Local Government Association

Developing effective relationships to support commissioning

22nd November 2021

Local Government Association

CHIP Priorities 2021/2022

Common features of all CHIP support

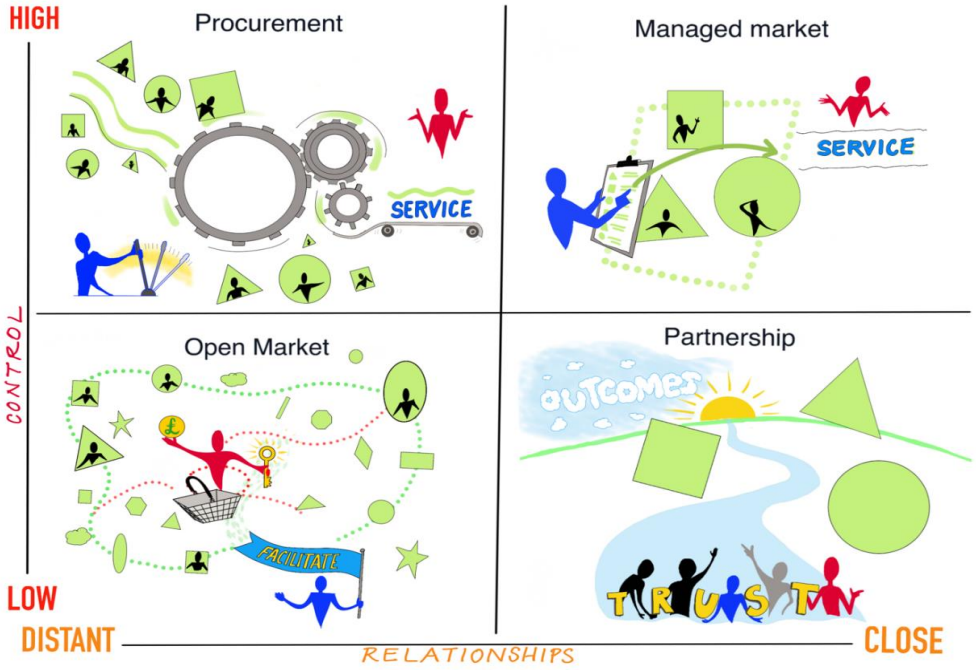
- **Accessible** — All CHIP support is available to all councils
- **Co-produced** — Developed with councils, regions, providers and experts
- **Flexible** — All support can be adapted to reflect council situation / needs
- **Complementary** — Aims to complement work done at regional and council level
- **Expertise** — Subject matter experts involved in developing and providing support

Catherine Needham

Professor of Public Policy and Public Management – University of Birmingham.

Catherine will highlight key elements of the Shifting Shapes Report on how local government can support personalised outcomes and describe four approaches to market shaping within the Report.

Shaping a market for personalised care



Presenter:

Professor Catherine Needham

University of Birmingham

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Full project team:

Catherine Needham, Kerry Allen, Emily Burn, Kelly Hall, Catherine Mangan, Hareth Al-Janabi, Warda Tahir, Sarah Carr, Jon Glasby, Melanie Henwood, Steve McKay, Isabelle Brant.

Images by Laura Brodrick, @laurabrodrick

For the full report see:
https://www.birmingham.ac.uk/shifting-shapes

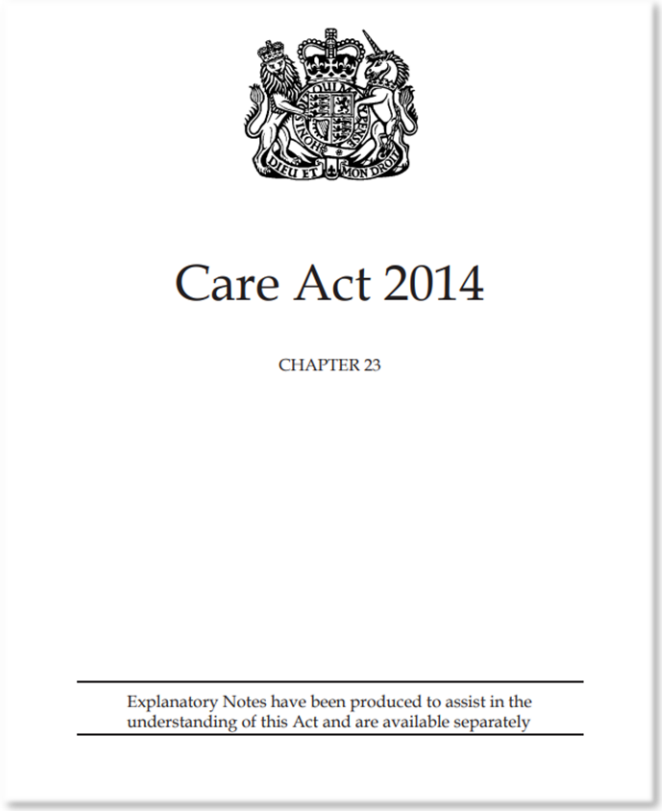
For the 3 min animation see:
https://youtu.be/Nh16gdsZIb0

UNIVERSITY OF BIRMINGHAM

Research Funding

This project is funded by the National Institute for Health Research (NIHR) Policy Research Programme (PR-R14-1215- 21004 Shifting-Shapes: How can local care markets support quality and choice for all? and PR-ST-1116-10001 Shaping Personalised Outcomes - How is the Care Act promoting the personalisation of care and support?). The views expressed are those of the author(s) and not necessarily those of the NIHR or the Department of Health and Social Care.

Care Act Guidance



'Market shaping activity should stimulate a diverse range of appropriate high quality services (both in terms of the types of services and the types of provider organisation), and ensure the market as a whole remains **vibrant** and **sustainable**'. *Department of Health, Care Act Guidance, para 4.6*.

Methods

We selected **8 sites** around England that differed in demographics, market profile and care outcomes. In total, we spoke to **410 people**

We worked with **co-researchers with lived experience** to gather the data

We spoke to:

- 112 people **using services**
- 95 **family carers**
- 80 people in **local authorities and linked orgs** eg CCGs
- 61 **providers**, inc PAs
- 56 '**potential users**'

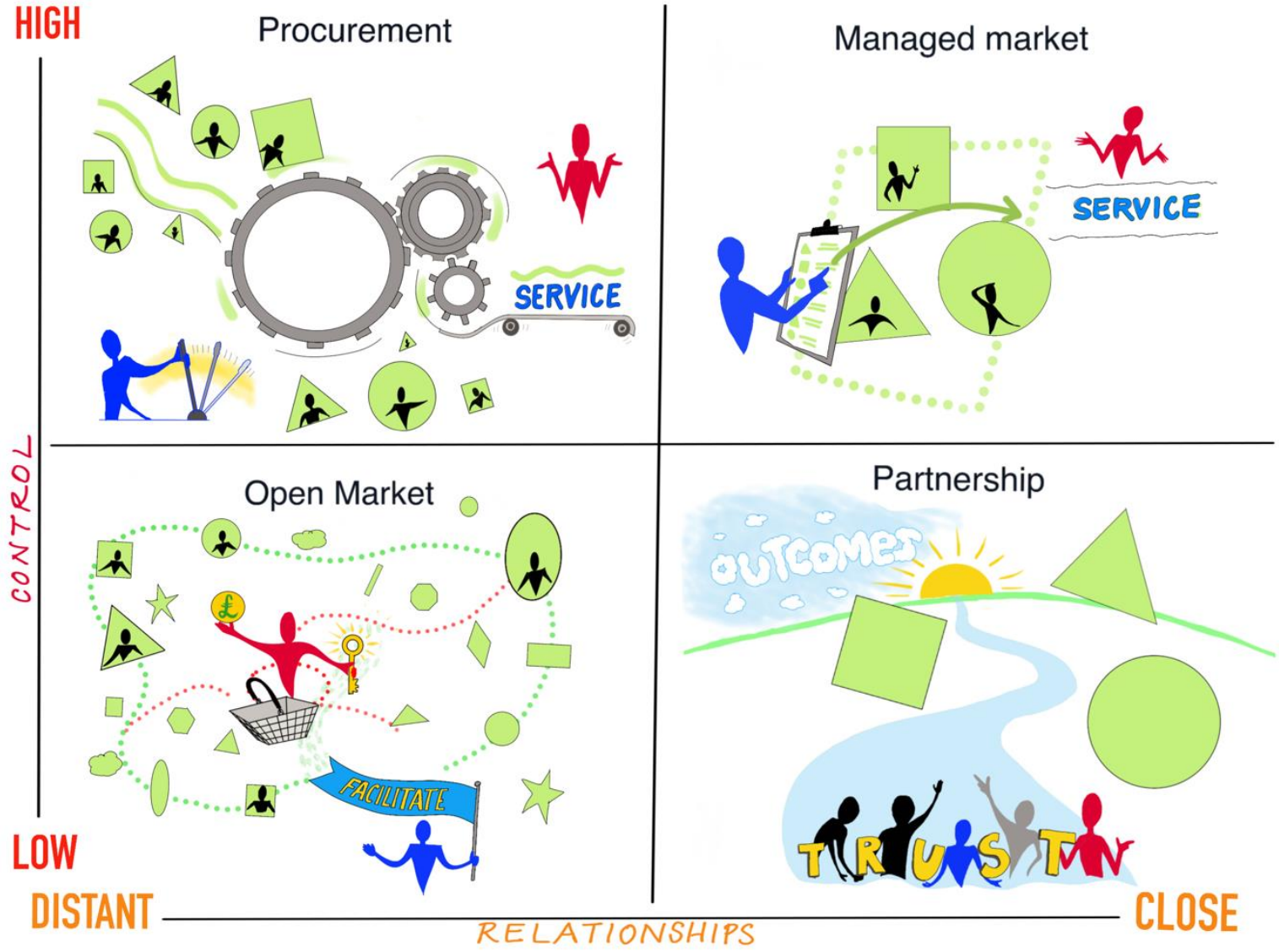
Participants were recruited through **snowball sampling**, using the local authority to recommend providers and providers to recommend users and carers.

