Appendix 2
People & Families Scrutiny Committee

Briefing on the Adult Social Care response to Covid-19

Moira McGrath

September 2020

Essex County Council

Headlines

- Supply and demand decreased during Covid-19
- Unexpected cost pressures for providers e.g. PPE
- Adult's future needs and expectations are changing
- Economic impacts – Brexit, recession and redundancies, school opening/childcare availability
- Successes – flexible and creative solutions, accelerated partnership working
- Future demand uncertain – joint system modelling and forecasting underway

Business Intelligence and Insight

Essex County Council

Forecasting Approach

1. Use historic data to understand services pre-Covid and throughout Covid
2. Map the expected increase in demand as a result from acute & community as non-elective/elective activity starts to come back. (These assumptions can all be edited to produce more scenarios)
3. Apply a selectable proportion of “pent up” demand, i.e. assuming some of the demand that has not been seen in the last few months presents itself throughout the next few months
4. Add the ‘extra demand’ of people currently in hospital with COVID who represent a cohort with higher needs and who’s anticipated discharge pathways differ from historic levels
5. Use historic trends and forecasting to inform what will happen once services have returned to some degree of historic activity and **to forecast beyond March 2021**

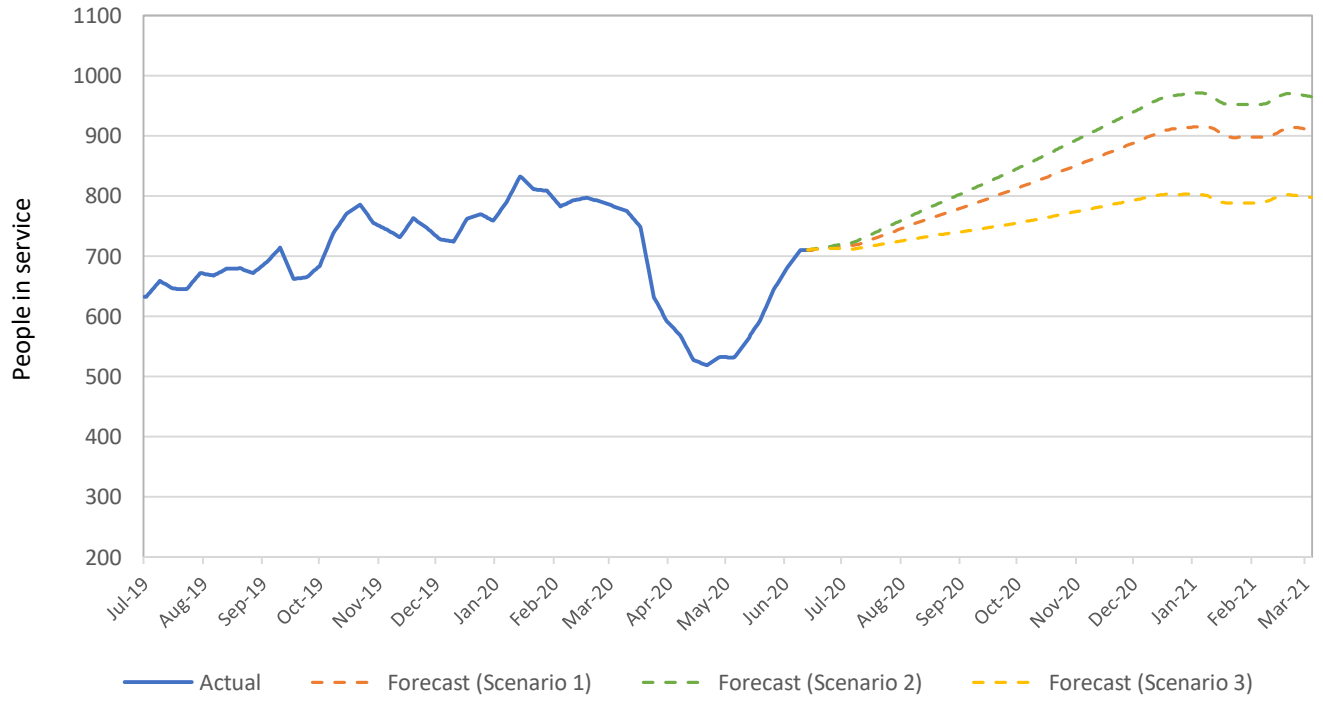
Forecasting Approach cont.

