

12 March 2018**Agenda Item: 11****REPORT OF THE SERVICE DIRECTOR – STRATEGIC COMMISSIONING,
SAFEGUARDING AND ACCESS****UPDATE ON TENDER FOR HOME BASED CARE AND SUPPORT SERVICES****Purpose of the Report**

1. This report provides an update for Members on the progress of the procurement of the home based care and support services, as agreed at previous meetings of the Committee in June and November 2017. This includes reference to the pilot projects that have been undertaken with the current core providers.
2. This report advises Members of the implementation of the Rapid Response and Hospital Discharge Service.

Information**Background**

3. A number of reports have already been presented to this Committee over the past eighteen months in preparation for the launch of the new tender for home based care and support services. The report to Committee in November 2017 detailed the considerable work that had been undertaken to understand the complexities and challenges of the home care market and the measures being put in place to address these. The report also referred to the proposed model for the future services which offers fair financial remuneration and greater security to providers, whilst in return expecting better quality services that provide person-centred care to service users and their carers.
4. The service will deliver home based care and support services for a period of five years with the option to extend up to a maximum of ten years in total. It will be part of and contribute to a system of services to keep people living at home including reablement, rapid response, hospital discharge, carers' support, assistive technology and extra care.

Update on the procurement of the new Home Based Care Services

5. The tender for the new home based care and support services was published in February 2018. There are two elements to the tender. The first is to procure 'Lead Providers' for each of the six areas or 'lots'. The second is to procure 'Additional Providers' also for each lot. These Additional Providers will deliver extra capacity and ensure that new referrals will be responded to quickly and positively.

6. The lot areas are:
- Bassetlaw
 - Broxtowe
 - Gedling
 - Mansfield and Ashfield
 - Newark and Sherwood
 - Rushcliffe.
7. The proposed model for home based care is different from existing services in a number of ways. The new approach will focus on the delivery of person-centred care which will mean better outcomes for service users and carers. Providers will be paid differently as the Council moves away from paying by the minute of actual care delivered, to paying on commissioned hours. The Council will also be setting an indicative rate of £17.00 per hour in the tender. These changes will allow the providers to be more flexible and responsive in the service they provide to service users and carers.
8. Payment for services will be based on commissioned services and achievement of defined outcomes. Service providers will be paid 95% of the commissioned hours from the start of the new contract with an additional 5% available on the achievement of two high level outcomes. The providers will be monitored on these outcomes and will need to meet the thresholds before they can be paid the additional 5%. Service providers will only ever be paid a maximum of 100%; this means that if they deliver more than 95% of commissioned hours *and* meet the outcome thresholds they will still only receive 100%.
9. The lead provider will be required to provide home based care and support services to the majority of the service users in their designated area. This includes care and support services to all nominated service users in the Extra Care schemes. They will be expected to accept a minimum of 75% of referrals for the general service and 100% for the service in the Extra Care schemes. Any referrals not picked up by the lead providers will go to the Additional Providers, of which there will be between five and ten per lot area.

Trial of new model

10. The model of support is personalised and outcome focused to meet people's individual assessed needs. Following extensive engagement the Council has trialled a model of home care which has seen the care provider being involved with the recipient of the service and their families much earlier than usual in developing their plan of care. This follows the needs assessment that will have been undertaken by the Council.
11. All of the people that trialled the new service were existing recipients of the traditional home care service. One service user has had a managed service since 2009 and has had to have periods of short term care. He used to be unhappy about the care workers attending and did not go out. He now goes out with the care worker to collect his newspaper and has a look around the shop. Care workers report he is much happier in himself and his mobility has improved. He feels more able to negotiate what support he would like plus when and how he receives it.
12. Sixty service users have benefitted from the pilot with forty care staff involved. Overall feedback has been very positive with multiple reports that service users feel more confident

and have regained skills they had previously lost. In some cases this has meant a reduction in the size of care packages as service users have become more confident and independent. It has been reported that in some instances the service has led to fewer admissions to hospital as support is more flexible and can respond to the temporary changes in needs. Care workers have also been able to liaise with local health partners and families regarding individuals' support needs and discuss any issues or changes and also link people in to local groups and support networks. A summary report of case studies is available as a Background Paper.

13. Care staff have worked in small teams with a group of individuals that have home care support in a specific geographic location. The teams have provided a flexible model of support that has meant them visiting at different times of the day and evening dependent on individual need and also enabling people to be more independent and have more control over the care they receive.
14. The Council has also paid the provider for the hours commissioned for each person, which has meant that providers have greater stability regarding income and therefore can offer better terms and conditions to the care workers. Staff have also reported greater job satisfaction and that attendance has improved.

Timeline and Transition period

15. To allow sufficient preparation and transition time for the new services the contract with the current providers has been extended to the end of September 2018. The new contract is planned to commence in July 2018 followed by an implementation and transition phase until October 2018.

