

Classification: Open	Decision Type: Key
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Report to:	Cabinet	Date: 05 June 2024
Subject:	Care at Home Review	
Report of	Deputy Leader and Cabinet Member for Health and Wellbeing	

Summary

The Care at Home service supports the vulnerable people of Bury with their assessed needs under the Care Act 2014. This includes support with personal care, moving and handling, nutrition and hydration, and medication. The current service was commissioned in October 2021 for a period of three years with an option to extend by a further period or periods of up to 24 months provided that the total term of the contract does not exceed a total of 5 years.

We currently have eight Lot 1 providers covering the following ‘zoned’ areas:

- Bury North
- Bury East
- Bury West
- Prestwich
- Whitefield

Lot 1 are the primary providers expected to accept the majority of care packages in their zoned areas.

We also have fifteen Lot 2 providers that are expected to accept care packages when the Lot 1 providers are unable.

Recommendation(s)

Following a service review process, the recommendations are:

- Approve a 12-month contract extension for all Lot 1 Care at Home providers (until 24 October 2025) due to evidence that contractual obligations are being met.
- Approve a 12-month contract extension for Lot 2 Care at Home providers that are meeting contractual obligations (until 24 October 2025).
- Delegate the decision regarding which Lot 2 provider contracts will be extended to the Strategic Leads for Integrated Commissioning.
- Delegate finalisation and sealing of the deeds of extension required to give effect to the contract extensions to the Director of Law and Democratic Services in consultation with the Executive Director of Health and Adult Care.

A decision will be made by mid-July 2024 regarding the Lot 2 providers that will and will not be extended, to allow a 3-month notice period to all.

Reasons for recommendation(s)

A 12-month extension will afford Commissioners the opportunity to complete comprehensive engagement with key stakeholders on a new model for Care at Home. We will research best practice in other local areas, we will run workshops with providers to understand what works well currently and whether there are opportunities to do things differently, and we will engage with residents, not only people who use the service, but also the Bury Older People's Network (BOPN).

In addition, the re-tender will align to the annual fee-setting process in March.

Alternative options considered and rejected

The option not to extend contracts and complete a full re-tender in 2024 was considered, but as described above, sufficient time is required to co-produce a new model.

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Background

The main aim of the Care at Home service is to provide proactive and personalised care within the individual's home and community. This means that the service provider should work in a person-centred way and respond to a person's changing needs to preventing crisis situations from occurring. This should address the person's social-care related quality of life as well as their wider wellbeing (for example housing, social inclusion, and environment) in line with their assessed needs and individual outcomes.

The key principles behind this service include reducing, preventing, and/or delaying the need for further care and support, promoting the statutory principle of individual wellbeing, and introducing positive behavioural change to encourage independence where possible.

The Council spend on Care at Home in 2023/24 was £9,139,875 and there are no additional increased financial implications as the service is already budgeted for in the Care in the Community budget.

Considering the 8.24% fee uplift for year 2024/25, the cost of the 12-month extension will be approximately £9,893,001.

Service Review Process

The table below demonstrates the high-level actions involved in the service review process:

DATE	ACTIONS
February and March 2024	Throughout the months of February and March Commissioners carried out desktop research using current provider performance data submitted to the Council.
26 February to 24 March 2024	Stakeholder engagement included: <ul style="list-style-type: none"> • A feedback form for provider owners and/or managers to complete. • Drop-in sessions for provider owners and/or managers. • A survey for customers (sample of customers randomly selected were contacted directly by Commissioners). • Other stakeholders (including family members, friends, professionals, and/or other interested parties) were welcome to complete the survey.
25 March to 31 March 2024	Analysis of stakeholder engagement.
01 April to 30 April 2024	Report writing and recommendations for Cabinet.
05 June 2024	Decision on next steps made by Cabinet.

Desktop Research Findings

Internal colleagues such as the Community Commissioning Team and the Brokerage Team have highlighted that some providers are very responsive and proactive, and it is necessary to replicate this partnership work with other providers.

Each provider has a dedicated Integrated Commissioning Support Officer who monitors performance and is available to offer advice and support as needed, for example, around quality and safeguarding. A small number of Lot 2 providers are suspended at present, and Commissioners are working to support them with quality improvement where possible.

All eight Lot 1 providers have a good Care Quality Commission rating (CQC) which is part of the contractual requirements. From the fifteen Lot 2 providers the majority have a good CQC rating with two requiring improvement and one rated as inadequate.

Integrated Commissioning Support Officers have highlighted that some providers are not meeting the key performance indicator targets, and this is partly due to the fact that some providers have electronic care monitoring (ECM) systems that are not compliant with the service specification.