People using services included:

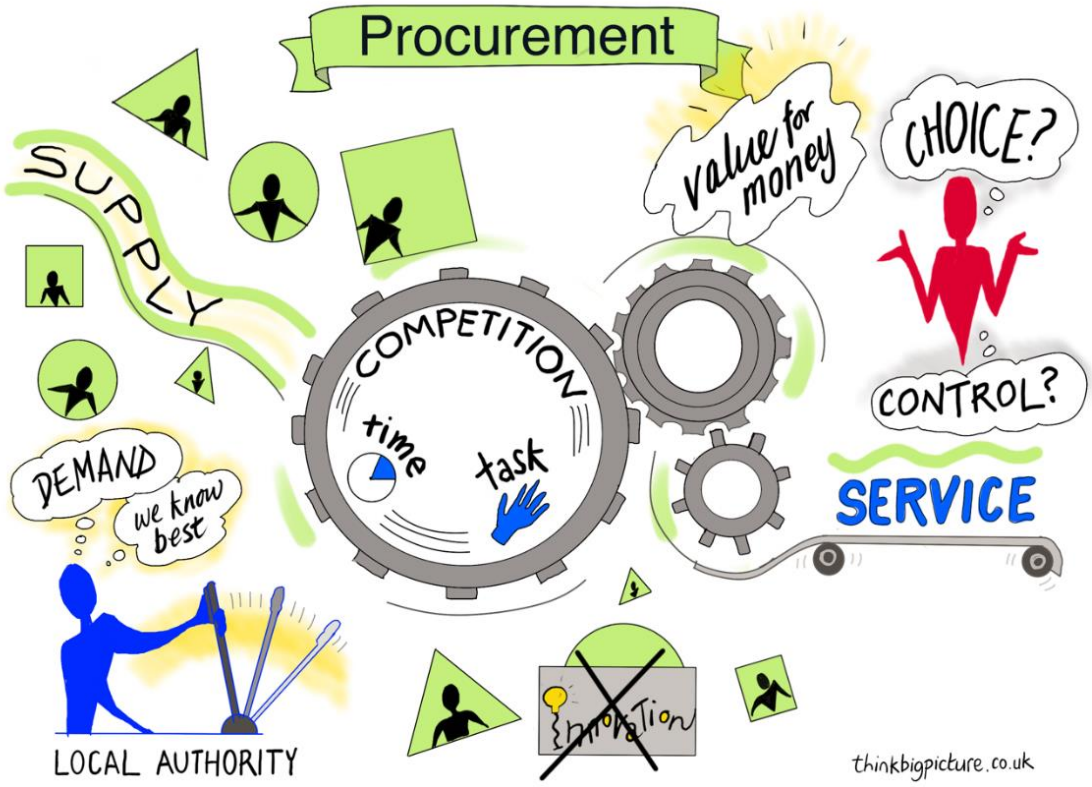
- 48 **older people** (inc 17 self-funders)
- 37 people with **a learning disability or autism**
- 21 users of **mental health services**
- 6 people with a **physical disability**

*35 of these had a **direct payment***

Relationships Model



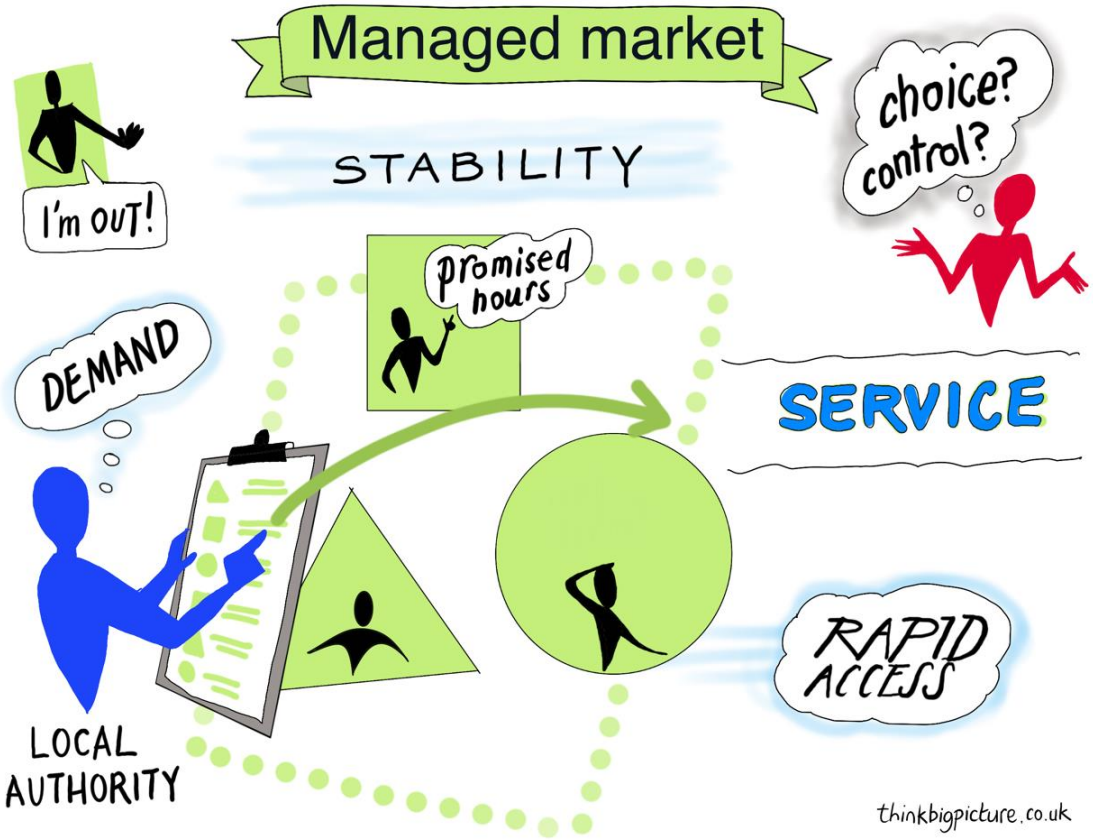
Procurement



'The way it works at the moment for domiciliary care is packages of care [go] on a bulletin board and then providers in effect kind of bid for them'
(Local authority)

'What local authorities have done, they do it every time, is when they're in problems, they just make a contract which is more and more specific' (Provider)

