

BRISTOL CITY COUNCIL

People Scrutiny Commission

9th March 2015

Report of: Netta Meadows, Service Director – Strategic Commissioning, People Directorate

Title: Supported housing element of home care re-commissioning

Ward: Citywide

Officer Presenting Report: Leon Goddard

Contact Telephone Number: 0117 9036158

RECOMMENDATION

That Scrutiny provides feedback, comments and suggestions on the proposals in the Home Care Commissioning Strategy.

Any information that is provided, in addition to that which was shared when this item was presented to Scrutiny on 6th October 2014, will inform how BCC commissions home care services under the Secondary Provider model, which will include the supported housing element of home care.

Summary

The new home care commissioning model that BCC will adopt in 2015 will have two key parts:

Part 1 – BCC will create 11 geographical zones (by grouping existing wards together) and will award a contract for a single Main Provider in each zone. The contract to be a Main Provider will be awarded to those providers who demonstrate to BCC that they are most capable of delivering high quality home care services to meet the various and specific needs of the people in that zone. The tender process to select the Main Providers is underway and will be completed in February 2015.

BCC expects these Main Providers to deliver most of the home care services commissioned by BCC in Bristol in the future. Main Providers will be required to deliver services to a high standard to many people in different situations and with very different needs. However, it is recognised by BCC that where a person has very specialist needs, these may be best met by a provider that is set up to focus on delivering these specialist services.

Part 2 – BCC will select a group of providers that demonstrate their ability to deliver specialist services:

- i) Needed by the people of Bristol
- ii) To a higher standard than a Main Provider could

These providers will typically deliver services that require;

- i) The organisation to be set up and operate in a particular way
- ii) Their staff to have specialist training,
- iii) Their staff to have skills beyond what most care workers would have

The type of services that these providers will deliver is expected to include supported housing services. This group of providers will be known as Secondary Providers. This report will focus on Part 2 of the new home care commissioning model and the role of Secondary Providers.

The significant issues in the report are:

BCC is changing the way it commissions home care services.

The key features of Part 2 of the home care commissioning model are that Secondary Providers will:

- Be asked to deliver services to an individual where BCC believes the skills and approach of that organisation makes them the most suitable provider of the service to that particular person.
- Focus on the needs and requirements of specific groups, deliver services using a specialist approach or infrastructure, be more suited to the needs of some people / groups and offer an alternative to Main Providers.
- Bring additional choice and sustainability to the provision of home care in Bristol in relation to the type, level and mix of services that are available to meet the diverse needs of Bristol's service users.
- Be selected through a competitive tender process that will begin in early 2015. This will commence after the process to select Main Providers is complete so that BCC can identify the gaps in service provision and what type of organisations and services are needed to supplement the services that Main Providers can offer.

All future commissioning of home care services for individuals in Bristol will take place under this new model, and in accordance with the practice and processes outlined in the Home Care Commissioning Strategy.

A summary of the Strategy and the key points from it is in part 3 and 4 of the 'Consultation' section of this report.

The full Home Care Commissioning Strategy is in Appendix 1 of this report.

Response to key points raised by Members at Scrutiny meeting in October 2014:

BCC will have the same level of expectations and requirements of Secondary Providers in relation to the quality of service provision, as it has of Main Providers. Any differences in expectations and requirements will only exist to ensure they reflect the different role that the groups of providers will have as Main Providers deliver a service to many people in a small area of the City and Secondary Providers deliver more specialist services to fewer people and possibly across Bristol.

At the previous Scrutiny meeting in October a number of issues were raised, which are addressed below:

Dementia – There are many people in Bristol with dementia and other challenging needs. We need to ensure this model supports them.

- Main Providers will be selected as the result of a competitive selection process and only those who demonstrate that they can deliver services to a high standard to different people with a wide range of needs, will be offered a contract by BCC.
- Furthermore, BCC will also select and use a group of Secondary Providers, many of whom will specialise in delivering services to people with particular needs, for situations where a specific type of approach or training is required.

Staff Training, Terms and Conditions – These are critical elements of a successful home care model.

- As part of the selection process, providers are required to demonstrate how they will recruit, retain and train their staff. BCC will also follow this approach in relation to the staff terms and conditions used by providers. BCC will only consider working with providers that act in the right way and as with all aspects of the selection process, BCC will compare providers to each other and select those who best demonstrate the type of practice, terms and conditions that BCC expects.
- In addition, where a provider states in their application the practice, terms and conditions they will use, BCC will include these in the contract to ensure that the provider delivers on how they say they will operate. This will ensure that providers cannot say one thing during the tender process and then do another once they are awarded the contract. This contract reflects current law in relation to the Minimum Wage.

