

Decision Pathway – Report

PURPOSE: Key decision

MEETING: Cabinet

DATE: 03 July 2018

TITLE	Home Care Commissioning - Improving the supply and quality of commissioned homecare in the City.		
Ward(s)	<i>All</i>		
Author: Lucia Dorrington	Job title: Strategic Commissioning Manager, Adult Social Care		
Cabinet lead: Helen Holland	Executive Director lead: Jacqui Jensen, Interim Head of Paid Service		
Proposal origin: <i>BCC Staff</i>			
Decision maker: Cabinet Member			
Decision forum: <i>Cabinet</i>			
Purpose of Report			
<p>The Council proposes to make a number of short and medium-term changes to commissioned homecare that allows Adult Social Care to:</p> <ul style="list-style-type: none"> • Continue meeting Care Act requirements to facilitate a robust and sustainable local care market • Align with wider objectives under the Adult Social Care Better Lives Programme and the new Adult Social Care Market Position Statement to maximise people’s independence at home and improve people’s wellbeing • Build on existing commitments to care workers and the care worker economy by further investment in workforce development, the Proud to Care Campaign and work towards of Stage 1 of the Unison Ethical Care Charter • Better support intermediate care services to provide the right capacity and services for people leaving hospital • Reduce over reliance on residential care home placements through increased supply of quality homecare to maximise people’s independence at home • Demonstrate the Council’s commitment to home care by having an hourly rate that places Bristol City Council among the best payers in the Country • Build in the flexibility of one -off funding to work directly with the care sector to develop sustained improvements in staff retention, training and new ways of working such as use of assistive technology. <p>This is in the context of a longer –term transformation of Adult Social Care as set out in the Better Lives Programme. It is evident from work internally and a recent analysis by nationally commissioned consultants Newton Europe that a lack of available home care in the City has been a key issue that the local health and social care system has faced. It has impacted on Re-ablement capacity and wider intermediate care capacity out of hospitals and has led to an over reliance on residential and nursing home care.</p> <p>There is emerging evidence of reduced unable to place lists following last year’s hourly rate rise and through additional providers being commissioned by the Council in recent months. Commissioners are confident that provider relations with the home care market are improving and regular and transparent engagement with the sector about short, medium and longer-term commissioning intentions has improved commissioner/ provider understanding. It is hoped that this can be built upon into the future.</p> <p>However, should the recommendations in this report not achieve the required outcomes, particularly over the Winter 2018/2019, The Council will give further consideration to giving notice on all the current contractual arrangements and re-tendering a whole system home care service for the City prior to the end of the existing</p>			

contractual period for main and secondary providers.

Evidence Base:

Demand for adult social care now and in the future is increasing as the population lives longer with more complex conditions (e.g. people living with dementia, learning disabilities or mental ill health). The Care Act 2014 brought new responsibilities for local authorities, including new eligibility criteria for services, support for carers, new areas of work around information, advice, prevention, support for the care market, and safeguarding. This increase in demand and responsibilities comes at a time of significantly reduced funding. Nationally, there is particular pressure on Local authorities to reduce delayed transfers of care (DTOCs) from hospitals to free up pressure on acute secondary care services and there are significant challenges for the health and social care workforce in terms of recruitment and retention of care staff.

As in some other local authority areas, Bristol needs to reduce DTOCs. To help improve performance in this area, the Local Government Association and NHS England has provided support from Newton Europe Consultancy and short-term funding to directly address the DTOC issue. Bristol now needs to consolidate its improving DTOC position and have a healthy home care supply for Winter.

Simply improving DTOC by placing increased numbers straight from hospital into long term placements is not an option as it can result in poor outcomes for patients who could have had access to rehabilitation and re-ablement, nor is it affordable within existing budgets. The Care Act is clear that Local Authorities need to focus on a person's wellbeing and maximising their independence.