Key Milestones:

- Publish Invitation to Tender (ITT) 28 February 2018
- Bidder Presentations 23 April – 4 May 2018
- Preferred Bidders Identified 14 May 2018
- Contract Award Confirmation 22 June 2018
- Contract Commences/Mobilisation 1 July 2018.

Hospital Discharge and Rapid Response Service

16. The contract for the new Rapid Response & Hospital Discharge Service was awarded to **Carers Trust East Midlands** for an initial period of two years with an option to extend for a further two years.
17. The countywide service has been named as the 'Home First Response Service' and started on 11th December 2017.
18. Initial feedback is positive. In the first month they offered support to 137 people. In January they increased this to 210.
19. They are now fully staffed and have increased the available capacity, particularly in mid-Nottinghamshire and Bassetlaw.

20. There is now a rapid response preventative service in the south of the County in addition to the hospital discharge.
21. The Council's Emergency Duty Team has access to this service and has reported instances of using it in place of short term care.
22. The service is also available to social care staff who are on duty at weekend and bank holidays in the hospitals. This has improved discharge arrangements and reduced delayed transfers of care.

Communications, Engagement and Co-production

23. The Council continues to work with the 'Experts by Experience' engagement group, providers, health partners and staff. The Council will continue to inform and involve service users, carers, staff, stakeholders and the public on the ongoing work and implementation of the new services.

Other Options Considered

24. Other options considered were described in the report to Committee in November 2017; these are detailed below and were discounted:
 - continuing with current model which is paying on actual minutes delivered. This approach has been shown to be ineffective in that it does not offer providers the degree of financial surety required for them to be able to offer their staff better terms and conditions
 - adopting a fixed rate which would not allow for variations in the homecare market and workforce across the County
 - introducing an upper or lower bid price, generally known as floor and ceiling rates, could limit the market for the same reasons as above.

Reason/s for Recommendation/s

25. The Council is required to re-procure services in line with its statutory obligations. The current home based care model and service delivery is not meeting the needs of people in Nottinghamshire and a realistic rate needs to be set to reflect market and workforce issues.

Statutory and Policy Implications

26. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Financial Implications

27. As outlined in the report to Committee in November 2017, the overall possible impact of the increase in the home based care rate could be £3.7m.

Public Sector Equality Duty Implications

28. The nature of the services to be commissioned mean they will affect older adults and people with disabilities, including people who have multiple and complex health and social care needs. The Council has completed an Equalities Impact Assessment to consider the implications of the tender process on people with protected characteristics and to identify and put in place mitigating action to ensure that these groups of people are not disadvantaged as a result of the tender process.

Implications for Service Users

29. The Council has a statutory duty to ensure there is sufficient provision of a diverse range of services to meet people's social care and support needs. The aim of the tender process is to enable the Council to commission sufficient volumes of home care services and to ensure these services are sustainable and are able to meet current and future needs.
30. The new model will encourage a more reliable and consistent workforce as providers will be able to offer staff improved terms and conditions, which in turn will improve the quality of services being delivered.
31. The re-tendering of home care and support services may impact on some people who currently receive home care from the core providers if those core providers choose not to tender for the services or if they do not meet the quality thresholds. If and where this is the case, the Council will work with the providers to ensure that the transition is managed carefully so that any disruption in services is minimised through appropriate mitigating action.

Implications for Sustainability and the Environment

32. The suggested payment rate and model will offer a more realistic rate to independent sector providers who will be able to invest in their workforce.

RECOMMENDATION/S

- 1) That the Committee comments on the progress of the procurement of the home based care and support services.

Paul Johnson

Service Director, Strategic Commissioning, Safeguarding and Access

For any enquiries about this report please contact:

Jane Cashmore
Commissioning Manager
T: 0115 9773922
E: Jane.cashmore@nottsccl.gov.uk

Constitutional Comments (CEH 23/02/18)

33. Adult Social Care and Public Health Committee is the appropriate body to consider the content of the report. Members should consider whether there are any actions they require in relation to the issues contained within the report. If Committee resolves that any actions are required it must be satisfied that such actions are within the Committee's terms of reference.

Financial Comments (DG 19/02/18)

34. The financial implications are contained with paragraph 27 of this report.

Background Papers and Published Documents

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

Tender for Home Based Care and Support Services – report to Full Council on 26 September 2013

The Social Care Market: Provider Cost Pressures and Sustainability – report to Adult Social Care and Health Committee on 30 November 2015

Annual Budget 2016-17 – report to Full Council on 25 February 2016

Tender for older people's home based care and support services – report to Adult Social Care and Health Committee on 18 April 2016

Tender for older people's home based care and support services – report to Adult Social Care and Health Committee on 11 July 2016

Tender for older people's home based care and support services - report to Adult Social Care and Public Health Committee on 12 June 2017

Tender for older people's home based care and support services - report to Adult Social Care and Public Health Committee on 13 November 2017

Equality Impact Assessment

New ways of working for Home Based Care Services – review of case studies: February 2018

Electoral Division(s) and Member(s) Affected

All.

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