This modelling involves selecting when and how acute & community activity will ramp back up to historic levels. A discharge pathway % is then applied to each outcome *e.g. assume hospital elective & non-elective activity will ramp up to 100% of historic levels by November 2020, then going forward assumes 1.25% of all discharges are into community hospitals. We can look at this modelling for domiciliary care, residential care, community hospitals, residential recovery & reablement and these assumptions can all be adjusted*

Three scenarios are modelled based on expected activity in November 2020

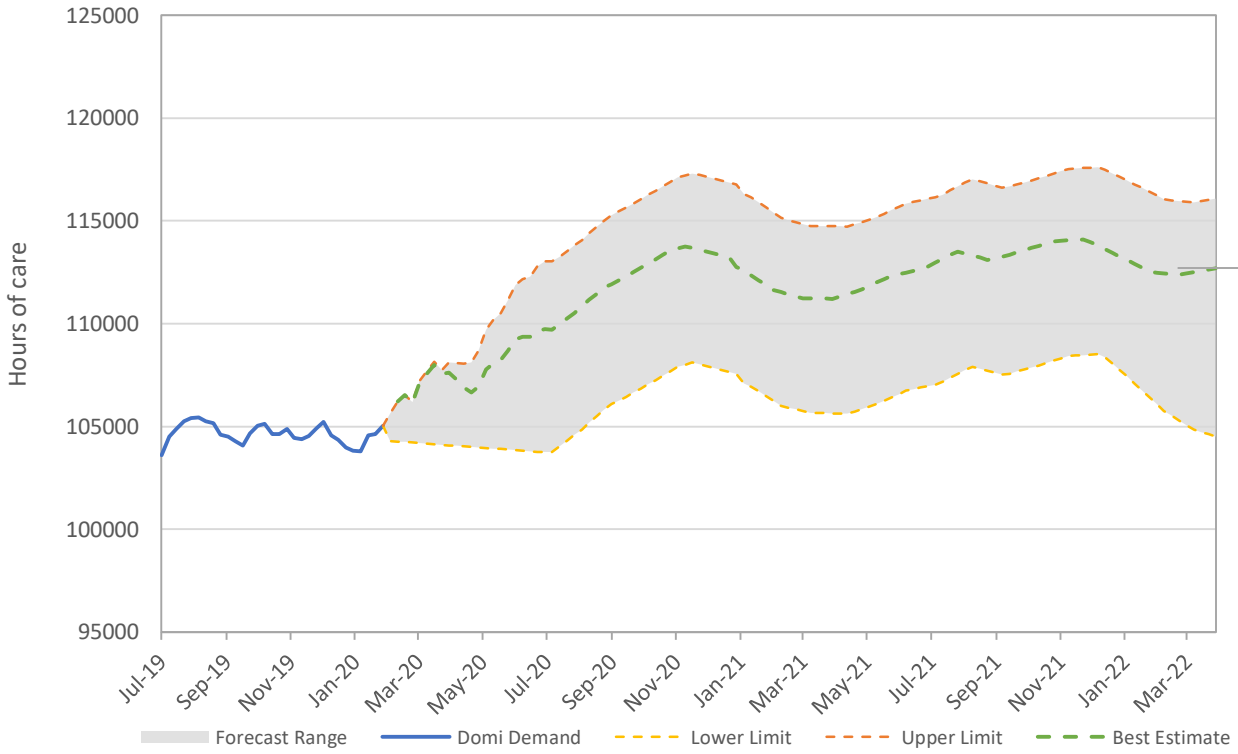
- Scenario 1 – 100% - this is the most likely
- Scenario 2 – 110% - this assumes demand is greater than expected
- Scenario 3 – 80% - this assumes demand is lower than expected

