



ADULTS AND COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE
2 SEPTEMBER 2019

DOMICILIARY CARE SERVICE POST NOVEMBER 2020

REPORT OF THE DIRECTOR OF ADULTS AND COMMUNITIES

Purpose of report

1. The purpose of this report is to inform the Committee on the proposed way forward regarding the re-procurement of domiciliary care services.

Policy Framework and Previous Decisions

2. The local authority must provide support for people if they have unmet eligible assessed care and support needs as outlined in the Care Act 2014.
3. The Care Act also places a duty on the local authority to ensure there is a market of high-quality provision able to meet the needs of the resident population whether they are funded by the Council or purchasing their own services.
4. Commissioning of all services should be based on meeting assessed need and achieving outcomes and should not be time and task orientated.
5. Previous reports submitted to the Cabinet relating to the current service are as follows:
 - Final report of the Scrutiny Review Panel on Help to Live at Home: 2 June 2015;
 - Help to Live at Home - Confirmation of the Outcome of Procurement and Update on Transition Arrangements: 8 November 2016.

Background

6. The current domiciliary care service (Help to Live at Home) was designed to help service users achieve maximum possible independence at home, by moving to a service model that focused on reablement and maximising independence. The intention was that service users would be enabled to manage their own care, wherever possible, improve their resilience to deal with issues in the future, and give them better social outcomes.
7. The service aimed to optimise service users' independence through the provision of progressive reablement taking an 'enabling', rather than a 'doing for' approach to service delivery. The service includes community reablement ('Step Up') assisting service users to manage, through timely intervention, periods of ill health and/or injury and avoiding unnecessary hospital admission. An ongoing reablement approach was included as part of all service provision, supporting service users to be independent for as long as possible.

8. The Department is in the early stages of looking at how to deliver domiciliary care to Leicestershire residents in the future, as the current Help to Live at Home service is due to end by November 2020, with a possible extension up to November 2021 to ensure a smooth transition to the new service.
9. The main priority is helping people to live as independently as possible, taking into account the views of service users, carers and professionals to deliver a quality service.
10. The service is delivered across 18 geographic lots aligned to the Clinical Commissioning Group (CCG) boundaries (eight in the East and ten in the West), utilising a mix of lead, supplementary and contingency providers.
11. Current total service user numbers and hours are as follows:

Service users receiving home care	1,994
Service users receiving reablement	67
Weekly home care hours commissioned	20,317
Weekly reablement hours commissioned	2,892
12. The option to extend to November 2021 is retained and may be used (all or in part) to support a longer transition period to the new service to ensure that all providers are operationally stable before moving onto the next.
13. The project set up to define and implement the new service is still at a relatively early stage in terms of details but has set out an approach that will deliver an improved service, in a controlled manner, taking fully into account the views of the key stakeholders and the lessons learnt from the 2016 procurement process.

Proposals

14. The current joint contractual arrangement with NHS CCGs will be maintained. The new service will be jointly procured with the County Council acting as Lead Commissioner.
15. This will include the early discovery and identification of operational risks and issues to ensure that the subsequent design and specification work can incorporate appropriate mitigations. For example, to improve the quality of bids for the new service, an independent market analysis exercise (prior to the main procurement) will be undertaken to establish a fair and sustainable pricing model. This work will be in two phases covering both the current (As Is) framework and the design of the new service (To Be) to ensure that the:
 - domiciliary care providers bids will be based on quality of service;
 - risk of bidding at an unsustainable price will be removed.
16. The following are included within the scope of the new service:
 - a) Change in culture from a 'Maintenance' approach to one of 'Long Term Support' in a 24 x 7 x 365 setting. For example, an approach that supports and encourages service users to become more independent in supporting them to do a task they previously could or helping them to relearn it rather than doing it for them (e.g. helping them to get dressed versus getting them dressed);

- b) Options appraisal of some more specialist services e.g. dementia services;
- c) Consideration of how the new service will fit alongside the reablement service provided by the Home Care and Reablement Team (HART) and Home First and how the referrals will be made to the providers (e.g. through a lead provider or through some sort of brokerage service).

17. The service design will consider:

- roving night time supports and 'Waking Night' care;
- respite care in the home;
- live-in carer service;
- a service model where the County Council may have a stake in that market.

