

Report for Nottingham City Health Scrutiny Committee: 13 December 2017

Commissioning Homecare for Vulnerable Adults

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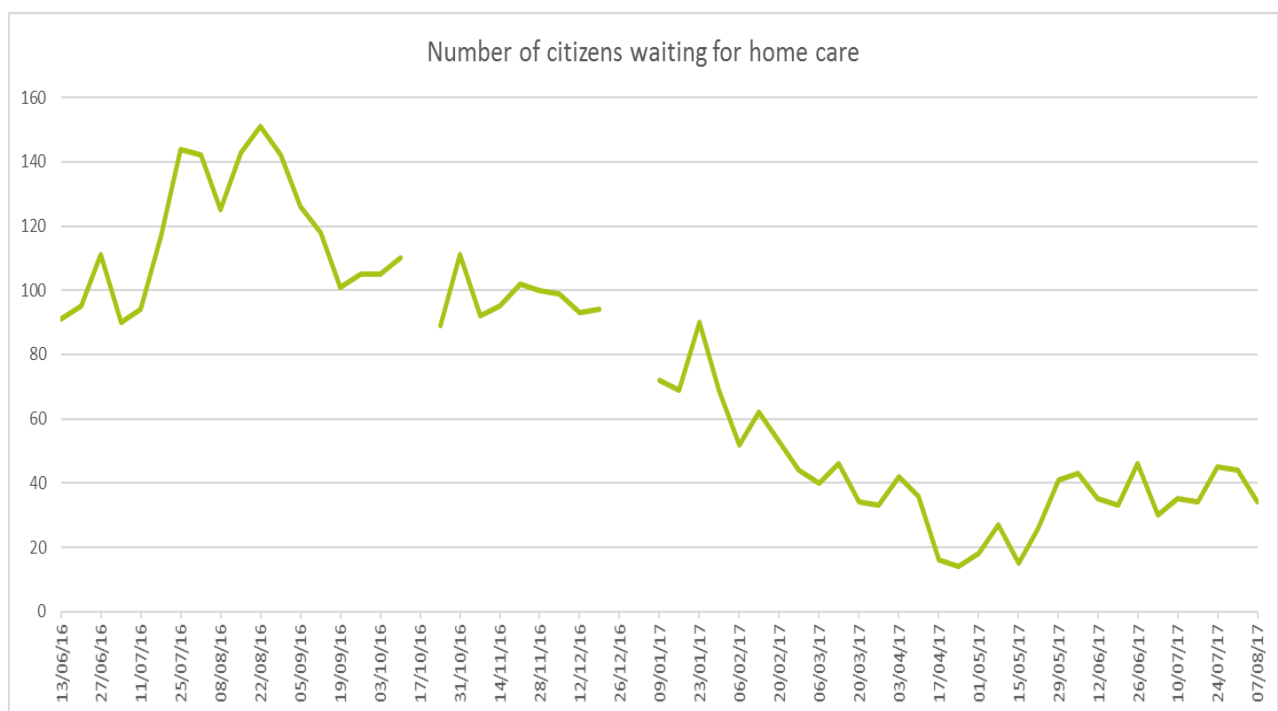
1. Introduction

1.1 This paper informs the Health Scrutiny Committee of the current position in relation to homecare services for vulnerable older people. It sets out; the service model as currently commissioned, the numbers of citizens waiting for a package of care, the types of providers delivering services and the timescales for the current tender process. It also outlines the key developments that have been embedded into the new service specification including the provider alliance and passport to care arrangements and how the specification has been shaped by citizens.