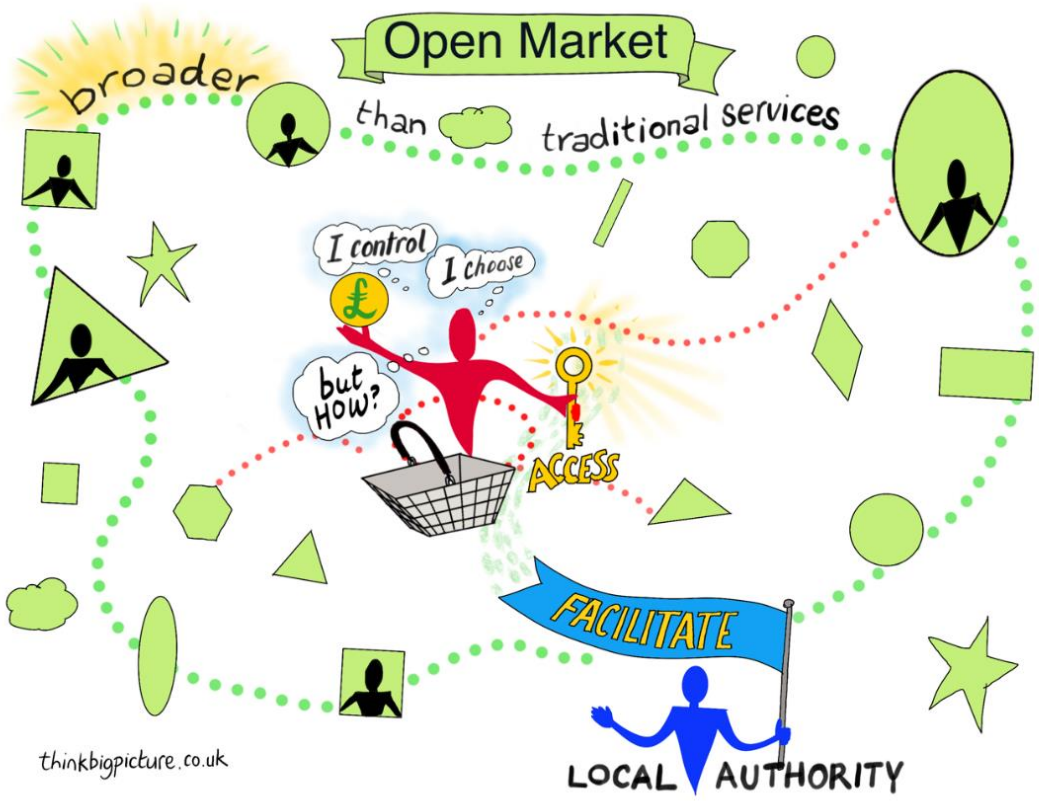
Managed Market



- *'Last year there were three providers specifically commissioned to support people coming out of hospital. So they were block contracts - providers were expected to recruit to a block number of hours' (Local authority)*

- *'We get phone calls every single week from the same commissioners, going, "Can you do this for six people, and can you do it by, like, yesterday?" We're like, "No, we can't, but we'd love to sit down with you and plan what you need for 12 months' time, and we can get that to happen." "Well, we need something for now." (Provider)*

Open Market



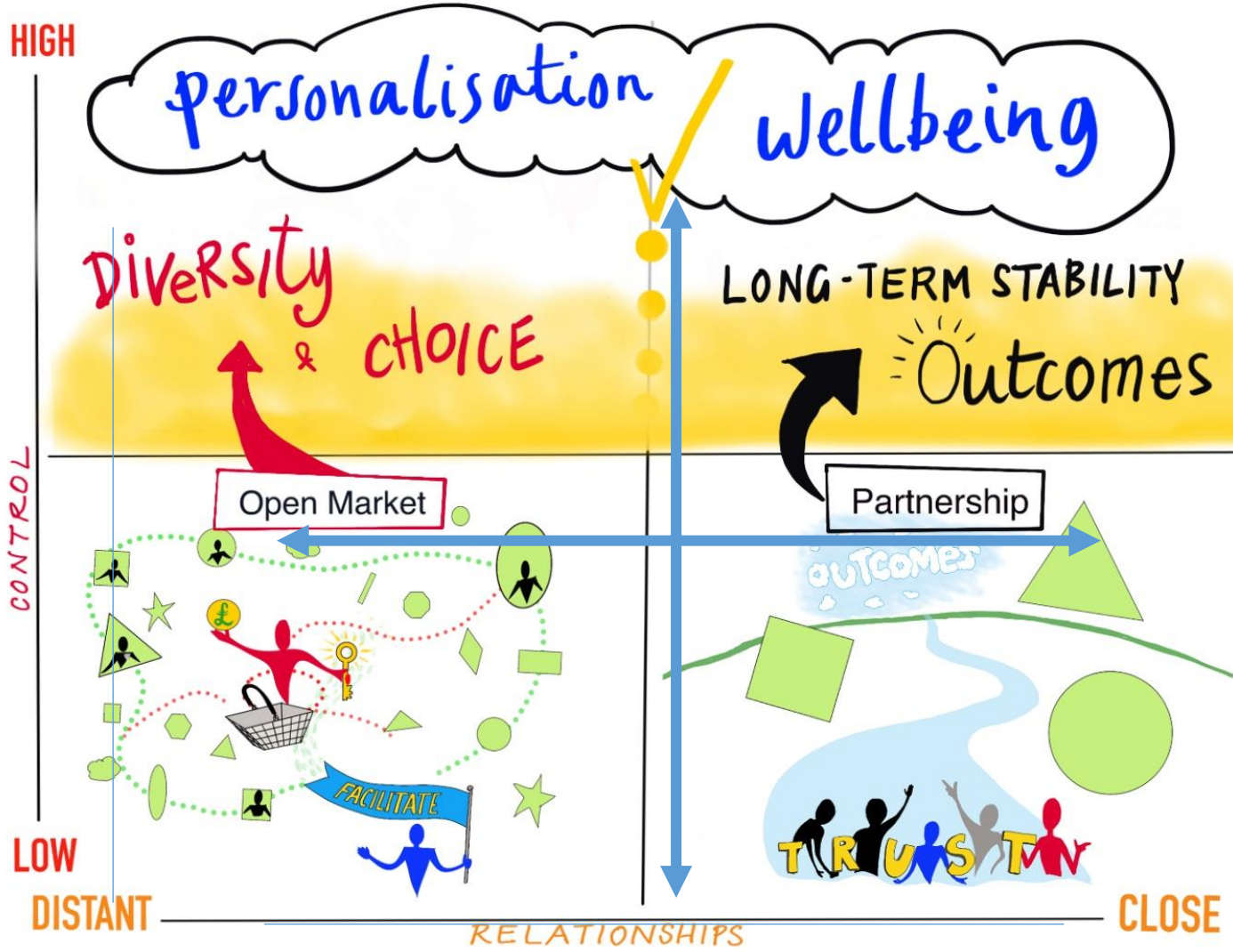
'There's a whole market out there that we don't actually commission with, so that's really tricky, because we don't necessarily have a relationship with them, we don't have a contractual relationship with them, so that's really hard'
(Local authority)

'You've got to facilitate it. You can't just say well direct payments are there just so that people get on and do it. Someone's got to be kind of leading it.' (Personal assistant)

Partnership

'We'll consolidate the providers down and we'll work with a relationship model. We'll work it differently – the process would be different; assessment stuff would be different with the social workers. You will have more responsibility as a provider (Local authority)

'We haven't waited to respond to a tender, and we haven't waited to be asked. … We've come up with a model of care, and then we've gone to commissioners to say, "We think this fits in with your strategic plans"' (Provider)


HIGH
Personalisation
Wellbeing
DIVERSITY & CHOICE
LONG-TERM STABILITY
Outcomes
Open Market
Partnership
CONTROL
FACILITATE
OUTCOMES
TRUST
LOW
DISTANT
RELATIONSHIPS
CLOSE

Conclusions

- Local authorities in the study were **moving between different types of market shaping** without a clear awareness of the implications for providers and for people using care (incl self-funders whose choices will be affected by changes to commissioned services).
- 'High control' approaches were used more for **older people's** services. 'Low control' approaches were used more for **working age disabilities**
- Most sites sought to **develop more of a partnership approach** in the future, and were moving away from open market arrangements
- A **hybrid model** between the partnership model and the open market model may offer the best option, but risks tensions between providers (not a 'level playing field')
- Hybrid model requires **long-term funding confidence, stable market and high-trust relationships** with (& between) providers & other partners which were not evident in sites
- Local care commissioners need to be **skilled** at making different offers to different parts of the market. New approaches to the recruitment and training of commissioners can help this, emphasising **relational and entrepreneurial** skills, and keeping staff in post.
- The research was conducted **prior to Covid-19**: it may be that 'high control' approaches have been adopted in response to the pandemic. Feedback on that would be very welcome

Meilys Heulfryn Smith

Programme Lead for Community Transformation (Gwynedd Council and Betsi Cadwaladr University Health Board).

Meilys will describe how the local authority and health board in Gwynedd have approached and delivered changes to the community-based care and support offer. Will also describe the benefits this has delivered in relation to improving people's lives, increasing capacity and reducing waste.

