

CABINET

19 JUNE 2018

HEMOCARE RECOMMISSIONING

Report of the Director for People

Strategic Aim:	Meeting the health and wellbeing needs of the community	
Key Decision: Yes	Forward Plan Reference: FP/140218	
Cabinet Member(s) Responsible:	Mr A Walters, Portfolio Holder for Health and Adult Social Care	
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DECISION RECOMMENDATIONS

That Cabinet:

1. Receives an update on work undertaken for the recommissioning of homecare services in Rutland.
2. Approves the procurement model for homecare services as set out in Section 6 of this report.
3. Authorises the Director for People, in consultation with the Cabinet Member with Portfolio for Health and Adult Social Care to award the contract(s) for homecare resulting from this procurement in line with the Award Criteria as set out in Appendix B.
4. Supports the continuation of the in-house complex care support service trial as set out in Sections 8 -10 of this report.

1 PURPOSE OF THE REPORT

- 1.1 This report sets out the outcome of the work to review existing provision and inform the recommissioning of homecare services. It requests approval to commence procurement of homecare contracts, and to continue the trial of the Complex Care Support Service.

2 BACKGROUND AND MAIN CONSIDERATIONS

- 2.1 In May 2016, Cabinet received a report in relation to the current homecare contracts and approved the re-commissioning for the provision of homecare in Rutland.
- 2.2 The recommissioning has been informed by two strategic drivers:
- a) The Council's Adult Social Care Strategy sets out the vision for social care services in Rutland. The primary aim is to enable and encourage people and communities to live healthier and more independent lives, with less reliance on services enabling individuals and families within our community to achieve their full potential and be safe from harm.
 - b) The Rutland Better Care Fund programme aims to shape more integrated, efficient and effective health and care services which work well for the people of Rutland. This is so that people receive the right care and support at the right time to maintain their health and wellbeing, staying well for as long as possible then preventing, delaying or reducing their need for care.
- 2.3 The Council needs to ensure that homecare services are able to meet future demands and are fit for purpose.

3 CURRENT PROVISION OF HOMECARE

- 3.1 The Council tendered older people's homecare provision in 2013 to establish a framework of providers. There has been significant change on the framework contract during its lifetime thus far – from the original eight providers, six have withdrawn either due to the low volume of work or to difficulties of staffing calls in Rutland, whilst a further seven agencies have requested to provide services in Rutland. The Council currently has contracts in place with nine domiciliary care agencies to provide care packages to older people.
- 3.2 Currently the Council commissions over 62,000 hours of homecare support per year to approximately 79 people. This figure is set to rise given the ageing population in Rutland, the increase in people living with more complex conditions, and the increase in people continuing to live at home.

4 CONSULTATION TO INFORM RUTLAND'S FUTURE APPROACH

- 4.1 The consultation undertaken and the areas needing to be addressed through the recommissioning were outlined in Cabinet Paper 69/2018. The 5 specific areas were:
- 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.

4.2 Soft Market Testing

4.2.1 A Soft Market Testing exercise was undertaken in 2017. Five providers responded giving their views:

- Providers felt the current style of commissioning was no longer fit for purpose or person-centred.
- Relationship-based approaches were seen as a positive move to integrated care.
- Frameworks failed to address some of the key challenges in social care such as recruitment and retention of staff, fluctuating service user needs and quality of service
- Availability of numerous providers supports local businesses and allows for a mix of service providers across Rutland, but can cause difficulty due to low volumes of work and competition from other providers.
- Some providers are already developing relationship- based approaches Providers would support the need for improved terms and conditions for care staff
- The skill set and training of care staff would be paramount were care tasks to be extended beyond traditional roles, though this may improve recruitment and retention.
- Providers welcome more opportunities to work collaboratively.

4.3 Officers have also looked at how homecare is commissioned in other local authorities, the benefits and challenges of these approaches. Consideration has been given as to how the best elements of these can be brought into Rutland's model.