Reablement Forecast



This assumes demand will range from 800-970 people in Reablement at any time and that the average length of stay in the service will be 30 days

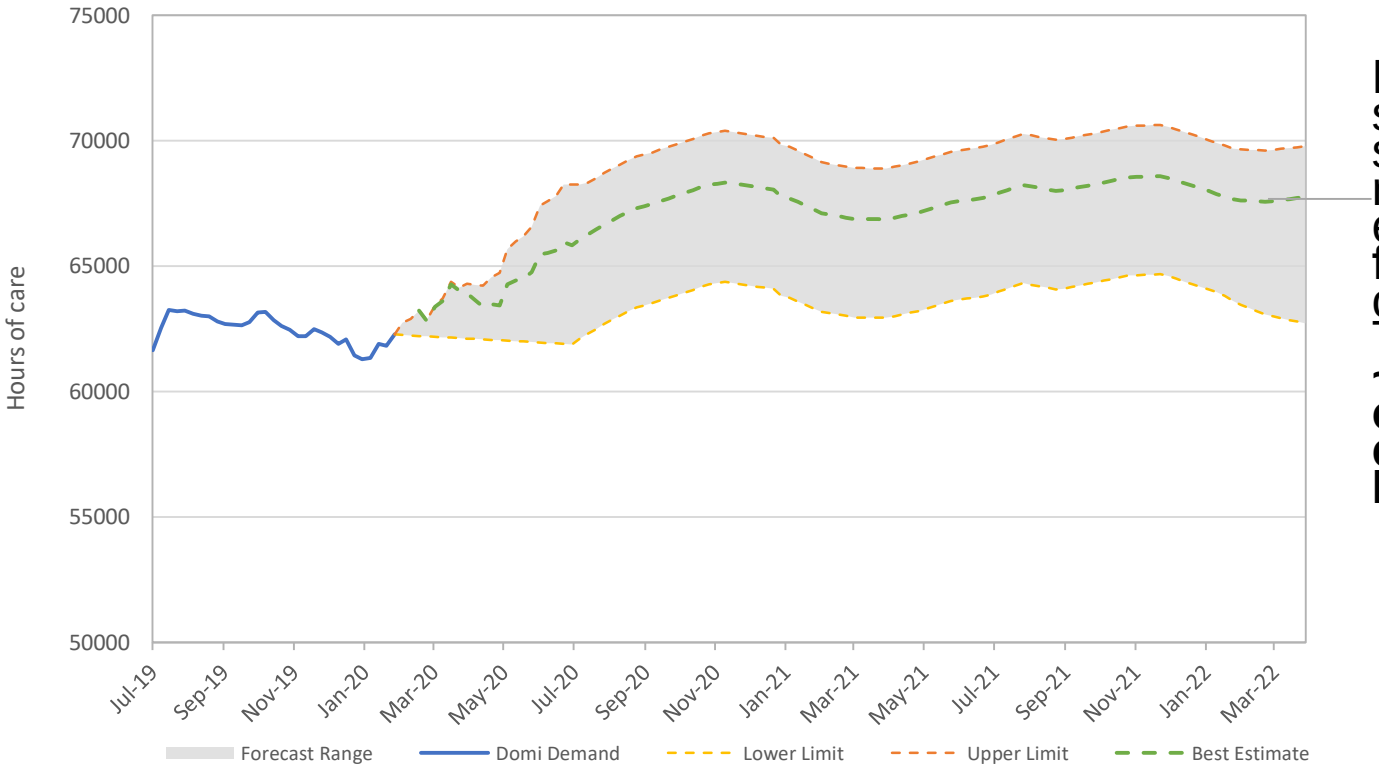
Domiciliary Care Forecast - 2022



The best estimate line is made up of demand (with suspended packages removed) and our expected **Scenario 1 forecast line** layered on top. This forecasts **~112,500 hours of care per week by March 2022**

