Sandbox proposal – round 3: Community care at home teams

Purpose of this paper

This paper outlines the proposed topic area for CQC's third cohort of "regulatory sandboxing" – an approach to work collaboratively with providers that are delivering new and potentially impactful service models.

Background – regulatory sandboxing

Regulatory sandboxing is a new approach to working collaboratively with providers and organisations that are delivering innovative services. This is being piloted[1] at the CQC. The pilot will test 2 or 3 "rounds" of policy and methodology development around specific types of innovation.
Each round involves a 12 to 14 week period of work, co-produced with a set of interested organisations working in the area: 'participants'. Participants who apply for the sandbox are asked to commit to two workshops, two information requests, a site visit, and to review our findings as we go along. We will then jointly publish the outputs of the round at a summit.

This particular cohort of sandboxing plans for a potential extension to this initial 12-14 week period. To allow participants to mobilise or adapt their service models. CQC believe that this practical test may be necessary in order for the regulator to define a service type that is partially in existence, but where providers currently feel constrained by the existing regulatory model for homecare.

The outputs are a final publication setting out a shared view of what good looks like for this type of innovation, and how the CQC will register and inspect these types of innovation or service.

Section 1: overview of topic area

This section provides an overview of the proposed topic area, so help the Sandbox Committee decide on whether to approve this proposal for the first pilot.

General description of the area
Many people who need social care in their own home choose to get the support they need from personal assistants (PAs) or other micro-providers. These are individuals, or small groups of individuals, who are employed by people to provide them with the care and support they need. Employing their paid carer ensures greater continuity of care than is normally available from a domiciliary care agency. **Evidence suggests that there are advantages to this model of care – but there are also some drawbacks.** PAs and other micro-providers typically provide a highly personalised, strengths-based and user-led approach that improves wellbeing and reduces unnecessary hospital and care home admissions. But there are risks and issues associated with this model of care: People can have to take on the responsibilities of being an employer; The paid carers are not regulated; PAs cannot work together in partnership; PAs cannot benefit from professional oversight and support; There are fewer options available to safeguard their service users. **We have seen the emergence of organisations that support PAs and other micro-providers** by offering introductory agency services, community development activity, and small business start-up support. This is a relatively new way of supporting care delivery and offers a number of benefits. **The way we regulate is currently making it difficult for PAs and support organisations.** Some of the services that these organisations provide, such as supporting PAs to develop skills and knowledge (for business, care or both activities), or facilitate cooperation and discussion between them, may stray into regulated activity. Our current systems and methodologies do not reflect the way these (micro) organisations operate; they must either register as a very small domiciliary care agency (DCA) or avoid carrying out regulated activities. Where these providers have registered as DCAs they have found our processes and assumptions difficult for their business model.

CQC are not proposing the compulsory regulation of individual, 'traditional' PAs. PAs and their customers preferring to work independently under current arrangements excluding them from regulation will continue to do so. This work may lead to changes in at least some people's preferences about this.

Objectives

The sandbox will aim to articulate more clearly what this model of care looks like and co-produce a definition of good with the sector.

It will then seek to understand whether and how CQC should make changes to its methodology to support the development of regulated umbrella organisations for PAs and micro-providers. This may include:

- developing a new provider type that reflects the approach of these organisations and gives them a path to regulation;
- making other changes to our methodology to facilitate the regulation of these providers;
- concluding that these providers should have a relationship with CQC that does not amount to full registration and regulation; or
- doing nothing.

TLAP, DHSC, UKHCA, and NESTA have an interest in this sandbox round and we anticipate that they will form a part of the team

Anticipated benefits of running a sandbox in this area
Benefits to people who use services • More highly personalised care at home, which we understand is more likely to improve wellbeing and reduce hospital and care home admissions • A way for people to enjoy a PA-like service without necessarily having to directly employ and manage their paid carers • A PA-style option for people that includes regulatory oversight **Benefits to providers and innovators** • PAs have the option of working with or through an umbrella organisation that can provide them with business and professional support, sickness and leave cover, quality monitoring, and protection from inappropriate or excessive expectations. • An equitable regulatory arrangement is struck that treats Domiciliary Care Agencies and these new umbrella bodies fairly • Introductory agencies that would like to continue contact with and provide support to people and their paid carers have a path for doing so without becoming a traditional Domiciliary Care Agency

Section 2 – overview of proposed approach to this sandbox

This section provides an overview of the proposed approach to the sandbox, for review and comment by the Sandbox Committee.

Summary of policy and methodological issues
Key policy issues In carrying out this work, there are a number of key questions that will need to be addressed, including: • can this model of care be defined in a way that is distinct from a DCA? • can we develop a regulatory model that better reflects the way in which these organisations operate, but which does not lower regulatory standards? • Focusing on the outcomes for service users, what are the net costs and benefits of the various approaches to regulation? **The development of clear criteria for the new Service Type proposed** **CQC's regulatory model and assessment framework**
Proposed scope of sandbox
In scope: • Teams of PAs working with and through an umbrella body • Registration, Inspection and Monitoring methods and processes for regulating umbrella bodies Out of scope: • Personal assistants working directly for people with no continuing involvement of third parties in relation to quality monitoring or accountability. • Introductory agencies having no further involvement with care or related agreements.