5 FUTURE PROVISION

5.1 It is proposed that the future provision should be comprised of two elements, both of which have been designed to address the concerns and challenges raised during the review and consultation exercises:

- i) External contracts with homecare providers using revised specifications which drive a relationship-based, outcomes-focussed approach for service users;
- ii) Further development of the current Complex Care Support Service trial which supports adults who would benefit from a preventive intervention through intensive support.

6 EXTERNAL HOMECARE PROVISION

- 6.1 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.
- 6.2 It is proposed that a framework of providers continues to be used to maximise available capacity in the county. A framework ensures that sufficient support is available across the county, as well as offering service user choice. It also reduces the risks should there be any issues with a provider by ensuring there is alternative provision available.
- 6.3 The service model will shift from commissioning for 'time and task', to an outcome-focussed service which supports people to maximise their independence. The specification will set out three key aims:
- iii) To support individuals to regain and retain their independence
 - iv) To reduce the need for on-going homecare services through reablement and enablement
 - v) To support Service Users to exercise choice and control
- 6.4 The revised specification will be designed to address the issues raised within the consultation, and include requirements in relation to quality of service delivery; standards of support; minimum training requirements for staff; and expectation of providers. Providers applying for a position on the framework will need to evidence that they have in place:
- a) a means of ensuring consistency of carers (as far as possible) for individual service users;
 - b) a sustainable wage that is competitive with other service industries, promotes employment, attracts staff who can deliver quality and addresses issues such as payment for travel and training time;
 - c) an hourly rate that includes good quality mandatory training across a range of care areas, and inclusive of travel time;
 - d) training and career progression that is aligned to the national Skills for Care programme for this sector;
 - e) values-based recruitment practice for all care workers and agency staff to ensure that they recruit caring people.
- 6.5 It is also proposed that within the new contracts there is opportunity for care providers to have some autonomy over the number of hours of support they provide to an individual service user – this will enable flexibility in the delivery of support according to service users' wishes. At the point of commissioning the care package a set number of expected hours per week will be agreed, providers will then be able to agree with the service user how these hours are split over each day, and can adjust this level either up or down within set parameters according to the individual's needs.
- 6.6 In addition, talks have begun with East Leicestershire and Rutland CCG (ELRCCG)

concerning the opportunity to jointly commission homecare within Rutland, to ensure a coordinated and consistent approach. Currently ELRCCG hold separate contracts for Rutland service users and these are due to expire on 31st March 2019. It is proposed that the tender allows for the CCG to call-off of the framework to commission care packages.

6.7 Proposed Contract

- 6.7.1 The proposed contract length is 3 years, with the option to extend for a further year, in line with the maximum term for frameworks.
- 6.7.2 The contract value will be set at up to £1.074million per annum, a total of £3.2million over the initial life of the contract. As the service is demand-led the actual annual cost may fluctuate.
- 6.7.3 The total number of providers awarded contracts on the framework will depend on the level of interest and number who meet the selection criteria. Providers will be required to indicate within their tender submission how they will be able to meet service requirements and provide support across Rutland, including rural areas.

7 PROCUREMENT PROCESS

- 7.1 The procurement process will follow a single-stage open process in line with the Council's Contract Procedure Rules.
- 7.2 The value of the contract is above EU procurement thresholds for goods and services and as such will be subject to the full OJEU process as set out in the Public Contracts Regulations 2015.
- 7.3 The timetable for the process is set out in Appendix A and the proposed award criteria are set out in Appendix B.

8 THE COMPLEX CARE SUPPORT SERVICE

- 8.1 The Complex Care Support Service (CCSS) is currently being trialled in-house to deliver outcome-focussed support for those service users with the most complex care needs, including those funded by Continuing Healthcare (CHC), and those who would not fit with traditional homecare services but would benefit from additional support, for example: where previous service engagement has been declined; where providers have been unable to support due to complexity of needs; or where multiple people within the same household have care needs. The support is tailored to meet physical health and care, and also social and emotional needs of both the individual and any informal carer(s). It aims to reduce the need for ongoing and acute services and improve individuals' quality of life.
- 8.2 The criteria during the trial have been kept deliberately broad to enable a range of service users to be included to ascertain how different groups of service users may benefit.
- 8.3 The trial was started in September 2017 with a small multi-disciplinary self-managing team. Twelve service users have so far received support; aged between 18 and 90 years old with varying conditions, including: mental health issues; learning disabilities; terminal illnesses; and Alzheimer's. It was originally set up to cover Oakham only but has extended to include villages within a 3 mile radius, and has

more recently been extended to Uppingham.