Therefore, Bristol Adult Social Care is working directly with the local Clinical Commissioning Group (CCG) to improve the joint intermediate care offer so that everyone who requires a supported discharge from hospital has the opportunity to receive a period (up to 6 weeks) of intermediate care. During which time, once stabilised out of hospital, the person can be assessed for any further ongoing support required in a community setting. These services are jointly funded through the Better Care Fund and include Re-ablement, Community rehabilitation beds and a proposed Home First Service which brings together community therapists with personal care to be able to take patients out of hospital quickly and safely with clinical support. The aim is to work with patients to re-able and rehabilitate them to meet their own goals and personal outcomes. For these services to be effective, they must be able to guarantee a seamless flow out into further ongoing care when required. They will rely on the timely supply of ongoing long term Home care capacity following a Care Act assessment from the Discharge to Access Social Care Team. This is the link to the proposed homecare changes set out in this report.

By using an intermediate care offer (Tier 2) from the hospital, hospital flow is being aligned with the Better lives objectives to support people to continue to manage in their communities through Tier 1 and 2 support and services, preventing and delaying the need for more formal long term packages of care to be required. Better Lives aims to meet needs and improve outcomes through, among other things, the commissioning of quality home care services. The programme will manage targeted investment of the Improved Better Care Fund to support these aims and to address specific DTOC reduction targets attached to its allocation. Investment in commissioned home care is one of the Better Lives key targeted investments.

The Council is also supporting the Proud to Care Campaign which champions and promotes the care and support industry. Workforce development is important to the Council and we are committed to working in partnership with providers to support them to recruit and retain a good quality workforce in order to meet the needs of citizens and outcomes in the community for as long as possible. Through these changes, the Council wishes to encourage its homecare providers to pay increased hourly rates for staff. These rates need to be commensurate with rates of pay and terms and conditions for in-house care staff and other staff working in care in Bristol. Analysis of this is underway. The Council is also committed to implementing Stage 1 of the Unison Ethical Care Charter as part of these developments.

Current supply of homecare

Currently the Council does not have sufficient supply of commissioned home care to meet all current and projected demand. This is impacting on the Council's ability to meet demand out of hospital (DTOCs) and in the community. A commissioning model for homecare has been in place since August 2015. This model needs to be revised in order to improve supply and to support care staff retention and recruitment to increase the quantum and quality of homecare needed in Bristol.

Commissioners have worked with providers, partner and with the Adult Care and Support DMT to develop and consider options for change.

The following proposals aim to improve the performance of commissioned homecare providers and positively impact on the City's DTOC figures and community based homecare in the short to medium term, so that sufficient supply of care is commissioned ready for winter 2018/19 and that plans align with the longer term transformation of homecare in the context of whole system change.

Co-production with Providers on proposals

There has been extensive engagement with home care providers on these proposals and they all align to the new Council Adult Social Care Market Position Statement which sets out how commissioners are looking to support and develop the local care market as a whole.

Following approval of these recommendations, commissioners will continue to work with providers in the City to develop these proposals further. The Council wants to work in a collaborative way with providers to improve access to commissioned homecare services in the community and to reduce DTOC rates in the City.

Recommendation 1 –Rate Rise

Increase the hourly rate paid to homecare providers in Bristol to £17.68 as of August 13th 2018 and £18.20 from 1st April 2019 to increase service capacity through improved pay rates and conditions for homecare workers and financially viable contracts for providers.

Recommendation 2 – Improved Performance

Aligned to the rate rise, amend existing main and secondary home care contracts to include tighter expectations around increased staff pay rates through an addendum to contract and new performance targets for hospital discharge rates, hospital re-starts, taking packages from Re-ablement and increase in overall take up of homecare packages in zones.

This will apply to other providers not on main and secondary contracts as part of this process if these providers agree to new terms and conditions. If these providers don't accept these conditions, BCC won't pay the increased hourly rate. This is important as commissioners look to apply consistency and equity for home care rates and expectations on quality of service delivery.

