



**ADULTS AND COMMUNITIES OVERVIEW AND SCRUTINY
COMMITTEE**

8 NOVEMBER 2016

**HELP TO LIVE AT HOME (HTLAH)
CONFIRMATION OF THE OUTCOME OF THE PROCUREMENT AND
UPDATE ON TRANSITION ARRANGEMENTS**

REPORT OF THE DIRECTOR OF ADULTS AND COMMUNITIES

Purpose of the Report

1. This report sets out the outcome of the award of contracts for personal care services provided in the home and outlines the arrangements for the transition to the new Help to Live at Home (HTLAH) service, which starts on 7 November 2016.
2. As this report has been circulated before the intended go live date of 7 November 2016, the Director will provide verbal feedback on the launch of the Service at the meeting.

Policy Framework and Previous Decisions

3. The Committee has taken an active interest in the HTLAH Programme and in Autumn 2014 established a Scrutiny Review Panel to help develop the model of care. The final report of the Panel was considered by the Committee on 2 June 2015 and the Cabinet on 16 June 2015. The report of the Panel and recommendations were fully accepted.
4. The provision of good quality support at home is essential in enabling the health and social care economy to tackle the needs of an ageing population, without the need for even more acute, hospital or institutional based provision.
5. HTLAH is an integrated programme between Leicestershire County Council, East Leicestershire and Rutland Clinical Commissioning Group (ELRCCG) and West Leicestershire Clinical Commissioning Group (WLCCG). The programme is an essential component of the five year plan to transform health and care in Leicester, Leicestershire and Rutland (LLR) and is targeted to two specific groups of residents:-
 - Those in need of support at home following a hospital stay;

- Those in the community whose needs have changed to the effect that they need more support to stay at home.
6. The HTLAH programme has been designed to help service users to optimise their independence at home by moving to a service model which is focused on reablement and maximising independence.
 7. The existing homecare market is under considerable strain and previous models for commissioning homecare services have led to a fragmented and unsustainable service that did not sufficiently focus on improving outcomes for service user. There are up to 150 providers currently operating across Leicestershire who provide services for either the Council and/or the NHS for patients with continuing health care needs where separate contract management arrangements are in place. The large number of providers results in difficulties for commissioners in engaging and managing the local market.
 8. The combined estimated annual value of homecare services to be commissioned for the County Council and the two Leicestershire CCGs is £37 million.
 9. A key strategic aim of the HTLAH procurement strategy was to significantly rationalise the provider market in Leicestershire and commission a new model of care in new locality based 'Lots', with one service specification and through a single contract between the County Council and independent sector homecare providers for both social care and health care services.
 10. Through the commissioning of the new integrated service model, the Council is aiming to provide a combination of benefits to individuals in receipt of care, providers delivering the care, commissioners of the services across both the NHS and Local Government, as well as delivering system wide benefits by supporting more effective care outside of hospital.

Outcomes of the Procurement

11. The resultant procurement sees the County divided into 18 Lots aligned to fit with the existing CCG/Leicestershire Partnership NHS Trust (LPT) localities, with a single service provider for each Lot, awarding up to a maximum of three Lots to any one service provider.
12. The new joint approach to commissioning, as set out in the HTLAH procurement strategy, to rationalise the number of providers and to commission a new model of care in new locality based 'Lots', with one service specification and one contract has been achieved.
13. Risk management and commercial viability were key considerations during the procurement evaluation.
14. The procurement has achieved full County coverage and has been achieved within the planned financial envelope.

15. Assurance on the procurement process was undertaken through the multiagency HTLAH Programme Board and the Eastern Shires Purchasing Organisation Quality Assurance Panel.