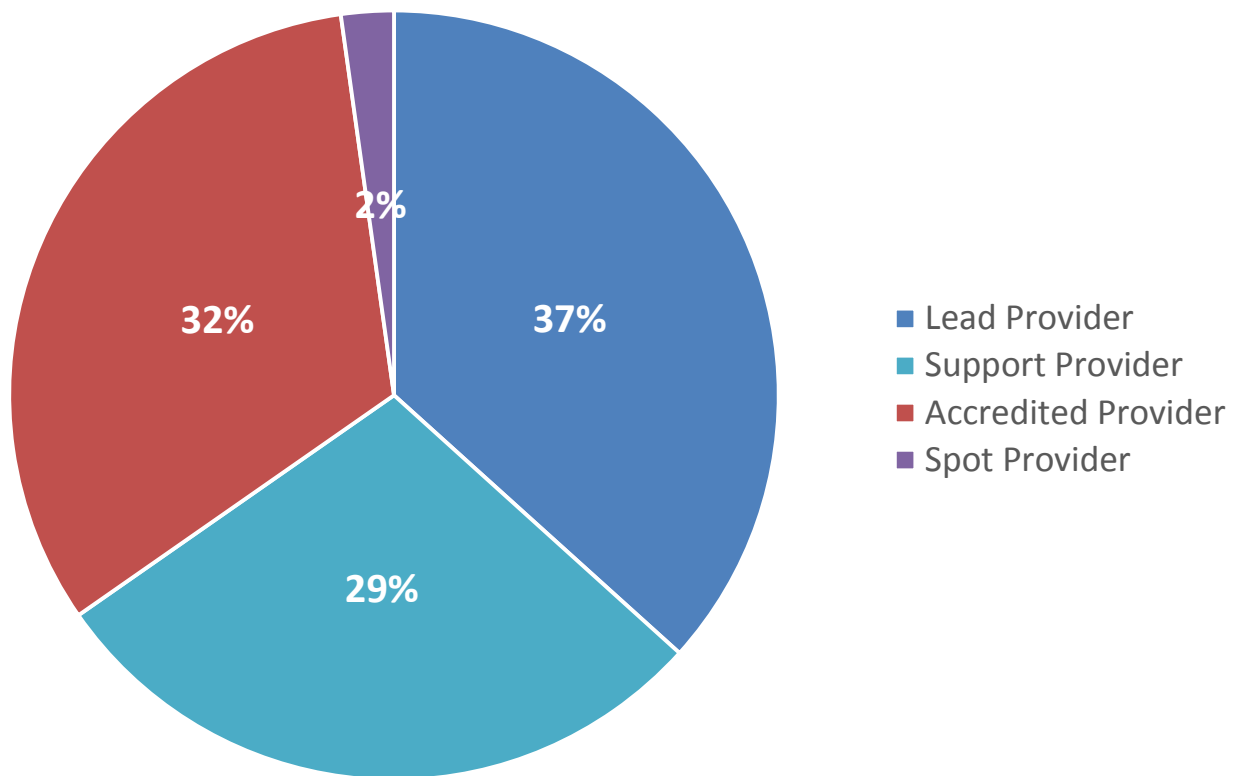
2. Current commissioning arrangements for homecare services

2.1 The Council commissions a range of organisations to deliver homecare services for vulnerable adults. The current model contracts lead providers and support providers in four geographical zones in the City. These zones align with Area Committee boundaries (two per zone). These providers are supported by a list of City wide accredited providers who will have gone through a light touch process to ensure their suitability to provide quality services. This means that they have fulfilled a set of criteria and been able to demonstrate that they meet certain standards that have been deemed necessary by commissioners to provide a level of quality homecare for Nottingham citizens. There are also a number of packages of care that have been set up outside of this system, on spot contracts, with providers that do not fall into any of the above categories.

2.2 The numbers of citizens waiting for a package of homecare from an external provider, at any one time, has reduced over the past 12 months from a high of over 140 to a low of fewer than 20. The waiting list for homecare is scrutinised daily and a senior working group (Homecare Gold Command) is convened bi-weekly to scrutinise referral and waiting list trends and put in place measures to deal with any issues and risks that arise. While the reduction in the waiting list has generally been maintained, there are fluctuations and there are still challenges in keeping the numbers low. These include increased numbers of referrals, low pick up rates from external providers and a move to assess people for packages of care in their own homes (rather than in hospital) putting additional pressure on community provision. Please see below graph, which illustrates the downward trend in waiting times.



2.3 Work to reduce the numbers of spot contracts with providers has been highly successful and is ongoing. This is because spot contracted providers are more challenging to monitor around quality (through contract management) and can charge at a higher hourly rate. A programme of work has been instituted to reassess these citizens and move them to either a lead, support or accredited provider or to give them a direct payment to purchase their own care. The current split of lead, support, accredited and spot providers is shown in the pie chart below. It is intended that there will be no packages of care on spot contracts by the time the new contract starts in April.



2.4 Regular meetings have been taking place between lead, support and internal providers in order to develop an informal alliance. The benefits of this are outlined below (3.1b).

