

Joint Commissioning of Domiciliary Support Services

What did we want to achieve

- Purchase the right care and support for around 2,500 Leicester City Council Service users each year
- Decide whether to join up with health commissioners in the CCG to jointly purchase this care
- Make sure we move people over safely to a new service where their care agency changes

Stage 1 – information gathering

- Wanted to understand what we buy, what works, what doesn't and how we could improve
 - Contacted other authorities, read reports, research and best practice
 - Gathered data on our own services e.g. volume, demand, cost etc.
 - Talked to care providers to understand their business and how changes we make would impact on them
 - Talked to people using the service to understand what is important to them in the services they received
 - Talked to ASC Scrutiny Commission to gather early views

What did we learn at this stage?

- Both LA and CCG spend around £10million each per year on domiciliary support to around 2,500 people at any one time
- Care providers were very pleased to be engaged early on and were generally happy with the way the system worked currently
- Service users were most concerned about carers arriving on time, the same carers visiting daily and communication skills/attitude of staff

Should we commission with health?

- Made sense to work together as we buy from the same care agencies
- The Council are good at checking on care providers to make sure they are doing a good job and are safe but this could be even better if combined with the clinical knowledge in the CCG
- Risks around the complexity of agreeing on everything across two organisations

Chosen model

- Options appraisals led to:
 - Decision to jointly commission with the Council leading on procurement, brokerage, contract management, quality assurance and payments
 - Continuation of the current way of buying services but strengthening what service users wanted to see from the care providers
 - Two categories for care – one general and one specialist (which includes nurse oversight)

Stage 2 - Planning

- Contract documents written by both organisations and including things that were most important to service users
- Plans for timescales for each stage of purchasing and for the change to new providers
- Communication plan to ensure everyone is kept informed, especially service users through the change
- Work with ASC scrutiny to explain the approach and gather feedback

Stage 3 – Making it happen

- Lots of work with care providers to tell them we were about to buy these services - we wanted a strong response
- Looking at all the applications from care providers and assessing which were the best
- Writing an agreement between the Council and CCG about how we will work together
- Supporting around 500 service users to either take a direct payment or move to a new care provider

Stage 4 - Review

- We have now been working jointly with the new providers since October 2017
- All service users transferred safely, most with their existing care provider, a few to a new provider
- Low numbers of people that we are struggling to place (in comparison with previous years)
- Good working relationships with care providers and health colleagues

Key lessons from the work

- Good relationships and communication with each other, service users and care providers all helped with the success of the change
- It takes a long time to do this work well – this change took about 2 years
- There is duplication in the way in which the Council and CCG do things and we often buy from the same care providers. Working together can overcome this but does take time

Any questions?