Adult Select Committee
26 June 2014

Domiciliary Care Tender 2014

Purpose of the report: Scrutiny of Services
To update Select Committee on the current Domiciliary Care Tender which has been co designed and produced in partnership with service user and carer representatives. To also outline our model of integrated commissioning and procurement with Surrey Downs Clinical Commissioning Group (representing all Surrey Clinical Commissioning Groups).

To explain the commissioning challenges and market management challenges in Surrey and how the service is benchmarked against best practice guidelines.

To demonstrate our response and show how the new specification and contract model aims to promote the highest standards of care at home which are personalised, local, and delivers improved quality, quantity and outcomes for residents

To explain the two new contract models: Strategic Provider and Any Qualified Provider and show how these new contract models will be provide focal point for innovation and stronger partnership with domiciliary care providers, and delivery on requirements of Care Act 2014.

Introduction:

1. Domiciliary care service providers and their workforce are a key linchpin in the whole health and social care economy. They are required to work in the community to deliver a safe, efficient, compassionate and high quality service. They are also required to deliver personalised, flexible 7 day a week service with appropriately trained and competent workforce at a time and place to meet the needs of the service users. They can enable people with disabilities and complex long term conditions to continue living independently in their own home.

2. A well managed domiciliary care market will reduce, prevent and delay the need for unplanned hospital admission or the need for more intuitional forms of care.

3. Domiciliary care, also known as homecare, is monitored inspected and regulated by the Care Quality Commission to ensure they meet the fundamental standards of quality and safety.

4. Domiciliary care may be self funded or funded through health or social care, with commissioning bodies either paying the homecare provider or providing Direct Payments to the Service Users enabling them to pay for the care agency of their choice.

5. Domiciliary care agencies can provide care to children, young people, adults and older people with a wide range of care and support needs. This report will outline details of a tender for domiciliary care for adults. The revised tender for Domicillary Care does exclude those people living in supported housing schemes.

6. Homecare is usually non-medical, although some Care Workers may be trained to undertake tasks such as PEG feeding. Domiciliary care agencies work in partnership with other Health and Social Care professionals, so an individual may receive personal and medical care at home through the co-ordinated services of, for example, Care Workers, District Nurses, and Occupational Therapists.

Current Domiciliary Care Contract

7. The existing Domiciliary Care Framework Agreement, for a minimum 2 years, was awarded in April 2012 to 30 Providers. It is jointly commissioned with CCGs for Continuing Health Care. Including spot placements SCC currently commissions from approx. 90 providers in total.

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8. Total estimated spend this financial year is £48m.

9. Whilst most aspects of the current arrangements work well, there are other elements which would benefit from improvement.

10. We have extended the framework for 6 months to enable SCC and the CCGs to undertake a joint tendering exercise and implement a new contract from October 2014.

The Commissioning Approach

11. We (both health and social care) have undertaken a detailed analysis of the domiciliary care market. We undertook a gap analysis of supply, identifying where there was a risk to sustaining the capacity to meet demand and respond to the pressures of effective and speedy hospital discharge.

12. We listened to feedback from providers, staff, users and carers to understand the barriers in sustaining a quality workforce: factors such as image portrayed in the media, pay and conditions, training and support, more lucrative employment sectors, as well as understanding challenge in between delivering care and sustaining a local workforce in a rural settings.

13. We have assessed through our Joint Strategic Needs Assessment (JSNA) how we might meet the increasing levels of complex needs in the community, including the effects health and social care trends may have on demand (e.g. dementia and double or bariatric care) as well as lessons learnt from safeguarding outcomes and serious case reviews.

14. The voice of users and carers is strongly represented within this tender. Through our Home Based Care Reference Group and various stakeholder engagement meetings, quality assurance monitoring and our Home Based Care annual user survey we have identified how we can deliver and measure the quality outcomes that are important to people in Surrey.

15. We have also responded to guidance from numerous reports on Domiciliary Care. Notably the Equality and Human Rights Commission Report on Home Care (October 2013), which required an action plan to demonstrate how we assure basic values such as choice, dignity and privacy. The report significantly recognised the role of commissioners and providers in commissioning ethical employers, providing good working terms and conditions.

16. The Care Act (2014) outlines specific requirement that requires the local authority to support the market and deliver a sufficient diversity, choice and supply of care services in their local community. With needed to change the way in which we commissioned our service that support good information, knowledge, oversight and management of the market.

Key outcomes expected of the new tender

17. For individuals using services
    - Transparency and management of missed and late calls – providers will know in real time if service delivery is late or to be missed – with consequences for poor performance
    - More flexible services as total time allocated can be managed more proactively
    - Individuals will have a copy of a easy read specification based on the outcomes individuals should expect from the service.
    - A provider that delivers personalised outcomes, promotes inclusion in the community and has a commitment to promote wellbeing and prevent or reduce inappropriate hospital admission.

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18. For SCC and CCGs
    - Improved capacity and supply in difficult areas – with a 7 day operation providing timely discharge from hospital and reduced costs for CCGs.
    - Improved performance metrics on commencement of packages, especially for hospital discharge
    - Promoting further integration
    - Greater inclusion of locality staff in the tender process.
    - Putting requirement on providers to engage individuals in their communities, in support of Family, Friends and Community Support agenda
    - Recognises the cost of provider failure and places mitigations to offset risk

19. Outcomes irrespective of who pays for care
    - List of published "qualified providers" to assist self funders' choice
    - Back office efficiencies: Flexibility of having known providers already approved and set up – reduces time for new spot placements

20. Providers and the workforce
    - A Strategic Partnership model – providers on this contract will benefit from guaranteed payment on an agreed volume, varying with demand, and a relationship on which to develop innovation
    - Providers more able to plan recruit and retain and support a stable workforce

Commercial benefits and risk

21. Benefits
    - Establishment of Strategic Relationship Management with selected providers to monitor performance, address risk, and develop services and outcomes over time.
    - Strategic partners based and experienced within their locality and well placed to meet increasing demands.
    - A commercial model that gives financial pre-commitment to provider partners, enabling them to invest in staff prior to demand.
    - Pre-qualified and known providers available to back-up strategic partners, and allow niche/new services to develop.
    - Sufficient qualified providers to be able to signpost potential users and allow choice across a diverse market provision.

22. Risks
    - Affordability of a viable, ongoing service in light of current nationally publicised pressures, e.g. zero-hours contracts, national minimum wage, living wage, integration of health and social care.
    - Integrating Family, Friends and Community Support for holistic outcomes, e.g. inclusion of non-personal care.
    - Gaining proactive management and increased client satisfaction from electronic monitoring of calls.
    - Provider's ability to respond to the move from "task" to "outcomes" based commissioning.

Recommendations:

23. To note the content of this report and the supporting this report

24. Select Committee to offer support the approach taken and endorse the imperative to improve, the quality, supply and an integrated market management approach to the domiciliary care to deliver better whole system outcomes.

Next steps:

Cabinet on 23 July 2014
AQP Provider tender publication 1 July 2014

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Sources/background papers:
Presentation: Domiciliary Care Tender 2014
Presentation to Adult Select Committee 26 June 2014