3. Re-commissioning homecare services

3.1 Work is underway to re-commission homecare services under a new model, which intends to improve the homecare market via the following mechanisms:

- a) The new model includes the citizen first accessing internal services, which provide a short-term service to maximise independence. This was known formally as the Re-ablement Service. The service supports citizens to become as independent as possible. Citizens will then be transferred to an external provider with a reduced package of care, where this is appropriate. This means that external providers no longer have to pick up emergency packages from the hospital and the community and receive advanced notice of when they will be required to pick up new packages allowing them to better plan their staffing needs.
- b) Instituting a provider alliance in order to share good practice, share training and other resources, take a joint approach to recruitment and foster better relationships and cooperation between the commissioned lead providers, internal providers, the Care Bureau

and assessment. This builds upon learning from the informal provider meeting process, as mentioned above (2.4).

- c) Part of the provider alliance work will include investigating the possibility of jointly agreeing a carer 'passport to care'. This will be a record of relevant training that paid carers have successfully completed. The intention is that this will be used to allow carers to work for more than one organisation or to move between organisations easily, without having to put that carer through all of the training requirements for the new organisation. This will reduce duplication of training, support career progression and standardise training quality across the City.
- d) Jointly commissioning the lead providers with the CCG to improve 'end-to-end' care. This means that citizens will experience continuity of homecare provision, as their needs become more clinically complex and facilitating this continuity in the citizen's home until the end of their life.
- e) Aiming to support one lead provider to pick up as much of the business as possible in a given geographical area. Homecare is a business that works best for providers at high volume. The intention is to support this high volume to ensure a stable and thriving market in localities.
- f) The major issue for the market at present is difficulty in recruiting and retaining staff. The current tender process puts a high value on responses to the tender that show measures the provider will take to improve staff retention. Some of the ways providers could demonstrate this include:
 - Committing to the Unison Ethical Care Charter
 - Committing to offering guaranteed hours rather than zero hours contracts
 - Committing to pay the Living Wage Foundation Living Wage
 - Raising the profile and reputation of working in care
 - Improving general terms and conditions for staff
 - Structuring runs to facilitate staff being on foot or bike
 - Creating a career path for carers.

It is intended that the result of this will be better continuity of care for citizens as carers will stay in their positions for longer. This will promote longer term and improved relationships between people using services and care providers. It will also improve outcomes for citizens

with dementia where it is even more important that the person delivering their care get to know them and their individual needs.

- g) The new service specification includes robust performance monitoring that clearly sets out the sanctions the Council will implement should the provider fail to hit output and outcome targets around quality of care.

3.2 The timescale for re-commissioning is as set out in the table below.

Stage	Date
Invitation to Tender issue date	29 September 2017
Deadline for provider clarification requests	1 November 2017
Invitation to Tender return date	8 November 2017
Clarification Interviews (if required)	15-18 December
Contract award	End of December 2017
Contract start date	1 April 2018

3.3 Marking of homecare tenders is currently taking place. A large number of organisations submitted a tender application for the four lead provider roles. Once the lead providers are appointed, work will then take place to revise the accredited provider list. There will be no spot providers.

Consultation with citizens was key in determining what the quality aspects of the service specification would look like. Commissioners worked with County colleagues to undertake meaningful co-production of the quality aspects of the service specification. This included citizen engagement events, one-to-one interviews with service users and harnessing University of Nottingham research into good practice. From this work, commissioners were able to include a list

of 'I' statements in the service specification, which tells providers what citizens expect from 'good' homecare services. Please find this below. The invitation to tender asks providers specifically how they will meet the outcomes as set out by service users and carers. This requires providers to demonstrate their commitment to providing quality services and how they will practically go about doing this.

3.4 Significant consultation was undertaken with citizens who use services. This includes a range of BME citizens. Citizens who do not have English as a first language are particularly at risk of poor provision through a change in provider if the new provider is unable to meet their specific cultural needs, especially in relation to the gender of care worker, language requirements or food and drink. The extent of the transition to new service providers is not yet known, as the tender process is still underway. Once this is known, colleagues and providers will undertake detailed transition planning for those citizens who will be moving to a new provider. The EIA for homecare re-commissioning is attached at Appendix 1.

The most important thing for me is...

My care provider and workers support me to live in my own home as independently as possible and with dignity, through the delivery of good quality individual care.

What we want from care workers...