- 8.4 The team size allows consistency of support to service users by staff who are able to build positive relationships and get to know and understand their needs and wishes. The service also benefits from a level of flexibility: staff are encouraged to take a more proactive approach to assisting someone to live independently in their own home. Should a service user need more support than usual then the carer can do so without needing to request permission, and can make onward referral decisions to reduce risk or deterioration in health;
- 8.5 The focus of staff training and development has been based on reducing the need for several services visiting a particular individual: for example staff have been trained to carry out specific healthcare tasks under clinical supervision thereby reducing the need for community health services to visit.

9 OUTCOMES FROM THE COMPLEX CARE SUPPORT SERVICE TRIAL

- 9.1 A review of the trial has highlighted a number of key areas.

9.2 Individual Outcomes

Whilst it is not possible to state unequivocally that the service alone has led to specific outcomes, case reviews indicate that:

- 4 service users would have been prevented from entering, or been transferred home from, residential care;
- 2 service users no longer require ongoing support from community nursing;
- 3 service users were able to receive end of life care at home as per their and their families wishes;
- 3 service users who previously disengaged with health and social care services now engage regularly;
- 3 service users now have significantly increased independence.

9.3 Impact on Health Services

- 9.3.1 During the trial, the support provided has led both to increased and decreased need for health interventions in individual cases, but overall has resulted in a slight reduction in use of primary care and community nurse services. In addition, the number of ambulance callouts and the number of admissions to hospital has reduced, along with length of stay following hospital admission.
- 9.3.2 Feedback from health professionals has indicated that the level of engagement by service users within the CCSS, has led to increased engagement in other services as well, leading to improved health outcomes.
- 9.3.3 There is opportunity to build on and develop the model by extending the range of low level healthcare tasks undertaken and increasing the joint working with community health teams.

9.4 Staffing

- 9.4.1 Capacity to increase the number of service users within the model has been challenging. There have, at times, been capacity issues due to the small numbers of staff within the team. This has caused some difficulties in covering annual leave and sickness whilst ensuring service users receive consistent and appropriate support. This should be mitigated as the service grows.

9.5 Service User and Staff Views

- 9.5.1 Service user, family and carer feedback has been very positive, particularly in relation to the standard of care, trust built, and improved quality of life for individuals and their families.
- 9.5.2 Initially workers found the shift being individually responsible for decision making regarding support for individuals difficult, however they have latterly reported that the quality of time spent with service users and the flexibility allows them to build positive, trusting relationships, and that they feel empowered and have greater job satisfaction.

9.6 Potential Cost Savings and Cost Avoidance

- 9.6.1 The trial monitored the level of hours which would have been commissioned from an external provider to meet the service user's needs against the actual hours delivered by the CCSS service. Thus far, on average only 50% of the commissioned hours were used; for those service users who required end of life support, 87% of the commissioned hours per week have been used.
- 9.6.2 There are potential costs savings in the future from enabling service users to remain at home as a result of the support received, rather than move into residential care.
- 9.6.3 In addition, working within smaller localities should lead to saved travel time and mileage costs which can be reinvested back into the service.

10 NEXT STEPS FOR THE COMPLEX CARE SUPPORT SERVICE TRIAL

- 10.1.1 Early indications show a positive impact from the model and opportunities for both savings and future cost avoidance, however there are still a number of areas which need further exploration. It is proposed to continue the trial, gradually extending it within the county, in order to fully evaluate longer-term sustainability, particularly in more rural areas, and undertake detailed evaluation of financial viability.
- 10.1.2 One of the continuing challenges will be to balance the continued flexibility within the service as it is extended to cover more rural areas of the county, against the staffing levels required to meet differing service user needs.
- 10.1.3 Further discussions are required with health commissioners to understand the level of input from health services and the impact which having a nurse within the team has in real terms on integrated provision across health and social care.