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

CYNGOR GWYNEDD COUNCIL

Redesigning Home Care in Gwynedd

rethinking our approach to commissioning

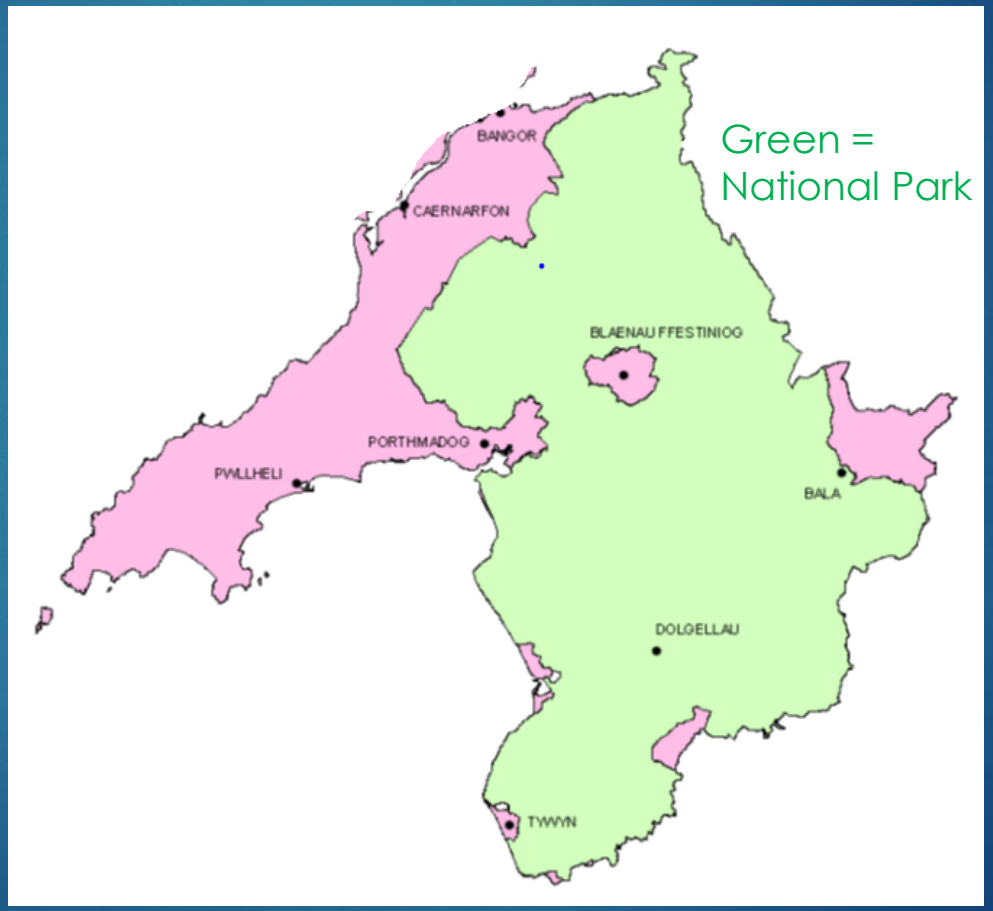
Meilys Heulfryn Smith
Programme Lead – Community Transformation

Gwynedd (North West Wales) – one of 6 LAs within the Betsi Cadwaladr University Health Board area

Home care provided to around 1,200 people at any time (around 12,500 hours a week)

10 providers
In-house provision 53%

Private and 3rd sector provision 47%



A common challenge

BBC Sign in Home News Sport Weather iPlayer Sounds

NEWS

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Health

Quarter of UK home care operators face going bust

By Samantha Fenwick
You and Yours

19 November 2020

Fix care for good

Right now the care system is broken.

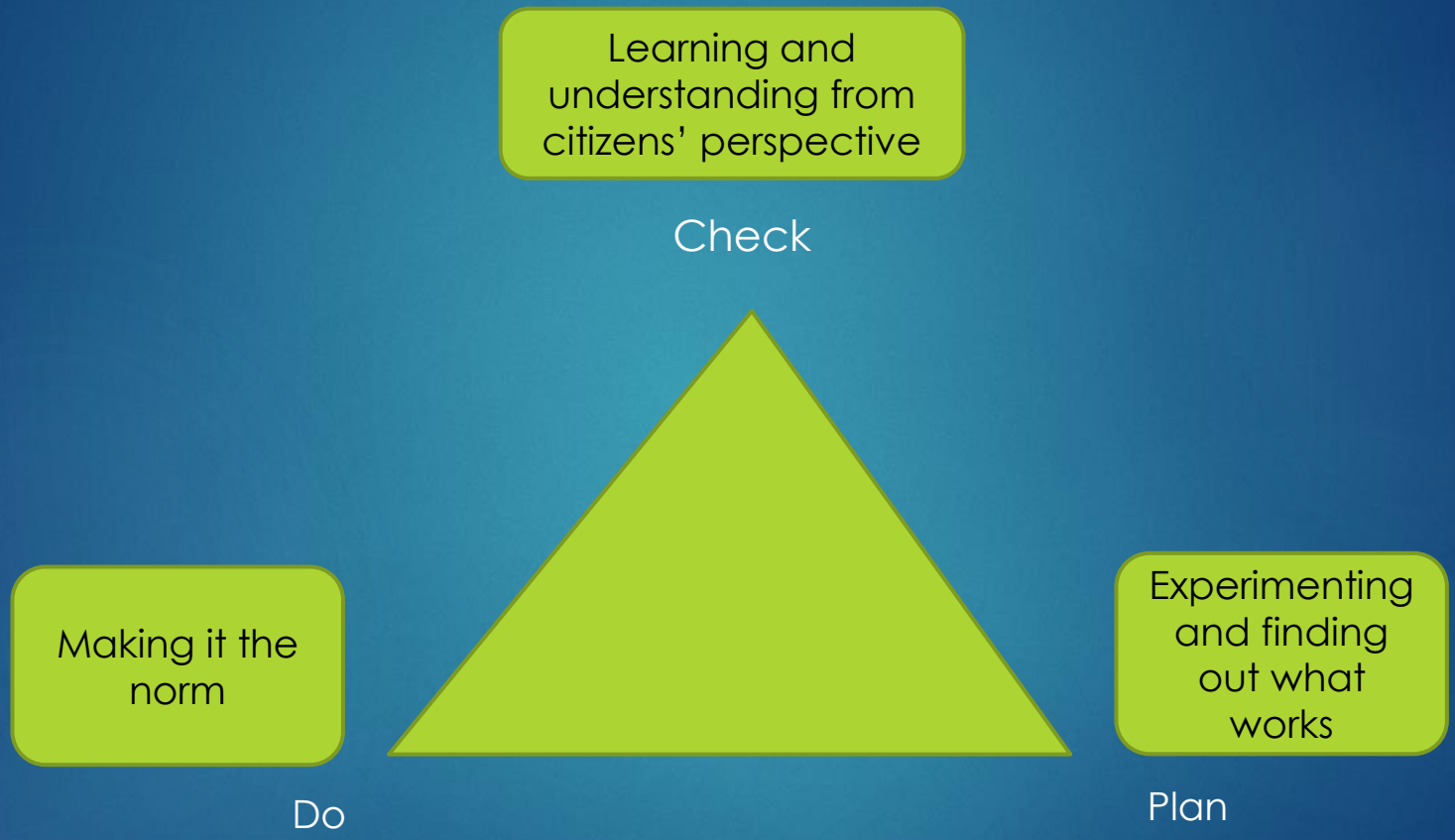
Our broken care system has been decimated by coronavirus. Successive governments have let down older people and not tackled the problems with social care. This has cost older people their dignity, their safety, and their lives.

Applying the Vanguard Method

What is the VM?

- a combination of **systems** thinking and **intervention** theory
- transforming organisations by changing management **thinking**
- developing a system from a **citizen's** perspective

The Vanguard Method



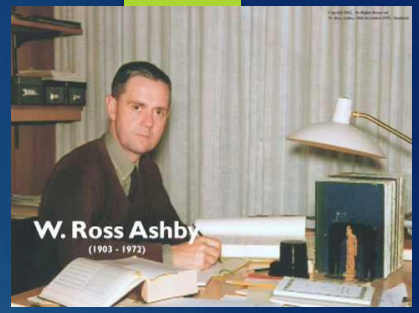
CHECK

What did we do?

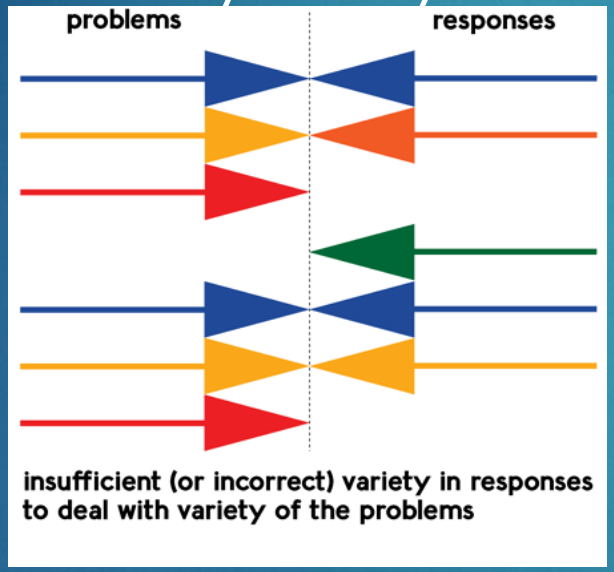
- Mapped people's journeys
- Mapped process (social care / health / providers – end to end)
- Understood conditions within the system
- Looked at nature of demand vs how it was being met
- Learnt about impact of system design on outcomes for people

