

SURREY COUNTY COUNCIL**CABINET****DATE: 28 FEBRUARY 2017****REPORT OF: MR MEL FEW, CABINET MEMBER FOR ADULT SOCIAL CARE, WELLBEING AND INDEPENDENCE****LEAD OFFICER: HELEN ATKINSON, STRATEGIC DIRECTOR ADULT SOCIAL CARE AND PUBLIC HEALTH****SUBJECT: RE-COMMISSIONING OF THE ADULT SOCIAL CARE HOME BASED CARE SERVICE****SUMMARY OF ISSUE:**

Provision of a Home Based Care (HBC) service to vulnerable adults in Surrey is a statutory requirement of the Council under the Care Act 2014. HBC services enable and support people to remain independent and living in their own homes for longer. HBC involves a range of health and social support services for all user groups and includes personal care, e.g. support with getting up, getting washed, eating and drinking, and non-personal care, e.g. support with shopping, household cleaning and laundry, and specific healthcare activities such as end of life care.

The vision for health and social care services in Surrey is: 'Through mutual trust, strong leadership and shared values we will improve the health and wellbeing of Surrey people.' (Surrey Health and Wellbeing Strategy July 2016). The outcomes that the health and social care system have signed up to are:

- Supporting people to live well and independently in their community
- Reducing admissions to residential care
- Enabling people to stay at home
- Enabling people to return home sooner from hospital
- Improved reablement and rehabilitation support following discharge

The delivery of HBC services supports the Surrey health and social care system to achieve the above vision and outcomes.

The HBC market nationally and locally is under extreme pressure in terms of an increase in demand due to an aging population with complex health and social care needs, set against challenging financial circumstances. There is a general lack of capacity within the HBC market which is a major consequence of the inability to recruit and retain care staff. The work that carers undertake is difficult, this is particularly true in HBC where the working conditions are challenging, e.g. lone working, the travelling distances and times between clients and the fact that people can receive higher wages with better working conditions in less onerous roles.

These issues are enhanced in Surrey by the high employment rate, high cost of housing and the proximity to London where care workers will be paid more for the same job. This lack of capacity is illustrated by the fact that in some of Surrey's most rural areas 20 HBC providers are contacted before a provider is found that can accept a package of care. The service also has to be flexible to respond to multiple demands, e.g. the ability to support hospital discharges and enable people to return safely to their own homes. As a consequence of these issues Adult Social Care

(ASC) is proposing to change the current practice by which HBC providers are awarded HBC work with SCC through inviting Expressions of Interest against which suitably qualified agencies will be Awarded Provider Status (APS). New and evolving providers may join or expand their services over time. This APS list will increase and widen the range of providers with which ASC are able to commission against pre-agreed terms and will, through working in partnership with these providers, enable a more flexible response to changes in demographics and the care market.

RECOMMENDATIONS:

It is recommended that:

1. approval be given to change the practice of commissioning HBC services to "Awarded Provider Status"
2. a report be taken to Cabinet for approval of any additional non-budgeted expenditure resulting from the planned implementation of the new framework, including proposals for any harmonisation of legacy rates.

REASON FOR RECOMMENDATIONS:

The existing HBC provision agreements expire on 30 September 2017 and given the above factors set out in the summary ASC in conjunction with Procurement made the decision to plan to re-commission the service. By taking this opportunity ASC can update the service specification and agreements to offer residents an improved service and be able to respond more flexibly and quickly to a fluid HBC market.

DETAILS:

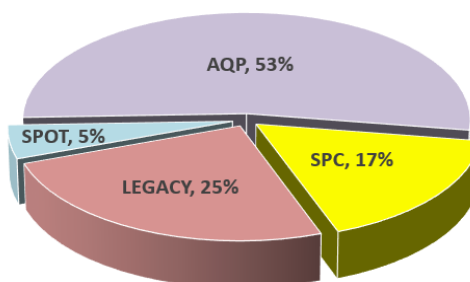
Background to Home Based Care (HBC)

1. HBC in Surrey is delivered through external HBC providers.
2. ASC currently commissions HBC services from 167 providers.
3. This service supports ASC by enabling individuals (service users) to continue to live independently in their own homes; to be safely and efficiently discharged from hospital and to reduce admissions to residential care.
4. The Council currently delivers HBC support services to 6,304 individuals, currently amounting to 3,410,000 hours per annum.
5. ASC works closely with its providers to continually look at ways of improving the quality and capacity of the HBC service. Each area (the areas are based on the Clinical Commissioning Group boundaries) has its own HBC provider forum, which meets on a quarterly basis. The purpose of these groups is to offer peer support to providers, enable discussions and identify solutions for local problems, share best practice, and share important messages e.g. winter planning.
6. Given the above scale of services required by the council to meet its statutory care obligations and the challenging state of the provider market there is a need for the widest availability and flexibility in choice of qualified provider, which can often be at short notice e.g. on hospital discharge to avoid delayed transfers of care.