My carer and I want people to know that we value and respect the support we receive from homecare workers. I want the following things from my carers and provider:

- My homecare workers are caring, dedicated, reliable and confident.
- My homecare workers are well trained and well supported by the agencies they work for.
- My homecare workers are valued, respected and involved in the reviews about the people they support.
- My homecare workers have good, up to date information about me, my family and my situation.
- My homecare workers know what is expected of them and how to support a person well.
- I feel listened to by my provider.
- My homecare provider checks the quality of the care provided to make sure it works for me.
- I know that the people providing my care have regular appraisals to identify their development and training needs which then form the basis of the provider's on-going training and support.
- My family, carers, care staff and I are involved in the development of my care plans and these are kept up to date.
- There are clear back up plans in place for me that prioritise what matters to me and all care staff were informed of these before they started working with me.
- My family, my carers and I are asked about how the service could be improved and following this, changes are made when needed.

Glossary

Homecare	Services for vulnerable adults that support them in daily living, avoiding the need for residential care or hospital admission.
Service model	The way that homecare services are delivered and accessed, taking into account geography, principals of delivery, payment mechanisms and contract management.
Service specification	The element of a contract that specifies how a service is to be delivered.
Provider	An organisation that delivers homecare.
Accredited provider	Providers who have been able to demonstrate that they meet certain standards that have been deemed necessary by commissioners to provide a level of quality homecare for Nottingham citizens.
Homecare Gold Command	Bi-weekly senior working group that leads operational work to manage the waiting list.
Spot contract	A contract with a provider to deliver a single package of care that is outside of other commissioning processes.
Provider alliance	A group of providers (externally commissioned and internal), assessment and Care Bureau colleagues who will meet regularly to find ways to collectively improve the homecare system in Nottingham
Care Bureau	The brokers of packages of care who on receiving a social work assessment, negotiate delivery of packages of care with providers.
End to end care	Care that is delivered consistently (same workers / organisation) until the end of a citizen's life.
Unison Ethical Care Charter	A document of principles of delivery of homecare that shows the workforce is receiving adequate terms and conditions and working environment.
Better Care Fund	A joint health and social care budget which seeks to join-up health and care services, so that people can manage their own health and wellbeing, and live independently in their communities for as long as possible.

Equality Impact Assessment Form (Page 1 of 2)

Appendix 1

**Title of EIA/ DDM: Recommissioning Homecare for Vulnerable Older People
Morley – Commissioning Manager**

Name of Author: Peter

Department: Chief Executive's Department

Director: Katy Ball

Service Area: Strategy and Resources

Strategic Budget EIA Y/N (please underline)

Author (assigned to Covalent): Peter Morley

Brief description of proposal / policy / service being assessed:

Nottingham City Council, jointly with Nottingham City CCG intends to re-commission homecare services for vulnerable older people following the expiry of the current framework agreement. New contractual arrangements are to be in place from 1st April 2018.

The new model of delivery will consist of a number of providers, based in geographical zones in the City, who will take the lead for delivering ongoing homecare to citizens in that area. This will be supported by a list of accredited providers who will take up what the contracted providers are unable to deliver.

There will be a clear expectation in the new service specification for both internal and external providers to work together in an alliance arrangement to improve the experience of the citizen as they transition through the system and to share systems to facilitate this.

The model will see all citizens receiving a package of care from City Council homecare delivery for a 6-8 week period to stabilise packages before the package of care is passed out to the external provider to provide ongoing care. The rationale for this is set out below.

Information used to analyse the effects on equality:

- Consultation with citizens in receipt of homecare
- Consultation with providers of homecare
- Consultation with the carers of citizens in receipt of homecare
- National best practice guidelines (NICE / UK Homecare Association / CQC)
- Consultation with SPLAT – representing citizens with learning disabilities and autism
- JSNA

A programme of consultation and analysis was undertaken to understand what good homecare looks like from a citizen perspective. This took place in April and May 2017 and included:

- A citizen engagement event at the Council House
- Obtaining citizen questionnaire feedback from current providers
- Contacting day centres and holding events to consult with citizens who would be in attendance
- 1-2-1 visits to citizens' homes
- Analysis of national documentation, for example NICE guidance, feedback from the UK Homecare Association and CQC advice about what to look for from good homecare provision

Key themes from consultations were that:

- Good homecare:
 - Helps citizens to feel independent
 - Is friendly
 - Is not rushed
 - Is provided by a consistent group of carers
 - Provides the right gender of carer if delivering personal care to maintain dignity. This is especially the case in some specific cultures
 - Provides carers who can communicate with the cared for if there are language or disability requirements in relation to communicating
 - Provides carers who offer practical advice and support
 - Provides carers who will liaise with the family
 - Provides carers who are trained and knowledgeable about the citizen's specific needs e.g. diabetes

- Citizens feel that current homecare in Nottingham is of a good standard
- Some citizens felt their slots were too short or somewhat rushed
- Loneliness and isolation are recurrent issues for citizens
- Moving a to a new provider did not elicit anxiety as long as the process was managed and that there was good communication with the citizen and their family / carers
- There is ambivalence towards taking a Direct Payment. Some thought it was a good idea; others thought it would be too much hassle and responsibility.
- Citizens appreciate continuity in the care workers they receive but that with the right planning, induction and communication, anxiety could be lowered around moving to new care workers.

