

SCRUTINY PANEL

22 September 2016

RECOMMISSIONING OF HOMECARE

Report of the Director for People

Strategic Aim:	Meeting the health and wellbeing needs of the community	
Exempt Information	No	
Cabinet Member(s) Responsible:	Mr R Clifton, Portfolio Holder for Health and Adult Social Care	
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DECISION RECOMMENDATIONS

That the Panel:

1. Notes the content of the report and presentation, and provides comments on the current model of delivery.
2. Makes recommendations as to the development of the homecare commissioning model.

1 PURPOSE OF THE REPORT

- 1.1 The report sets out the background and considerations for the recommissioning of homecare services in Rutland.

2 BACKGROUND AND MAIN CONSIDERATIONS

- 2.1 Scrutiny received a report in July 2016 (Report no:131/2016) setting out details of the extent to which we provide home care to eligible vulnerable adults in Rutland. The report explained the home care, the funding, service user choice and some of the challenges for Rutland. The report also outlined the complexity of providing homecare and noted some of the difficulties which both Rutland County Council and providers face in offering services in the future.
- 2.2 In order to ensure that services are fit for purpose going forward, the Council is undertaking a project to review current provision and explore models for commissioning and delivery of homecare in the future. This engagement with the Scrutiny Panel for their views is part of the first step in this process.

- 2.3 This report introduces the current model and provides some initial information on the strengths, weaknesses and challenges of the current model. A presentation will be provided at the meeting with further information, alongside the opportunity to hear direct from providers of current services.

3 CURRENT MODEL OF PROVISION

- 3.1 The Council tendered homecare provision in 2013 and currently has a framework agreement in place with 5 domiciliary care agencies to provide care packages to older people. The framework contract is in place until May 2018 and allows the Council to directly award care packages to providers when the need arises.
- 3.2 Although there were 8 providers initially on the Framework, over the life of the Framework 3 have withdrawn due to the low volume of work or to difficulties of staffing calls in Rutland.
- 3.3 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.
- 3.4 The two tier approach to providers makes the process of commissioning packages more complex, but as the current contracts are structured is necessary.

4 STRENGTHS & CHALLENGES OF THE CURRENT MODEL

- 4.1 There are a number of strengths and challenges of the current model, from the Council, the providers' and the service users' perspectives. The following section sets out some of the key ones. These will be further explored in the presentation and through discussion with providers and carers at the meeting.

4.2 Key Strengths of the Current Model

- 4.1.1 **Mix of providers:** There is currently a mixed pool of providers which helps to ensure care packages are supported appropriately. This includes the location of where providers are based, staff skill mix, and size of provider, giving service users choice of which provider they feel is most suited to meet their needs.
- 4.1.2 **Positive working relationships:** good relationships have been built between some of the providers and the Council ensuring the service user receives a high standard of support, and enabling effective communication between the Council and the provider to promote positive outcomes for the service users. These relationships improve communication from providers as to when they have capacity and can assist with care packages, and Council staff know which providers may be best suited to support particular service users. Proactive work by officers to continue to improve relationships with providers is being undertaken.
- 4.1.3 **Individual Carers:** Both Providers and the Council receive some very positive feedback about our carers locally, Service Users comment on the good relationships they have with their carers, which in turn leads to improved outcomes for individuals.

- 4.1.4 **Integration between health and social care:** 7 providers are also contracted with the Clinical Commissioning Group to support service users under continuing healthcare packages (with a further 2 providers in the process of applying). This enables an individual to remain at home with the same carers if their care package (and funding) moves to health responsibility, including where they require end of life support. This reduces unnecessary transfers of care packages which can adversely affect a person's health and wellbeing. The providers are also aware of the relevant key contacts across both health and social care allowing direct flagging of issues and reducing delays in care changes.

4.2 Key Challenges of the current model

- 4.2.1 **Capacity:** there is limited capacity with providers at present due to staffing issues and call times required. Providers feel there is a limited pool of (potential) carers in Rutland, added to which the turnover of staff – nationally as well as locally – in social care is high. There can be difficulties at times to ensure where there is capacity with providers that the times are suitable for the service user. This is not an issue unique to Rutland, but is exacerbated by the limited capacity of providers here.
- 4.2.2 **Joint working across providers:** There is currently little or no partnership working between providers which could assist with difficult situations such as training new or current staff, and support in emergency situations.
- 4.2.3 **Call monitoring:** some providers have call monitoring systems in place where a support worker calls in and out of a visit using a landline (normal a free of charge contact number) to a service user: this is an effective way to monitor calls and length of care packages, and cost to RCC but not all providers have this in place and base the time of calls undertaken on the trust of staff completing case records and timesheets accurately.
- 4.2.4 **Geography of Rutland:** service users living in the rural areas of the county are often more difficult to find appropriate support packages for. This is due to a number of factors: the need for staff to be able to drive and have use of their own vehicle, the time required for travel, and the reduction in the overall number of packages that a provider can then take on.

