

# Adult Social Care Scrutiny Commission

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## Joint Commissioning of Domiciliary Care Support Services

Date: 20<sup>th</sup> March 2018

Lead director: Steven Forbes

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Leicester  
City Council

### Useful information

- Ward(s) affected: All

- Report author: Sally Vallance, Joint Integrated Commissioning Board Lead Officer
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- Report version number plus Code No from Report Tracking Database:

## **1. Purpose of report**

- 1.1 To provide the Adult Social Care Scrutiny Commission with an overview of the process to jointly commission/procure a new domiciliary support services across health and social care in the City.
- 1.2 The report also provides an update on how the new services have been operating since October 2017.

## **2 Summary**

- 2.1 Domiciliary support (also referred to as home care) is provided for approximately 2,500 people a year.
- 2.2 The previous contracts were due to expire in October 2017, so a review commenced to look at what services should be bought, how they should be delivered and how service users could be safely transferred to new care providers.
- 2.3 The review led to a decision to jointly purchase the service with the Leicester Clinical Commissioning Group (CCG), as a means of providing consistency across the market as both the local authority and health generally use the same providers.
- 2.4 An ASC Scrutiny Commission task group were involved in developing the specification and a procurement exercise took place, with new contracts being in place with effect from 9<sup>th</sup> October 2017.
- 2.5 A detailed implementation plan was put in place to ensure continuity of care. Approximately 500 service users had to be moved to a new organisation as their existing provider was not awarded a new contract. The detail of this stage of the project is included as Appendix A.

## **3 Recommendations**

- 3.1 The ASC Scrutiny Commission is recommended to note the work undertaken to secure domiciliary support across the two organisations, the successful and safe transfer of service users to new providers and the strong start to delivery that the first few months provide.

## **4 Report/Supporting information including options considered:**

### **Background**

- 4.1 Domiciliary care is purchased by the Council on behalf of 1498 service users as at 1<sup>st</sup> Feb 2018. The number of ASC eligible service users requiring a Council commissioned package of care for the last three years is as follows:

|  | 2014-15 | 2015-16 | 2016-17 | 2017-18 YTD* |
|--|---------|---------|---------|--------------|
| Total number of Service Users - directly commissioned dom care | 2745    | 2583    | 2502    | 1636         |

*\*please note that the 2017-18 YTD total runs from 01/04/2017 - 01/02/2018 and is therefore not comparable with previous years at this stage*

The gradual decline in the number of service users receiving a package of care is matched by a gradual increase in those taking a direct payment to directly purchase their own support.

- 4.2 The annual spend on domiciliary support in 2016/17 was £12.8m and for 2016/17 was £12.2m. The average hourly rate for domiciliary support on the old framework was £13.50 and this has now increased to £14.30, which reflects the increases in the National Minimum Wage and additional employer pension contributions.
- 4.3 Leicester's new average hourly rate for 2017/18 compares to a regional average rate of £14.78. The regions range from paying £12.35 at the bottom end to £16.86 at the highest. United Kingdom Homecare Association (UKHCA), the professional association for homecare providers, work with the sector to set what they feel is a minimum price for homecare. The new indicative rate published by the UKHCA for 2018/19 is £18.01 per hour. The revised 2018/19 rate for the Council has yet to be set.
- 4.4 There are 110 domiciliary support providers operating in Leicester registered with the Care Quality Commission (CQC). The Council currently contracts with 25 and they are currently rated by CQC as follows:

| CQC rating                              | Qty |
|---|-----|
| Outstanding                             | 0   |
| Good                                    | 14  |
| Requires Improvement                    | 5   |
| Inadequate                              | 0   |
| CQC have not yet inspected this service | 6   |

- 4.5 The Contract and Assurance Service will prioritise those services requiring improvement to ensure improvements are completed.
- 4.6 Leicester City Council had a contract with 13 care providers that was coming to an end in October 2017. A procurement exercise was followed in order to select new providers to offer services beyond October.
- 4.7 The Leicester CCG also purchase domiciliary support for around 900 people per annum at a cost of around £10million. As both organisations use many of the

same care providers it made sense to procure these services jointly. The key benefits include:

- Removing competition between the CCG and the LA when finding a care agency to accept a package (which risked pushing prices up)
- Reducing the burden on providers through one tender and one set of contract compliance expectations
- Improving quality of provision by combining quality checks, training and expectations
- Joining up market management with consistent messages going out to providers and clear standards across both organisations

### **The Commissioning Approach**

4.8 Officers from the City Council and CCG worked together to determine what services should be purchased, what the care provider should be asked to do for the money they receive and to ensure that service users safely transferred to new care providers or payment arrangements.