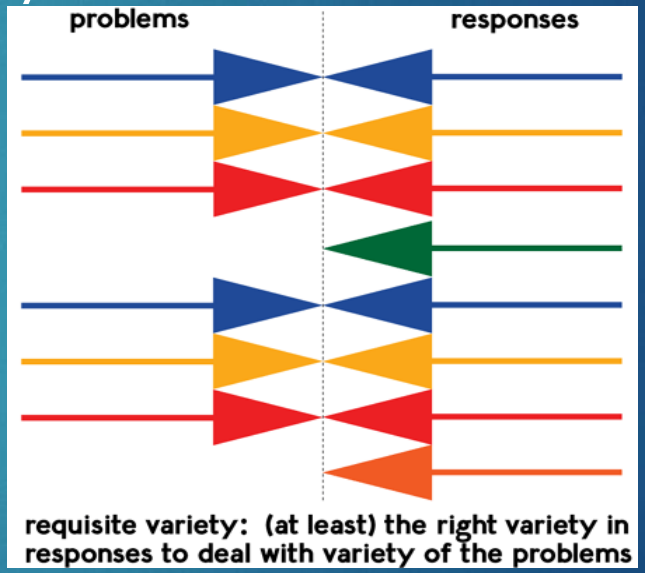
A home care model that meets demand

(Ashby 1958)



Requisite variety: only variety can absorb variety





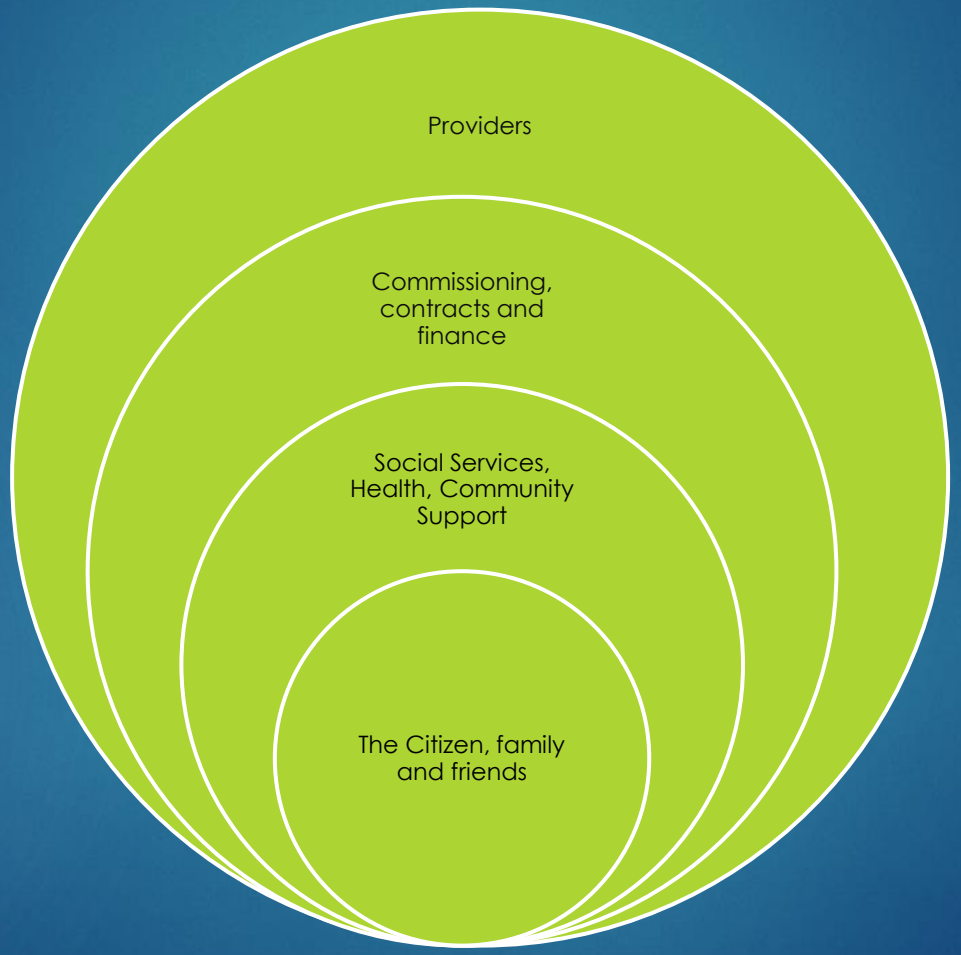
What happens if you don't meet someone's needs?

PLAN (EXPERIMENT)

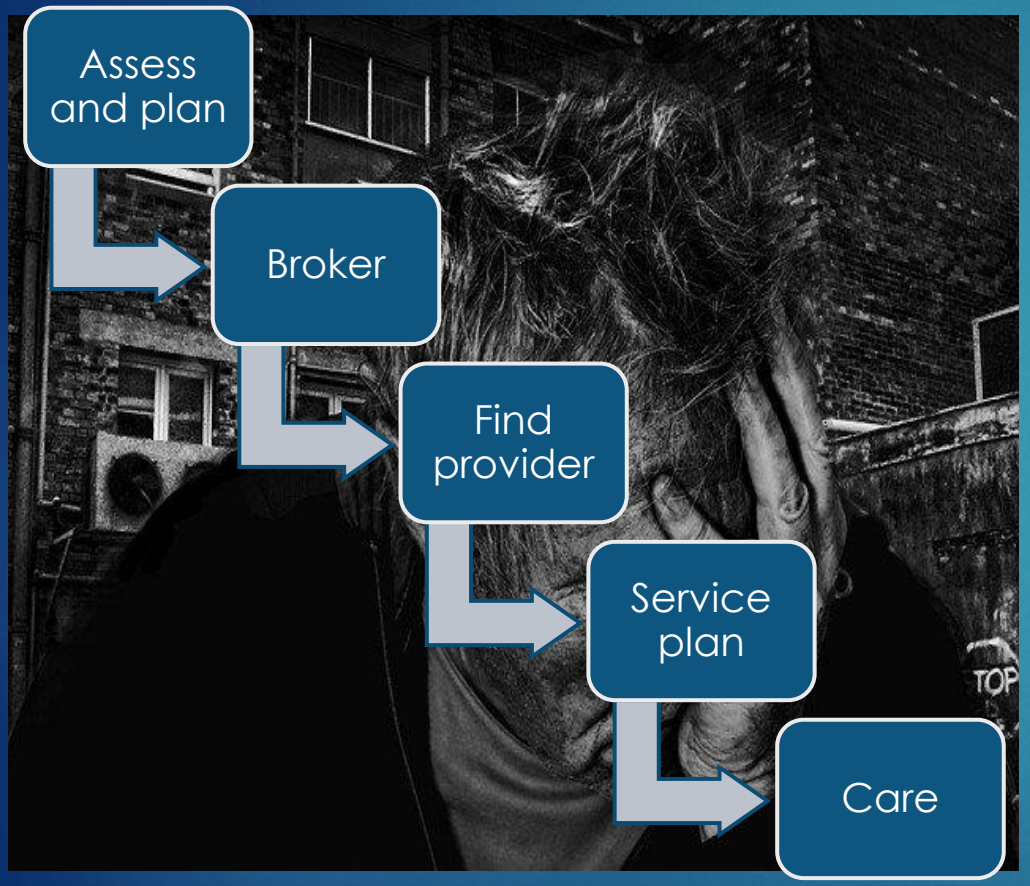
What did we do?

- Had a clear Purpose (Help me live my life as I want to live it)
- Involved front line care staff in the redesign
- Brought the right people together (and forgot about the 'them and us')
- Started with a Purpose, some Principles and a blank sheet
- One case at a time, started to do the right thing in the best possible way
- Paid a provider so that they could spend time learning and developing
- Learnt as we went along and addressed barriers

System wide changes

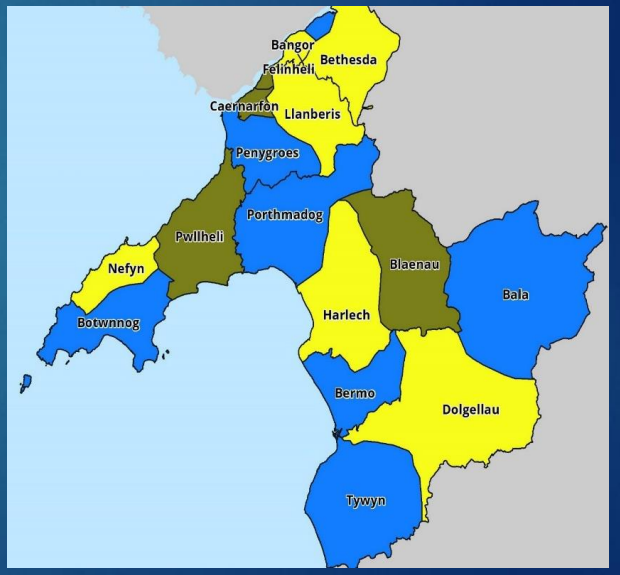


A new model emerged



DO (MAKING NORMAL) – new home care model

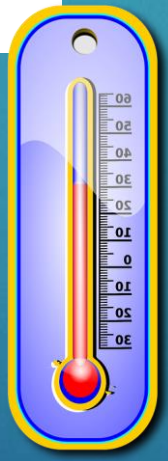
- Collaboration calls for patch-based working – based on what really matters
- Achieving what matters calls for flexibility
- To be flexible, you need people on the ground (ie shift patterns)
- You can't commit to shifts if you're paid on a 'spot' basis
- To achieve value, you need more than just 'contact' time
- Working in the community, with the community