New Proposals and Planned Re-commissioning of the HBC Service 2017

7. A thorough review of the existing agreements was carried out in partnership with Surrey Downs Clinical CCG, the lead commissioner for Continuing Health Care. Surrey Downs CCG have a call off agreement with SCC for HBC services and it is proposed to continue with this agreement in the future. The review concluded that there was a need to update and refresh the service specification and change the process by which HBC is commissioned.
8. The current contract is a two tier framework comprising of Strategic Providers (SPC) and Any Qualified Providers (AQP)
9. The objective of the Strategic Provider Contracts (SPCs) was to ensure that these providers would accept the majority of business from ASC. This has not materialised with the SPCs being able to accept only 17% of the total current business due to challenges facing the overall HBC market as set out above. It is proposed to cease having Strategic Providers.
10. The Any Qualified Providers (AQP) have 53% of the current business and this type of agreement has proved to be most beneficial to ASC and residents. This type of agreement is also the most flexible, thereby allowing ASC to respond to changes in demographics and the market more quickly.

Ratio of spot home care by type of contract



(by monetary value of open 'plan' cases at 31/12/2016)

11. It is proposed to introduce a new type of agreement called Awarded Provider Status (APS), which will be similar to the existing AQP contracts. The APS agreements will enable the council to respond more proactively to population demands and meet the changes in the market.
12. The main advantage of the APS agreements is that ASC is not obliged to offer the providers a contracted level of business and that new providers can apply to sign up to be an APS throughout the life of agreements. Market development will support and encourage Surrey Small Medium Enterprise (SME) providers, who play a key role in the delivery of services; meaning that ASC can encourage new and local HBC providers to join the market, improving capacity in Surrey and ASCs ability to deliver a flexible service.
13. A summary of the changes to the current service specification and contractual arrangements, rationale and benefits of these is attached as Annex 1

Procurement Strategy

14. A joint project team was set up including representatives from ASC commissioning, ASC Quality Assurance, Procurement, Finance, Legal and Surrey Downs CCG.
15. After a full and detailed analysis it was decided to publish an ongoing invitation to submit Expressions of Interest (EOI) from qualifying providers who wished to work with the council. This approach would allow engagement with as wide a provider community as possible, increasing the capacity available to the council to meet statutory obligations and residents' needs. It would also allow a flexibility to engage with new and expanding providers as these developed.

Use of e-Tendering and market management activities

16. In order to open the EOI process to as wide a range of providers as possible, an electronic invitation platform will be used. Use of the electronic platform represents a major improvement from previous paper based processes and introduces a process that is open and transparent to all involved.
17. Steps have been taken to stimulate interest in this new process, which was introduced to the provider base through a series of meetings with the Surrey Care Association Domiciliary Care Provider Network and council-run provider awareness events.
18. Further market management activities will also be held to inform providers and encourage maximum participation.

EOI Evaluation Process and Provider Relationship Management

19. In submitting EOIs providers will provide information on their organisation, history, capacity, geographic reach, service quality and added social value. This will be evaluated by ASC, Procurement, and CCG officers against established guidelines of acceptability. For new providers that have yet to be inspected by the Care Quality Commission or have a rating of less than "Good" the council will reserve the right to visit and audit the provider's premises prior to a decision being made.
20. The council has not set a fixed price for the provision of HBC, but we are mindful of the need for providers to pay their care workers in line with the National Living Wage and other HMRC and statutory requirements. Providers will be asked to disclose the proportion of their rate applicable to staff costs and we will agree rates that are affordable to the council.
21. The management responsibility for the contracts and provider relationships lies with ASC commissioners and will be managed in line with the Contract Management Strategy and plan as laid out in the contract documentation, which also provides for review of performance and costs.

ENGAGEMENT:

Commissioners and Procurement sought feedback and active involvement from a wide range of internal and external stakeholder groups throughout the re-design and tendering process. Stakeholder groups included providers, individuals from the voluntary and independent sector representing those receiving care and their families. Feedback was also sought from quality assurance monitoring reports, customer satisfaction surveys, research findings and provider’s performance monitoring returns from the existing HBC providers.

Please see Annex 2 for the list of internal and external partners that were engaged through this process.