Recommendation 3 – Interim Arrangement for other providers (legacy providers) and new providers until the New Framework Goes Live

In order to deliver Recommendations 1 and 2, there will be revised terms and conditions for existing (legacy providers) and new providers not on main and secondary contracts pending the establishment of the new Framework that will put all providers on comparable terms and conditions.

Recommendation 4 - Increase Preferred (Main and Secondary) Providers

Tender for more secondary providers in zones where there is an undersupply of such providers and/ or high demand for homecare. This boosts supply of homecare delivered by main and secondary providers on agreed contracts with the new hourly rates and tighter performance measures. These providers continue to have first and second offers of homecare packages in the zones in which they are main and secondary providers.

There is also a need to re-tender for a main provider in 3 zones of the City as the current arrangement is temporary for one year.

Recommendation 5 – Establish a New Home Care Framework

Develop and implement a (Quality) Framework for commissioned homecare provision, replacing old contracts with legacy providers in the City and the current accreditation process for new providers. This enables the Council to continue safely commissioning from these providers and ensures supply. It gives non main and secondary providers opportunity to benefit from increased hourly rates and the proposed workforce innovation opportunity in return for checks on quality and targets around increased supply of homecare.

Currently about 35 providers operate under old contracts that were accredited by BCC over time. Quality checks are needed and contracts should be modernised and made consistent. This is a process of due diligence on the part of BCC and will be done in a rolling programme between Summer 2018 and Spring 2019 so that providers can get onto this Framework relatively quickly and easily and continue delivering care or start delivering care for BCC under improved terms and conditions.

Once this Framework is in place, it has a life beyond the main and secondary provider contracts which come to an end in 2020, so it will form the bedrock of a new, fully re-commissioned homecare service in 2020. Open Frameworks open up supply and the Council can make block and spot purchases from it as needed.

Recommendation 6 – Innovation Opportunity

Create an innovation opportunity to further increase supply of and outcomes from homecare through one off funding that can be used to pump prime staff recruitment and retention, training and to pilot new ways of working with providers. This will be funded from Improved Better Care Fund, and detailed design work on this is currently being carried out with engagement and input from providers. This Fund will not be focused on additional funding for individual providers but will support and address sector issues. In line with [IPC Report](#) "Commissioners should be willing and able to work in partnership with their providers of domiciliary care to develop programmes which assist with the recruitment and retention of staff". The report continues that "Where there are local initiatives that are led by commissioners it is usually experienced as a positive act of partnership when councils and providers come together to meet these challenges".

Recommendation 7 – Review of Direct Payments

There will be a review of existing direct payment policies to ensure consistency of approach and price paid with commissioned homecare. People taking a direct payment must have their needs met under the Care Act in the same way as those having their services commissioned by the Council. However, direct payments can lead to greater levels of personalisation and more innovative ways of meeting those needs through the use of personal assistants and greater engagement with the voluntary sector.

Proposal 8 – Building on these Changes

Develop a longer-term transformation plan for commissioned homecare as of 2020 as part of broader health and social care system changes, alongside these short to medium term measures to ensure that there continues to be enough home care capacity across the health and social care system. The long term plan also needs to dovetail with investment in alternatives to long term care packages including the new Home First Service and the expansion of the

in-house Re-ablement Service. Home Care providers will likely become part of this offer over time as skills are further developed in Re-ablement, use of assistive technology, ability to act as a trusted reviewer of care and adjusted support plans with social workers to achieve outcomes beyond sustaining a person at home with traditional style home care.

The above proposals do not include plans to transfer contracts from incumbent providers to new providers and therefore TUPE is less likely to occur. In circumstances where TUPE may apply, staff will be protected through TUPE transfer arrangement.