5 CONSIDERATIONS FOR DEVELOPING THE FUTURE MODEL

- 5.1 **How best to deliver across the rural areas:** How packages in rural areas which take more time overall and are more difficult to fit in with other call times are allocated to ensure providers are willing to pick them up.
- 5.2 **Fragility of the market and sustainability:** A number of our providers are small, local businesses who rely on our care packages to make their business sustainable and on whom we rely to pick up packages. There needs to be sufficient volume of work for all the providers to keep them viable, whilst ensuring that if there were any issues with one provider there is sufficient capacity for our service users to continue to receive care.
- 5.3 **Workforce development:** How providers and the Council can support the recruitment, retention and training of staff to ensure a quality workforce, and

promoting social care work as a viable career option.

- 5.4 **Partnership working:** Providers are beginning to work more closely with each other to support the development of staff such as with shared training but this could still be improved to support training arrangements and costs, and to work consistently across services, which in turn will support the recruitment of new staff and provider costs can be shared.
- 5.5 **Call monitoring:** How we can ensure effective and consistent call monitoring systems in place across providers to facilitate accurate recording of care packages, and in order to establish if a review of support to an individual is required due to needs fluctuating, improving or deteriorating.
- 5.6 **Joint working with health commissioners: the Clinical Commissioning Group (CCG) also commission homecare packages, there is an opportunity to develop** consistency in quality monitoring: what providers are being asked for and monitored against, reducing workload both for providers and for the Council/CCG in terms of monitoring, and ensuring clear messages about acceptable and non-acceptable behaviour from providers; and consistency in contracting arrangements and fees, reducing the likelihood of transfers of care if Service Users need to move to Continuing Healthcare funding or end of life care.

6 NEXT STEPS

- 6.1 A timescale for the recommissioning has been drafted which enables sufficient time to develop a model, consult with current and potential service users and undertake the procurement process in line with the current contract end dates:

Action	By When
Engagement with stakeholders to ascertain strengths and weaknesses in current model	Sept – Dec 16
Data analysis of current provision and levels of need	Sept – Dec 16
Consultation with service users	Jan – Mar 17
Consultation with stakeholders	Jan – Mar 17
Development of model and soft market testing	Apr – Jun 17
Procurement	Jul – Dec 17
Contract award	Jan 18
Implementation of new service model inc. any TUPE or structural changes	Jan – Apr 18
Contract start date	1 st May 18

- 6.2 The initial phase of this work concentrates on two aspects:
- using data to ensure there is a clear picture of need and delivery patterns
 - understanding the strengths and weaknesses and challenges of the current provision. It is essential that in recommissioning, areas of strength in the delivery model are not lost.
- 6.3 This will be followed by early consultation with service users, and consultation with a wide range of stakeholders. From the consultation, potential models of commissioning and delivery will be developed. These potential models will be

tested with providers to ascertain their viability and identify any flaws, following which a final model will be developed and agreed prior to the formal procurement process starting.

- 6.4 The procurement will be undertaken with sufficient time to award contract(s) and enable a smooth transition for service users, where there is a change in providers.
- 6.5 The timetable is deliberately generous to ensure that throughout the process service users are reassured and can be kept up-to-date with any potential changes.

7 CONCLUSION AND SUMMARY OF REASONS FOR THE RECOMMENDATIONS

- 7.1 The provision of homecare is complex – the needs of individual service users' and their preferences in receiving care need to be balanced with the availability and quality of providers, and with the overall sustainability of the market.
- 7.2 This is an opportunity for the model of provision to be revised in order to address some of the challenges with the current model. The Council are keen to consider views from a range of stakeholders, including providers and service users, in developing a revised model of provision. The Panel are asked to offer comments and views at this early stage to support this development.
- 7.3 It is envisaged that more detailed information will be presented to Scrutiny at a later date during the process for consultation and further comment.

8 BACKGROUND PAPERS

- 8.1 Report 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.

9 APPENDICES

- 9.1 There are no appendices.

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