18. The proposed service will specifically exclude:

- remodelling of the HART service (this will be delivered by the Adult Social Care Target Operating Model programme);
- short-term intensive reablement (Step Up/Step Down) service offer;
- Crisis Response Service offer;
- accommodation with support e.g. Extra Care/Supported Living.

19. The intention is to phase in the start of services across the county to avoid the complications that arose from the previous whole service launch approach. This will enable each provider to be stabilised before introducing the next. The initial estimate for completion of the implementation is three months but is highly dependent upon several factors including how different the new service is and how many of the providers are new.

20. A contingency period is built into the plan between the completion of the procurement and the start of the implementation to both factor in the current number of unknowns and allow the preceding work to flex where needed.

21. The ability to extend the current framework to November 2021 (see above) provides the opportunity to implement additional safeguards if needed.

Consultation

22. A further report will be submitted to the Committee in November which will encompass the design and consultation proposals.

Resource Implications

23. The 2019/20 budget for domiciliary care is £16.6m. The overall budget requirement of the new service will be determined following the market analysis referred to in paragraph 15 and the subsequent development of the service specification. Any changes to existing budget requirements will be considered within the MTFS budget setting arrangements for 2020–2024.

24. The project will require significant input from both the Department and supporting corporate services such as Transformation, Commercial Services and Legal

Services. Appropriate support will also be required from the CCGs. A full resource profile will be included in the report submitted in November.

25. A multi-partner Project Board has already been set-up along with work stream groups responsible for defining and delivering the various elements of the service.
26. The Director of Resources and the Director of Law and Governance have been consulted on the content of this report.

Timetable for Decisions

27. A detailed plan will be included in the November report following completion of the service design. A report will be presented to Cabinet in December or January to seek approval for the procurement of the new service. The summary timetable below is targeted at identifying key risks and issues that will need to be mitigated early in the process to ensure that the resultant service will be robust and fit for purpose. The dates shown are subject to change pending completion of the full-service design.

28. Key target milestones:

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| • Market Analysis (Phase 1 – As Is position) | September 2019 |
| • Draft New Service Design | September 2019 |
| • Market Analysis (Phase 2 – To Be position) | October 2019 |
| • Final New Service Design | November 2019 |
| • Partnership Agreement (Completed) | December 2019 |
| • Procurement (Completed) | March 2020 |
| • Implementation (Starts) | August 2020 |
| • Implementation (Finishes) | October 2020 |
| • Service Stabilisation Ends/Handover to Business as Usual | March 2021 |

Conclusions

29. The project is in the early stages of defining future requirements and as such the information contained in this report will be subject to change as that work progresses.
30. The lessons learnt from the previous service implementation will play an important part in ensuring that the plans for the new service are robust and fit for purpose.
31. The Committee is invited to comment on the approach outlined within this report which can then be considered in the service design prior to finalisation in November.

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 - <https://bit.ly/2Z365OH>
- Report to Adults and Communities Overview and Scrutiny Committee: 8 November 2016 – Help to Live at Home (HTLAH) Confirmation of the Outcome of Procurement and Update on Transition Arrangements – <https://bit.ly/302aMtl>

Circulation under the Local Issues Alert Procedure

32. None.

Equality and Human Rights Implications

33. As this is a new service, an Equality and Human Rights Impact Assessment (EHRIA) will be undertaken at an appropriate point in the design process. This is unlikely to be completed in time for the November Scrutiny report but is expected to be completed in time for the submission to Cabinet. An EHRIA is a tool to help individuals and departments to identify whether any new or significantly changed policies, practices, procedures, functions and services may have an adverse impact on a community or group of people and whether the human rights of individuals may be affected.

Other Relevant Impact Assessments

Environmental Implications

34. There should not be any significant environmental impacts as a result of implementing this new service, although some delivery zones may be realigned resulting in changes to current journeys. It is possible during the lifetime of the service that some care worker journeys could be increased because of outside influences e.g. construction of HS2 resulting in increased travel times due to road closures and diversions. This could provide opportunities to optimise the use of assistive technology/care-tech initiatives to support, efficient and effective care delivery and further reduce the environmental impact of the service by reducing unnecessary care worker journeys.

Partnership Working and Associated Issues

35. Health colleagues from East and West CCGs are fully engaged with the project.

Risk Assessment

36. The delivery project will undertake a dual risk assessment that focuses on both; service quality and the delivery approach, ensuring that service risks are not lost within those associated with the delivery of the project. Further details will be presented in the November report.

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