



**ADULTS AND COMMUNITIES OVERVIEW AND SCRUTINY
COMMITTEE: 11 SEPTEMBER 2018**

**NEXT STEPS IN SUSTAINING AND DEVELOPING
THE HOME CARE MARKET**

REPORT OF THE DIRECTOR OF ADULTS AND COMMUNITIES

Purpose of Report

1. The purpose of this report is to update the Committee on the short-to-medium term actions for developing the home care market and of future joint commissioning priorities for home care.

Policy Framework and Previous Decisions

2. The Care Act 2014 replaced most adult social care legislation and included reforms of health and social care, prioritising people's wellbeing, needs and goals. It promotes consideration of emerging best practice on outcomes based commissioning.
3. The Leicestershire Adult Social Care Strategy ('Promoting Independence, Supporting Communities; Our vision and strategy for Adult Social Care 2016-20') outlines the authority's vision and strategic direction for social care. The County Council promotes outcomes based commissioning and delivery of a progressive model of support in line with the principles (to prevent, reduce, delay and meet need) set out in the Strategy.
4. Other relevant policy framework includes:
 - The Sustainability and Transformation Plan (STP);
 - Leicestershire County Council's Strategic Plan 2018-2022;
 - Leicestershire Communities Strategy 2014;
 - Leicestershire County Council Medium Term Financial Strategy (MTFS) 2018/19-2021/22.

Background

5. Help to Live at Home (HTLAH) is an essential component of the STP Plan to transform health and care in Leicester, Leicestershire and Rutland (LLR). It provides home (domiciliary) care targeted to two specific groups of people:
 - those in need of support at home following a hospital stay;
 - those in the community whose needs have changed meaning they need more support to stay at home.

6. The objectives are to improve outcomes as follows:
- helping people achieve maximum possible independence at home, by focusing on reablement;
 - supporting individuals following hospital discharge, or those who need more support in the community to avoid an admission to hospital or a care home setting;
 - facilitating the delivery of Better Care Fund (BCF) targets for delayed transfer of care (DTC) and permanent admissions to residential and nursing care;
 - delivering home care as a core element of the wider integrated care and support being developed in Leicestershire localities;
 - improving market management or market development by reducing the number of providers and building longer term, strategic relationships with lead providers;
 - building a more resilient market to meet the changing shape of health and care services, and the anticipated increase in demand for community based services.
7. An integrated service model was jointly commissioned by the County Council, East Leicestershire and Rutland Clinical Commissioning Group (ELR CCG) and West Leicestershire CCG (WL CCG), with the County Council acting as lead commissioner on behalf of the two CCGs.
8. Initial contracts went live on 7 November 2016 (Phase 1) with eight lead providers delivering services across 15 lots. One of the providers withdrew at a late stage, resulting in the re-procurement of three of the lots, which went live on 6 November 2017 (Phase 2).
9. A joint group of the three commissioning organisations meets regularly to oversee and manage the performance of the lead providers. The group also plans for the challenging winter months, and considers how the service can be improved and developed.

Current Arrangements

10. As at mid-August 2018, overall the lead providers were delivering 67% of all managed care packages, although the market share varies significantly between areas of the county.

	<i>Managed Service for Home Care</i>		
	<i>Lead provider</i>	<i>Supplementary provider</i>	<i>TOTAL</i>
Market share (service users)	67%	33%	100%
Number of people currently served	1,189	586	1,775
Hours delivered	12,533	6,092	18,625
Value per week	£208,166	£101,195	£309,361
Value per year	£10.8m	£5.3m	£16.1m

11. People may request a Direct Payment instead of a managed service, so that they can purchase their own home care.

12. The County Council is giving the lead providers in-depth recruitment and retention assistance from its external workforce team, in addition to support and challenge through contract management meetings. Quality Team expertise on care planning, medication management, and recording is also available to providers if required.
13. The remaining 33% market share of care packages, which are not being delivered by the lead providers, is carried out by a number of 'supplementary' providers. Preparatory work is underway for the procurement of a longer term supplementary arrangement to support the primary HTLAH model and to ensure that all home care requirements are fulfilled from the earliest possible opportunity.
14. The Council has put in place a one-year contract for short-term 'bridging' services of between one to three working days, which is provided by the Carers' Trust's Discharge Response Team (DRT) for individuals leaving hospital, where HTLAH providers or the authority's Homecare Assessment and Reablement Team (HART) are unable to provide care at the point of discharge. The council's Crisis Response Service also provides short-term bridging care in a small number of cases.