Recommendations:

That Cabinet :

1. Agrees to Increase the hourly rate paid to homecare providers in Bristol to £17.68 as of August 13th 2018 and £18.20 from 1st April 2019
2. Delegates authority to the Service Director for Adults Care and Support in consultation with the Cabinet Member for Adult Social Care to amend existing main and secondary home care contracts as set out in the report
3. Agrees to increase the hourly rate to all other (legacy and new) providers in the City pending the establishment of the new Framework. This will be done under revised terms and conditions.
4. Delegates authority to the Service Director for Adults Care and Support in consultation with the Cabinet Member for Adult Social Care to tender for more secondary providers in zones where there is an undersupply of such providers and/ or high demand for homecare
5. Delegates Authority to the Service Director for Adults Care and Support in consultation with the Cabinet Member for Adult Social Care to re-tender for a main provider in 3 zones of the City as the current arrangement is temporary for one year
6. Delegates authority to the Service Director for Adults Care and Support in consultation with the Cabinet Member for Adult Social Care to Develop and implement a new Quality Framework for commissioned homecare provision
7. Approves one off funding from the Better Care Fund to create an innovation opportunity to further increase the supply of and outcomes from homecare through pump priming staff recruitment and retention, training and piloting new ways of working with providers
8. Notes the review of existing direct payment policies to ensure consistency of approach and price paid with commissioned homecare
9. Notes the development of a longer-term transformation plan for commissioned homecare as of 2020 as part of broader health and social care system changes, alongside these short to medium term measures to ensure that there continues to be enough home care capacity across the health and social care system.

Corporate Strategy alignment: This proposal aligns with the ‘Empowering’ and ‘Caring’ strategic themes.

City Benefits: This proposal benefits the City as it is an investment in homecare and it is an ‘Invest to Save’ to reduce spend over time on more intensive forms of care such as residential care. It should improve outcomes for citizens by enabling people to live independently in their home for as long as possible. It also supports improvements to hospital discharge to improve patient flow and fits with the desire to reduce the number and size of residential and nursing packages enabling people to receive care in their own home for longer.

Consultation Details: These proposals have been discussed with providers and key stakeholders within the Care and Support Adults Directorate. They have been through Adult Care and Support DMT, EDM and CLB. These proposals have also been discussed and approved at Cabinet agenda briefing with the Cabinet Member for Adult Social Care Cllr Helen Holland and with Cllr Helen Godwin.

Revenue Cost	£N/A	Source of Revenue Funding	
Capital Cost	£ N/A 0	Source of Capital Funding	
One off cost <input type="checkbox"/>	Ongoing cost <input checked="" type="checkbox"/>	Saving Proposal <input type="checkbox"/>	Income generation proposal <input type="checkbox"/>

Required information to be completed by Financial/Legal/ICT/ HR partners:

Finance Advice: It is an imperative that Bristol City Council secures increased capacity from Home Care across the City to improve hospital discharge performance and deliver on the aspirations of the Better Lives Programme of increasing the proportion of service users who are supported at home rather than in a care home. The increase in rate implemented in November has improved supply of home care but has not led to the increase in capacity needed to improve hospital discharge. There is also recognition that recruitment of care workers is challenging in the Bristol economy and often it leads to the same staff moving between providers rather than new staff, and care staff leaving to work in the tourism and hospitality sector where pay rates are often comparable. Further investment in home care is to encourage providers to increase capacity, improve pay and conditions through paying care workers as a minimum the real living wage of £8.75 per hour and move towards a salaried pay model as the norm, where appropriate. The investment in home care is made up of an increase in the hourly rate paid for care delivered from £17.04 per hour to £17.68 per hour from August 2018 and signalling the continued investment in home care a further increase to £18.20 per hour from April 2019. That rate will remain in place until the end of the home care contract in August 2020. The estimated cost of these increases on the current cost base of £12.2m over the remainder of the contract is as follows:

Band analysis		2018/19 £	2019/20 £	2020/21 £
Increase £17.04 to £17.68	Part year 13/8/18 to 31/3/19	288,850		
	Full Year		458,389	
Increase £17.68 to £18.20	Full Year		372,440	
	to August 2020			155,100
Total Costs		288,850	830,829	155,100

These costs will be met from a corporate inflation contingency held centrally.