This shows actual paid hours (not commissioned hours) per week. The increase in domiciliary hours Jan – June 2020 is potentially due to several data discrepancies/lags in Mosaic. This model therefore potentially over forecasts demand

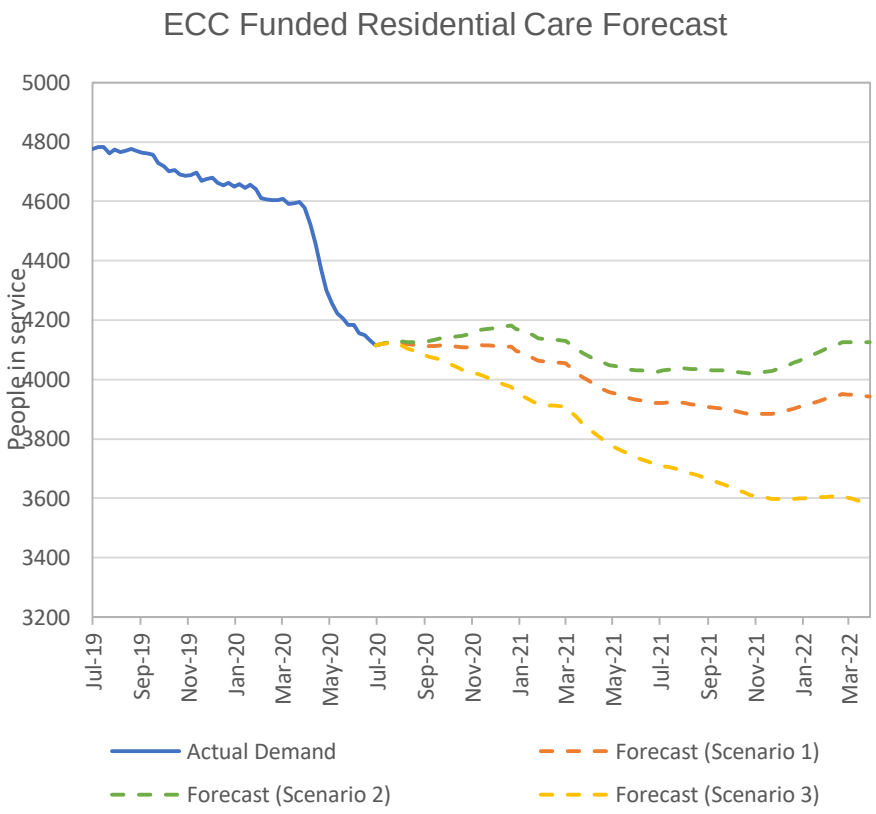
OP Only Domiciliary Care Forecast - 2022

