REPORT TO HEALTH SCRUTINY COMMITTEE

TITLE:	**Care at Home Service – New Model**
DATE OF MEETING:	**Health Scrutiny Committee – 18th January 2018**
REPORT FROM:	**Communities & Wellbeing - Strategic Development Unit**
CONTACT OFFICER:	**Tracy Evans – Ext 5881**

1. PURPOSE AND SUMMARY

1.1 The department of Communities and Wellbeing has completed the re-tender of the Care at Home Service and is in the process of implementing the new contract. The purpose of this report is to provide an update on the work that has been completed so far and detail the next steps to take the project forward.

2. INTRODUCTION

2.1 Bury Communities & Wellbeing commissioned care at home services on a spot contract basis with twelve independent care providers. The contract was in place for over ten years and was very task focused with specific times and durations of visits. Over the past few years the number of complaints and quality issues had increased around record keeping, management of medication, safeguarding and safety of customers.

2.2 There is growing pressure on Adult Social Care due to the increasing number of dependent older people and less money being available, therefore the cost of services must either be reduced or become more efficient.

2.3 The introduction of Electronic Care Monitoring and the Care Act have provided an opportunity for Bury Council to re-tender the care at home service and to re-shape the contractual specification to provide the highest service standards to meet the needs of customers in the future.

3. BACKGROUND

3.1 Why the change in Care at Home services is necessary

In line with the Care Act 2014, the key principles behind Bury's new Care at Home service is to promote the new statutory principle of individual wellbeing and introduce positive behavioral change to encourage independence where possible. This will support Bury Council to reduce, prevent or delay the need for further care and support by promoting a preventive approach to care, e.g. loss of independence and tackling social isolation.

3.2 Previous Contract

There were a number of issues identified with the Care at Home service, the main ones are detailed below**:**

Quality – a consultation took place with all existing customers receiving care at home which highlighted a number of issues around short duration visits, early/late visits without any communication, continuity of care and lack of flexibility. This is backed up by the complaints received by the Provider Relationship Team who's role it is to performance manage Care at Home providers.

Value for Money – under the previous contract providers were paid on commissioned time regardless of actual time spent with a person, so we were in essence paying for care that has not been delivered.

Capacity – providers have reported that they have difficulty recruiting and retaining staff due to competition from other employers, such as supermarkets and also rates of pay, as staff are not always paid for travel time, which in some cases can result in staff not being paid the minimum wage.

This lack of capacity has a knock on effect with hospital delayed discharge costs and also unnecessary admissions to respite, intermediate care and reablement.

3.3 New Care at Home Contract

The consultation with customers and providers identified a number of key areas and these have been addressed in the new specification, see below:

Flexibility - there is flexibility around the amount of service provided to a person within defined parameters. These parameters are that the provider works with customers to agree a more flexible, person centered approach based on the individuals needs and agreed hours over a four week period. For instance; week 1 a person requires 20 hours support, however week 2 only 10 hours support as they have family, carers or day care services to help facilitate their unmet needs. Week 3 may again be 20 hours and week 4 10 hours etc. This flexible plan is then assessed with the care plan / service order updated internally to reflect the agreed service delivery.

Contingency - a contingency element can be built into the plan for certain people who regularly need to have additional hours authorised due to their condition. These hours will be assessed and allocated as part of the care plan and cannot be used for services not assessed for. They will only be used for exceptional circumstances.

Neighbourhood Zones – introduction of six zoned areas of work with two providers per zone. Work is to be allocated on an 80%/20% split on a rotating two week basis. This enables providers to concentrate their resources in that zone and reduce travel time and costs. It also facilitates improved partnership working between providers and localities. As providers in each zone are required to pick up no less than 80%/20% of work depending on which week delays when placing packages in the community should be reduced which will also lead to a reduction in the number of delayed discharges and unnecessary placements in respite/IMC.

Finance – providers have received an increased hourly rate, based on UKHCA model which includes an element of travel and mileage costs. This should help providers with recruitment and retention of support workers.

Savings / Efficiencies –between £80k - £580k could be achieved under the new contract as we will be paying providers for the care they actually deliver rather than on commissioned hours and will improve value for money for the authority. Not all savings will be cashable as experience in other authorities has shown that contact time will increase as we start to pay on contact time so providers / workers do not lose income.

The new service specification reinforces our move towards commissioning for outcomes. In line with this, each service provider will be expected to demonstrate against the following outcomes:

- Improved quality of life;
- Supported with their physical and mental wellbeing;
- Customers and those around them feel safe as a result of the intervention;
- Supported with day to day living and the practical aspects of daily living;
- Feel part of the community around them;
- Feel supported to live independently and access meaningful activities;
- Can control the service around them and their views are listened to.

