

Public Document Pack

Supplementary Information for Scrutiny Board (Health & Wellbeing and Adult Social Care) – 28 February 2014

Item 11: Review of Homecare Services in Leeds

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Report of the Head of Scrutiny and Member Development

Report to Scrutiny Board (Health and Wellbeing and Adult Social Care)

Date: 28 February 2014

Subject: Review of Homecare Services in Leeds

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is the decision eligible for Call-In?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: 10.4.3	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Summary of main issues

1. At its previous meeting in December 2013, the Executive Board Member (Adult Social Care) highlighted that work was currently underway around the 'Future of Homecare' and requested the Scrutiny Board's involvement in order to help co-produce a solution. It was also highlighted at that meeting a cross-party Members Advisory Board had been established.
2. Members of the Scrutiny Board welcomed the invitation and opportunity to be involved in considering the Future of Homecare across the City and at its meeting in January 2014, the Board agreed to request a report on the proposals to help scope any future work of the Scrutiny Board – including timescales and the proposed approach. The overall aim being to help consider the role of the Scrutiny Board.
3. As such, a range of information provided by the Deputy Director (Adult Social Care) is appended to this report. This includes:
 - Background to the Home Care Review Project (Appendix 1)
 - Home Care Project and Delivery Plan (Appendix 2)
 - Strategic Home Care Commissioning Group – Terms of Reference (Appendix 3)
 - Home Care Commissioning Board – Terms of Reference (Appendix 4)
4. The Executive Board Member (Adult Social Care) and appropriate officers from Adult Social Care have been invited to the meeting to contribute to the Scrutiny Board's deliberations and address relevant questions raised by the Board.

Appointment of non-voting co-opted members

5. At the beginning of the municipal year, the Scrutiny Board agreed not to appoint any standing non-voting co-opted members to its membership for the 2013/14 municipal year. However, the Scrutiny Board also agreed to continue to develop a close working

relationship with HealthWatch Leeds and review the appointment of non-voting co-opted members in relation to any specific scrutiny inquiry area during the municipal year.

6. As such, it would seem appropriate for the Scrutiny Board to consider the appointment of non-voting co-opted members in relation to its work around Home Care and, subject to agreement of the Scrutiny Board, seek appropriate nominations through HealthWatch Leeds.
7. Members are reminded that the Council's Constitution makes provision for the Scrutiny Board to appoint '*Up to two non-voting co-opted members for a term of office that relates to the duration of a particular and specific scrutiny inquiry.*'
8. Co-opted members should be considered as representatives of wider groups of people, but should not be seen as a replacement for professional advice from officers. The Council's Constitution also makes it clear that co-option would normally only be appropriate where the prospective co-opted member has 'some specialist skill or knowledge', which would be of assistance and benefit to the Scrutiny Board.
9. As such, in seeking any non-voting co-opted member nominations through HealthWatch Leeds, the Scrutiny Board may wish to be:
 - Clear about the specialist skill or knowledge of any potential co-opted member;
 - Satisfied that any such specialist skill or knowledge is relevant to the scrutiny topic under consideration; and,
 - Confident that such specialist skill or knowledge is likely to add value to the work of the Scrutiny Board.

Recommendations

10. The Scrutiny Board (Health and Wellbeing and Adult Social Care) is asked to consider the information presented and discussed at the meeting and:
 - (a) Determine the scope, general approach and any associated timescales in relation to its consideration of the Homecare Services in Leeds; and
 - (b) Through HealthWatch Leeds, seeks nominations for the appointment of up to two non-voting co-opted members in line with the provisions set out in the Council's Constitution.

Background documents¹

11. None used.

¹ The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.

Background to The Re-Commission of Community Support Services provided by Independent Sector contractors on behalf of LCC

ASC have a statutory duty to provide services/support to people who have 'eligible' needs. The current eligibility level in Leeds is 'substantial and critical' as defined in 'Prioritising need in the context of Putting People First', Dept. of Health (2010). Support is provided to people with eligible needs in their homes by a variety of services including reablement services, ASC's Community Support Service and independent sector home care.