16. Breakdown of Lot Awards:-

- (i) Nine providers have been awarded contract(s):-
- Four providers have been awarded three Lots each;
 - One provider has been awarded two Lots;
 - The remaining four Lots have been awarded to four different providers.
- (ii) The breakdown, by business model, of the nine providers is as follows:-
- Six sole providers (undertaking all provision in their allocated Lot/s);
 - One lead provider (with four named sub-contractors);
 - Two Consortia (involving two leads and eight junior members between them)
 - Three of the consortia members, including the leads, are attached to both Consortia)
- (iii) The outcome of the awards is shown in the table below:-

| | Awarded Supplier |
|------------------------------------------------|-------------------------|
| Lot 13 Groby & Market Bosworth | TLC Homecare |
| Lot 12 Hinckley & Twycross | TLC Homecare |
| Lot 18 Mountsorrel & Quorn | TLC Homecare |
| Lot 17 Birstall & Anstey | Hales Group Ltd |
| Lot 3 Ashby de la Zouch & Coalville | Caring Hands |
| Lot 6 Melton Mowbray | Fosse Healthcare |
| Lot 14 Broughton Astley & Burbage | Allied Healthcare |
| Lot 16 Narborough & Lutterworth | Hales Group Ltd |
| Lot 2 Ibstock & Measham | Castlerock |
| Lot 8 Thurnby & Syston | Precious Hope |
| Lot 10 Wigston & South Wigston | Fosse Healthcare |
| Lot 11 Blaby & Countesthorpe | Hales Group Ltd |
| Lot 5 Loughborough West & Shepshed | Castlerock |
| Lot 1 Castle Donington & Whitwick | Castlerock |
| Lot 9 Oadby | Help at Home |
| Lot 15 Glenfield & Braunstone Town | Help at Home |
| Lot 4 Loughborough East | Medacs |
| Lot 7 Market Harborough | Help at Home |

(iv) In terms of recognising the impact on, and challenges for transitions:-

- Three of the providers are new to Leicestershire, covering nine Lots in total;
- One new provider is picking up the three largest Lots: Groby/Bosworth; Hinckley/Twycross; Mountsorrel and Quorn;
- One new provider is picking up the fourth largest Lot in Birstall;

- For HTLAH the initial view was that the Transfer of Undertakings (Protection of Employment) (TUPE) impact was likely to be high. Under TUPE arrangements employees have the legal right to transfer to the new employer on their existing terms and conditions of employment and with all their existing employment rights and liabilities intact where the majority of their work has transferred to the new provider. The outgoing employer has a legal duty to provide the incoming employer with written details of the transferring employees, however, as is the case for HTLAH, compliance can be an issue and delays with the exchange of information presents uncertainty for the new employer in terms of assessing residual capacity gaps and managing recruitment. This is further complicated as employees can refuse to transfer (or "opt-out"). The new providers are attempting to negotiate with multiple exiting providers and are reporting substantial drift from the required care worker capacity to deliver against the service users transferring to them. A contingency plan is being developed in consultation with providers. The details of mitigating actions will be reported to Committee members at the meeting;
 - People have the right to request a direct payment as an alternative to transferring to the HTLAH provider in their area. This means that the money allocated to their needs is paid directly to them, giving a choice about how their care is delivered. Understanding the level of demand for direct payments and its impact on the value of each Lot has been an important issue to be managed by the programme.
17. As part of the HTLAH service delivery model, the successful service providers will be contractually required to accept all health and social care packages arising in their awarded Lot(s), in return for having the security of being the sole service provider. So whilst the refusal to take up packages for homecare will not be permitted, providers have the reassurance that the business available in any one Lot is not being diluted amongst multiple suppliers.
18. The stability fostered by these arrangements offers providers the confidence they need to offer more attractive employment terms and so compete more successfully to attract and retain staff, as they will need to do if they are to invest in the staff training necessary to meet the reablement agenda which involves working proactively with service users over a defined period of time to help people increase their independence.

Transition for Existing Service Users

19. Achieving a successful procurement outcome represented a critical milestone in the programme of work. The next steps and milestones for the programme is undertaking a safe and successful transition of people receiving care at home over to the new model of care, and operational readiness for the new service to go live on 7 November 2016, ensuring all parts of the system are ready for the new providers to operate effectively.
20. An assurance review of the transition workstream was held on 12 July 2016. Stakeholders from across the partnership organisations reviewed the transition

implementation plan and tested the robustness of this from key stakeholder perspectives. The workshop outputs informed the further development of the transition plan.