#### **Has the change been successful?**

4.9 All of the service users safely transferred when the new contracts started on 9<sup>th</sup> October 2017, some remained with their existing provider, if they were awarded a new contract, some moved to a new provider and others took a direct payment to go with an agency of their choosing. No calls were missed during the transfer.

4.10 All but 2 of the new organisations were up and running on 9<sup>th</sup> October 2017. Other authorities have faced a much more difficult start with many new providers not being ready for delivery straight away. One of the services has been delayed while they await Care Quality Commission (CQC) registration for offices in the City and the other has now been removed from the contract, leaving room for a new agency should we need one in the future.

4.11 The Council, CCG and providers continue to work well together and regular meetings have ensured problems are identified and can be resolved as they are reported.

4.12 The performance report for the first quarter shows that the number of people that are awaiting a package of domiciliary support (who are having their needs met by other services in the meantime) is lower than in previous years, despite these figures including CCG service users.

4.13 As of 31<sup>st</sup> January 2018, there were 11 people waiting for domiciliary support package, however their needs were being met by other services, such as community reablement and none of which were contributing to delayed transfers of care from hospital settings. Delays in accessing support commonly relate to specific needs, such as a language requirement (recent examples include a requirement for a Russian speaking member of care staff) or to a request for a specific gender of worker e.g. a request for a double up call with two male carers.

4.14 Analysis of the awaiting care list on the 9<sup>th</sup> January 2018 showed the average

length of time that cases had been awaiting care was 9.6 days. The shortest period on this list was 2 days to date and the longest period was 21 days to date.

4.15 Overall, all parties are concluded that the work has gone well and that the early stages of delivering the new service are showing very good results.

## 5. Scrutiny Involvement

5.1 Regular updates have been provided to the Adult Social Care Scrutiny Commission and a Task Group was involved in the development of the specification for the new service. This includes the following meetings that took place at key points through the purchasing exercise:

13<sup>th</sup> June – 29<sup>th</sup> July 2016- Engagement with service users and carers

- 12<sup>th</sup> July 2016 – report to scrutiny to advise of the review and engage with members about the process to be followed
- 11<sup>th</sup> August (dedicated session) – to examine the process and give feedback on the draft specification for service
- 8<sup>th</sup> September 2016 – feedback to scrutiny re service user engagement exercise and results of this
- 20<sup>th</sup> September (dedicated session) – feedback on how service user engagement results have been used in the new specification and final comments on this before launch of procurement

17<sup>th</sup> November 2016 – procurement launch

- 29<sup>th</sup> June 2017 – feedback to scrutiny re outcome of procurement and impact on service users

9<sup>th</sup> October 2017 – new care providers start delivering a service

- 20<sup>th</sup> March 2018 – feedback to scrutiny on the 1<sup>st</sup> quarter of delivery using this report

## 6. Financial, legal and other implications

### 6.1 Financial implications

There are no direct financial implications arising from this report.  
*Martin Judson, Head of Finance*

### 6.2 Legal implications

A robust and longer 7-year framework with annual dynamic ranking on quality was procured in compliance with the Procurement Regulations and all contractual arrangements are in place.

To ensure a legally compliant working relationship with the CCG a S75 NHS Act

Partnership Agreement has been completed and will form the basis of the ongoing contract management functions being delivered by the Council.

Jenis Taylor, Principal Lawyer (Commercial) Ext 37-1405

### 6.3 Climate Change and Carbon Reduction implications

The most significant climate change impact associated with the domiciliary support service will result from travel by the care staff to visit service users. This was considered during the tender exercise by including and scoring a question on the actions that potential providers would take to reduce the impact (eg. local recruitment, geographical clustering of calls, trip planning, the promotion of walking, car sharing, low emission pool cars etc.)