The current expenditure by ASC on home care is in the region of £27 m. The Community Home Care Framework Agreement is the main method by which ASC contract with independent sector home care providers. 33 independent sector providers have a contract with ASC through the Framework Agreement. 13 of these provide city-wide coverage; these 13 are mostly national or regional companies.

The overall aim of this project is to create, implement and evaluate a new purchasing solution and service delivery model for independent sector home care provision in Leeds by April 2016. The project will be delivered in 3 phases (see table below). The timescales within the table are provisional and may change depending upon the outcome of the options appraisal, pricing review and other key aspects of the project.

Phase	Description	Provisional Timescales
1	Development of the Home Care Commissioning Strategy for 2015 - 2020, Options Appraisal and Purchasing Strategy	July 2013 to April 2014
2	Procurement and implementation of the Purchasing Strategy, purchasing solution and service delivery model.	April 2014 to Sept 2015
3	Evaluation of the purchasing solution, services and project including benefits realisation,	Sept 2015 to March 2016

The project aims to address gaps in the market and issues with service quality, delivery and value for money. It will take into account the impact of integration, reablement and enterprise, and facilitate personalisation and the continued shift towards outcome-based care management, commissioning and provision.

The need for the project has arisen as:

1. Changes to policy and guidance for ASC have changed;
2. The way in which Health and ASC commission services have changed;
3. Demand for home care continues to change:
4. The home care provider market has changed;

5. A number of a number of issues have arisen with the current purchasing solution – the Community Home Care Framework Agreement – since its implementation in 2010;

The following section contains more detailed information on these issues and changes.

1. Changes to policy and guidance for ASC have changed;
 - The strategic direction and operating models for local authorities, health services and home care services have changed with the implementation of personalisation, reablement and integration. These are continuing to change in response to the Health and Social Care Act 2012 (in particular the impact of the Dilnot Commission's proposals on capping care costs on ASC budgets) and the Equality and Human Rights Commission Inquiry into Home Care of Older People and reports such as the Time to Care report by Unison into home care.
 - The Human Rights Act requires local authorities to take into account their 'positive obligations' to actively promote and protect the rights of people as described in the Convention and the government maintains that all providers of publicly funded home care should consider themselves bound by the Human Rights Act. Doing this will ensure that the human rights and public service values of dignity, choice, fairness and equality underpin practice.
 - Implementation of personalisation requires changes to be made to systems and processes by ASC and independent sector home care providers to facilitate a move from 'task and time' commissioning and service delivery to outcomes-based commissioning and service delivery.
2. The way in which Health and ASC commission services have changed;
 - Health and social care commissioning arrangements have changed since the Framework Agreement was created and implemented in partnership with health in 2010. Clinical Commissioning Groups (CCGs) are actively involved in the Home Care/Personal Assistance Commissioning Board and will be supporting this commissioning process. CCGs commission home care directly from the same pool of providers as ASC therefore some of the capacity in the independent sector provision may not be available to LCC; however CCG commissioning tends to focus on more specialist providers.
 - A variety of other purchasing solutions are employed by other local authorities including dynamic purchasing. An options appraisal of these will be undertaken within this project to determine the best solution for Leeds.
3. Demand for home care continues to change:
 - The expectations of people seeking and receiving home care services and staff within them continue to change as has been evidenced through various LCC consultations, national reports and coverage in the press.
 - Changes in demography, particularly in relation to the increasing diversity of communities in the city and ageing population, are having and will increasingly have an impact on both the demand for independent sector home care and the ability for home care providers to recruit and retain staff.