RISK MANAGEMENT AND IMPLICATIONS:

- 22. The agreements will allow the council to terminate an entire agreement with three months’ notice should providers fail to meet their full contractual obligations. Individual care packages can be terminated with 48 hours.
- 23. The following key risks associated with the agreement for APS have been identified, along with mitigation activities:

Category	Risk Description	Mitigation Activity
Provider Failure	Potential risk to service users or their carers/family should provider be unable to deliver care to the highest standard.	New contract model enables commissioners to build partnerships with providers; increasing trust, communication and transparency between both organisations and enabling early intervention. Key Performance Indicators (KPIs) will measure the effectiveness of provider’s service. HBC monthly action log; reviewing all providers’ performance with feedback from contract management teams, quality assurance, and all involved parties.
Financial	Affordability of a viable, ongoing service in light of current nationally publicised pressures, e.g. zero-hours contracts, national living wage, integration of health and social care services.	Commissioners have not pre-determined a price and encourage bidders to submit a sustainable price. Guarantees and performance bond sought where appropriate. Financial checks undertaken during the evaluation process.
	Increasing demand for services will increase the budgetary pressures	Integrating Family, Friends and Community support for holistic outcomes, e.g. inclusion of non-personal care will be actively encouraged.
Reputational	Providers failing to meet their full contractual obligations	Implementation will enable commissioners to build a partnership approach with providers, thus mitigating risks associated with service delivery. Commissioners also

		have the right to terminate the contract with 3 months' notice if a provider continuously fails to meet their contractual obligations. Individual care packages can be terminated with 48 hours.
	Lack of transparency of missed and late calls.	Quality Assurance monitoring visits will be undertaken. The increasing adaption by providers of real time monitoring of calls will provide commissioners with transparency of calls delivered on time.
	Cultural changes in implementing "outcomes-focused approach"	The new specification empowers providers to move from "task" to "outcomes" based commissioning, promoting greater personalisation and outcomes-focused approach for individuals.

Financial and Value for Money Implications

24. There are three particular financial challenges with the current arrangements for the commissioning and financing of home based care services in Surrey.

Firstly, there is a complex array of different funding arrangements. These include legacy rates dating back across a number of previous frameworks, strategic provider and AQP rates under the current framework and "spot" rates agreed on an ad hoc basis outside of the current framework. It is proposed that under the new APS framework all old legacy rates would be harmonised with the new rates and there will no longer be any "spot" rates agreed outside of the framework. This will significantly simplify the commissioning and funding of services and ensure all services are funded on the same equitable basis at best value for money.

Secondly, as outlined in the background section of this paper ASC often has difficulty in sourcing HBC providers in a number of areas in the county, particularly in more rural areas. The new APS framework will change commissioning arrangements in these hard to commission areas and in doing so deliver a more responsive service and avoid the additional costs that are associated with sourcing packages outside of framework rates.

Thirdly, HBC providers are having to deliver services in very challenging economic circumstances. The tendering process for the new APS framework will take account of these circumstances, including issues such as the impact of the introduction and increases announced to the National Living Wage, in agreeing a new set of rates for services. This will be done to ensure both market sustainability and affordability of care provision for the council.

25. The financial implications of the changes proposed to the funding of HBC services have been modelled and built into the Medium Term Financial Plan (MTFP) for ASC. This modelling has taken account of rising demand and market pricing pressures. The full implications will not be known until the outcome of the tendering process for the new framework has been completed. If approval is given by Cabinet to engage with the market about the new proposed framework, then the confirmed financial implications compared to what has already been budgeted in the MTFP will be clearly outlined in a future report to Cabinet.

Section 151 Officer Commentary

26. The Council is facing a very serious financial situation in the current and future years. The engagement with the market recommended in this paper will enable the financial implications of the changes proposed to the funding of HBC services to be fully assessed. The implementation of any new contractual arrangements will then be subject to a further Cabinet decision. This decision will need to be based on an assessment of the costs against those budgeted in the MTFP in the context of the council's very serious financial situation.

Legal Implications – Monitoring Officer

- 27. Following approval for route to market at the Sourcing Governance Meeting, a full competitive tendering process will be undertaken by the Council using the open procedure in accordance with the Public Contracts Regulations 2015 and the Council's Procurement Standing Orders. Legal Services have advised on and prepared a bespoke contract for the Services in liaison with the CCGs' legal representative.
- 28. This is based on the terms and conditions of the existing HBC framework agreement, between the council and the successful providers. The CCGs will call off from the contract through an Access Agreement.
- 29. The working relationship and responsibilities of each commissioning party will be clearly outlined within a Consortium Agreement, signed by each CCG in Surrey. The Consortium Agreement will indemnify each party for any losses or expenses incurred by any party within the agreement and recognise the role of the lead CCG – Surrey Downs.