Engagement Findings

Provider Feedback

Eight out of twenty-three providers attended the re-established Care at Home Forum Meeting, two providers attended individual feedback sessions, and four providers

completed feedback forms. There was a general feeling that we need to consolidate providers in Bury, develop partnership working, and improve communication.

The following key themes were also apparent:

- **Recruitment and Retention**
This remains a massive challenge in the care sector and the Council is in the process of putting together a workforce support offer for providers.
- **Process for Accepting Packages of Care**
Providers requested a review of the current process for accepting packages of care, for example, having set times during the day for main framework providers to accept packages before they are passed to other providers.
- **Process for Hospital Discharges**
Providers requested a review of and more involvement in the current hospital discharge process which can sometimes lead to a lack of consistency for the customer.

In addition, some providers raised concerns that minute billing is not financially viable for them and that 15-minute visits are an issue as they are not long enough to provide good quality care and the time people need, especially when they are trying to promote independence.

Other issues raised by providers include processes relating to invoices and payments, hospital admissions and deaths, cancelled visits, the suggestion that key performance indicators are too rigid, and a general consensus that we have too many providers.

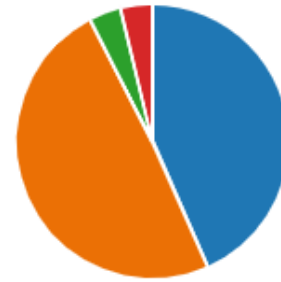
However, several providers are keen to work in partnership with the Council and are particularly eager to co-produce what a new model might look like, by attending stakeholder workshops and running innovative pilots for new ideas. Some short-term proposals by providers include changes to the process for accepting care packages, changes to the process for hospital discharges, having designated Lot 2 providers for each zone, and increased Technology Enabled Care.

Other Stakeholder Feedback

200 out of 820 Care at Home customers were randomly selected and contacted directly by Commissioners to respond to a short anonymous survey asking them to rate the quality of care they receive from their provider. Other stakeholders (including family members, friends, professionals, and/or other interested parties) were welcome to complete the survey.

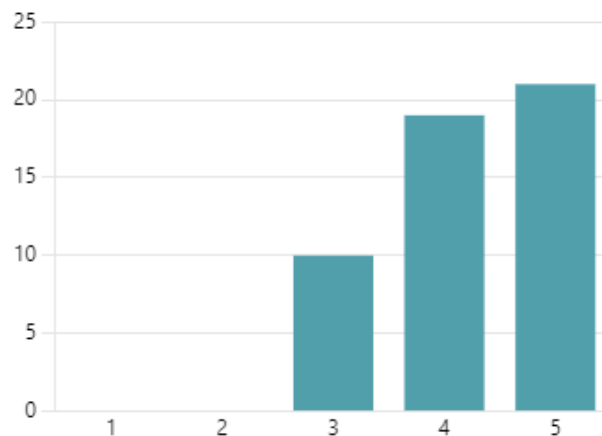
The chart below demonstrates that out of the 200 customers we wrote to, 23 completed the survey themselves and 26 family members or friends provided feedback:

Customer (person who receives ...	23
Family member or friend	26
Paid care at home carer	2
Other paid professional	2
Other interested party	0



The average quality rating out of 5 stars was 4.22 across all providers and not one person rated their current provider less than 3 out of 5. The graph below demonstrates that the majority of providers were rated 5 out of 5. However, it must be noted that we cannot apply this average rating to every provider as there were limitations to the survey and some providers did not receive any feedback.

4.22
Average Rating



Some of the feedback was very positive, for example:

“The care, empathy and compassion my husband receives from our care company is always provided in a professional manner and with dignity.”

“Carers very good, can't fault them, lovely people.”

However, some of the feedback highlighted long-term ongoing issues that the Community Commissioning Team continuously work to resolve with providers, for example, lack of continuity with staff and time of calls, the quality of care varies from carer to carer, some carers do not wear a mask when they have a cold, some customers feel rushed, and the issue of loneliness must not be underestimated. The importance of staff uniforms and identification was also emphasised.

Please note that surveys received after the deadline have not been included in the above analysis, but feedback has been considered.

Conclusion of Review

The evidence suggests that the current Care at Home model is working sufficiently and that we have several good quality providers, however, we have too many Lot 2 providers and some are not meeting contractual obligations.

A 12-month extension with providers that are meeting contractual obligations, will afford Commissioners the opportunity to vary the current contract as required, for example, going forward we must stipulate that all providers are to have a Modern-Day-Slavery Policy.

