

## **CABINET**

**17<sup>th</sup> April 2018**

### **HEMECARE RECOMMISSIONING**

#### **Report of the Director for Peoples Services**

Strategic Aim:	Meeting the health and wellbeing needs of the community	
Key Decision: Yes	Forward Plan Reference:	
Exempt Information	No	
Cabinet Member(s) Responsible:	Mr A Walters, Portfolio Holder for Health and Adult Social Care	
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#### **DECISION RECOMMENDATIONS**

That Cabinet:

1. Approves the extension of the current homecare contracts to 31<sup>st</sup> March 2019 as set out in Section 3.5.

## **1 PURPOSE OF THE REPORT**

- 1.1 To seek approval from Cabinet to extend the current homecare services until 31<sup>st</sup> March 2019.

## **2 BACKGROUND AND MAIN CONSIDERATIONS**

- 2.1 Cabinet received a report in May 2016 in which Members agreed the review and re-commissioning of homecare services in Rutland.
- 2.2 The Council tendered homecare provision in 2013 and currently has a framework agreement in place with 5 homecare agencies to provide care packages to older people. The framework contract is in place until May 2018 and allows the Council to directly commission individual care packages from providers as and when the need arises.
- 2.3 Although there were 8 providers initially on the Framework, over the life of the Framework 3 have withdrawn due to the low volume of work or to difficulties of staffing calls in Rutland.
- 2.4 In order to ensure sufficient carers available to meet packages, a number of additional providers have been awarded contracts. These are known as 'second tier' providers and are used where those on the Framework have no capacity. There are 7 such providers currently. The issue of capacity is one which has been recurrent through the framework life.
- 2.5 This two tier approach to providers makes the process of commissioning individual care packages more complex, but as the current contracts are structured is necessary to meet need.
- 2.6 Currently the Council commissions 72,000 hours of homecare support per year to approximately 89 people. This figure is set to rise in the future due to an ageing population, people living with more complex conditions and people having the choice to remain living at home with appropriate support in place. The Council need to ensure that homecare services are able to meet future demands and are fit for purpose; the review and recommissioning exercise was therefore designed to look at alternative models for commissioning these services.

## **3 PROPOSED MODEL FOR FUTURE PROVISION**

- 3.1 Various options were considered to determine a model of homecare which can meet the needs of Rutland residents both now and in the future, and to address the issues raised during the consultations undertaken as part of the recommissioning (see Section 4 below).
- 3.2 A twofold approach has been developed based on the learning from the current provision and from the consultation. It will enable Rutland to develop a more effective and responsive service for those with complex care needs, whilst retaining homecare support by external providers as set out below:

### **3.3 In-house Complex Care Support Service**

- 3.3.1 This service is being developed in-house. It is based on the Netherlands' Buurtzorg model and enables a person-centred approach to care delivered by a

multi-disciplinary team.

- 3.3.2 It provides care for those service users with the most complex care needs, including those with health needs funded by Continuing Healthcare (CHC) and those whose needs would not fit with traditional homecare services but would benefit from additional support.
- 3.3.3 The approach is being trialled within a small area of the county currently to enable it to be shaped as it is developed. The viability and sustainability of the model is being tested to ensure that it would work long-term and be able to meet needs across the whole county.

### **3.4 Externally commissioned Homecare Provision**

- 3.4.1 The current model of spot-purchasing homecare from external providers within the county will continue for those service users who have a lower level or more straightforward care needs.
- 3.4.2 Under the Care Act 2014, the Council have a duty to support the provider market locally. By continuing to commission a level of care from external providers, the Council will be supporting the sustainability of care providers to ensure that there remains provision for self-funders.
- 3.4.3 The development of this two-fold delivery model has taken some time – officers need to ensure that the in-house service would be sustainable longer-term and meet service users' needs, and be financially viable. Consequently, the planned reprocurement of the framework homecare provision has been held back.
- 3.4.4 In addition, talks have begun with East Leicestershire and Rutland CCG (ELRCCG) concerning the opportunity to jointly commission homecare for Rutland, to ensure a coordinated and consistent approach. Currently ELRCCG hold separate contracts for Rutland service users and these are due to expire on 31<sup>st</sup> March 2019.