- There is increasing use of personal budgets, particularly by people who manage their own personal budgets and the development of external brokerage increases.
 - Proportionality fewer people on average access home care in Leeds than in comparator authorities. Likely causal factors include a greater proportion of Leeds' population currently attending day care than other authorities. Leeds also provides significantly more directly accessible support than other authorities for adults with lower levels of need, such as the Neighbourhood Network schemes. In 2009/10 Leeds provided 53.84 per 1,000 older people with direct access grant funded services. Comparator authorities in 08/09 (latest information available) provided only 32.42 per 1,000. It has been suggested that these services reduce demand for lower levels of home care support.
 - It has also been suggested that the most significant driver for the national and local downward trend in the use of home care is a consequence of the increasing availability of new and increasingly popular personalised services which are replacing traditional services. Leeds has seen a rise in the number of who people purchase their social care through personal budgets and choose alternatives to home care such as personal assistants. Local data shows that more than 50% of all people in Leeds with a personal budget use it to employ a personal assistant. This currently amounts to more than 1000 people. This is a trend which is expected to continue.
4. The home care provider market has changed:
- The home care market has changed significantly in the past 3 years, from a position where the local authority provided 80% of home care via its in-house Community Support Service, and the independent sector provided 20%, to a position where this has been reversed.
 - The local authority is reviewing its Community Support Service provision and this may also have an impact on the demand for independent sector home care.
5. Issues with the current purchasing solution
- The Community Home Care Framework Agreement comes to an end on 31st October 2013.
 - The start and end dates of the current Framework Agreement are out of sync with contract monitoring, performance reporting and complaints reporting timescales.
 - The Framework Agreement restricts which providers LCC commissioners (including Assessment and Care Management) and service users who receive a personal budget as a direct payment can use to meet their needs. There are currently over 90 home care providers in Leeds. 33 of these have a contract with ASC under the Framework Agreement.
 - The Framework Agreement does not allow for new providers to enter into the contract even if they are of high quality and have begun operating in Leeds. It is therefore an obstacle to new providers who are seeking to establish their business in Leeds as it limits the market available to them.
 - There is a requirement for ASC to review home care pricing including what is paid, how it is paid for and, what the price is based on. Providers have not been paid an increase on the rates for the last 3 years. Providers currently offer their available capacity to the local

authority at the agreed price for that type of care in that geographic area. The capacity offered at the best price is then 'called off'. Prices for standard home care range from £10.84 to £13.50 per hour.

- This needs to take into account considerations of the national concerns in relation to payment of the Living Wage, Minimum Wage, Travel and training time for employees of contracted companies.
- Account also needs to be taken with regard to the development of new contracting models which focus on payment for outcomes achieved by contractors rather than on time spent or task completed.
- There are issues with availability of the required home care service at required times within some geographic areas of Leeds. The cause of these issues needs to be more fully understood and will be explored through the market analysis. It has been suggested that this is one of the reasons spot contracting has been required and that the Framework Agreement has been one factor in creating this issue.
- Delayed discharge from reablement services, intermediate care services and hospital has been linked to lack of capacity in home care provision and issues with the home care commissioning process. Further investigation into this will be undertaken by this project in conjunction with providers, Care Communication Centre, reablement and integration projects and ECBM project to understand the causes and how these could be addressed.
- It appears that ASC's commissioning process may have contributed to the fragmentation of the market as care is commissioned in individual care packages and under the 'call off process' providers win individual packages which may be distributed across a broad geographic area and can be uneconomic to deliver. This can also be unpopular as many staff are paid only when they enter a home to deliver care. This will be looked at as part of this project.
- The Electronic Care Brokerage and Monitoring Project (ECBM) will then operate the call off process decided upon. There are currently a number of Independent Living Contracts in place which will need to be extended until the new home care service delivery model and contracting arrangements are in place. The hourly rate paid is higher than the Framework Agreement rate as the service included both care in the home and support away from the home and payment of mileage to home care staff.

Dennis Holmes

20/02/14

Project aim: To create, implement and evaluate a service delivery model, procurement and contracting solution for independent sector home care provision in Leeds by April 2016.

STRATEGIC LEVEL
Gives direction, removes barriers to progress

ASC Directorate Leadership Team

DSMT

ASC Commissioning Board

Strategic Home Care Commissioning Group

Purpose: To provide strong and effective strategic leadership for the Home Care Redesign and Commissioning Project.

