

**Policy and Scrutiny Committee for Health and Social Care – 01/03/2021**

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| <b>Paper Title:</b>           | <i>Home Care arrangements from 2021 - 2029</i>   | <b>Item no:</b> |  |
| <b>Author:</b>                | <i>Laura Gaudion – Interim Director for Adult Social Care and Housing Needs</i>  |                 |  |
| <b>Background/ Context:</b>   | <p>This paper is intended to provide the Isle of Wight Council Policy and Scrutiny Committee for Health and Social Care with an overview of the recent developments in relation to the provision of home care for island residents. As members will be aware a number of people on the Island receive care and support in their own home.</p> <p>Should they be eligible under the Care Act criteria, the council funds the cost of that care and support in its entirety or in part, subject to a mandated financial assessment.</p> <p>The council is required, as a result of its statutory procurement duties (and those relating to ensuring value for money) to formally advertise any contract opportunity in line not only with the Public Procurement Regulations but also as set out in the council’s constitution.</p> <p>Prior to 2021, the council commissioned home care through a dynamic purchase system provided by a third party. Due to increasing costs of that third-party contract, and a need to ensure compliance with our procurement obligations, it was necessary to consider how care and support services for people in their own homes could be commissioned. Consideration of the recommissioning of these services began in 2018 to ensure a smooth transition to any new arrangements, together with providing time to facilitate a considered approach in order to maintain continuity of care for those who receive care and support.</p> <p>The need to re-tender our home care services also provided an opportunity to consider if the services we were providing met with the needs and wants of our local population. Our review of existing home care (domiciliary care) services revealed that we could do better. Previously we have commissioned services on a time and task basis. Our local residents accessing this offer indicated a desire for greater flexibility, more person centred services, and support that was focused on personal outcomes - not simply support that provided a half hour of care at 07:30 etc.</p> <p>In January 2018 we approached the Institute of Public Care (IPC) Oxford Brookes University to assist us in moving towards a more outcome focused model of home care. We made a commitment to working in partnership with the local domiciliary care market to facilitate a change in the way in which their services might be commissioned in the future.</p> <p>Our aim was to define and refine our vision to help people to improve or maintain their wellbeing and to live as independently as possible. Put succinctly, the strategy for ASC was to close the three gaps between: the quality of care and support; users’ and carers’ outcomes and well-being; and organisational efficiency and finance. The success of the strategy, therefore, will inevitably be measured by how much these gaps can be narrowed over time. This aligned with the Care Close to Home Strategy and with the Health and Care Plan.</p> |                 |  |
| <b>Test and learn project</b> | <p>With the Support of IPC we embarked on a test and learn project with local providers to explore how we could introduce a new way of providing home care for island residents. This project shaped the way in which we have procured new home care services for the Island and more importantly this project also shaped the service offer now available to local people. The brief issued to IPC by commissioners was to:</p> <p>“... help them to support the independent sector providers to move to an outcomes focused</p>  |                 |  |

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|  | <p>approach. ... preparing for the re-tendering of a number of care service contracts over the next 18 months that will require providers of care to work in the spirit and discipline of outcome based commissioning. ... IPC will support the commissioners during this period to engage, in particular with domiciliary care providers, to explore how the transition to this way of working can be made successfully through a co-produced, “test and learn” approach.”</p> <p>From early 2018 to early 2020 the commissioning team worked with IPC and the local domiciliary care sector to look at how we can move from a ‘time and task’ model of care provision to care and support focused on the delivery of outcomes for those we serve. Commissioners were keen to ensure that this was done collaboratively and as a result undertook significant market engagement to ensure that local providers were given the opportunity to participate in the test and learn project.</p>  |
| <p><b>Collaboration with local providers</b></p> | <p>Our collaboration with local providers was undertaken in 3 separate stages:</p> <p>Stage 1 – Through a series of <b>engagement activities</b> (individual interviews and workshops) with local providers we sought to build a picture of the readiness of providers for the transition to outcomes-based working. Through this engagement, supported by IPC, we were able to construct a consensus of what was meant by “outcomes”, what commissioning and service delivery could look like and how we could evidence and measure outcomes, challenges and opportunities. This stage informed the final service specification that was part of the contract opportunity advertised.</p> <p>Stage 2 – “<b>Test and Learn</b>” <b>shadow approach</b> to outcome-based commissioning and delivery took place. For 9 months we worked with local providers who wanted to participate in the project to develop new ways of working and transition to outcome focused care and support. Through an agreed engagement programme, commissioners, providers, carers, operational staff across health and social care and people who were receiving care and support services worked together to ‘trial’ different approaches and to learn from that experience. That learning was shared with all local providers through regular feedback sessions.</p> <p>Stage 3 – <b>Feedback to the domiciliary care marketplace</b>: We were keen to ensure that all local providers were able to share the learning from our collaboration and following completion of the test and learn project we hosted a number of workshops to ensure that this information was readily available. IPC provided a written report in relation to the project and this was shared with the Isle of Wight Care Partnership and directly with all CQC registered providers across the Island (including care home providers).</p> <p>There has been a real focus on shifting the relationship with providers so that moving forward greater emphasis is placed on partnership working.</p> |
| <p><b>Route to Market</b></p>                    | <p>The route to market for the recommissioning of home care was not determined until after collaboration had concluded.</p> <p>A review of the existing route to market, the Dynamic Purchase System (DPS), revealed that following its implementation the DPS increased the number of providers in our local marketplace but that this had a knock-on effect.</p> <p>As a result of a limited workforce whilst the number of providers increased, we had not seen an increase in capacity to meet demand or growth in local businesses. The way in which care and support was allocated through the DPS reduced the ability for local providers to plan for growth and to invest or reinvest in business development as there was no ‘guarantee’ of work.</p> <p>The workforce and development challenges were reflected in the challenges the council faced to source care and support for people and this often resulted in short term residential care placements which on occasion became permanent.</p>   |

