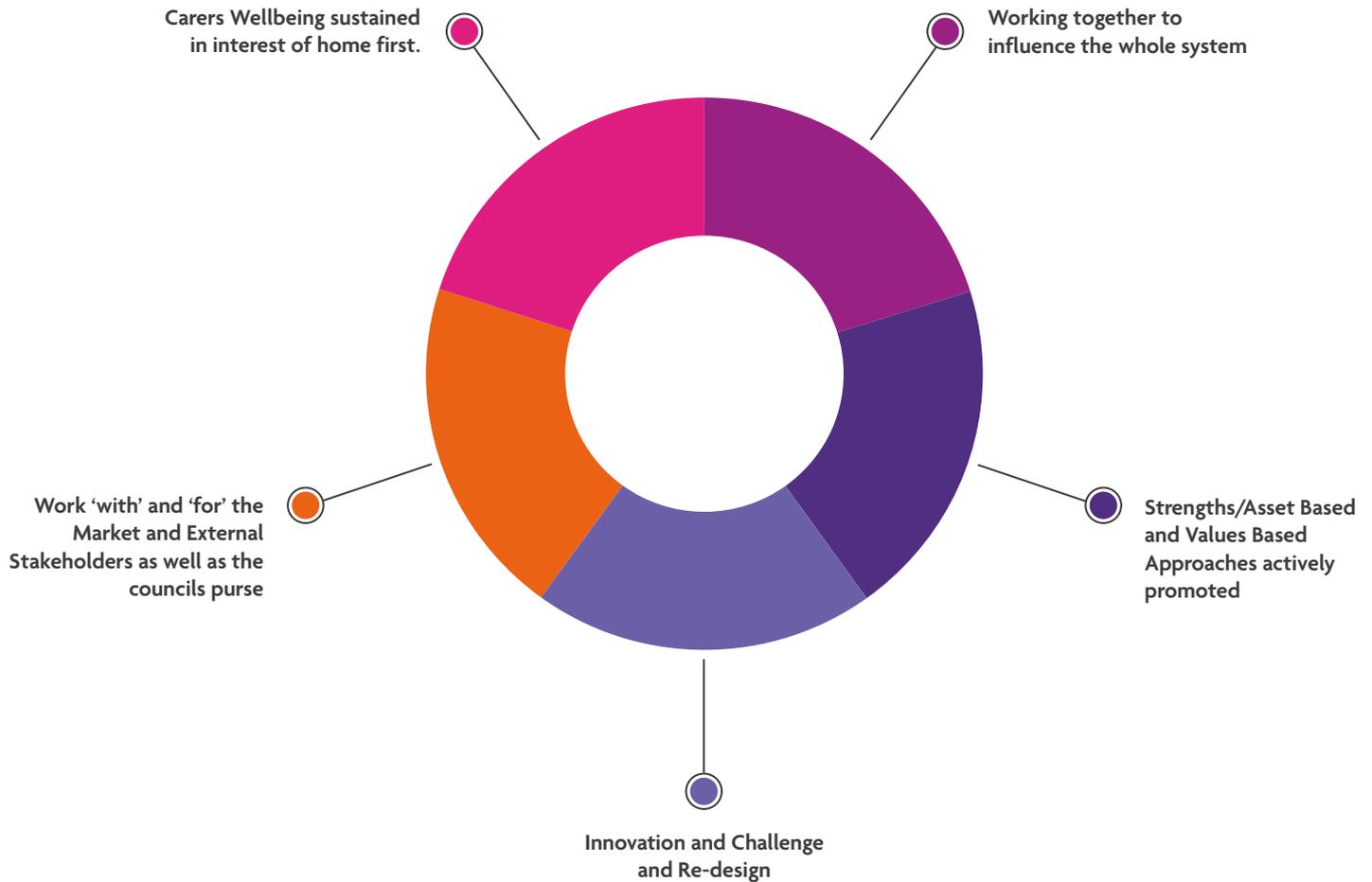
Of course, the Provider Market will have many influences and many organisations will have an input to the exact shape and look of the Provider Market. All providers should be clear where they aim to meet or converge with key commissioning policies or documentation regardless of who accesses the service. Across these broad areas Worcestershire County Council Care and Support is committed to delivering:

- Improved outcomes and quality of care for individuals
- Sustainability of service provision and the market, including excellent, commercially focussed, contract management
- Increased efficiency, understanding of markets and planning of service delivery
- Supporting people at home and in the community

To deliver these commitments, however, we believe that we have to move from being a traditional 'In House Provider' to a 'Collaborative Provider'. A provider that works for Worcestershire County Council but that collaborates with the external market to achieve excellence not simply for our own in-house services but for all provider services.