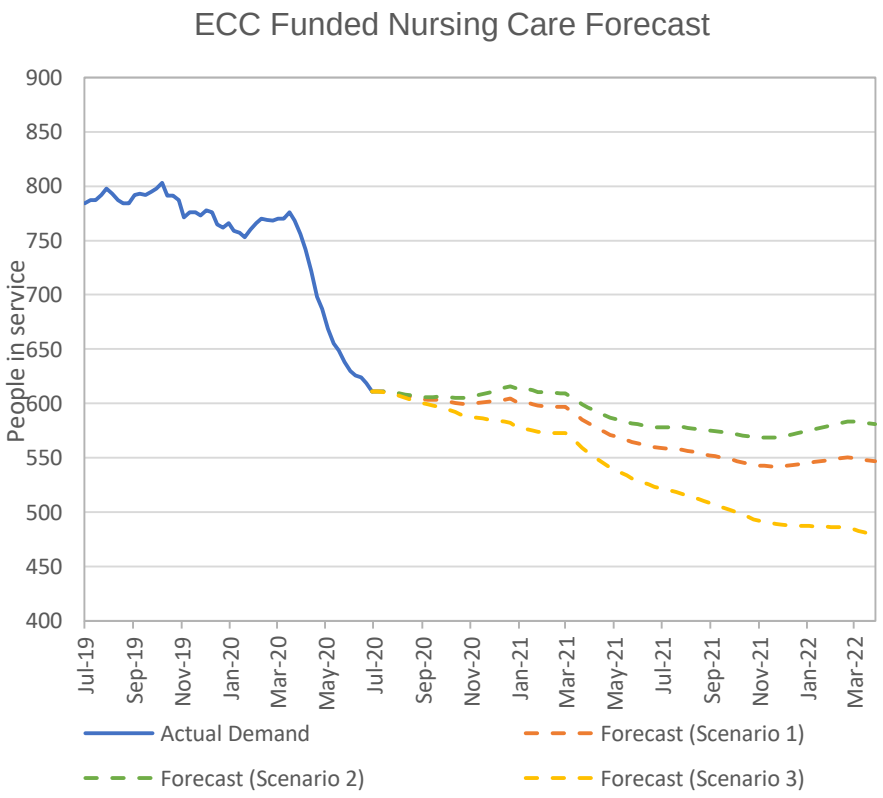


Best estimate line shows demand (with suspended packages removed) and our expected **Scenario 1 forecast line** layered on top for OP only. This forecasts **~67,500 hours (60% of total demand) of care per week by March 2022**

Essex County Council NHS NEWTON

Residential & Nursing Care Forecast - 2022





This shows a steady gradual decline in the number of people living in residential and nursing care homes

Essex County Council NHS NEWTON

Domiciliary Support - Live at Home 2021 Framework

Essex County Council

Background

- The Council commissioned, on average, 112,000 hours of domiciliary care per week, supporting around 6,200 Adults, as at June 2020

- The annual budget spend for 2020/21 is circa £100M (excluding Supported Living and Extra Care)

- Demand is projected to increase for several reasons, including people living longer and initiatives/technology to support people to remain at home for longer

- Since the implementation of the current framework in 2017, the proportion of domiciliary care sourced through the framework has increased from 40% to 70%

- The volume of framework providers has increased from 65 to 125, reducing the Council's reliance on the spot market, but creating challenges in terms of strategic market management

- Unmet need has remained low over the past two years, though there are still pockets across the county where it remains hard to source

Proposed Framework – Key Features

- The new framework will be the catch all back up approach. In tandem, several test and learns using alternative models will be run (subject to separate governance).

- Four-year, two-tier framework - 12 districts plus HM prison

- Closed, will only be opened for Lots where additional capacity or competition around price is required

- Tier 1 providers
  - Strategic focus
  - Greater expectations – higher volumes; stronger links with community, health and CVS; embracing workforce strategy; delivering social value, CQC rated good or outstanding only
  - Greater reward – greater volume of work; trusted assessor; flexibility on package changes; signpost to tech; increased access to training

- Tier 2 providers
  - Only approached once sourcing through tier 1 exhausted/less volume
  - May be hard to source or specialist packages of care
  - CQC rated good, outstanding and Requires Improvement
  - Suitable for SME's

- Reduced complexity of ranked lists and price points – 2 client types: OP/MH/PSI and LD/A; one countywide 24 hr care ranked list; price matrix points reduced to 5 (6 in Epping) & TSA rates reduced to 3

- Electronic Home Care Monitoring will be mandated

Test and Learns

- Dengie Neighbourhood Team (joint domiciliary care hub model with Provide)
- Digital platform trial to stimulate individual circles of support around people using PA's through an ISF model
- Integrated commissioning with other Local Authorities and with CCG's for CHC
- Guaranteed hours in areas where it's hard to source, spot usage is high or there is unmet need, to drive down cost
- There are also other projects that the business is looking to support in the domiciliary space such as Significant 7's

Electronic Homecare Monitoring (EHM)