Proposed membership:

- Cllr. Adam Ogilvie (Chair)
- Cllr Shirley Varley
- Cllr Graham Latty
- Cllr Ann Blackburn
- Other Councillor
- Bernadette Murphy (Public Health)
- Tim Sanders (Dementia Strategy Lead)
- Diane Boyne (Community Services & Continuing Care)
- To be confirmed, (Leeds Community Healthcare)
- 4 service users & carer reps (via HealthWatch & Leeds Involving People)
- 1 trade union rep (to be confirmed)
- Home care providers with contracts with ASC including Allied Heathcare Group, Springfield Home Care, The Human Support Group, Complete Care Agency, Vive Social Care Ltd, Moorcare (Leeds Jewish Welfare Board)
- Home care providers without contracts with ASC (to be confirmed)
- Voluntary community and faith sector reps
- Meeting support – Barry Bridle and Annemarie Bradley

Home Care Redesign and Commissioning Project Board

Purpose: The Home Care / Personal Assistance Commissioning Board oversees and directs day-to-day home care commissioning and contracting within ASC and acts as project board for the Home Care Redesign and Commissioning Project.

Membership:

- Chair & Project Sponsor – Mick Ward, ASC Commissioning & HCRC Project Sponsor
- Barry Bridle, administrative support
- Julie Bootle, ASC Access and Care
- Andrea Dobson, Leeds S&E CCG

Reporting Officers:

- Georgia Young, Project Leader

The following members may present reports and are not required to stay for the whole meeting:

- Jason Lane, Electronic Care Management and Brokerage Project
- Maggie King, Quality & Performance of Home Care Service Providers

- Michelle Atkinson, ASC Commissioning & HCRC Project Executive
- John Crowther, ASC Finance
- Kim Maslyn, ASC Support and Enablement (Provider Services)
- To be confirmed, Leeds Community Healthcare

- Lizzie Whewell, Communications Lead

- Mark Phillott, ASC Commissioning
- Tracey Cooper, ASC Organisational Development
- Tony Bailey, LCC Corporate Procurement

- Kuldeep Bajwa, Engagement and Consultation Lead

- Tony Callaghan, Recovery, Rehabilitation, Reablement, Project
- Hilary Paxton, Head of Safeguarding (Adults)

- Susan Richardson, Care Communication Centre

DELIVERY Undertakes tasks and produces recommendations and other deliverables to be agreed at strategic level

Home Care Redesign and Commissioning Project Team

Purpose: To oversee the delivery of the Home Care Redesign and Commissioning Project and have responsibility for the planning and execution of the project in line with the project plan.

Membership:

- Chair & Project Executive - Michelle Atkinson, ASC Commissioning
- Tony Callaghan, Work Stream Lead, RRR and Integration rep
- Lizzie Whewell, Work Stream Lead
- Brian Ladd/Amandip Gosal, Leeds S&E CCG

The following members will attend for specific discussion items and to present reports and are not required to stay for the whole meeting:

- Linda Randall, ASC Business Change rep
- Annemarie Bradley – Project support

- Project Management Lead - Georgia Young, ASC Programme Office
- Jason Lane, Work Stream Lead & ECBM Project rep
- Kuldeep Bajwa, Work Stream Lead
- Maggie King, ASC Commissioning rep

- Sue Carrington, ASC BST rep
- Ellie Wood – Project support

- Project Support - Karen Douglas, ASC Commissioning
- Cheryl Ward, Finance Work Stream Lead
- Gill Dickinson, Work Stream Lead
- Stacey Gilman, Corporate Procurement rep

- Jason Beavors, LCC IM&T

Engagement, Consultation and Communication Work-stream

To run throughout the project
Work-stream Lead Kuldeep Bajwa

Purpose

To develop and implement a comprehensive and robust communication and engagement strategy and plan for the project.

Deliverables to include:

- Communication, Consultation and Engagement Strategy and Plan
- Communications materials and mechanisms

Members

- Michelle Atkinson, ASC Commissioning
- Karen Douglas, ASC Commissioning
- Lizzie Whewell, ASC Information and Involvement
- Annemarie Bradley, ASC Programme Office

Work Stream Stakeholders – specialist advice and input will be sought from various stakeholders including Leeds Involving People, LCC press officer, service users and carers, home care provider reps, ASC Complaints and Compliments, ASC Business Change, LCC Information Management.