Independence and Choice – These values are at the heart of what we do. We want to ensure the new model for home care supports people to increase their independence and the choices they have about how they live their life

- All providers (and BCC staff) are required to work in a way that focusses on where and how a service user can be supported to live a more independent life that reflects what is important to them.
- All parties are required to keep a clear sense of what is realistic and achievable, but should always consider what type and level of support a person requires to be able to do things for themselves, rather than assuming that no improvements can be made and focussing on doing things for that person.

Local Community – It's important the model helps people become more engaged with activity and their local community.

- A key reason for awarding a contract to a single Main Provider to work in a small geographical area is so they can focus on knowing all about a local area, the infrastructure and what is happening that is of interest to the service users they work with.
- The Main Provider will be required to work proactively to identify and arrange activities that will benefit the service users they work with and will also be required to have a detailed knowledge of things such as bus timetables, access to local health services etc.
- The Main Provider will also be required to have a 'presence' in their zone, so they are visible to people that receive and rely on their services. It is expected that this will create strong and trusting relationships between the community and home care providers, but will also ensure that these providers are accountable to the people they support.

Policy

The proposed changes will support service users to live more independently, improve the quality, suitability and value for money of services.

Consultation

1. Internal

- 1.1 Key officers in the areas of commissioning, care management, finance and procurement have been involved in the work on home care commissioning. This started in early 2013 is still ongoing and will continue up until December 2014, when all aspects of the home care commissioning model are finalised. The consultation process to date has included a formal 12-week consultation period from August – October 2013. In addition to this consultation, a report was taken to Cabinet on 5th December 2013 and they approved the:
- Undertaking of a tender process to re-commission the delivery of home care services in Bristol and to
 - Delegation of authority to the Strategic Director-People to award contracts to the Home Care Providers who are successful in the tender process.
- 1.2 No specific internal consultation has taken place to produce this report.

2. External

- 2.1 The consultation process with service users, carers, families and home care providers begin in early 2013. The first stage of this sought to establish if changes were needed to the home care model and if so, what changes would deliver the greatest improvement. The information and feedback from these discussions informed the proposals that were included in the Home Care Commissioning Strategy that was the subject of a formal 12-week consultation from August – October 2013. The consultation with key external stakeholders continued after this formal period and up until June 2014, which is the point at which the formal tender process began.
- 2.2 Further consultation has taken place from October – December 2014 to ensure that part 2 of the home care commissioning model reflects the views of key external stakeholders.

3. Context

3.1 Introduction

- 3.1.1 BCC currently commissions home care services from 50 independent sector providers. Each week these providers deliver approximately 22,000 hours of home care to approximately 1,800 people. The total annual cost of this service is approximately £18 million, with £5m of this being received in service user contributions.

3.1.2 BCC is changing how it commissions home care services from independent providers. A formal tender process has begun and will result in BCC awarding contracts to a group of providers to deliver home care services in the future under the new commissioning arrangements.

3.2 Problems with the current commissioning model

3.2.1 The requirement on providers is to complete a set of tasks within a specific amount of time. This is overly restrictive and gives little opportunity for providers to deliver a more flexible service.

3.2.2 There are difficulties in managing and improving quality. This is due to the high number of providers delivering care on behalf of BCC (50 in total) and the lack of structure in the commissioning arrangements.

3.2.3 There is a lack of incentive or requirement for providers to work with service users to improve their independence, and reduce their reliance on home care services. As a result, the amount of care and support that people require will continue to increase, which goes against national policy and best practice and creates a financially unsustainable situation for BCC.

3.3 Key features of the home care commissioning model

3.3.1 Zones

a. There will be 11 zones covering all of Bristol.

3.3.2 Main Providers

- a. There will be a single main provider for each zone who will deliver care to all BCC home care service users (with some exceptions) in their zone.
- b. The providers will be selected from a two-stage tender process, starting in June 2014.

3.3.3 Secondary Providers (See section 3.4 for further details)

- a. A second group of providers that will deliver services where BCC believes that their skills and approach makes them a more suitable provider for a particular service user, than the main provider in that zone.
- b. There will be a separate tender process to select these providers, which will begin after the main providers have been selected.
- c. These providers will deliver many different types of service, including support housing services.

3.3.4 Referral Process for care packages

- a. In most cases, care packages for new service users will be referred to the main provider for the zone in which that person lives.
- b. BCC will maintain control of which provider delivers care to individual service users and will have the final decision on this.