- Mark Jeffcote, Environment Team (x372251)

### 6.4 Equalities Implications

An EIA was developed prior to the procurement exercise taking place to determine the likely impacts of the service change. It highlighted that the review would be particularly relevant to older people and people with a disability whose needs require additional home support; also that the main people to be affected by the new model would be current users.

The project manager has since confirmed that the mitigating actions detailed in the EIA have been carried out by the service: to reduce the impact to current service users affected by offering them a choice of staying with their current provider and taking a direct payment to cover the cost or being transferred to a provider on the new framework. In addition and as advised, the service have begun to gather equality data for all service users to enable them to monitor outcomes in the future across all protected characteristics.

**Sonya King ext 37 4132**

### 6.5 Other Implications (You will need to have considered other implications in preparing this report. Please indicate which ones apply?)

None

## Appendix A – Activities required to move service users to new providers

| Task  | Overview   |
|---|--|
| Identify which service users were facing a change in provider   | Reports were run from the Council's IT system and a spreadsheet set up to record all letters sent and contact made in relation to each service user  |
| Write to these service users to explain their choices   | Letters were sent to all affected service users (around 500) to explain their choices, namely to take a direct payment to remain with their current care provider or to ask the Council to change them to one of the new care providers  |
| Ensure a phone line is available to speak to service users and carers   | A phone line was available throughout the change period and several officers were available to call people back, explain and reassure people   |
| Work with the outgoing provider to ensure there are no errors in recording who is staying and who is leaving them | Work was carried out to ensure the list of people that the Council held was the same list as the outgoing provider held. We needed to be sure that no one would be missed out and that as situations changed, everyone was clear about what was happening with each individual.                              |
| Contact the new providers and ask which can match the care needs of the service users wanting to change providers | New providers were approached to 'short list' who was able to offer support to new cases, including details such as language needs and location of the service user.   |
| Select a new provider using a fair process  | A process was included in the procurement exercise and this was followed to select providers to be offered the new work.   |
| Advise the service users/carer of the new provider  | Once a new provider was selected, service users were advised of who they were and what that we would share their personal information (name and address etc.) unless they contacted us within 10 days to say they didn't want this to happen. New providers would then contact them to introduce themselves. |
| Check that the new provider carries out a visit and sets up a support plan before they deliver care               | We checked weekly with the new providers to ensure they had carried out visits and introductions to new service users and that there were no problems as a result.   |
| Advise the outgoing provider of who the new provider is and the date for care to stop                             | Once the new provider was agreed, we needed to let the outgoing provider know who they were so that they could let them know of any individual requirements the service users had and to agree an end date for the care.   |
| Keep detailed records of service user decisions including cases where people                                      | Complex records were required detailing all of the above steps so that we knew exactly where we were on a case by case basis. Some service users changed regularly between   |

|   |  |
|---|--|
| change their decisions (complex)  | wanting a direct payment and wanting a new provider. Others didn't respond to our communication. We needed to keep long, detailed records for these cases so we knew what stage we were at and to ensure nothing and no one was missed out.  |
| Ensure the new providers are fully staffed, that these staff are trained and they have suitable policies in place from day 1. | Checks were carried out on providers, looking at their staffing records, their evidence of DBS checks, their training records and their policies and procedures. Health and safety visits to their premises were also carried out. This all needed to take place before they started taking on new service users.  |
| Set up direct payment arrangements for those that wanted them   | For those service users that chose to take a direct payment to stay with their existing provider, work was carried out to set up these arrangements and to ensure that their care provider knew to continue delivering care.   |
| Change the support plans on the IT system   | All of the service users that had a new care provider had to have new support plans set up on the Council's IT system (liquid logic) so that records were up to date and to link with payments to the right care provider.   |
| Ensure that the same records were kept for transferring health clients and that they were set up on the IT system             | Health clients were also contacted in a similar way although much of this contact was carried out by the health teams. Once it was agreed that they would be coming over to a provider on the new framework, they were set up on the Council's IT system with a special flag so that they don't get confused with the service users adult social care are responsible for. |