Project Management Work-stream

To run throughout the project
Work-stream Lead Georgia Young

Purpose

To use project management tools to ensure that the project delivers its aim and objectives according to the agreed success criteria within agreed tolerances.

Deliverables to include:

- Project Impact Assessment Scorecard
- Project plan
- Benefits matrix and success criteria
- Work-stream briefs
- Exception reports
- End of project report incl. lessons learnt
- Outline Business Case
- Project risk register
- Project issue register
- Highlight Reports for Project Board
- Change requests
- Interdependency diagram

Members

- Michelle Atkinson, ASC Commissioning
- Annemarie Bradley, ASC Programme Office (project planning)
- Ellie Wood, ASC Programme Office (risk management)

Commissioning Strategy Work-stream

To run during phase 1 of the project
Work-stream Lead Tony Callaghan

Purpose

To determine commissioning requirements for home care, and the service delivery model and procurement and contracting solution that will satisfy these requirements.

Deliverables to include:

- Information requirements summary
- Supply and demand analysis incl. review of existing ISAs, gap analysis and policy analysis
- Impact workshops to identify risks and benefits of options
- Options appraisal on the service delivery model and procurement and contracting solution
- Report on outcome of options appraisal containing recommendations
- Home Care Commissioning Strategy 2015 – 2020
- Equality Diversity Cohesion Impact Assessment

Proposed Membership

- Michelle Atkinson, ASC Commissioning
- Jason Lane, ASC Commissioning
- Cheryl Ward, ASC Finance
- Alison Griffiths, ASC Access and Care
- Gill Dickinson, ASC Organisational Development
- Irene Dee, ASC Quality, Performance & Review
- Stacey Gilman, Corporate Procurement rep
- Maggie King, ASC Comm
- Jason Beavors, LCC IM&T

Outcome-based Commissioning Work-stream

To run during phase 1 of the project
Work-stream Lead Tony Callaghan

Purpose

To determine how outcomes-based commissioning could be developed and implemented in Leeds and ensure it is consistent with the work ADASS has commissioned on outcomes-based commissioning.

Deliverables to include:

- Home Care Commissioning Outcomes Strategy & Plan
- Revised support plan template
- Revised ISA template
- Amendments to ESCR/CIS

Proposed Membership

- Jason Lane, ASC Commissioning and ECBM
- Maggie King, ASC Commissioning
- Julie Bootle, ASC Access and Care
- Linda Randall, ASC Business Change
- Melanie Balmforth, SCSR
- Gill Dickinson, ASC OD
- Cheryl Ward, ASC Finance
- Susan Richardson, ASC Commissioning
- Irene Dee, ASC Quality, Performance & Review
- Independent sector home care provider rep(s)

Procurement Work-stream

Phase 2 and 3
Work-stream Lead Jason Lane

Purpose

To implement the Home Care Commissioning Strategy, including determining how the chosen service delivery model, procurement and contracting solutions will be procured, implementing and evaluating them.

Deliverables

- Procurement and Contracting Strategy
- Home Care Procurement and Contracting Solution
- Contract documentation
- Revised monitoring arrangements
- Evaluation Plan
- Evaluation Report

Proposed Membership

- Maggie King, ASC Contracts rep
- Jason Beavors, LCC IM&T
- Tony Callaghan, ASC Commissioning
- Cheryl Ward, ASC Finance rep
- Hilary Sedgwick, LCC Corp Procurement
- Irene Dee, ASC Performance, Quality and Review
- Sue Carrington, ASC BST
- Melanie Balmforth, ASC Business Change and SCSR prog
- Susan Richardson, ASC Commissioning
- Legal Services rep (as required)

Work-force Development Work-stream

To run through phases 2 and 3 of the project
Work-stream Lead Gill Dickinson

Purpose

To develop and implement a comprehensive workforce development strategy and plan for commissioning, contract monitoring and home care service staff identified as needing development as a result of the changes being brought about through this project.

