

Appendix B - Test and Learns

Each test and learn will require its own separate governance outside of this framework. We propose trialing, but not limited to, the following:

- A Dengie Neighbourhood Team based on a Nordic personalised support model. Supply in the Dengie is historically difficult due to the rurality of the area and the time taken to travel between villages. This hyper local integrated health and social care team will test whether this way of working secures supply and improves the experience for the Adult. One year and go live in autumn 2020.
- Uttlesford – there is, and has consistently been, high unmet need in Uttlesford due to its rurality and affluence. The number of hours needed are low (around 1,200 per week across the whole district). Our neighbours in Hertfordshire experience similar challenges with supply, as do our West CCG Health colleagues for Continuing Health Care (CHC). We propose working towards integrated commissioning of small local guaranteed hours contracts with both organisations to improve supply.
- Braintree and Uttlesford – we propose trialing a hyperlocal community circles of care approach in areas where supply is historically difficult. This model uses an IT platform and back office infrastructure to support self-employed Personal Assistants to create self-sustaining virtual care hubs around people, paid through an Individual Service Fund mechanism. One year trial in two different geographies during 2020-21 testing whether a more personalised approach improves the experience for the Adult and secures supply.
- Tendring – approximately 40% of supply is through high cost spot contracts. We propose testing guaranteed hours for up to half of the demand in the area, aligned directly with the Clacton GP Alliance PCN. This will test integration with community health services and whether this model drives down cost. The aim is to run over two winters to also test whether guaranteed hours improve seasonal pressure supply. Go live in winter 2020.
- Guaranteed hours - where sourcing is historically challenging (Uttlesford and Braintree) and/or unmet need is high, we propose testing small block contracts of up to 50% of demand to see whether this way of working secures supply.
- Basildon – there is an oversupply in the town centre with around 60 framework providers. We propose testing guaranteed hours for up to 50% of demand alongside community micro provider development where small businesses are stimulated to creatively meet personalised care needs locally using Individual Service Funds and Direct Payments. We will test whether guaranteeing hours rather than spreading supply across many providers could support market shaping and successful micro provider development to create a system that meets needs, improves choice and

control and begins to change the way we deliver care by moving away from traditional time and task services. This test and learn will progress during 2020-21.