During the 12-month period, Commissioners will work with key-stakeholders to co-produce a well-functioning and sustainable Care at Home service that will have positive outcomes for customers and other areas of health and social care, for example, reduced isolation, reduced admissions to hospital, reduced carer breakdown, and more people being able to live well at home for longer.

We will also re-visit areas for development that were identified previously, for example, moving away from the current rigid 'time and task model' to provide flexibility for both the customer and provider, and improved partnership working with District Nurses, Social Workers, and Reablement Services.

Links with the Corporate Priorities:

In line with the Let's Do It! Strategy, a 12-month extension will enable comprehensive planning to ensure the new Care at Home model supports people to live independently and well at home for as long as possible:

Local: Support people to live independently in their homes and communities for as long as possible.

Enterprise: Opportunities for any capable local suppliers to join the Care at Home provider framework.

Together: Improve health and well-being by working with communities and residents.

Strengths: The promotion of personal resilience and capabilities, and also the current and potential social and community networks, to make sure that people stay connected and independent.

Equality Impact and Considerations:

An EIA has been completed which has highlighted potential impacts across several characteristics. All impacts have been considered and mitigating actions will be put in place to remove these impacts. With mitigations there are no adverse equality impacts.

Please see appendix 1 for Equality Analysis.

Environmental Impact and Considerations:

In line with the Council's target to be carbon neutral by 2038, a 12-month extension will enable thorough planning to ensure the new Care at Home model is streamlined across the 'zoned areas' to ensure unnecessary travel by providers does not take place.

Assessment and Mitigation of Risk:

Risk / opportunity	Mitigation
The Council will not be compliant with Procurement rules and legislation.	Advice from legal services confirms that the Council is complying with Procurement rules and legislation.
Contracts will be extended with non-compliant providers.	Extend the contracts of Care at Home providers that are meeting contractual obligations at the Commissioners discretion. Provider performance data submitted to the Council will be used along with softer intelligence from key-stakeholders to ensure good quality service providers.
Non-framework providers are not in scope for the service review. Lack of monitoring for these providers.	Consider the Quality Assurance Framework for these providers.
Some of the good providers may decline a contract extension.	Maintain ongoing engagement with providers via the Care at Home Provider Forums.
Lack of capacity to meet demand should we not extend enough providers.	Commissioners to analyse and manage supply and demand.
Disruption for staff and customers of providers who are not extended.	Commissioners will support a smooth transfer for customers moving to new providers and TUPE may be applicable for some staff. Customers will also have the option for a personal budget to choose their provider or a personal assistant of choice.

Legal Implications:

1. Promoting individual wellbeing and preventing the need for care and support are general statutory duties held by Local Authorities (Sections 1 &2, Care Act 2014). The Local Authority has regard to this in delivering its Care at Home contracts and has regard to the identification and involvement of local services to perform that duty (Section 2(2)(a) Care Act 2014).
2. Each of the contracts between the Council and the providers of the Care at Home service commences on the Commencement Date (25 October 2021) and remains in force for a period of three years until the Expiry Date (24 October 2024). The contracts also provide that no later than three (3) months before the end of the Expiry Date (at the sole discretion of the Council) the Council may extend the term by a further period or periods of up to 24 months each provided that the total term of the contract does not exceed a total of 5 years,

- by giving written notice to a provider and stating the required length of such extension, which in this instance would be 12 months.
3. The Care at Home contracts also state that they bestow no form of exclusivity or volume guarantee on any provider and that the Council is at all times entitled to enter into other Contracts and arrangements with other providers for the delivery of any or all services which are the same as or similar to the services to be provided under such contract. Furthermore, in respect of any provider whose performance falls below contractual requirements, the Council may adopt such measures to address this as the contract permits, including suspension and termination of the contract in appropriate circumstances.
 4. The Council may therefore determine in its sole discretion, which of the provider contracts it will extend. Contracts which are not extended will expire on 24 October 2024.
 5. Each contract extension will be affected by a deed of extension signed and sealed by the Council and the respective provider.

Financial Implications:

There are no additional increased financial implications as the service is already budgeted for in the Care in the Community budget.

Appendices:

Please see appendix 1 for Equality Analysis.

Background papers:

N/A

Please include a glossary of terms, abbreviations and acronyms used in this report.

Term	Meaning
Care Quality Commission (CQC)	Independent regulator of health and social care in England.
Electronic Care Monitoring (ECM)	The system used by providers to record care visit information, for example, time of visit.
Bury Older Peoples Network (BOPN)	A mechanism for older Bury residents to have their voices heard on things that matter to them.
TUPE	Transfer of Undertakings (Protection of Employment).