Equalities and Diversity

- 30. An Equalities Impact Assessment has been written and is attached in Annex 3.
- 31. The proposals have a positive impact on residents and staff with protected characteristics and no adverse impacts have been identified.
- 32. Summary of the key points include:

<p>Information and engagement underpinning equalities analysis</p>	<p>A wide range of research and engagement has been undertaken to underpin the equalities analysis and the planned re-commissioning of the HBC service. The research includes referencing the most up to date national guidance on HBC and engaging with a wide range of individuals and agreements. Please see Annex 2 for list of external and internal stakeholders that have been engaged with throughout this process.</p>
<p>Key impacts (positive and/or negative) on people with protected characteristics</p>	<p>There is no evidence that the proposals will have a negative impact on residents and service users with protected characteristics. There are no specific positive impacts for people with protected characteristics, but there are benefits of these proposals to all people in receipt of a HBC service. These benefits include: a more responsive and flexible</p>

	service as a result of the introduction of the APS agreements and improved quality of service and ability to monitor the quality via the inclusion of the new NICE (National Institute for Health and Social Care Excellence) Quality Standards for HBC in the service specification.
Changes you have made to the proposal as a result of the EIA	There have been no amendments to the proposals as a result of the EIA
Key mitigating actions planned to address any outstanding negative impacts	There are no key mitigating actions planned because there was no evidence that the proposals will have a negative impact on residents and service users with protected characteristics.
Potential negative impacts that cannot be mitigated	No negative impact impacts were identified.

33. The specification was produced with input from the Equalities officer and will be managed and monitored in line with Surrey's obligations under the equalities monitoring framework.

Other Implications:

Safeguarding responsibilities for vulnerable children and adults implications

34. There are no changes to the responsibilities of providers or commissioners as a result of this contract award process.
35. The specification and contract clearly states the expectations of the commissioners with regards to the providers' responsibilities.

Climate change/carbon emissions implications

36. The continued application of localised commissioning will minimise the travel time of Care Workers, thereby reducing their carbon emissions.

WHAT HAPPENS NEXT:

Should officers obtain approval from Cabinet to proceed with this engagement, the next steps will be:

- Invitations for EOI issued May 2017
- Received EOIs evaluated and agreements reached
- New APS agreements to commence on 1 October 2017
- Adults Leadership Team will be kept informed during implementation as appropriate

Contact Officer:

Adults Social Care - Kirsty Malak, Senior Commissioning Manager 020 8541 7062
Procurement and Commissioning - Ian Lyall, Senior Category Specialist 020 8541 9933

Consulted:

Please refer to the consultation section of this report.

Annexes:

Annex 1 - Changes to the service specification and contractual arrangements

Annex 2 – List of internal and external partners engaged with

Annex 3 - Equalities Impact Assessment

Annex 1 - Changes to the service specification and contractual arrangements

Changes to the service specification and contractual arrangements	
Proposed change	Rationale/ benefits
1) Ceasing to have Strategic Provider Contracts (SPC)	The purpose of the SPCs was for them to pick up between 40% to 60% of all new business and, as shown above, the SPCs only have 17% of our market spend. It is therefore felt that, due to their inability to grow to meet council demand, the SPCs have not given the commissioners the benefits that were anticipated in the changing HBC market.
2) Move to Awarded Provider Status contracts	The current AQP contracts have picked up the majority (53%) of business since October 2014. The AQP contracts have offered the flexibility to meet the changing needs and demands of local residents and to the challenges in the HBC market and by building on the success of these contracts we want to increase capacity in the market and response times to picking up packages of care. Invitations for APS Expressions of Interest (EOI) will remain open on an ongoing basis, meaning that we can work with new providers in a timely and flexible manner as they approach the council.
3) Increase the number of geographical zones in which HBC is delivered	Currently there are 18 geographical zones across the county and this is how providers bid for and deliver HBC. The zones in some cases are too large and are not meaningful for the provider or the council. It is therefore proposed to move to zones representing high level postcodes, e.g. GU1, RH5, with postcodes that are particularly large split to manageable sizes. This will improve efficiency both for the providers and for the council in terms of delivery and speed of response to requests for packages of care.
4) Strengthening the evaluation process for awarding APS agreements	The evaluation for the current AQP EOI has been more light touch than the evaluation for the SPCs. This was intentional as the purpose of the AQP agreements was to work with as many providers as possible. However, it has become clear during the life of this contract that a more stringent evaluation process for the AQP EOI would have been beneficial in some cases. It is therefore proposed to implement a more stringent evaluation process around provider record and ability, i.e. where a new provider has yet to be