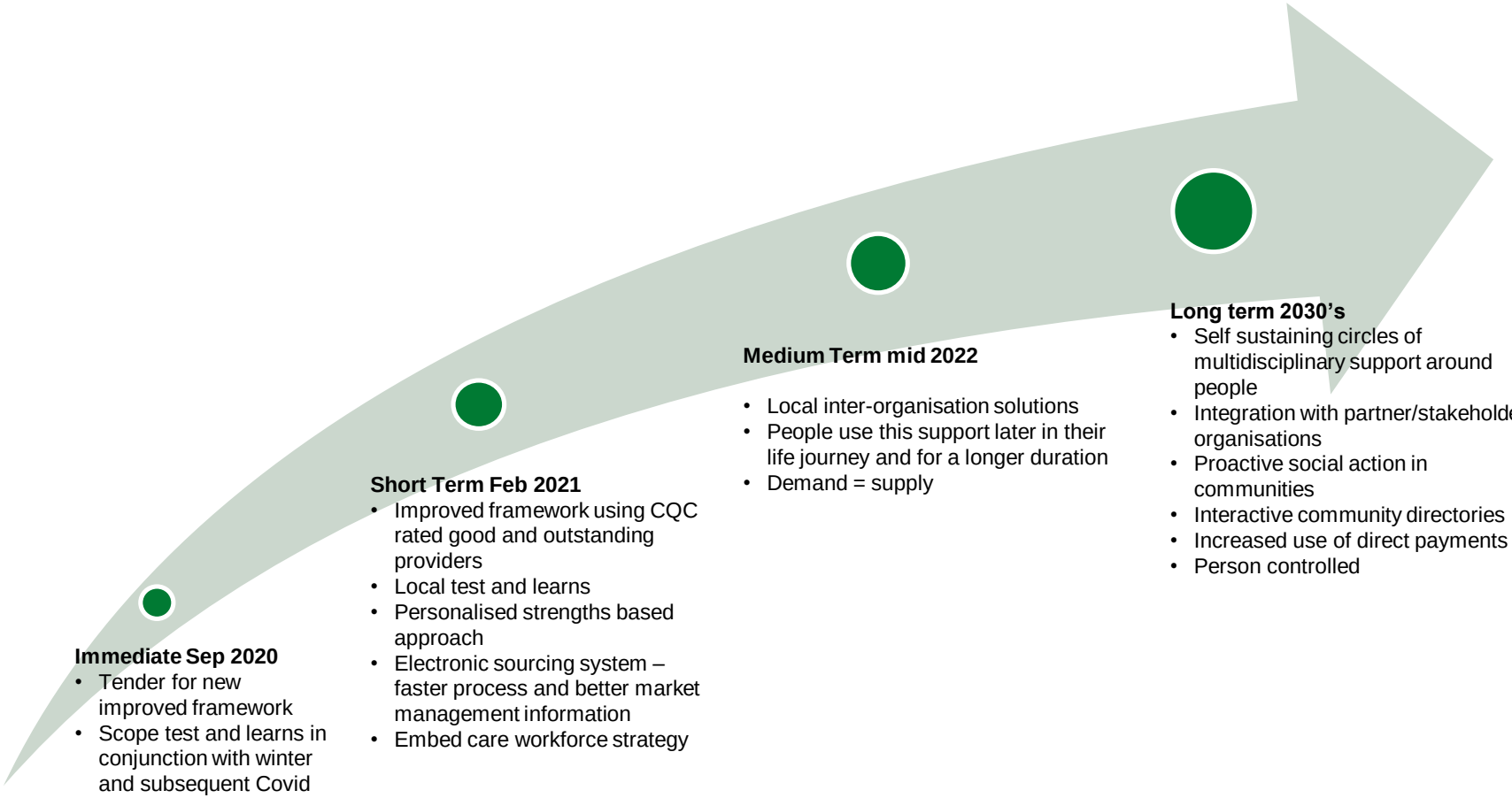
- Looking to mandate EHM across the domiciliary care service
- Awarded ‘Proof of Concept’ pilot to BJSS on 17th July. Concept is to pull data from providers existing EHM systems. Pilot to be run from July to December to inform requirements going forward
- Objectives: to improve the safeguarding of our most vulnerable Adults; to improve risk management; and to support the performance management of provision
- Switch on to be during the first year of the Framework
- In the interim, Providers will be required to upload EHM reports to a portal (continuity of carer, time windows, transparency of time spent especially when Adult pays for, or towards, the cost of care)

