Nottingham Homecare Commissioning Model

The key commissioning challenge in relation to homecare is to create a system that works with key partners to deliver sufficient homecare capacity both in the short term and in anticipation of future need whilst balancing the key requirements of value for money and quality for citizens.

The model has built upon the developments and learning that have been implemented since the current contractual arrangements were put in place.

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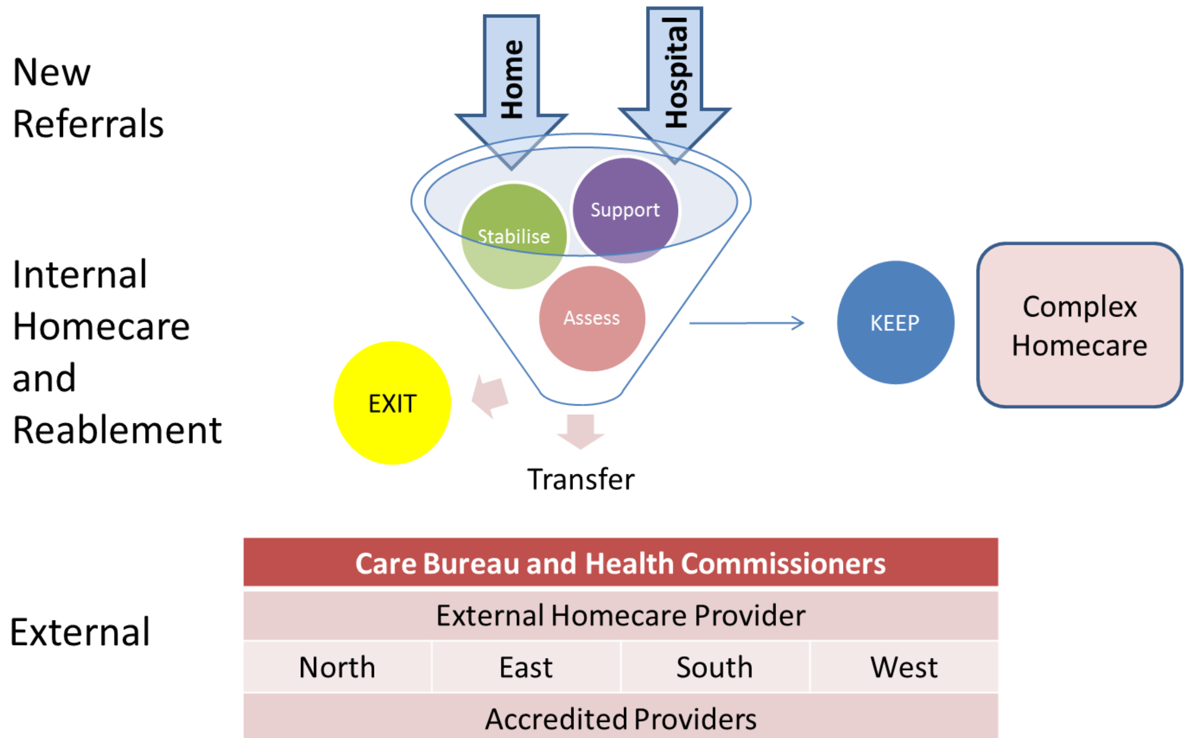
The commissioning model for homecare services comprises two elements. These are:

- **Nottingham City Home Care** aligned with the Health and Social Care Reablement Service**,** which is delivered by the local authority. This service will pick up all new cases from the hospital and the community. It will be a short term service to maximise independence. This service will incorporate the social care reablement service. The service will stabilise packages of care before they will be allocated to the community. It will also provide on-going support for individuals with additional complexities, whose needs cannot be met by the private sector.
- **Private Sector Homecare.** This service will be commissioned by four locality lead providers in the north, east, south and west of the City and by an accredited provider list which will work across the whole of the City.
  Lead Providers will deliver End to End Care across the four localities.
  Expectations in relation to undertaking health related tasks will be incorporated in to the specification.
  When an individual is eligible for Continuing Health Care, the CCG will take over the funding for this provision, but it will continue to be provided by the

same provider. The CCG will commission a service to assess the needs of the individual and decide whether standard or complex rate homecare is provided. This service will be paid for based on commissioned hours.

Proposed Model



Mechanism for Delivering Private Sector Homecare

Provider Arrangements

There will be a service based specification for the lead provider in the North, East, South and West of the City alongside an aligned specification for accredited providers.

A new accredited provider list will be put in place to support the lead providers. This will be divided into two lists; providers who can provide both all aspects of social and more specialised health care, and providers offering only standard homecare functions. All providers will be expected to provide End of Life Care except where this requires a specialist health component.

No homecare provision will be purchased through spot contract arrangements.

Allocations

Cases will be initially allocated to the lead agencies. Agencies will usually be given a one week notice period. Health funded homecare packages will be allocated within a shorter time frame.

This should promote the growth and strengthening of the lead arrangements. However, it is anticipated that up to 40% of total cases will be made available to the accredited provider list.

Payments

There will be a fixed hourly payment rate for homecare. This rate will incorporate travel time and travel costs. The rate will increase incrementally building on the current hourly rate and incorporating the National Living Wage and annual inflation drawing on the formula identified through the UK Homecare Federation Association.

In order to provide business stability, Lead Providers will receive a guaranteed funding block. This block will be based on an 80% payment of the volume of service delivered, with additional provision being based on a cost and volume basis. The block will initially be based on the first 6 months of delivery and will be reviewed every three months. This will allow providers to secure an increased level of guaranteed funding as the business develops. Guaranteed payments will be subject to the Provider continuing to pick up an agreed percentage of new cases.

Accredited Providers will be paid on a cost and volume basis.

All payments will be based on actual hours delivered, except for health funded provision. This will be paid based on commissioned hours. Health commissioned provision will not be incorporated into the 80% block.

Bandings

Most packages of care, instead of being allocated for a specified time period, will be given a banded time period. Each banded rate will have a set range of hours; e.g. a standard 10 hour package will have a range between 9 and 11 hours. All banded hours will be on the set hourly rate. This flexibility will enable Providers to respond to the citizens' needs and to reduce requests to social workers to change the level of packages. Where Providers consistently claim for hours at the top of a banding, this will be tracked and challenged.

Alliance Arrangements

All Providers along with the internal service will be expected to work together in a provider alliance.

Providers will be given the opportunity to participate in joint recruitment and training opportunities which will be developed in the first year of the contract. These services will be costed and a charge made to Providers if they utilise them. Providers will also

be expected to participate in a shared Passport to Care. This document will record training and experience of care workers to aid transition of workers between providers and support staff development.

In addition Lead Providers as well as accredited Providers who have 10% or more of the market share will be expected to meet regularly with Adult Social care to discuss and resolve issues and could be invited to join the alliance.

Lead Providers will be expected to work together to consolidate runs and to resolve boundary issues. For example, where the North provider has some homecare packages in the south and the South provider has homecare packages in the north, they will work together to transfer packages and runs so that the provider has a clear locality focus.