	inspected by the Care Quality Commission or has a rating of less than “Good” the council will reserve the right to visit and audit the provider’s premises prior to a decision being made.
5) Increased reference to the new Joint Community and Care Home Provider and Service Failure Protocol	The Joint Community and Care Home Provider Service Failure Protocol has been updated since the last HBC service specifications, strengthening the Local Authorities statutory Care Act responsibilities in terms of market oversight and accountability for a healthy and strong care market. This will increase provider’s awareness of the responsibilities that the Local Authorities have and the actions that can be taken as a consequence, which includes suspending providers.
6) Use of NICE (National Institute for Health and Social Care Excellence) and SCie (Social Care Institute for Excellence) quality standards and guidance	Recently published NICE Quality Standards in relation to HBC and guidance has strengthen the service specification and will improve the ability of commissioners to hold providers to account and give clear expectations for individuals in receipt of a service.
7) Strengthened performance monitoring requirements and processes	The above quality standards and guidance have strengthened the performance data that providers are required to submit. Enabling a golden thread to be drawn from national standards to service delivery in Surrey. All APS providers will be required to submit performance data, via the in-tend system, which will be monitored on a monthly basis.

Annex 2 – List of internal and external partners engaged with

The HBC Reference Group, which consists of the following partners:

- Action for Carers
- Age UK (Surrey)
- Surrey Coalition
- Surrey Disabled People's Partnership
- Surrey County Council Social Care Services Board members
- Adult Social Care including Commissioners and Quality Assurance
- Procurement and Commissioning

The SCA also supported discussions with potential providers on the new specification and engagement model. Officers attended SCA meetings throughout 2016 with advice and guidance on commissioners' intentions.

The following Health colleagues were engaged with:

- Clinical Commissioning Group Collaborative
- Continuing Health Care Programme Board
- Sara Barrington, Interim Head of Continuing HealthCare
- Vicky Clark, Continuing Health Care Contracts Manager
- Andy Brooks, Chief Officer, Surrey Heath CCG
- Julie Curtis, Director of Partnerships, Surrey Heath CCG
- Steve Hams, Interim Director of Clinical Performance and Delivery, Surrey Downs CCG

The following were additionally engaged with:

- Mel Few, Cabinet Member for Adult Social Care, Wellbeing and Independence
- Social Care Services Board Members
- Helen Atkinson, Strategic Director Adult Social Care and Public Health
- Jean Boddy, Area Director, Adult Social Care
- Quality Assurance Managers, Adult Social Care
- Laura Forzani, Head of Procurement and Commissioning
- Anna Kwiatkowska, Procurement Category Manager, Adults
- Andrew Hewitt, Principal Accountant, Finance
- Naz Fox, Senior Lawyer, Legal Services



Annex 3 – Equality Impact Assessment (EIA)

1. Topic of assessment

EIA title	Adult Social Care Home Based Care Service Re-Commissioning
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EIA author	Kirsty Malak, Senior Commissioning Manager, Adult Social Care
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2. Approval

	Name	Date approved
Approved by	Adult Social Care – Directorate Equalities Group	09/02/17

3. Quality control

Version number	4	EIA completed	09/02/17
Date saved	09/02/17	EIA published	

4. EIA team

Name	Job title	Organisation	Team role
Kirsty Malak	Senior Commissioning Manager	Surrey County Council	Lead Commissioner for Home Based Care (HBC)
Ian Llyall	Senior Category Specialist	Surrey County Council	Procurement lead for HBC
Sue Senior	Project Manager	Surrey County Council	Project Manager for the Re-commissioning of HBC

5. Explaining the matter being assessed

<p>What policy, function or service is being introduced or reviewed?</p>	<p>The purpose of this Equality Impact Assessment (EIA) is to assess the possible effects of recommissioning the HBC service for all users and carers who either receive support directly or indirectly. This EIA will also assess possible effects on internal and external staff.</p> <p>The provision of Home Based Care (HBC) is a statutory requirement of the Council under the Care Act 2014. HBC involves a range of health and social support services for user groups and includes personal care (such as support with getting up, getting washed, eating and drinking), non-personal care (such as support with shopping, household cleaning and laundry) and specific healthcare activities such as end of life care. HBC support services contribute to enabling individuals to continue to live independently in their own homes. The existing HBC provision agreements expire on 30 September 2017 (with an option to extend for one year).</p> <p>This service supports Surrey's vision for health and social care services: "Through mutual trust, strong leadership and shared values we will improve the health and wellbeing of Surrey people". (Surrey Health and Wellbeing Strategy in July 2016).</p>
<p>What proposals are you assessing?</p>	<p>Refreshing and updating the HBC service specification and to replace the existing Strategic Provider Contracts (SPC) and Any Qualified Provider (AQP) agreements with new Awarded Provider Status (APS) agreements.</p> <p>The current agreements have been reviewed in partnership with Surrey Downs Clinical Commissioning Group (CCG), the lead commissioner for Continuing Health Care (CHC), taking into account evolving needs, the latest quality standards and the changing provider market. This review identified a need to replace the existing service specification and agreements. The existing SPC and AQP agreements will be replaced with more flexible APS agreements. The primary purpose of the SPCs was that these providers would pick up the majority of business from Adult Social Care (ASC), but due to challenges in recruitment and retention this has not been possible. Current business through the SPCs represents only 17% of ASCs total business. The AQPs have 53% of current ASC business. It is therefore proposed to move to APS agreements which will be similar to the AQP agreements. The new APS agreements will enable ASC to respond more proactively to population demands and meet the changes in the market. At present there are approximately 204 HBC providers in Surrey and ASC has contracts with 167 of these providers. It is the intention that the providers we have existing contracts with will be encouraged to sign up to the new service specification and submit an Expression of Interest (EOI) to be an APS. Unless providers sign up to the new contract to be an APS ASC will not be placing new business with these providers. It is not the intention to move existing packages to new providers, it is envisaged that all existing providers will submit an EOI to be an APS.</p>