# Worcestershire County Council: The Collaborative Provider:

Diagram 5: A Collaborative Provider



Collaboration is the central theme of our model and 'Vision'. As a 'Provider' we are seeking to re-position ourselves as Worcestershire County Council Care and Support to work with all providers to achieve excellent practice across Worcestershire. We will innovate and lead the way in partnership with others and where someone else is leading the way we will support them in their achievements.

Worcestershire County Council Care and Support will work with the whole system to influence provision, developments and innovation. Working with the 'whole' system does not simply apply to external provision it also applies to our internal directorate colleagues including Commissioning, Finance and Corporate. We will challenge ourselves and others and where required will re-design services.

We will promote a 'Home First' approach and focus on carers wellbeing acknowledging that carers are the most important person in delivering care to a loved one and the primary person that many people look to first for providing and meeting their care needs when they are unwell or require long term support.

As a Collaborative Provider we will promote and adhere to the 3 Conversations Model operated by our social work colleagues and operate a 'Strengths Based Approach' building on the person centred approaches adopted in previous years. In addition we will work with our health partners in the provision of Neighbourhood Teams.

## New Name; New Purpose; New Vision

We believe that will always have a role in provision, however, over the forthcoming years in line with our principle of collaboration we will provide less and enable other providers to do more. In certain areas where costs and finances are a concern we may always be asked to provide a benchmark or act as a control to external costs, but where transparency can be achieved and costs are not a concern we will withdraw from the market or even partner to ensure excellence and innovation.

## Worcestershire County Council Care and Support

Providing services to individuals, keeping them in their own homes for as long as possible, in a caring and personalised manner and in collaboration with the wider health and care economy.

## Our Vision

To maximise the health and wellbeing of people by working with others to ensure the right care is available at the right time, sharing best practice across the services.



## Appendix 1: What does it mean for each service?

Service	What does it Mean for each Service
Connect Long Term and Resource Centres	The services will continue to provide high quality day opportunities for people with a learning disability in order to maintain them at home and support carers.
Connect Short Term	This service will be known as the Connect Health and Wellbeing Support Service and will operate Countywide in close alignment with the Social Work Model (3 Conversations).
Replacement Care	The service will work collaboratively with the market to develop alternative provision including partnership, developing capacity when required and improving occupancy rates.
Howbury	Work collaboratively with the care market to develop residential care for older people with dementia. Consider possible partnership approaches that develop different ways of providing care.
The Grange	Cease to provide a service to Older People with high level needs.
Exmoor	Work collaboratively with the market to develop best practice model for people at end stages of life with learning disabilities. Partnership models that share risk are to be explored.
Shared Lives	Growth and expansion of model. Business Case required enabling expansion into other areas and other services.
Woodlands	Complete staffing re-structures and consider alternative options.
Side by Side	The service shall reduce but maintain its focus as a specialist dementia service for people with dementia. Work collaboratively with the market to develop best practice and market choice.
Night Service and Night Sitting Service	Both services will form and become a component of the re-design of UPI or 'Re-ablement' Service
Service of Last Resort (SoLR)	SoLR should be seen as part of a wider service (e.g. Side by Side) and the individuals it serves clearly understood and defined.
Urgent Promoting Independence (UPI)	Potential to re-design system - focus is required on 'Reablement' Model and create 'Avoidance' service at front door.
Home Care Call Centre and Risk Team	These functions support all or many of the Provider Services – these functions will be reviewed as part of the above recommendations.
Relief Pool	Review the management and use of the resource in order to ensure an efficient and effective service.

## Appendix 2: References

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- Market Position Statement (Draft 4) July 2018
- Beyond barriers How older people move between health and social care in England. CQC July 2018
- Public Accounts Committee, The adult social care workforce in England, May 2018 <https://publications.parliament.uk/pa/cm201719/cmselect/cmpubacc/690/69006.htm>
- Office for National Statistics, Unpaid carers provide social care worth £57 billion, July 2017, [www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/articles/](http://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/articles/)
- Corporate Strategy Planning October 2018 Demand and Demographics
- Worcestershire County Council Comprehensive Care Market Review (Reports 1,2 and 3); Institute of Public Care; Oxford Brookes University (2016)

