



ADULTS AND COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE
6 MARCH 2018

REPORT OF THE DIRECTOR OF ADULTS AND COMMUNITIES

UPDATE ON THE PROCUREMENT AND
DELIVERY OF DOMICILIARY CARE

Purpose of the Report

1. The purpose of this report is to provide the Committee with an update on the procurement, quality and performance of domiciliary care services in Leicestershire.

Policy Framework and Previous Decisions

2. Domiciliary care in Leicestershire is commissioned as an integrated service between Leicestershire County Council, East Leicestershire and Rutland Clinical Commissioning Group (ELR CCG) and West Leicestershire Clinical Commissioning Group (WLCCG).
3. The integrated service was launched on 7 November 2016, with eight lead providers delivering services across 15 Lots. At its meeting on 8 November 2016, the Committee was made aware that the launch had been affected by the late withdrawal of one provider in West Leicestershire, which resulted in contingency arrangements being put in place to ensure that care was delivered to everyone who needed it.
4. In June 2017, the Committee received an update on domiciliary care services along with a summary of the lessons learnt review of the Help to Live at Home Programme.

Background

5. Both nationally and locally domiciliary care services face a number of significant challenges. The biggest of these is recruiting and retaining a workforce with the skills and capability to provide care and support. Demand for services is rising and Skills for Care estimate that an additional 18% of staff will be required in Leicestershire by 2025. However, the working age population is declining and there is in effect full employment in parts of Leicestershire. This has made it increasingly difficult to recruit and retain staff - average annual turnover in Leicestershire is around 35%. At the same time the complexity and frailty of service users is increasing meaning that staff need to be more skilled in providing care and support. In response to all these challenges staff pay and conditions have improved as employers seek to attract and retain staff.

Current Position

6. The new domiciliary care contracts have been operational for over one year and the delivery of services continues to improve. The progress made has had a positive

impact on people accessing packages of care both from hospital discharge and in the community. As an example, in December 2017 only 12% of people whose discharge from hospital was delayed due to social care was as a result of awaiting a care package, compared to 25% in the previous year.

7. Since progress was last reported in June 2017, a total of 66,900 hours (an average of 1,911 per week) of new care have been commissioned for service users. The time taken to arrange care packages has decreased and is now better than it was before June 2017.
8. There are contingency arrangements in place where the lead provider cannot pick up all the new packages of care within their allotted area. The contingency providers are all contracted to the County Council under the terms and conditions of the previous Domiciliary Care Contract (2011).
9. Currently, 1,189 people are receiving domiciliary care from a lead provider and 478 people are receiving care from other providers as part of the contingency arrangements. The proportion of service users receiving care from a lead provider has steadily increased and now stands at 71%.
10. The process of transitioning people from contingency providers to the contracted lead provider commenced in May 2017. To date 688 service users have either transferred to the lead provider, transferred to a direct payment or no longer require care.
11. The number of complaints received from service users regarding domiciliary care has stabilised since the concerns regarding missed calls that had arisen in the period after go live in November 2016. Since the beginning of February 2017 to date, a total of 25 formal complaints have been made to the Council about the domiciliary care service. This equates to around two per month and 14% of the overall complaints received during this period. This is considered a stable position.

Outcomes of the Re-Procurement of Lots

12. In 2017, the Council commenced an open procurement procedure for the vacant three West Leicestershire Lots - Hinckley and Twycross, Groby and Market Bosworth and Mountsorrel and Quorn.
13. In August 2017, following a rigorous evaluation process using a Competitive Procedure with Negotiation, contracts were awarded for each of these Lots as shown in the table below:

Lot	Area Covered	New Provider
12	Hinckley and Twycross	Sevacare
13	Groby and Market Bosworth	Direct Health
18	Mountsorrel & Quorn	Medacs

14. Services in the three Lots commenced as planned with the new providers, Sevacare, Direct Health and Medacs, on 6 November 2017.

Resource Implications

- 15 The HTLAH Programme had a Medium Term Financial Savings target of £1m. This has been achieved in the context of new hourly rates which was a result of the competitive procurement. The average rate for the delivery of domiciliary care under the new contracts is £15.81. However based on information as of December 2017, there has also been a 7% reduction in the number of service users receiving council funded care (this includes recipients of both domiciliary care and direct payments); and a reduction in the average number of hours of domiciliary care commissioned per service user from 12 hours per week to 9.41 hours per week, achieved through proactively reviewing all individual care packages to ensure all care hours were still required.

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://politics.leics.gov.uk/Published/C00001040/M00004272/AI00044026/\\$HelptoLiveatHomeScrutinyReviewPanelFinalReportv3.docA.ps.pdf](http://politics.leics.gov.uk/Published/C00001040/M00004272/AI00044026/$HelptoLiveatHomeScrutinyReviewPanelFinalReportv3.docA.ps.pdf)
- Report to and minutes from Adults and Communities Overview and Scrutiny Committee: 8 November 2016 - <http://politics.leics.gov.uk/ieListDocuments.aspx?CId=1040&MIId=4522&Ver=4>
- Report to Adults and Communities Overview and Scrutiny Committee: 20 June 2017
<http://politics.leics.gov.uk/documents/s129343/HTLAH%20Implementation%20Procurement%20and%20Lessons%20Learned.pdf>

Circulation under the Local Issues Alert Procedure

None.

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Appendix

Equality and Human Rights Impact Assessment

Relevant Impact Assessments

Equality and Human Rights Implications

16. 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 Users Support Plan, and which meet the Specification and the Health and Social Care Act 2008, (Regulated Activities) Regulations 2009.

17. An updated Equality and Human Rights Impact Assessment (EHRIA) was completed in August 2016 and reviewed by the Adults and Communities Departmental Equalities Group on 6 September 2016. The Equality Action Improvement Plan was updated on 5 June 2017 and is included within the EHRIA attached as an appendix to this report.