	Could particularly benefit X	May adversely impact X
People from different ethnic groups.	<input type="checkbox"/>	<input type="checkbox"/>
Men	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Women	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Trans	<input type="checkbox"/>	<input type="checkbox"/>
Disabled people or carers.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pregnancy/ Maternity	<input type="checkbox"/>	<input type="checkbox"/>
People of different faiths/ beliefs and those with none.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Lesbian, gay or bisexual people.	<input type="checkbox"/>	<input type="checkbox"/>

How different groups could be affected (Summary of impacts)	Details of actions to reduce negative or increase positive impact (or why action isn't possible)
Older people and their carers could be affected by a change in service provider. In consultation they have said that they value continuity of care workers but that they are not averse to changing to a new provider if this is planned and they are kept well informed.	If current homecare providers are not successful in tendering for the new contract, citizens will have a choice of either moving to a new provider or taking a direct payment to stay with their current provider. For those who wish to move to the new provider, a comprehensive transition plan will be put in place that includes robust handover of the care plan to new provider and delivery staff (including any cultural requirements) and communication with the citizen and their family. [Transition plans to be written from November 2017 to be completed by April 2018 for all citizens moving to new providers]
Homecare is provided to all cultures in the City and consultation has taken place with significant interest groups, namely Pakistani, Indian and African Caribbean. These groups are particularly at risk of poor provision through a change in provider if the new provider is unable to meet their specific cultural needs, especially in	

<u>Older</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Younger	<input type="checkbox"/>	<input type="checkbox"/>
Other (e.g. marriage/ civil partnership, looked after children, cohesion/ good relations, vulnerable children/ adults). <i>Please underline the group(s) /issue more adversely affected or which benefits.</i>	<input type="checkbox"/>	<input type="checkbox"/>

<p>relation to the gender of care worker, language requirements or food and drink.</p> <p>Some citizens, through consultation, have said that their calls can sometimes feel rushed. The service specification for new provision will allow for some flexibility in the time slots provided to citizens. This will allow care workers not to rush visits when an older person's needs require more resources on a given day. This will allow for better quality interaction between care worker and citizen, in line with what citizens have told us in consultation about social isolation and length of care slots.</p>	<p>The overarching strategic plan for transition to the new contract will be completed by Adult Assessment, following contract award. [By April 2018]</p> <p>The new model will see a mechanism built into reporting that will allow flexibility around how much time a provider spends with a given citizen. [Developed as part of service specification – by June 2017]</p> <p>Providers will receive a payment in advance of a percentage of the hours that are commissioned from them by the City Council. This is intended to improve provider and market stability, creating more capacity in the market to take more packages of homecare and reduce waiting times for citizens. [Developed as part of service specification – by June 2017]</p> <p>A data strategy is being written to set out exactly what we need to providers to report on, which will enable City Council analysts, brokers, providers and assessment colleagues to fully understand if the overall homecare system is performing well in terms of quality and capacity to deliver. [Development from June 2017 – April 2018]</p>
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				Monitoring of the intended improvements in the new model will be undertaken via contract management procedures and via the City Council Insight Team. They will ensure they have accurate data that reflects the performance of the whole homecare system with regard to quality and capacity. [To commence at the start of the new contract in April 2018]
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Outcome(s) of equality impact assessment:

- No major change needed ☒ •Adjust the policy/proposal ☐ •Adverse impact but continue ☐
- Stop and remove the policy/proposal ☐

Arrangements for future monitoring of equality impact of this proposal / policy / service:

Note when assessment will be reviewed (e.g. Review assessment in 6 months or annual review); Note any equality monitoring indicators to be used; consider existing monitoring/reporting that equalities information could form part of. September 2018

Approved by (manager signature):

Clare Gilbert – Lead Commissioning Manager

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Date sent to equality team for publishing:

31st May 2017