Sustaining and Developing the Home Care Market

15. Following the implementation and embedding of the HTLAH model, health and adult social care partners carried out a review of its objectives, benefits, and further possible improvements. Additionally, Oxford Brookes University's Institute of Public Care (IPC) was asked by the County Council and the CCGs to recommend future developments.
16. A number of short to medium term actions were highlighted by both to enhance the current home care model, as well as longer-term considerations for joint commissioning of home care for health and social care.
17. Actions to further stabilise and develop the HTLAH model during the remaining period of the lead providers' contractual arrangements are:

<i>Subject</i>	<i>Actions</i>	<i>Lead organisation(s)</i>
Stabilisation	<ul style="list-style-type: none"> • Supplementary providers to support the lead providers • Internal staff resource for effective management of provider relationships • Establishment of two year external workforce project to work with providers to improve recruitment and retention 	Leicestershire County Council and CCGs

<i>Subject</i>	<i>Actions</i>	<i>Lead organisation(s)</i>
Recruitment and retention	<ul style="list-style-type: none"> • Share initiatives that enable the recruitment and retention of care workers in the county • Enable smaller providers to develop and articulate career pathway options, improving the public perception of care as a career • Explore shared services or resources with providers for example backroom services or training 	Leicestershire County Council
Quality	<ul style="list-style-type: none"> • Quality teams to work with providers to ensure they maintain or improve their Care Quality Commission ratings 	Leicestershire County Council and CCGs
Direct Payments	<ul style="list-style-type: none"> • Develop the future approach to Direct Payments and Personal Health Budgets 	Leicestershire County Council and CCGs
Provider relationships	<ul style="list-style-type: none"> • Develop strategic and locality-based operational forums including health, social workers and all providers in those localities • Continue to develop relationships with all home care providers • Work with current local providers to encourage specialism where required 	Leicestershire County Council
Stakeholder relationships	<ul style="list-style-type: none"> • Develop understanding widely of where HTLAH fits with out of hospital provision 	Leicestershire County Council and CCGs
Outcome focus	<ul style="list-style-type: none"> • Consider the range of different tasks that are required for different customers whose needs can be met through home care. Recognise different outcomes for different needs • Work to achieve the best possible results from reablement 	Leicestershire County Council and CCGs
Resources	<ul style="list-style-type: none"> • Further develop understanding of the drivers of demand into and within domiciliary care • Continue to collect relevant data to improve services 	Leicestershire County Council and CCGs
Technology	<ul style="list-style-type: none"> • Explore technological advances and their role in delivering home care 	Leicestershire County Council and CCGs

18. HTLAH is the first phase of moving to an outcome-based commissioning of home care. The current lead provider contracts were let for three years, with the option to extend twice for one year (so a five year maximum period). As the initial three years ends in November 2019, the intention is to begin work in autumn 2018 to develop a model for the next phase.

19. The representative organisations will meet in autumn 2018 to set out the outcomes for service users expected from the next phase of home care in Leicestershire, beyond the end of the current contractual arrangements. They will consider the IPC's recommendations, which include:
- measuring service user outcomes;
 - determining possible changes to how the lead provider role operates;
 - evaluating other approaches that might assist in further developing the options for care in the community, looking at what is right for individual localities;
 - continuing to develop effective and efficient joint working between the partner organisations.

Resource Implications

20. Cost analysis for the future approach to home care will be undertaken using both adult social care and health data provided by ELR CCG and WL CCG via the Midlands and Lancashire Commissioning Support Unit. Of the £16.1m value of managed home care service in Leicestershire per annum, £1.6m of this relates to services provided on behalf of the CCGs.
21. The Director of Corporate Resources and the Director of Law and Governance have been consulted on the content of this report.

Timetable for Decisions

22. The Committee will be provided with updates on progress as appropriate.

Conclusions

23. The Committee is asked to note that in order to continue to stabilise and strengthen the local home care market, the performance of the lead providers is being monitored and measures put in place to ensure that they deliver the required service standards, capacity and response times. The existing lead provider model will be supported from April 2019 by a Framework of Supplementary Providers, for which an open procurement process will commence in October 2018. This will replace the temporary contingency arrangements using the 2011 Domiciliary Care contract, which were put in place in November 2016.
24. The Committee is invited to comment on the proposals contained within the report.

Background Papers

- Report to Cabinet: 7 October 2015 – Full Business Case for the Joint Commissioning of Personal Care Services Provided in the Home (Help to Live at Home Programme)
<http://politics.leics.gov.uk/documents/g4504/Public%20reports%20pack%20Wednesday%2007-Oct-2015%2014.00%20Cabinet.pdf?T=10>
- Report to Cabinet: 5 February 2016 – Adult Social Care Strategy 2016-2020
<http://politics.leics.gov.uk/documents/g4599/Public%20reports%20pack%20Friday%2005-Feb-2016%2014.00%20Cabinet.pdf?T=10>
- Report to Cabinet: 13 December 2016 – NHS Sustainability and Transformation Plan
<http://politics.leics.gov.uk/documents/g4608/Public%20reports%20pack%20Tuesday%2013-Dec-2016%2014.00%20Cabinet.pdf?T=10>

Circulation under the Local Issues Alert Procedure

25. None.

Equalities and Human Rights Implications

26. The actions identified by the Equality and Human Rights Impact Assessment (EHRIA) for the main Help to Live at Home Framework are being reviewed to ensure the agreed actions have been completed and any further impacts resulting from the procurement of the Supplementary Framework are identified.

Relevant Impact Assessments

Partnership Working Implications

27. Implications for partnership working are highlighted throughout this report.

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