Proposed KPIs

KPIs to manage performance – aim is to use validated data and minimise Provider time spent on reporting

KPI	KPI Statement	Calculation Method	How	Frequency	Weighting
1	CQC Rating	Scores allocated for Overall, Safe & Well Led KLOEs	ECC to calculate from CQC published data	Monthly	20%
2	Missed Calls	% of planned visits not attended	Report from EHM system	Monthly	10%
3	Calls outside time window – time critical calls / non time critical	% of planned visits outside time window	Report from EHM system	Monthly	10%
4	Continuity of Carer	Number of visits / numbers of carers.	Report from EHM system	Monthly	10%
5	Packages accepted	Package starts / packages offered to provider	ECC to calculate	Monthly	10%
6	Social Value TOMS	£ generated / number of Adults	Provider to complete National TOMs (Themes, Outcomes and Measures) toolkit	6 Monthly	10%
7	Adult Satisfaction Survey	Score allocated on responses of Adults	ECC to commission independent survey	Annually	20%
8	Handbacks	Handbacks / total number of Adults	ECC to calculate	Quarterly	10%

Live at Home Roadmap



Immediate Sep 2020
- Tender for new improved framework
- Scope test and learns in conjunction with winter and subsequent Covid spike planning

Short Term Feb 2021
- Improved framework using CQC rated good and outstanding providers
- Local test and learns
- Personalised strengths based approach
- Electronic sourcing system – faster process and better market management information
- Embed care workforce strategy

Medium Term mid 2022
- Local inter-organisation solutions
- People use this support later in their life journey and for a longer duration
- Demand = supply

Long term 2030's
- Self sustaining circles of multidisciplinary support around people
- Integration with partner/stakeholder organisations
- Proactive social action in communities
- Interactive community directories
- Increased use of direct payments
- Person controlled

OP Residential and Nursing Market Shaping

Essex County Council

Background

- 410 Care Homes across the Essex System, are registered to provide care and support in a residential setting

- 266 homes are registered for older people services (CQC data)

- Several care homes have multiple CQC registrations e.g. registered for older people, mental health etc, although specialise in one area

- Current number of homes delivering care and support to older people only:
  - 152 Older People Residential Care Homes
  - 61 Older People Nursing Homes

- Current occupancy levels in Essex are c.81% - this is a reduction of 10% since March 2020