"Help me to live my life as I want to live it"

The Football Match

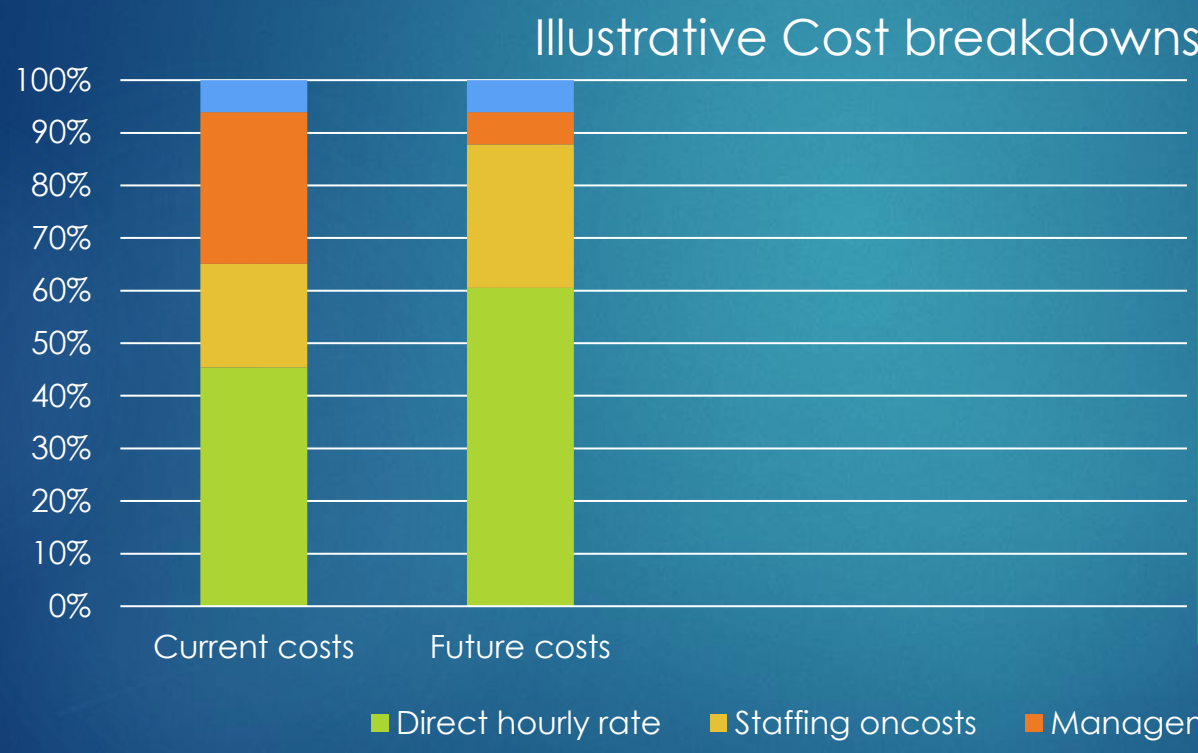
Upskilling to support people and GPs



Caernarfon lunch club

I look forward to it, like a child looking forward to Christmas!

The Business Case



Increasing staff pay
Increasing Community spending
Increasing Community resilience
Further reducing failure demand

Examples of waste in the system

- Duplication – written records
- Over-compliance (eg detailed invoices)
- Meaningless writing
- Authorisation and asking permission
- Micro-Management (vs Self Managing Teams)
- Rotas and scheduling
- Lack of trust leading to steps in process
- Over-interpretation of legislation
- Measuring the wrong things

Changing the commissioning model / provider contracts

Traditional:

- Spot purchase
- LHB and LA buy separately
- Hourly rates
- Process driven
- Measured in hours
- Delivered in hours
- Monthly hour-by-hour reconciliation
- Contractual, paying a provider to deliver a service at lowest possible price

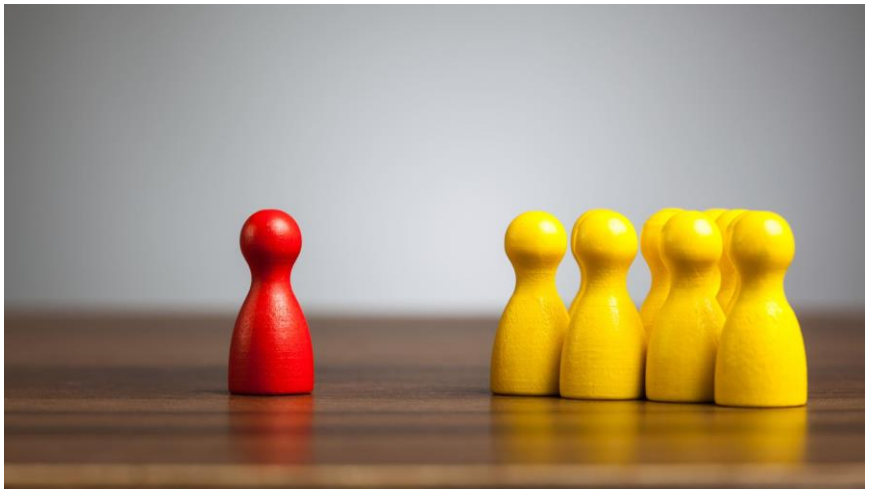
A new model for partnership working:

- Block purchase for a given area
- Joint commissioning
- Total cost paid
- Driven by 'what matters'
- Measured in terms of value to people
- Delivered to suit people's needs
- Quarterly review of capacity and 3 month lead-in for contract variance
- Funding adequately to allow staff to receive better T&Cs and have more time to build relationships

Melanie Weatherly MBE

Chief Executive Walnut Care at Home Ltd. Chair Lincolnshire Care Association, Care Association Alliance, Fellow Skills for Care and NICE.

Melanie will talk about how provider / commissioner relationships and joint working can support greater stability in the sector and lead to effective change.



Providers and Commissioners – Friends or Foes?

The provider perspective

Building the right relationship

- Why does it matter?
- What kind of relationship do I want?
- How do I start to build the right relationship?

What gets in the way?

- Historical ways of working
- Commercial sensitivity
- Time

Questions please

Local Government Association

Steve Knight

Partner in Newton's Public Cluster and leads the Local Government team. Steve will talk about his role in Newton's work delivering programmes to help organisations improve outcomes for service users alongside achieving measurable, recurrent and sustainable financial benefits.

DEVELOPING EFFECTIVE RELATIONSHIPS TO SUPPORT COMMISSIONING AND MARKET SHAPING

Stephen Knight
Partner - Local Government
22/11/2021

NEWTON

Newton improve outcomes and deliver change.

Our experience of successful transformation and our understanding of Local Government enables us to find better ways of delivering improved resident outcomes, improved staff engagement, and meaningful financial savings.