Deliverables

- Workforce Development Strategy and Plan
- Training materials and mechanisms

Proposed Membership

- Tony Callaghan, ASC Commissioning
- Alison Griffiths, ASC Providers services
- Jason Lane, ASC Commissioning & ECBM
- Independent sector home care provider reps
- Maggie King, ASC Commissioning
- Linda Randall, ASC Business Change rep
- Julie Bootle, ASC Assessment and Care Management rep

Home Care Finance Work Package 1

To run throughout Phase 1
Work Package Lead Cheryl Ward

Purpose

To determine the baseline financial position against which all service model, procurement and contracting options identified through the project will be appraised, participate in the appraisal of the options, and formulation of the recommendations report and business case.

Deliverables

- Baseline information on current expenditure, hourly rates, pricing structure
- Fee modelling report
- Financial modelling report
- Full business case

Related work streams

- Commissioning Strategy Work Stream
- Outcomes-based Commissioning Work Stream
- Engagement, Consultation and Communications Work Stream

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Strategic Home Care Commissioning Group Terms of Reference (ToR)

Project Title	Home Care Redesign and Commissioning Project
Project Reference No.	130617 a PROJ Home Care Redesign and Commissioning
Directorate / Service	Adult Social Care
Project Sponsor	Mick Ward, Head of Commissioning
Project Executive/Business Lead	Michelle Atkinson, Older People's Commissioning Manager, ASC
Project Management Lead	Georgia Young, Project Leader, ASC
Better Lives Theme	Better Lives for Housing, Care and Support
Document Version and Status	V0.6
Date	20.02.2014
Author	Annemarie Bradley, Senior Project Officer, ASC Georgia Young, Project Leader, ASC Michelle Atkinson, Commissioning Manager, ASC

Purpose:

This document can be used by the Project Executive to confirm that the terms of reference for a specific Group are clearly defined, and roles and responsibilities are clearly understood. This is a generic set of terms that can be expanded to reflect the requirements of a specific project.

1.0 Overarching Objectives & Functions

Overall Objective	<ul style="list-style-type: none"> To provide strong and effective strategic leadership for the Home Care Redesign and Commissioning Project.
Specific Functions	<ul style="list-style-type: none"> The membership of the Strategic Home Care Commissioning Group (Strategic Group) has been selected so as to provide a wide range of views and experience. Its aim will be to ensure a connection between strategy and delivery, and city-wide and local interests. To provide high quality, well considered advice and recommendations on matters arising during the project lifecycle which require wider consideration than possible at the Project Board and project team levels. To report to and provide feedback to the Project Board on key developments. Provide a quality assurance role during the consultation and, subject to the necessary approvals, implementation phase. Act as a channel of communication with communities of place and interest.

2.0 Membership & Attendance

Strategic Home Care Commissioning Group Membership			
Name	Title	Organisation/ Department	Role
Cllr. Adam Ogilvie	Executive Board Member	Labour Party	Chair
Cllr. Shirley Varley	Elected Member, Morley	Morley Borough Independent Party	Member
Cllr. Graham Latty	Shadow Spokesman, Health and Adult Social Care	Conservative Party	Member
Cllr. Ann Blackburn	Green Party Group Whip	Green Party	Member
<i>Cllr. to be confirmed</i>			
Bernadette Murphy	Public Health	LCC	Member
Tim Sanders	Dementia Strategy Lead	ASC	Member
Diane Boyne	Commissioning Lead – Community Services and Continuing Care	Leeds S&E CCG	Member
<i>To be confirmed</i>		Leeds Community Healthcare	Member
Louise Copley	Complete Care Agency	Independent Sector Home Care Provider with LCC contract	Member
Lucy Towers	Vive Social Care Ltd	Independent Sector Home Care Provider with LCC contract	Member
Theresa Constive	Allied Healthcare Group	Independent Sector Home Care Provider with LCC contract	Member
<i>To be confirmed</i>	Springfield Home Care	Independent Sector Home	Member

		Care Provider with LCC contract	
Dan Donahue	The Human Support Group Ltd	Independent Sector Home Care Provider with LCC contract	Member
Allison Wilcock	Moorcare (Leeds Jewish Welfare Board)	Third Sector Home Care Provider with LCC contract	Member
<i>Voluntary, Community and Faith Sector to be confirmed</i>			Member
<i>Trade union rep to be confirmed</i>			
Hatim Hassan	Service User Representation	Service User	Member
Shindi Dahri	Service User Representation	Service User	Member
<i>To be confirmed</i>	Service User Representation		
<i>To be confirmed</i>	Service User Representation		