To accelerate and incentivise providers to make necessary changes, a proportion of the Improved Better Care Fund (iBCF) that has been earmarked for improving hospital discharges will be invested in innovation on a zone basis. The sum and method of distributing the investment has still be determined. This investment will be assigned on a set of agreed outcomes and criteria and monitored based on key metrics where non delivery on these metrics will lead to withholding any future investment or recovery of any investment made.

Finance Business Partner: Neil Sinclair, May 10th 2018.

2. Legal Advice:

Recommendation 1 - For procurement purposes the proposed price increase for homecare providers is unlikely to be viewed as a significant change. In addition, if any challenge were made, the Council will be able to demonstrate that it will shortly be commencing a new light touch procurement process to put other (legacy) providers and any new provider on a Framework.

Recommendation 2 -Contract variations will be needed in order to include new performance measures. Consideration should be given to robust contract management in order to ensure that the performance targets are met.

Recommendation 3 - This will be done by a short term contract that legacy and new providers will need to sign up to in order to receive the enhanced hourly rates and to benefit from the investment opportunity.

Recommendation 4 and 5 - There should be no legal challenge to the issue of a secondary provider tender or main provider tender if needed for Zones 1, 2 and 3 as the Council has done this previously under procurement regulations.

Recommendation 6 - The Council must ensure that it complies with the Public Contracts Regulations 2015 requirements for a light-touch procurement when tendering for the proposed new Framework. There is a risk of a procurement challenge if the Council continues to directly award to legacy providers without a tender process. The risk of challenge is, however, minimised provided the Council promptly commences in good time a new light touch procurement for homecare services. Legacy providers should sign a new Framework and amended contract in order for the Council to be able to continue to place with them, monitor their performance, and pay the increased hourly rate.

Recommendation 7 - The operation of the innovation opportunity will be achieved through either development of a contract or grant agreement. This will need careful contract drafting and robust contract management.

Recommendation 8 - There are no legal implications for this recommendation.

Recommendation 9 - It is likely that a further cabinet report will be required once the transformation plan has been completed and consulted upon.

Legal Team Leader: Eric Andrews and Kate Fryer, May 15th 2018

3. Implications on ICT: There are no immediately identifiable IT Implications within this initiative. However, any proposals that may require sharing of data will need to be considered with any contracts and must comply with BCC policies and relevant legislation

ICT Team Leader: Ian Gale, Head of ICT, May 10th 2018

4. HR Advice: There are no HR implications for Bristol City Council staff in relation to the proposals. However there may be a knock on effect to the wider workforce across the City that we should be mindful of.

HR Partner: Lorna Laing, HR Business Partner, 22nd June 2018

EDM Sign-off	Jacqui Jensen	April 25 th 2018
Cabinet Member sign-off	Cllr Helen Holland, Cllr Godwin, Cllr Keen	May 8 th 2018
CLB Sign-off	Jacqui Jensen	May 15 th 2018
For Key Decisions - Mayor's Office sign-off	Mayor's Office	June 4 th 2018

Appendix A – Further essential background / detail on the proposal	NO
Appendix B – Details of consultation carried out - internal and external	YES
Appendix C – Summary of any engagement with scrutiny	NO
Appendix D – Risk assessment	NO
Appendix E – Equalities screening / impact assessment of proposal	YES
Appendix F – Eco-impact screening/ impact assessment of proposal	YES
Appendix G – Financial Advice	NO
Appendix H – Legal Advice	NO
Appendix I – Combined Background papers	NO
Appendix J – Exempt Information	NO
Appendix K – HR advice	NO
Appendix L – ICT	NO