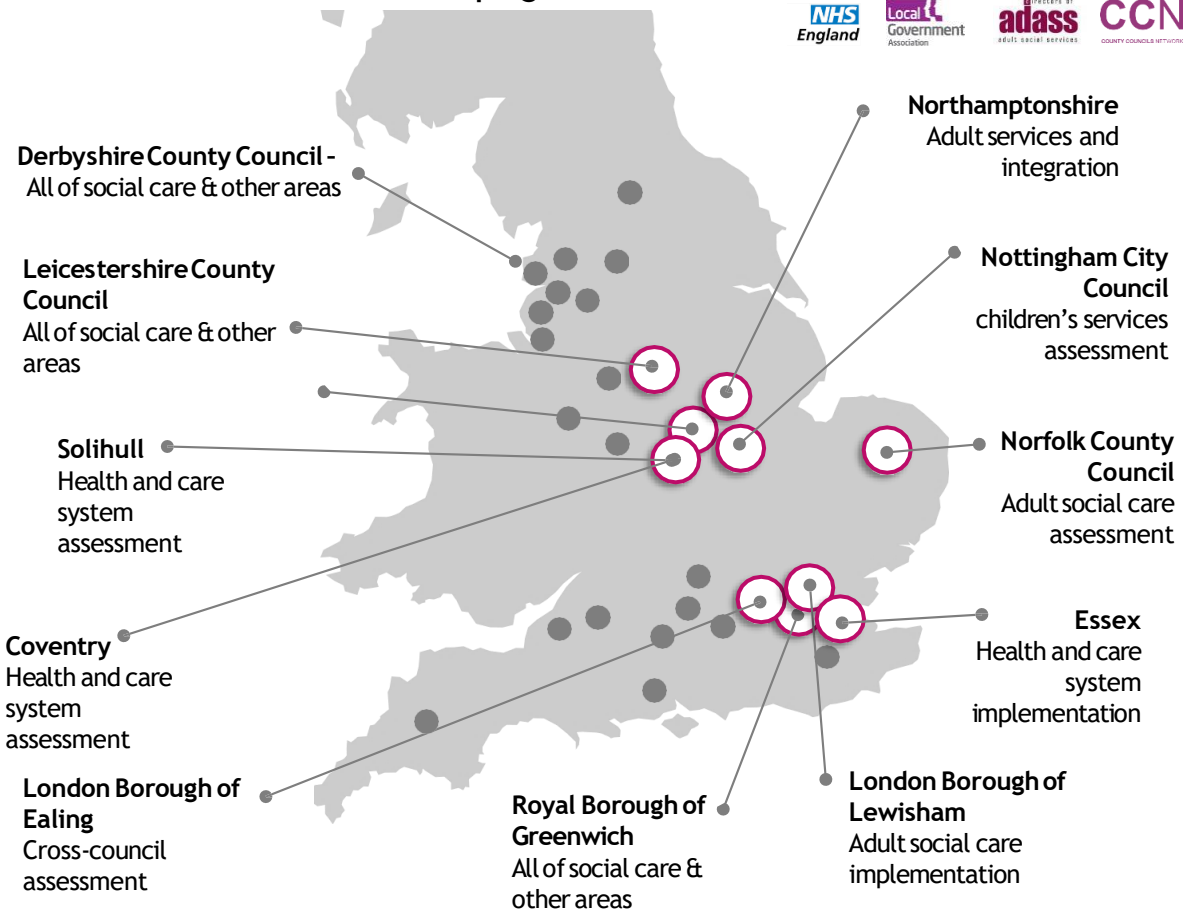
We are highly effective at working collaboratively in complex and sensitive environments. We focus on working in close partnership with organisations and systems, from the frontline through to the leadership, to take an evidence-led and bottom-up approach to reimagine and redesign how they work.

We have worked with over 100 public sector organisations. These partnerships have delivered measurable and sustainable improvements in outcomes for people, transformed ways of working and staff engagement, while saving in excess of £300m (and rising) on a 100% contingent fee basis.

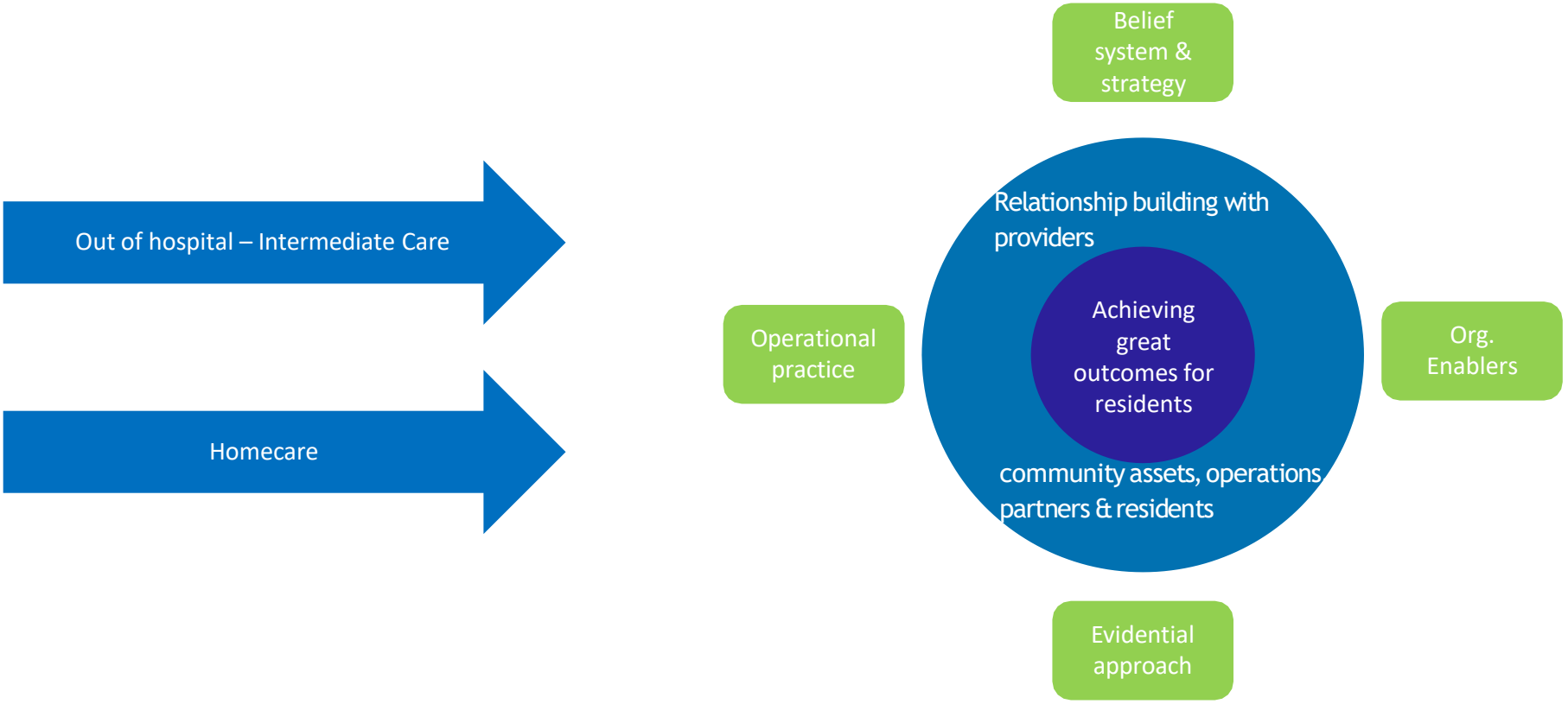
We have also worked on a number of national partnerships, with organisations such the County Councils Network and the LGA.

NATIONALLY:

Current programmes



CURRENT PRESSURES & OPPORTUNITIES

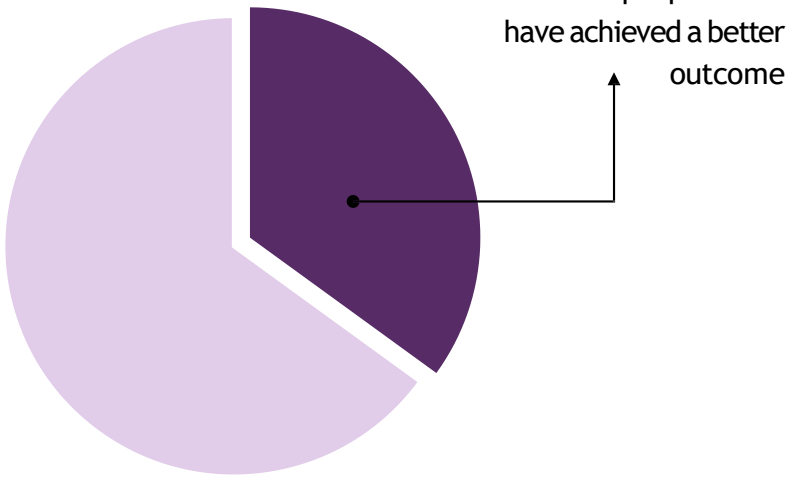


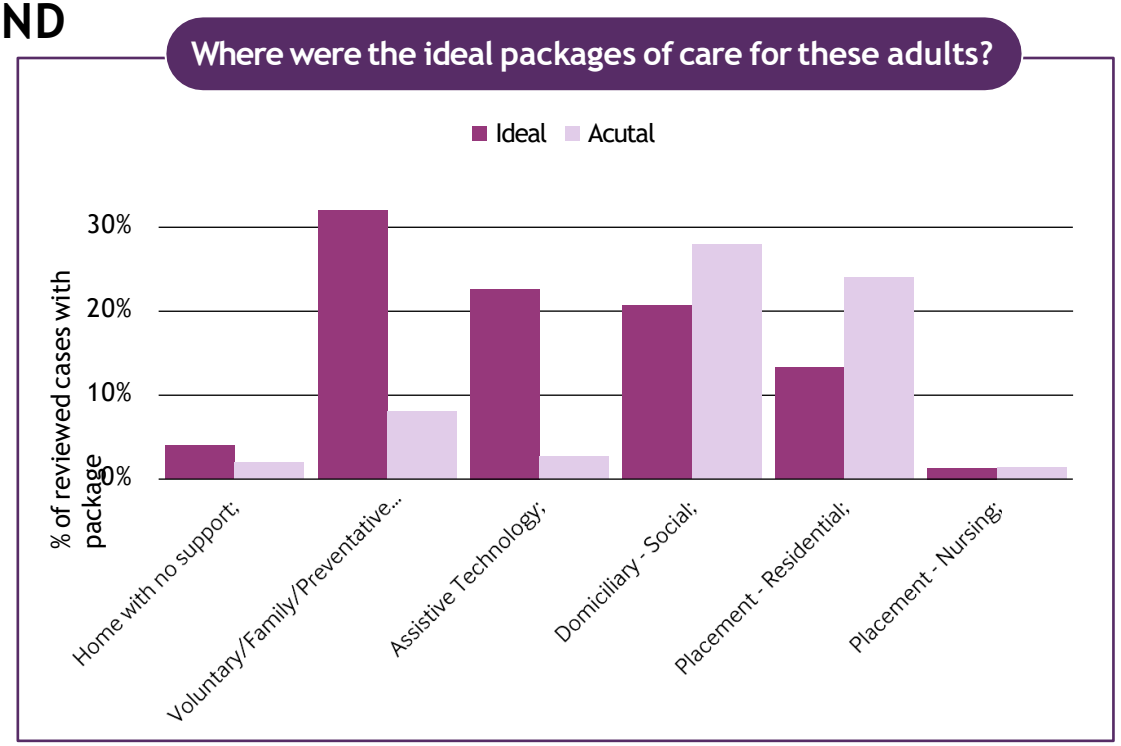
EVIDENTIAL APPROACH

- When we understand capacity required what do we look at?

  - Current demand – most systems have this – although important to recognise due to inherent variability of demand as target wait times reduce it increased the requirement to have an ability to flex capacity
  - What the demand *should* be if the system were operating effectively

UNDERSTANDING CAPACITY & DEMAND

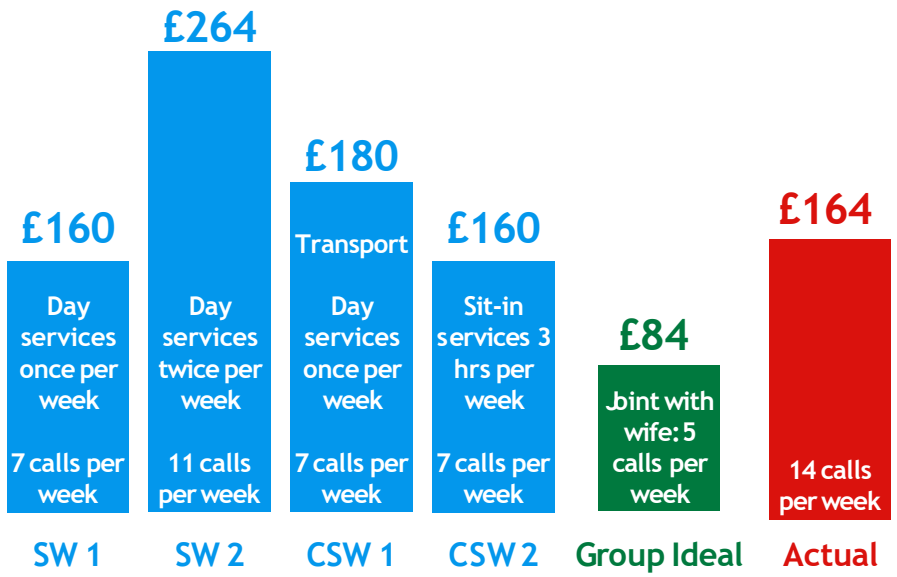




- Important to recognise how available capacity will skew decision making and hence a potential view of correct demand
- How is this gap bridged?

OPERATIONAL PRACTICE

- How linked up is this to driving the strategy and the demand to the "ideal pathways"?



- Clearly this becomes significantly more complicated when considering greater levels of integration

OPERATIONAL PRACTICE - COMPLEXITY OF LANDSCAPE

- The obvious points
  - How involved are all partners - what is it in for them?
  - Can success of this be measured?
  - How does it stay the course over the several years required to transform a commissioned space?
  - Alignment across commissioning organizations…
    - Common in systems to find many different kinds of short term beds commissioned by LA, CCG, Acute, Primary care
      - Short term beds, Step up, step down, Reablement bed, Intermediate care bed et etc

Service		GP	Ambulance	A&E	IDT
GP	GP / 111				
Community Health	Rapid Response	Accessed through Local Referral Unit		Accessed through Integrated Discharge Team	Accessed through LRU
	Intermediate Care				
	Long Term Care				
	Acute Outreach				
Social Services	Care Workers				
	Assessment Beds				
	Residential Care				
Volunteer Sector	Care navigators				
	Carers support				
Locations	Community Hospital				
	Integrated care centres				
	H&S care village				
	Other step down beds				
KMPT (Mental Health)	Crisis team				
	Psychiatry liaison team				
	Crisis Response Home Treatment				
	Admiral Nurses – Dementia				
Services	Local Referral Unit				
	Share My Care				
Other	Minor Injuries Unit				
	Paramedic Practitioners				
	Hospice				

Legend
Direct use/contact
Through Local Referral Unit
Through IDT
Rarely use/contact
Not aware/ not used

Not applicable

ORGANISATIONAL ENABLERS

- We see a spectrum of different relationships with how critical business partners interact with commission – legal, procurement, health etc...
- Recognising the context of constrained finances which at time may drive risk averse decisions .....alongside a desire for more innovative, enabling and rewarding work such as outcomes based

"We cannot do that as we might be exposed etc

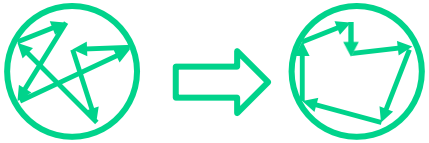
What is the lowest spend we can achieve?"

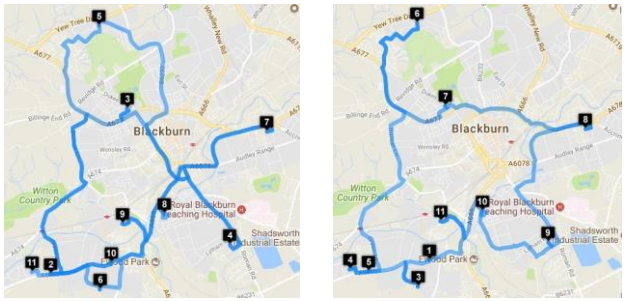
"Tell me the service you want and we will work with you, residents and partners to find a way to get that

What is the greatest value we can achieve?"

TRAVEL EXAMPLE

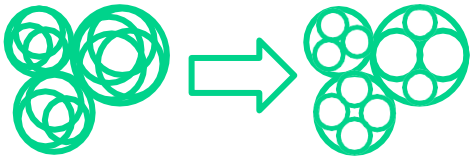
ROUTE PLANNING- pre and post placement

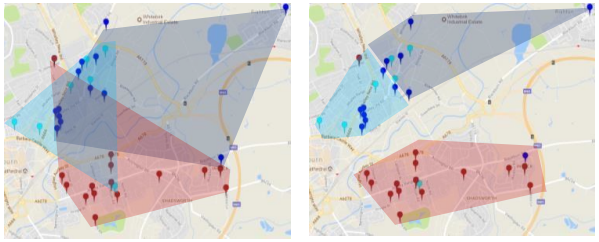




8%
reduction

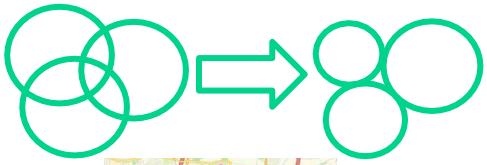
TEAM ALLOCATION

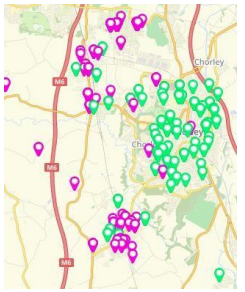




6%
reduction

PROVIDER OVERLAP





7%
reduction

RELATIONSHIP BUILDING

- Day to day
  - Data collection
    - What did we learn from COVID?
    - Other meaningful support such as travel consideration

- Longer term
  - Providers around the table from day 1
  - Clarity of a 5 year objective and providers role within this
  - What are the milestones along the journey and what data is collaboratively and regularly reviewed – meaningful but not too detailed
  - What does it take to step back from time and task to a more trusting and mutually rewarding relationship?

Contact Details

Care and Health Improvement Programme

- Hazel.Summers@local.gov.uk – Care and Health Improvement Adviser, NW region
- Leon.Goddard@local.gov.uk – Senior Adviser, 07557 214982
- Dan.Mould@local.gov.uk – Adviser, 07867 189749
- Details of CHIP support can be found at this weblink: Commissioning and Market Shaping

Speakers

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- MeilysHeulfrynSmith@gwynedd.llyw.cymru
- melanie.weatherley@nhs.net
- Stephen.Knight@newtoneurope.com