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|   | <p>The challenges in managing demand and provider fragility gave rise to the recommissioning of home care with a new model. We have sought to develop a prime provider model which is linked to each of the localities. As members will be aware recent years have seen the development of locality services for health and social care and the new home care contracts are directly linked to these localities to support an integrated working system. This means that for local residents there is greater access to services and less risk of them needing to approach multiple organisations if they need help and support.</p> <p>In addition, the new model enables providers to focus on specific geographical areas focusing on growth of the workforce, improved recruitment and retention opportunities, greater clarity in terms of work allocation and building strong and sustainable relationships with statutory partners.</p> <p>The new home care services were procured through a robust procurement process.</p> <p>We will work with our procurement colleagues to ensure a competitive process. Consideration is currently being given to how we can support our local marketplace through this, and we are looking at models of delivery requiring subcontracting of local workforce. We are also focusing on how social value can be incorporated into the requirement for home support moving forward. The proposals in relation to the route to market will be finalised after the project concludes so that providers, and those we serve, have every opportunity to be involved in the service design moving forward.</p>  |
| <p><b>Procurement of new home care providers:</b></p> | <p>The new partners for the delivery of home care across the island have been selected following a robust and transparent procurement exercise which was fully compliant with the current procurement legislation.</p> <p>Prior to advertising the contract opportunity, the council engaged with local providers to ensure that they were not only aware of the contract opportunity but received support to access the opportunity and to submit a tender should they choose to do so. In addition, the council provided training sessions to support local providers to access and use the procurement systems and portal.</p> <p>The award of contracts is the culmination of two years of preparatory work in partnership with the people who use these services, local providers, the Institute of Public Care and voluntary partners who work with our community.</p> <p>The council received 16 tender submissions, each of which was evaluated against the evaluation criteria which was shared with anyone expressing an interest in the contract opportunity prior to them being required to submit their tender. Each of the evaluation criteria were based on a scoring methodology that was also published with the contract opportunity. In addition to a requirement to submit a formal written tender, providers were invited to present their proposals to the evaluation panel to help to 'bring it to life'. The Evaluation panel were supported by the council's procurement team throughout the process.</p> <p>The contract was not determined on price, as for many years the council has undertaken an annual fee review and fixed the price for care and support in this area. This remains the case. The locality partners will be paid for care and support delivered and evidenced through a robust, existing, verification method.</p> |
| <p><b>Conclusion</b></p>                              | <p>From 1st February 2021 Nobilis Care, CSN Carewatch and First City Nursing will ensure that people continue to receive quality care and support, with a renewed focus on maximising and maintaining independence. The new contracts will be in place for 8 years with the option to extend for up to a further 2 years at the council's sole discretion.</p> <p>Whilst 2 of our new partners are not originally Island providers their Island footprint has been</p>   |

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|                                 | <p>developed through the acquisition of existing local provision. The new contracts continue to see support being delivered for Island people by our existing Island workforce.</p> <p>The work by the Isle of Wight Council and partners on the Island has been of interest to other local authorities and to several national bodies. The team have recently delivered sessions outlining our progress for Think Local Act Personal (TLAP), the Institute of Public Care and the Association of Directors of Adult Social Care on the progress we have been making. A case study published by the Local Government Associations can also be found at <a href="https://www.local.gov.uk/collaboration-care-providers-improving-quality-through-relationships-0">https://www.local.gov.uk/collaboration-care-providers-improving-quality-through-relationships-0</a></p> <p>Key features of the new contracts include:</p> <ul style="list-style-type: none"> <li>• a move away from time and task support to outcome focused care and support</li> <li>• stabilisation of the local home care market</li> <li>• greater capacity to support people to live at home</li> <li>• a long-term commitment to the provision of home support on the Island</li> <li>• service provision focused on supporting people to maintain their independence</li> <li>• a focus on prevention and ensuring access to community-based services</li> <li>• improving flexibility in terms of responsiveness to service provision so that temporary and unpredictable fluctuations in needs can be met</li> <li>• improving support for the hospital with prompt safe discharges</li> </ul> <p>Whilst the council now only contracts with 3 lead providers in order to support the wider sector there is a requirement built into our contract for sub-contracting. Each of the 3 lead providers is required to sub-contract a minimum of 30% of the work referred to them by the council to other local providers. This not only enables choice to be afforded to people who access the care and support but also ensure that we continue to support the home care sector more widely.</p> <p>The changes in our route to market have no impact on existing care and support arrangements. Care will continue to be provided for local residents by the agencies that already support them. The new contracts will only impact on care and support arrangements:</p> <ol style="list-style-type: none"> <li>1. that are new from 01/02/2021</li> <li>2. that are significantly different to what is already commissioned for the individual</li> <li>3. where the existing provider is unable or unwilling to continue to deliver the care and support</li> </ol> |
| <p><b>Financial Impact:</b></p> | <p>The new contract does not alter the funding arrangements for home care. The council pays a fixed unit price for care and support in people’s homes delivered through home care agencies. This will not change. The current unit price is £19.28 per hour. An annual fee review exercise is conducted in consultation with local providers to determine any changes to the unit price based on evidenced cost pressures, CPI and the impact of national living wage. This process continues.</p>   |
| <p><b>Decisions Needed:</b></p> | <p>This briefing is provided for noting and for information only</p>   |