3.3.5 Outcomes

- a. BCC social care staff will work with service users to agree the outcomes they want to achieve. All parties will be required to work towards achieving these outcomes.
- b. An Outcomes Plan will set out the details of each agreed outcome and; when it must be achieved, how we will know when it has been achieved (i.e. the change in

the service users situation) and what will happen when it is achieved (i.e. the care package will be reduced).

3.3.6 Reablement approach

- a. Providers must follow this approach at all times and deliver services in a way that reflects the service user's needs and lifestyle and maximises their independence, health and wellbeing.

3.3.7 Hours of service:

- a. BCC will require main providers to deliver home care services from 06.00–23.00, every day of the year.
- b. BCC will select a provider/s to deliver services out of hours (likely to be 22.01–07.01) in the Secondary Provider tender process.

3.3.8 Hourly rate

- a. BCC will set a minimum and maximum price it will pay per hour for home care.
- b. All providers that bid must submit a rate that is at or between these rates.

3.3.9 Payment by results

- a. Providers will be given financial rewards where a service user they work with achieves the outcomes set out in Outcomes Plan.
- b. A model has been developed that offers a strong incentive to providers to achieve outcomes, is financially robust and sustainable for BCC and ensures that rewards are only paid where an outcome is achieved, proven and sustained.

3.3.10 Contract length

- a. This will be for five years with the option of five one year extensions.

3.4 Part 2 of the home care commissioning model – Secondary Providers

3.4.1 Secondary Providers will be group of providers that will deliver services where BCC believes that their skills and approach makes them a more suitable provider for a particular service user, than the main provider in that zone. They will provide different types of services in different circumstances and these will include the supported housing element of home care services.

3.4.2 In delivering these services, it is expected that these providers will; focus on the needs and requirements of specific groups, deliver services using a specialist approach or infrastructure, be more suited to the needs of some people / groups and offer an alternative to main providers.

3.4.3 The purpose of using Secondary Providers is to bring additional choice and sustainability to the provision of home care in Bristol in relation to the type, level and mix of services that are available to meet the diverse needs of Bristol's service users.

3.4.4 A competitive tender process will be used to select the Secondary Providers. This will begin in late 2014 / early 2015 and will start after the process to select Main Providers is complete.

3.4.5 The tender processes for Main Providers and for Secondary Providers have been separated in order to:

- a. Use the outcome of the main provider process to inform exactly what type of services are needed from secondary providers
- b. Avoid the risks associated with undertaking two tender processes simultaneously
- c. Provide clarity to providers so they know the outcome of the main provider process before having to commit to the secondary provider process

3.4.6 The requirements and expectations of the Secondary Providers are the same as those of the Main Providers.

4. Proposal

4.1 That Scrutiny provides feedback on the approach set out in section 3 of this report, and specifically 3.4, where BCC sets out the approach it is taking to tender for a group of Secondary Providers. The purpose of selecting these providers is to ensure that a wide range of services are available, from a diverse group of providers across Bristol, to deliver services that are most suitable to people's needs. This will include, but not be limited to, the provision of housing related support services.

5. Other Options Considered

Various options were considered for what changes should be made to the current home care commissioning arrangements. These have either been discounted or formed into firm proposals that are contained within this report and the Home Care Commissioning Strategy.

6. Risk Assessment

The risks of each proposal have been considered and these are highlighted, along with the proposal, in the Home Care Commissioning Strategy.

7. Public Sector Equality Duties

Public sector equality duties relevant to the Home Care Commissioning Strategy have been considered and an Equality Impact Assessment was undertaken and included as part of the report that went to Cabinet in December 2013.

Legal and Resource Implications

As part of the process that lead to the Home Care Commissioning Strategy receiving Cabinet approval, the proposals within this document, which included those relating to the selection of Secondary Providers to deliver housing related support services, were considered and approved by legal colleagues.

Financial

(a) Revenue

(b) Capital

As part of the process that lead to the Home Care Commissioning Strategy receiving Cabinet approval, the proposals within this document, which included those relating to the selection of Secondary Providers to deliver housing related support services, were considered and approved by the People Finance Business Partner.

Land

Personnel

As part of the process that lead to the Home Care Commissioning Strategy receiving Cabinet approval, the proposals within this document, which included those relating to the selection of Secondary Providers to deliver housing related support services, were considered and approved by the People HR Business Partner.

Appendices:

Home Care Commissioning Strategy

LOCAL GOVERNMENT (ACCESS TO INFORMATION) ACT 1985 Background Papers:

None