Expected outputs		
	Y/N	*Comments*
Definition of what good looks like	Y	Guidance on what a good shared care at home looks like to inform umbrella bodies about what they should be aiming for in terms of the quality of their service and the assurances they make about the PAs / micro providers working for them. To include signposts to detailed guidance available from external authoritative bodies.
Registration	Y	A project registration handbook including or linking the above guidance on what good looks like, an overview of the sub-sector and its place in ASC, guidance on how we apply our ASC registration assessment framework, and guidance about the registration end to end process for pilot providers. Bespoke additional SCaH questions to add to standard application forms.
Inspection	Y	A project inspection handbook including or linking the above guidance on what good looks like, an overview of the sub-sector and its place in ASC, guidance on how we apply our ASC inspection assessment framework, and guidance about the inspection end to end process for pilot providers. In order to test this, a period of mobilisation or operational adjustment may be required for some sandbox participants.
Monitor	Y	Enquiries and data items for additional, service-specific PIR data items.

Criteria to be used to select providers for the sandbox

A selection panel of CQC staff with service user involvement will review the applications for this round against the criteria set out below, and propose a set 3 – 6 organisations, to be signed off by the Sandboxing Committee. Sifting is planned for the end of October.

Planned selection panel: Simon Spoerer, April Cole, David James, Tom Stocker Nicky Kemp, Tim Atkins, Quenten Farquarson, and Sian Lockwood (tbc – the last two are independent representatives of the sector)

The following **selection criteria** will be applied in the following order, with the highest scoring organisations from the previous step being reviewed first:

1. Is the organisation in scope?

- Is the organisation currently working within social care in England? [pass/fail]

- Is the organisation credibly offering, adopting, or delivering, or planning to develop an umbrella service? (By umbrella service we mean an organisation that manages somewhat autonomous personal carers teams of carers) [pass/fail]

2. How willing to engage is the provider? (based on their statement of intent)

- Can the organisation commit to attending the key dates set out in the application process? [pass/fail]
- Can the organisation commit to the sandbox work-programme? [subjective panel score 0-4 where 0 means a fail]
- Has the organisation demonstrated an understanding of the sandbox process? [subjective panel score 1-4]

3. Representation

- Is the organisation sufficiently different from the other organisations selected for this round? [subjective panel score 1-4]
    - We will seek to select a variety of providers in terms of their business models and working arrangements
    - We will seek to select a variety of providers in terms of their technical / digital functionality
- Does the organisation credibly represent the carers they are seeking to manage? [subjective panel score 1-4]
- How committed is the organisation to providing a PA-like experience for people? [subjective panel score 1-4]

4. Maximum limit on participation

- Up to 6 providers will be selected. Where there are providers that score equally on the criteria above, there will be a random draw of providers with equal scores until the maximum number of places has been filled.
- The selection panel will set a cut off point after scoring and may set that where fewer than 6 providers are eligible to join the sandbox.

Scoring:

Score 1: The organisation does not meet the criteria

Score 2: There is limited evidence that the organisation meets the criteria

Score 3: The organisation partially but not fully meets the criteria

Score 4: The organisation fully meets the criteria

Report Prepared by:	Approval status:
Simon Spoerer and Tom Stocker	Approved with modification – 16 September 2019
Date Prepared:	Date of Sandbox Committee:
2 August 2019	15 August 2019

Committee feedback

A summary of comments and deliberations from the Sandbox Committee
Important area for the CQC to look at, in terms of keeping vulnerable people safe, and encouraging innovation in social care. Further time was allowed to work up the policy issues and testing strategies as a result of sandbox committee feedback. The results of this are reflected in this document.

Annex A: overview of possible sandbox process and timeline (it will depend on the outcome of the first stages)

Stage	Planned activities	Timeframe
Launch and on-board	Advertise to, select and engage with interested parties	14 September to 28 November
Coproduce and discover	Set out what good looks like at a high level Define the type of service and, loosely, the parameters and standards of how umbrella orgs do or could operate Form and review strategies for bringing this new type of service into regulation and iteratively co-produce tools and processes for doing so ***Key dates for participants to attend workshops are 28th November and 12th December***	28 November to 12 December

Sign off approach to next phase

Register and set up	Register providers under a new service type, including site visits Set out a high-level plan for the sandbox agreed with providers for testing Develop a sense of community and team spirit	12 December to 21 March

	Develop thinking about inspection methodology, policy, sector engagement, and what good looks like	

Publish a summary at this stage, and testing plans, and use this to start engaging the sector

Mobilise	Newly registered providers mobilise their new model of care Data collection commences CQC team co-produces monitoring and inspection methodologies with providers	21 March to 17 May
Evaluate and iterate	Collect first cut of the "test" outputs to inform CQC decision on continuing this service type, and to inform the development of inspection Canvass participants and key stakeholder organisations to comment on the inspection materials Evaluate against key unknowns Conduct first inspections. Do so iteratively, refining and developing the draft inspection materials at each one.	18 May to 18 July
Synthesise and decide	CQC to decide on this service type going forwards Finalising any additional changes to inspection and registration for this service type, including guidance and roll-out in registration Enacting the last of the CQC internal communications required to embed the new approach across operational teams	19 July to 1 September

Launch the results and provide clear guidance for providers