Who is affected by the proposals outlined above?

The EOI process will be opened up in the spring/ summer of 2017 and will remain open, which will enable new providers to sign up to be an APS at any point. The first set of new APS agreements are due to commence on 1st October 2017.

This EIA will investigate and mitigate the potential impacts of the new service specification and agreements for all individuals who directly/indirectly depend on HBC support services, whether positive or otherwise. This EIA will also consider the wider impact of these contractual arrangements on the home based care market.

There are a number of different stakeholder groups who could be affected by the change in contractual arrangement, and they have been grouped into two categories:

External Stakeholders:

- Service Users (individuals who receive a direct support), approximately 6,304 individuals are supported to receive a HBC service by Surrey County Council
- Families/Carers (individuals who receive indirect support)
- Providers (organisations who manage the support services)
- Care Workers (who deliver the support services), approximately 3,889 people employed in the HBC market and ASC employs 2,500 staff
- Surrey's six Clinical Commissioning Groups

Internal Stakeholders of the council:

- ASC commissioning & operations staff
- ASC quality assurance managers
- ASC Business Intelligence
- Procurement
- Finance

6. Sources of information

Engagement carried out

Officers from the Council and Clinical Commissioning Groups actively sought feedback from a number of stakeholder groups.

The HBC Reference Group has been involved in the ongoing review and contract monitoring of the existing arrangements. The HBC Reference Group's membership includes; Action for Carers, Age UK (Surrey), Surrey Downs Clinical Commissioning Group, Surrey Coalition, County Councillors, ASC staff and procurement staff. The purpose of the group is to provide oversight of the contract management process as part of the governance of the service delivery.

The ASC Partner Update Meeting was attended on 28th November 2016, where a presentation was made on the review of the existing agreements and proposals for the new agreements. This meeting is with our user and carer led groups and includes Surrey Coalition; Surrey Independent Living Council; Age UK Surrey and Surrey Coalition of Disabled People.

An engagement event with providers was held on 8th December 2016 and was supported by the Surrey Care Association (SCA). Officers attended SCA HBC forums throughout 2016 and sought feedback from providers on the proposals for re-commissioning the service.

The following were additionally engaged:

- Mel Few (Cabinet Member for Adult Social Care)
- Social Care Services Board
- Clinical Commissioning Group Collaborative
- Helen Atkinson (Strategic Director Adult Social Care & Public Health)
- Sara Barrington (Interim Head of Continuing Health Care, Surrey Downs Clinical Commissioning Group)
- Adult Social Care Area Directors
- Continuing Health Care Programme Board
- Quality Assurance Managers (Adult Social Care)
- Laura Forzani (Head of Procurement and Commissioning)
- Anna Kwiatkowska (Procurement Category Manager, Adults)
- Andrew Hewitt (Principal Accountant, Finance)
- Naz Fox (Senior Lawyer, Legal Services)

Data used

Officers also conducted a comprehensive review of the current framework using data from a number of sources which fed directly into an options and needs analysis. This analysis then informed engagement with stakeholders and the options concerned were developed from the outcome of these discussions.

The data and information analysed as part of this review was sourced from:

- Joint Strategic Needs Assessment (JSNA) to determine demographic trends/demands
- 2011 census data
- Skills for Care data
- HBC annual customer satisfaction survey
- Strategic provider contract monitoring meetings
- Feedback from quality assurance monitoring visits
- National guidance e.g. National Institute for Clinical Excellence Quality Standard (QS123) published in June 2016
- Performance monitoring returns submitted by existing providers
- ASC finance data
- ASC locality teams
- Meetings with existing framework providers
- HBC provider forums
- Engagement with providers and service users

The data was used to identify trends and common themes within the existing service delivery model which prompted discussion about the most appropriate way to resolve the issues and concerns currently experienced.