11 CONSULTATION

- 11.1 The plans for homecare recommissioning, including an update on the Complex Care Support Service trial, were tabled at Adults and Health Scrutiny Panel. The Panel were supportive of the proposed changes in the procurement of the external homecare contracts.
- 11.2 The Panel were supportive of the Complex Care Support Service trial, and noted the outcomes achieved so far on a small scale. Members noted caution in understanding how the model could be extended to rural areas and suggested that it may need to be altered slightly to achieve similar outcomes.

12 FINANCIAL IMPLICATIONS

- 12.1 The overall gross expenditure budget for homecare is £2.032million per annum, offset by income from service users who are recharged under the Fairer Charging Policy; the actual cost of the services to the Council is currently £1.52million per annum. Within this, the budget for older people's homecare is set for £1.15million in 2018/19.

12.2 Financial implications for external commissioned homecare

- 12.2.1 Fee negotiations are currently being undertaken with homecare providers on the existing framework. The Consumer Price Inflation rate as of February 2018 was 2.6% and if this level of uplift were awarded, it would increase the current hourly rate paid to external providers from £16.46 to £16.90. As the homecare fee paid by Rutland is already one of the highest in the region, the negotiations will take this into account.
- 12.2.2 Based on the current level of hours commissioned to external providers, the annual cost of external homecare provision in Rutland would be £1.18million per annum for older people's homecare should the full inflationary uplift of 2.6% be given. Were the Council to use the UK Homecare Association costing model which uses a UK average cost of delivering care, the fee would increase £18.00 per hour, bringing the annual cost of external homecare provision to £1.26million per annum, costing the Council in excess of an additional £320,000 over a four year period.
- 12.2.3 The contract value for the external provision has been set slightly lower at £1.074million per annum, to allow for a number of future care packages to be held by the CCSS rather than be commissioned out to external providers.

12.3 Financial implications for the Complex Care Service

- 12.3.1 The trial has used Better Care Fund Programme funding to enable it to be 'twin-tracked' whilst the model and viability of the service is tested. This is time-limited and the funding will need to be mainstreamed in the future if the service continues.
- 12.3.2 When care packages are held by CCSS, rather than commissioned from external homecare providers, the funding will be moved across accordingly to enable the further roll-out to be funded from the budget allocation set within the MTFP.
- 12.3.3 Detailed financial viability will be undertaken as the trial is expanded to ensure that the costs would not go beyond the MTFP.

13 ALTERNATIVE OPTIONS

- 13.1 To not re-procure domiciliary care services would leave insufficient services for vulnerable people requiring care and support in the community.
- 13.2 To continue with how care packages are currently commissioned and supported would mean that services were not fit for purpose now or in the future. This would impact on how effective providers were in supporting individuals, and on future capacity as demand for services increases.
- 13.3 The complex care support service is not sufficiently rigorously tested to roll-out fully at this point, and is not designed to replace all homecare services. Given the outcomes achieved so far, to not continue to develop this service would leave a gap for those service users with complex needs for whom homecare packages are difficult to commission.
- 13.4 Under the Public Contract Regulations 2015, Award Criteria must be set prior to procurement starting. There is no alternative to setting these in advance.
- 13.5 The approval of award of the contracts could be brought back to Cabinet for approval rather than delegated to the Portfolio Holder and Director for People, however the award will be made in line with the award criteria Cabinet approve and therefore the only alternative to not approving the award would be if there were reasonable grounds to not award at all.