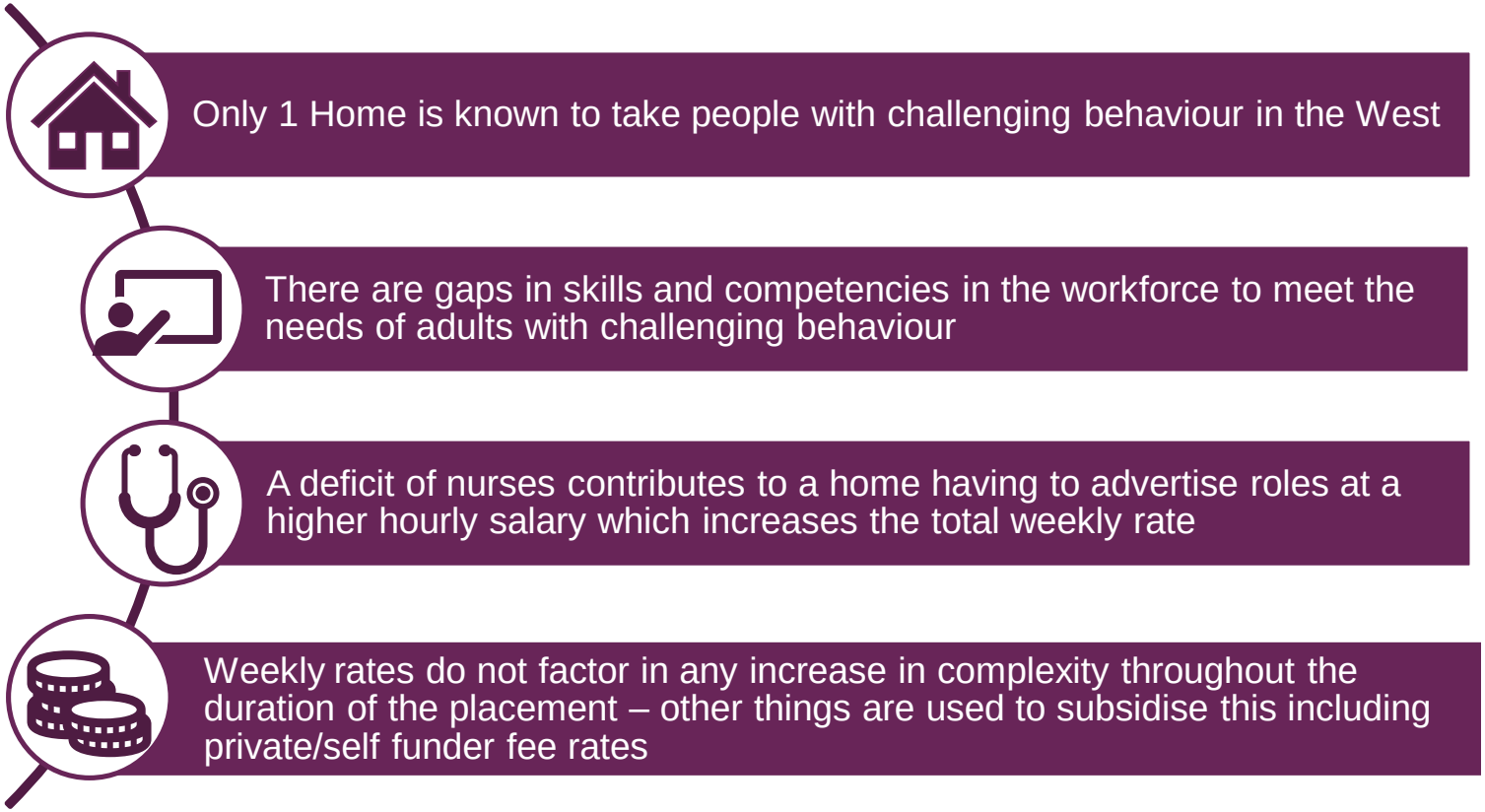
- ECC occupies c.31% of the total older people care home beds in Essex c.3500 beds

- CCG occupies c.3% of the total older people care home beds in Essex c.350 beds, although further work is being undertaken with the CCG's to understand whether it is anticipated that they will return to pre-Covid levels of occupancy of between 450 and 500 placements at any one time

Background cont.

- Demand for Older People Residential Care is steadily declining; resulting in over supply of residential beds across the Essex system
- Current modelling indicates that there will be oversupply in Essex by March 2022
- Affordability is a barrier to accessibility of the identified market capacity, particularly in West Essex where placements requiring nursing care can incur exceptionally high spot rates
- There is a lack of supply to support adults with more complex conditions e.g. advanced dementia. This is particularly prevalent in West Essex
- There is oversupply in Tendring, Braintree and Halstead
- Proposals and options need to be sensitive to local issues

Market Intelligence



Market Shaping Principles

To achieve and maintain market sustainability, providers must adapt and align their business model with future care needs. Older People Care Home Market Shaping is a multidisciplinary project involving ECC (Procurement and ASC) and Essex CCG's

The overarching principle of the project is to ensure we have the **right capacity**, in the **right place**, at the **right time** at the **right price.**

We also want to

- Maintain choice and control for individuals
- Promote community capacity and resilience despite a downward trend of residential care placements
- Increase collaboration with NHS, Districts and Boroughs
- Provide support and guidance to OP care Homes at risk of closure
- Retain the best quality providers in the market

Next Steps

- We are currently reviewing options for market engagement and shaping in collaboration with CCG's, ECC Commissioners, Finance, Procurement and Legal

- A market shaping workshop is planned for 16th September