### **3.5 Re-procurement**

- 3.5.1 In order to enable the reprocurement of homecare to take place, the current contracts need to be extended. It is proposed that the extension is implemented for a period of ten months to 31<sup>st</sup> March 2019. This will allow sufficient time for a reprocurement to take place, and for implementation of any provider changes post-contract award. The implementation and lead-in time is especially important as any changes to care provider will require consultation with individual service users.
- 3.5.2 It is intended to use the reprocurement to address the issues raised with the current model of homecare support through the service specification requirements, and to shift the model of service delivery from 'time and task' to a person-centred approach.
- 3.5.3 The request for the procurement, the timetable and the proposed award criteria will be tabled at Cabinet for approval in June 2018.
- 3.5.4 At the point that officers request the procurement from Cabinet, they will also formally request either:

- i. permission to roll-out the complex care support service alongside the externally commissioned homecare; or
- ii. will end the trial if the complex care service is not viable and add the requirements for meeting of the needs of those service users with more complex care into the homecare service procurement.

## **4 CONSULTATION**

- 4.1 As part of the commissioning process, various consultation has been undertaken to understand current delivery and issues, and to look at potential models:
- i. Service user feedback including a survey, open event and telephone contact.
  - ii. Provider event.
  - iii. Carer feedback including a questionnaire and telephone contact.
- 4.2 The consultation highlighted 5 specific areas:
- i. Standard of care: The quality of care and support provided.
  - ii. Consistency of call times: The times required to support and whether these are at a regular time each day, to which the service user has agreed.
  - iii. Consistency of carers: Carers who are regularly visiting the same service user, and having an understanding of their support needs.
  - iv. Rate of pay: The fees paid to the provider and the pay received by a carer.
  - v. Communication: How relevant information is shared between carers, providers and social care to ensure services provided are effective and ensure the safety and wellbeing of the service user is maintained.

## **5 ALTERNATIVE OPTIONS**

- 5.1 To not extend the current contracts would leave insufficient time to re-procure homecare services thus leaving vulnerable people without appropriate care and support in the community.

## **6 FINANCIAL IMPLICATIONS**

- 6.1 The extension to homecare contracts will be met through the existing homecare budget, paid for on a case by case basis at a fixed fee as it is currently. The rate of homecare per hour paid during the extension does not include any uplift. Any uplift requests will be responded to as per current provider contracts.
- 6.2 The complex care model trial is being funded through the Adult Social Care grant and the Better Care Fund. As care packages are moved from the external homecare provision to the complex care support service, the funding will be moved across accordingly to enable any future roll-out to be funded from the budget allocation set within the MTFP.

## **7 LEGAL AND GOVERNANCE CONSIDERATIONS**

- 7.1 The current framework contracts were procured for 3 years from May 2013 with the option to extend for 2 years- these have been extended in line with the contract until May 2018.
- 7.2 Since May 2013 several spot purchase contracts have been issued which are due

to expire on the same date.

- 7.3 As there is no option in the current contracts to extend beyond May 2018, an out of contract extension is required to ensure that provision for care packages remains whilst a reprocurement takes place to award new contracts to commence from 1<sup>st</sup> April 2019.

## **8 EQUALITY IMPACT ASSESSMENT**

- 8.1 An equality impact assessment screening has been undertaken and there are no adverse impact effects due to a continuation of homecare services with current providers.

## **9 COMMUNITY SAFETY IMPLICATIONS**

- 9.1 The Council is required by Section 17 of the Crime & Disorder Act 1998 to take into account community safety implications. The procurement of quality homecare will contribute to the safety and reduction of risk of vulnerable people.

## **10 HEALTH AND WELLBEING IMPLICATIONS**

- 10.1 The delivery of homecare services enables people to receive care and support services at home and in the community, which support their wellbeing and improve their health outcomes.

## **11 CONCLUSION AND SUMMARY OF REASONS FOR THE RECOMMENDATIONS**

- 11.1 The Council requires homecare services to support people to remain independent in the community and in their own home. The contract with the existing providers is due to expire and a contract is required whilst procurement is undertaken.
- 11.2 Alternative options are not deemed suitable at this point in time, as this would risk leaving a gap in service provision.
- 11.3 It is recommended therefore that Cabinet approves the extension of the current contracts to allow for a full reprocurement to take place for the provision of homecare services.

## **12 BACKGROUND PAPERS**

- 12.1 Report No: 106/2016 Residential and Domiciliary Care Fees and Future Planning.

## **13 APPENDICES**

- 13.1 No Appendices

A Large Print or Braille Version of this Report is available upon request – Contact 01572 722577.