21. The service providers awarded contracts have been working with the Council, the CCGs and the exiting providers to transition existing care packages (people will transfer to the new providers with their existing support plan). Robust weekly monitoring of progress against provider mobilisation plans is in place.
22. Weekly updates on the status of transitions, provider mobilisation and operational and back office readiness are reported to the action and decision focused HTLAH Delivery Steering Group meetings. A range of escalation routes are also in place for risks and issues identified, including the HTLAH Programme Board, exception reporting to the corporate Transformation Delivery Board, through the monthly Director's highlight report to the Integration Executive and Senior Reporting Officer briefings to the CCG Corporate Management Teams.
23. New providers will be required to undertake service provision for all transferring maintenance packages of social care (between 2,500-3000 service users) and continuing health care (between 70-100 patients) for their Lot(s).
24. Over 800 individual social care case reviews have been completed in readiness for the start of HTLAH. These reviews focused on identified priorities (highest cost, where two carers are needed and those with an overdue review) and were undertaken from February to August 2016.
25. To support the changes a dedicated service user helpline has been in place since March 2016 and will remain in situ through to contact go live in November.
26. Feedback from the helpline was that the most frequently asked questions are from people wishing to remain with their current provider and queries about direct payments. We responded to these questions through letters to service users in March 2016 and August 2016, which introduced the new service, explained the direct payment option and gave details about how to get further help and advice. Customer events were held in April, September and October 2016 - the new providers attended the latter sessions and offered the opportunity to people to meet them and discuss any concerns. We recognise that changing home care providers can be an uncertain and worrying experience for people who receive care at home. We have been working with the new providers to help give reassurance to people about their care and how it will continue to be delivered.
27. Demand for direct payments has been higher than expected and increased significantly following the award of the new contracts. Requests were accepted until the cut-off date of 19 September 2016, in order to allow time for them to be processed for when HTLAH starts on 7 November. The direct payment option remains open to both existing and new service users after the start of the new service.

28. All of the new providers are making arrangements to meet the individual service users who will be transitioning to them in order to introduce their organisation, provide reassurance and to complete care plans and risk assessments.
29. Data validation work is underway to ensure that care arrangements are confirmed for everyone who is currently receiving homecare so it is clear how their care will be provided after 7 November. This will either be the HTLAH provider, via a direct payment or a private funding arrangement.
30. Whilst the majority of new providers have expressed confidence that they will successfully deliver against their workforce mobilisation plans, we recognised that this area remains a risk in a number of Lots, and it will therefore continue to be a focus of programme assurance efforts through to go live on 7 November. The top priority will be to ensure continuity of care for all service users. A pool of workers from the Brokerage and Two Week Review Team will be in place on 7 November, to provide a speedy response to any immediate problems that arise.

Resource Implications

31. The HTLAH Programme has an MTFs target to save £1 million. Following procurement the £1 million saving has been shown to be achievable.

Background Papers

Report to Adults and Communities Overview and Scrutiny Committee: 2 June 2015 – Final Report Of The Scrutiny Review Panel On Help To Live At Home
<http://ow.ly/XWi2305AILH>

Circulation under the Local Issues Alert Procedure

None.

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List of Appendices

- Appendix A – HTLAH Contract Awards
- Appendix B - Equality and Human Rights Impact Assessment: September 2016

Relevant Impact Assessments

Equality and Human Rights Implications

32. Contained within contract documents is the requirement for the service provider to deliver all commissioned care calls to meet the assessed needs of the service user taking into account the gender, age, race, ethnicity, culture, sexuality and disability in accordance with the specified tasks on the service user's support plan, and which meet the specification and the Health and Social Care Act 2008, (Regulated Activities) Regulations 2009.
33. An updated Adults and Communities Equality and Human Rights Impact Assessment (EHRIA) was completed in August 2016 and reviewed by the Adults and Communities Departmental Equalities Group (DEG) on 6 September. This has reflected the continued provider engagement as part of the market warming and shaping throughout 2015, the provider events in 2016 focussed on the bidding process as we built up to, and moved through, Pre-Qualification Questionnaire and Invitation to Tender and the feedback from people who attended the customer events and who have contacted the dedicated Helpline.

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