The team also sought best practice recommendations from the following reports:

- **The King's Fund 'Social Care for Older People – Home Truths' (September 2016)**
https://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/Social_care_older_people_Kings_Fund_Sep_2016.pdf
- **Care Quality Commission 'State of Care' report (October 2016)**
http://www.cqc.org.uk/sites/default/files/20161019_stateofcare1516_web.pdf
- **SCIE (Social Care Institute for Excellence) and NICE (National Institute for Health and Social Care Excellence) 'Better Home Care for Older People – a quick guide for people who arrange their own care' (2016)**
[Better home care for older people | Quick guides | Social care | NICE communities | About | NICE](#)
- **NICE Quality Standard (QS123) as published in June 2016** [Home care for older people | Guidance and guidelines | NICE](#)

7. Impact of the new/amended policy, service or function

7a. Impact of the proposals on residents and service users with protected characteristics

Protected characteristic	POTENTIAL POSITIVE IMPACTS	POTENTIAL NEGATIVE IMPACTS	EVIDENCE
Age	<p>The new Awarded Provider Status agreements will have positive impacts for all individuals, including those with protected characteristics receiving HBC by enabling a more flexible and responsive service.</p> <p>There is no change to the scope of services being commissioned through the new Awarded Provider Status agreements. Any individual deemed eligible by the commissioners for support will continue to receive HBC funded services.</p> <p>The amended service specification has referenced new quality standards for HBC. This will help drive up the quality of HBC in Surrey.</p> <p>Amending the geographical zones by which providers bid and deliver a service in, will enable the identification of 'problematic' areas more quickly and solutions to be put in place.</p>	<p>No evidence that the proposals will have a negative impact on residents and service users with protected characteristics.</p>	<p>As of 10.02.17 there are 6,304 people supported to receive a HBC service by SCC. 4,083 of those individuals are female and 2,221 are male. 612 of those individuals are aged 18 to 54; 403 are aged 55 to 64; 710 are aged 65 to 74; 1,612 are aged 75 to 84 and 2,967 are 85 plus. The primary support reason that these individuals receive a HBC service is physical support with personal care. 5,717 of those individuals are White British.</p> <p>Service users and carers will see no noticeable change in the provision of their HBC service as of 01.10.17 when the new agreements go live. There is no proposal to move individuals from their existing provider to new providers. It is planned that all existing providers will move to the new Awarded Provider Status agreements.</p> <p>The new Awarded Provider Status will enable SCC to respond more flexibly to changes in the needs of local populations by approving new providers quickly as they enter the market.</p> <p>The strengthened service specification gives greater clarity on the quality requirements for HBC providers. Which will make it easier for ASC to hold providers to account for poor quality.</p> <p>Changing the current delivery zones to 'delivery zones' which are based on high level postcodes e.g. GU1 will make it easier to identify 'problematic postcodes' and therefore easier to identify solutions with providers to</p>
Disability			
Gender reassignment			
Pregnancy and maternity			
Race			
Religion and belief			
Sex			
Sexual orientation			
Marriage and civil partnerships			
Carers (protected by association)			

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improve capacity in those areas. Use of data from e-brokerage will allow ASC for the first time to know the amount of business it offers in particular areas and therefore approach the provider market more proactively.

7b. Impact of the proposals on staff with protected characteristics

Protected characteristic	POTENTIAL POSITIVE IMPACTS	POTENTIAL NEGATIVE IMPACTS	EVIDENCE
Age	<p>The proposed new 'delivery zones' based on high level postcodes will enable providers to bid for and deliver care in more realistic areas for them.</p> <p>The strengthened service specification, which references new quality standards by NICE will help providers to be clearer on the quality of care they should be providing and therefore able to support their staff with training to ensure these new standards are met.</p>	<p>There is no evidence that the proposals will have a negative impact on staff with these protected characteristics.</p>	<p>According to Skills for Care based on the National Minimum Data Set submitted by domiciliary care providers there are 3,889 people employed in the domiciliary care market in Surrey. Of the workforce 3,289 are female which is 84.6%; 581 are male which is 14.9% and 19 are unknown which is 0.5%. The age profile of these employees is 8% are 24 and under; 18.6% are 25 to 34; 20.5% are 35 to 44; 28% are 45 to 54; 19.5% are 55 to 64 and 5.2% are 65 and over. Adult Social Care employs a total of 2,500 staff.</p> <p>The proposed new 'delivery zones' based on high level postcodes will mean that staff do not have to travel as far to deliver care and that if the travel time does increase it is done in a planned way and staff are engaged in that process. Staff travel time will not increase as a result of a change in the service specification and delivery zones.</p> <p>The proposed use of 'delivery zones' based on high level postcodes will be easier both for internal and external staff when offering and accepting packages of care. The location of packages of care are based on postcodes and therefore it will be easier to identify which providers can pick up which packages.</p> <p>The introduction of quality standards for HBC will support</p>
Disability			
Gender reassignment			
Pregnancy and maternity			
Race			
Religion and belief			
Sex			
Sexual orientation			
Marriage and civil partnerships			

Carers (protected by association)			SCC staff in performance monitoring of providers and will support providers to ensure that staff are well trained to meet these standards.
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8. Amendments to the proposals

Change	Reason for change
There have been no amendments to the proposals as a result of the EIA.	

