



# **Health and Wellbeing Board**

## **10<sup>th</sup> August 2016**

Commissioning of Out of Hours Home Care Services

Mike Hennessey / Leon Goddard



**People Directorate**



# Current Situation

## § Two providers of this service

§ Kumari Care (deliver 87.5%) and BCC in house team (deliver 12.5%)

## § Services are safe and well delivered

§ Both providers deliver safe services that care for people

## § Need to end short term commissioning arrangements

§ Kumari operate under a short term contract

§ BCC team not taking new referrals and decreasing their level of provision

## § Opportunity to improve quality, value and long term security of provision

§ Using an open, transparent and robust provider selection process

§ Implement ambitious and forward looking contracts and requirements

§ Make use of robust and transparent performance management



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# Recommendations

1

To approve the re-commissioning of Out of Hours Home Care provision, using the model and approach set out in this report

2

To approve the inclusion of the planned long term out of hours care currently delivered by BCC staff, within the scope of this re-commissioning

3

To delegate authority to the Strategic Director – People to agree the detailed commissioning model

4

To delegate authority to the Strategic Director – People and Section 151 Officer to award contracts to the home care providers who are successful in this tender process



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# Approach to commissioning adult care and support services

## § Consultation

- § Wide engagement with key stakeholders about any proposed changes

## § Transparent and robust tender processes

- § Only use providers that demonstrate they meet Councils standards

## § Outcomes focus

- § Services support people to achieve outcomes and the lifestyle they want

## § Contractual arrangements

- § Long term contracts to bring stability to all – must remain fit for purpose

## § Value for Money

- § Ensure best use of council resources



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# Consultation and Engagement

## § Process

- § 500 responses to a survey and 500 other experiences of home care services
- § Various events held throughout Bristol
- § Focus group of social workers, hospital staff etc

## § Outcomes

- § Care services must improve and cannot stay as they are
- § People want services that are predictable, reliable and flexible
  - Predictable – Care staff we expect, who deliver what we require
  - Reliable – Care staff arrive when they should
  - Flexible – Care staff deliver what I require, not just what my care plan says



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# Proposed commissioning model

## § Tender

- § Open to all providers, with bids assessed on quality (70%) and cost (30%)
- § Assess providers on key aspects of how they can and will deliver services

## § Single, stand model of service delivery

- § Providers required to focus on outcomes and maximising independence
- § People receive a service that supports them to live the lifestyle they want

## § Two contracts, one for each half of the city

- § One provider for the north and one for the south
- § Increased efficiency, punctuality and predictability of service provision
- § Opportunities to employ local staff who understand needs of service users



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# Benefits to service users

## § Access to services

- § Avoid people unnecessarily being in hospital or a care home
- § North / south split makes it clear who should deliver care to which people

## § Stability of services

- § Providers have long term contracts, a strong presence in the local area and a strong incentive to maintain standards required by the council
- § People know they won't have to change provider throughout their care

## § Quality of services

- § Council to assess quality of recruitment, training and terms and conditions
- § North / south split reduces travel time and improves predictability
- § Focus on outcomes, not just 'time and task' approach



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# Options and Finances

## § No change

- § No opportunity to further reduce costs of the service
- § Costs may actually increase, whilst quality of care remains the same

## § Re-commission services currently delivered by Kumari

- § Could save 0 – 10% on the 87.5% of the service provided by Kumari
- § Could achieve annual cost saving of between £0 and £44,659

## § Re-commission all out of hours services

- § Could save 0 – 10% on the service delivered by Kumari (£0 - £44,659)
- § Will save 34% – 40% on the service currently delivered by BCC in house team
- § Could achieve annual cost saving of up to £78,000



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# Next Steps – if approved

## § August 2016

- § Health and Wellbeing Board

## § August 2016

- § BCC finalise all contract documents

## § September – October 2016

- § Tender begins and providers submit their bids

- § BCC assess bids and choose which providers will be awarded each contract

## § November 2016

- § New contracts, specification and commissioning model go live

- § Begin to transfer existing services to new providers



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