14 LEGAL AND GOVERNANCE CONSIDERATIONS

- 14.1 The Council has duties under the Care Act 2014 to “*provide or arrange services that help prevent people developing needs for care and support or delay people deteriorating such that they would need ongoing care and support*” and manage the market to ensure that there is sufficient provision for both local authority funded individuals and self-funders.
- 14.2 The split between continuing to contract external providers and the development of in-house provision enables the Council to support a mixed market within Rutland which provides choice to self-funders.
- 14.3 The Care Act also stipulates that local authorities should have arrangements in place to identify and support individuals with particular types of preventative support which support, reduce or delay the need for ongoing care and support from the local authority. This model meets that requirement.
- 14.4 The procurement process for the homecare contracts has been drawn up by Welland Procurement Unit, in line with the requirements of the Public Contracts Regulations 2015 and the Council’s Contract Procedure Rules.
- 14.5 Legal advice on the procurement process has been sought.
- 14.6 The Complex Care Support Service has been added to the Council’s Community Support Services Care Quality Commission (CQC) registration.

15 EQUALITY IMPACT ASSESSMENT

- 15.1 The intention behind the procurement and the rollout of an internal complex care support service is to ensure better outcomes, better choices and availability of support for Rutland residents would need support. An Equality Impact Assessment will be undertaken against the new service structure developed.

16 COMMUNITY SAFETY IMPLICATIONS

- 16.1 Any development of services needs to take into account community safety implications as per Section 17 of the Crime & Disorder Act 1998. The commissioning of high quality services should contribute to the safety and reduction of risk of vulnerable people.

17 HEALTH AND WELLBEING IMPLICATIONS

- 17.1 The proposed model will improve the Council's response for people living in their own home who require care and support services. This supports the health and wellbeing of Rutland residents.

18 ORGANISATIONAL IMPLICATIONS

- 18.1 Under the homecare procurement, TUPE (Transfer of Undertakings (Protection of Employment) Regulations) may apply to a number of staff employed by homecare providers currently holding contracts with the Council. All current providers will be obliged to submit information for staff whom they believe will be subject to TUPE to support potential providers in understanding staffing implications and undertaking due diligence.
- 18.2 TUPE will not apply to the complex care support service trial as the service is taking new packages of care only and so there are staff currently delivering that care who will need to transfer across.

19 SOCIAL VALUE IMPLICATIONS

- 19.1 Under the provisions of the Public Services (Social Value) Act 2012 local authorities are required to consider how economic, social, and environmental well-being may be improved by services that are to be procured, and how procurement may secure those improvements.
- 19.2 The award criteria include specific reference to Social Value and require demonstration of the additional value gained by Rutland through the delivery of the contracts.

20 CONCLUSION AND SUMMARY OF REASONS FOR THE RECOMMENDATIONS

- 20.1 Both elements of provision have been developed to take into account the feedback from service users, providers and commissioners of the current services, and meet the future needs of Rutland service users in line with our strategies and priorities.
- 20.2 In order for the procurement process to commence the award criteria needs to be approved by Cabinet. The criteria have been carefully considered to ensure that providers successful in the process are capable of meeting the requirements and can deliver appropriate quality services in Rutland.

- 20.3 It is recommended that once the award criteria are approved, approval of the award of contracts is delegated to the Director for Peoples in consultation with the Portfolio Holder. Decisions will only be taken in line with Cabinet approved criteria.
- 20.4 Cabinet approval is required to continue and gradually extend the Complex Care Support Service. The model has been developed to meet complex needs with quality care and support, an extension will enable it to be further developed and the longer-term viability of the model evaluated.

21 BACKGROUND PAPERS

- 21.1 Report No: 106/2016 – Residential and Domiciliary Care Fees and Future Planning requested Cabinet approves the recommissioning of domiciliary care in Rutland.
- 21.2 Report No: 131/2016 Home (Domiciliary) Care tabled at People (Adults & Health) Scrutiny Panel July 2016 sets out background detail on the provision of home care in Rutland.
- 21.3 Report No: 69/2018 – Homecare Recommissioning Cabinet requested extension of the current homecare contracts.

22 APPENDICES

- 22.1 Appendix A: Indicative Procurement Timetable
- 22.2 Appendix B: Proposed Award Criteria

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