9. Action plan

The action plan below focuses on the two key positive impacts which are the reference and inclusion of the NICE HBC Quality Standards and the introduction of 'delivery zones' based on high level postcodes.

Potential impact (positive or negative)	Action needed to maximise positive impact or mitigate negative impact	By when	Owner
Reference to the newly published NICE HBC Quality Standards will assist in driving up the quality of the HBC service and support better performance and quality monitoring of HBC services by SCC staff.	To fully realise this positive impact the new quality standards will need to form part of performance monitoring data collection; be a part of quality assurance visits and be a standing item at contract monitoring meetings.	April 2018	Kirsty Malak/ Caroline Kalmanovitch
The proposed change from the current 19 geographical zones to 'delivery zones' based on high level postcodes will improve the flexibility of the service to respond to changing demographic needs and therefore improve the service for residents. This proposed change will also improve back office efficiency for both SCC and HBC provider staff.	This will make the geographical areas by which the HBC contract is tendered for and delivered in more meaningful and therefore easier to implement for both internal and external staff. To full maximise the positive impact of this change SCC will need to ensure that this is effectively communicated internally and externally and that all relevant IT systems including e-brokerage are updated to reflect the new 'delivery zones'.	October 2016	Ian Lyall/ Charlotte Langridge/ Andrew Hewitt

10. Potential negative impacts that cannot be mitigated

Potential negative impact	Protected characteristic(s) that could be affected
There are no potential negative impacts to be mitigated.	

11. Summary of key impacts and actions

**Information and
engagement
underpinning
equalities analysis**

ASC in partnership with Continuing Health Care have been continually reviewing the existing HBC agreements and service specification as part of regular contract monitoring. The HBC reference group which consists of Action for Carer's; Age UK (Surrey); Surrey Coalition of Disabled People; County Councillors; ASC staff; SCC Finance staff; SCC Procurement staff; CHC has also been part of the this continual review.

In 2016 ASC and CHC undertook a comprehensive review of the existing arrangements and specification, particularly in light of changing demographics and need and the change in the provider market. This review included engagement at a very early stage with the Co-Chairs of the Surrey Coalition of Disabled People, who indicated that they were supportive of a change to the current agreements and service specification. The HBC reference group (see membership listed above) has been engaged with the review and drafting of new agreements and service specification. The provider market has been engaged and involved in the drafting the new agreements and service specification via regular attendance at the Surrey Care Association Domiciliary Care Provider forums and a bespoke provider event held on 8th December 2016, where 20 plus HBC providers attended the event. Providers have also been engaged the quarterly HBC provider forums held in each of the CCG areas.

The ASC Partner meeting was attended on 28th November 2016. The meeting is with Surrey Coalition of Disabled People; Surrey Independent Living Council and Age UK (Surrey).

An update on HBC and the proposed re-commissioning of the service was taken to the SCC Social Care Services Board on 20th January 2016. The Board was supportive of the proposed changes to the agreements and service specification.

The review has also taken into account the feedback from service users in the form of the results of the annual HBC customer feedback survey. The survey is sent to a sample of ASC and CHC service users.

In conjunction with Finance, Procurement and ASC Business Intelligence the data in terms of need, spend and provider activity has been reviewed to understand and put forward proposals that will result in an improved service for service users and carers and internal and external staff. This review of data has included data from the 2011 Census, the Joint Strategic Needs Assessment and the National Minimum Data Set collected by Skills for Care.

<p>Key impacts (positive and/or negative) on people with protected characteristics</p>	<p>There are no anticipated negative impacts on people with protected characteristics. There are positive impacts as a result of amending the service specification and contractual arrangements. The benefits include a more quality focused service specification and therefore the ability to deliver a higher quality service. There should be a more efficient placement process both from a provider and commissioner perspective.</p>
<p>Changes you have made to the proposal as a result of the EIA</p>	<p>No changes have been made to the proposal as a result of the EIA.</p>
<p>Key mitigating actions planned to address any outstanding negative impacts</p>	<p>There are no negative impacts as a result of this proposal.</p>
<p>Potential negative impacts that cannot be mitigated</p>	<p>There are no negative impacts as a result of this proposal.</p>