As part of the service delivery, the new service specification makes it clear that care at home services will:

- Develop a strong relationship with customers, recognising signs of improved wellbeing and deterioration;
- Provide a care at home service that will enable individuals to receive personalised support whilst remaining in their own homes for as long as possible;
- Achieve individual outcomes for the customer to ensure they retain their independence, choice and control;
- Support the customer maintain their current support networks;
- Involve unpaid carers in the design and delivery of the service (where the customer consents to this);
- Recognise and respond to conditions such as dementia;
- Consider the individual 'holistically' and signpost to supportive community services and technologies which meet the individual's existing and emerging needs.

3.4 Progress made so far

The invitation to tender was advertised on the Chest in February 2017 with a go live of 11th September 2017 following tender evaluation. A detailed action plan was put in place and the Project Team have been working very closely with all the stakeholders to transition the service with minimal disruption.

Work is progressing well, but we are still in early stages of contract implementation and will continue to work closely with the outgoing providers and new providers to monitor staff to be transferred (TUPE), recruitment and capacity levels to ensure transfers are as smooth as possible for all customers.

Some of the new providers have been experiencing recruitment issues, this is partly due to the lead time from contract award to start date and also the length of time taken to obtain references and DBS checks so will hopefully be a short term problem.

Strategic transfers of customers have started to take place for the successful providers to ensure that they are operating within their zoned areas. All transfers are expected to take place by the end of November 2017 and are currently on schedule to achieve this deadline.

4 WHAT IS WORKING WELL

Communication - the transfer to the new contract has gone very smoothly with minimal disruption and complaints. This is mainly due to the relationships developed between the project team and the new and outgoing providers early on in the process. There has also been excellent communication between the departments involved who are all situated in the same office. Weekly meetings have been essential in the communication process and ensuring that the project is delivered on schedule.

Support - we are working with outgoing providers to help with business development once the contract has terminated. We are also providing support via provider events which cover – travel, recruitment, training, business growth, benefits, HR and work trials.

Review Team – based within the Strategic Development Unit has played a major part in ensuring that the reviews/assessments have been completed within the timescales.

Planning - the project plan and structure in place has ensured that all members of the project team having a good understanding of what their role is and what tasks have to completed by when.

Quality – the new contract stipulates that all providers must have a CQC rating of good or excellent and this is helping to ensure that customers are received a better quality provision. We have already noticed a reduction in complaints and have even received compliments for the new providers following transfer.

Savings – to date we have achieved savings of around £160k, this is mainly due to customers who have cancelled their care as it is no longer required or who are making a private arrangement. There has also been a reduction in the number of packages awaiting care whilst in hospital.

Environment – the introduction of zones has helped to reduce the carbon footprint as it allows walkers and cyclists to be recruited rather than just car drivers.

Benefits for Bury – new businesses are moving into the borough. Also an increase in the hourly rate has meant that providers are able to offer an enhanced hourly rate which is attracting more workers and also reducing unemployment in the borough.

5 WHAT NEEDS TO WORK BETTER AND ACTIONS IN PLACE TO ADDRESS THIS

ICT - infrastructure is an issue with systems slow to operate or the time taken to process confidential e-mails due to the systems in place. This is an on-going issue for our ICT department who are working with system providers to find a solution suitable for all.

Monitoring - ongoing provider relationship meetings need to be scheduled and structured to ensure providers continue to deliver a quality service going forward.

Hospital Discharge – social work and discharge liaison to work with brokerage to get a better understanding of the process to be followed when discharging from hospital to care at home or residential care. This has being addressed by proving guidance and an initial meeting at North Manchester. A further meeting and possible trial with co-working of brokerage and discharge team for a short period.

Costs – there have been a small number of increased care package costs with customers moving from a commissioned service to a personal budget with increased needs. We are reviewing the charging policy and sending information to all outgoing and new providers with details of the cost of services.

6 FUTURE PLANS AND PRIORITIES

The main priority is to support the current providers to establish and develop a stable market for care at home. An analysis of any gaps in service provision will be completed early in 2018 once the market has stabilised to determine when a second tender will be completed.

The future priority is to have a second tender for lot 2 providers once the first phase has been completed and all customers and staff have been transferred to the new providers. This will help to stabilize the market and ensure support staff do not move to lot 2 providers before the first phase is complete. The lot 2 tender is aimed at small business and outgoing providers who were unsuccessful in the first round of tenders and will limit them to no more than 600 hours per week.

List of Background Papers:-

Contact Details:- Tracy Evans, Project Lead
Tel: 0161 253 5881
E-mail: t.evans@bury.gov.uk