In Attendance /Reporting

Project Sponsor	Mick Ward, ASC Head of Commissioning
Project Lead	Georgia Young, Project Leader, ASC
Project Support	Annemarie Bradley, Senior Project Officer, ASC
Project Executive/ Business Lead	Michelle Atkinson, Older People's Commissioning Manager, ASC
Meeting Support	Barry Bridle, Support Services Officer, ASC

3.0 Governance, Delegated Powers & Administration

3.1	The Strategic Group will be Chaired by Councillor Ogilvie. In the event of the Chairs' absence at the Board and Cllr. Latty will act as deputy.
3.2	The Chair and the Head of Service for ASC Commissioning will jointly agree membership of this Group.
3.3	The Group will be quorate when at least 5 members are in attendance, to include representation at a minimum of 2 Councillors, 2 Providers, and a Service User.
3.4	Others may, at the discretion of the Chair, be invited to attend meetings when required or may be co-opted on to the Group.
3.5	In the event of absence, named deputies should be allocated by each member. These deputies must have authority to speak on behalf of the organisation or stakeholder group they represent, so they can respond appropriately to issues raised within the Group.
3.6	Meetings can be convened at the discretion of the Chair outside of the 6-weekly meetings if the need arises. Notice of these meetings will be given in advance as far as possible.
3.7	The Group will provide strong and effective strategic leadership for the Home Care Redesign and Commissioning Project. The Group will provide high quality, well considered advice and recommendations to the Project Board which is the decision-making body for the project.

3.8	The Group will receive updates from the Home Care Redesign and Commissioning Project Board and report to this Board.
3.9	The Strategic Home Care Commissioning Group will receive reports, advice, support and information routinely at its meetings and upon request from: <ul style="list-style-type: none"> • Head of Commissioning (Project Sponsor) • Project Leader • Commissioning Manager (Project Executive) • Advisers (internal and external) appointed by the Project.
3.10	Where agreement on any issue cannot be reached by the Strategic Group it will be referred to the Project Board.
3.11	Pre-meeting briefings will be conducted for Cllr Ogilvie and other Councillor members and will be led by the project executive/business lead (Michelle Atkinson) with the project leader in attendance as required.
3.12	The Strategic Group will meet for 2 hours on an agreed regular cycle of every 6 weeks.
3.13	An agenda will be prepared by the secretariat for this Group and approved by the Project Sponsor and Chair.
3.14	The agenda for the meeting will be sent out five working days in advance of the Strategic Group meeting taking place. The agenda will be prepared by the meeting support staff, project leader(s) and approved by the Chair.
3.15	Support for the Group will be provided by ASC Commissioning and ASC Programme Office.
3.16	Meeting notes will be produced following each meeting and circulated five working days prior to the next meeting once approved by the Chair as an accurate record.
3.17	The Terms of Reference will be reviewed after six months.

4.0 Roles and Responsibilities

Strategic Home Care Commissioning Group	
Role	Purpose & Responsibilities
Chair	<ul style="list-style-type: none"> • The Chair of the Strategic Home Care Commissioning Group will be Executive Member (for Adult Social Care), Councillor Adam Ogilvie. • The Chair will be supported by the Head of Service for Commissioning, Mick Ward, whenever appropriate due to the specialist nature of the project. • The Chair will oversee effective management of the political interface with other local elected ward members and area committees. • The Chair will share the responsibilities set out below for the Group members and will have oversight of all recommendations made.
Group Members	<p>Strategic Group Members will provide support to the Chair in relation to the project and are responsible for:</p> <ul style="list-style-type: none"> • Providing an input to the development, planning and design of home care services that meets the needs of the citizens of Leeds. • Advising on key project products and outcomes.

- Monitoring and advising on implications of developments on policy that affect home care in Leeds.
- Providing an input and monitoring the development, planning and implementation of the Home Care Re-Design and Commissioning project.
- Providing input to the resolution of strategic and directional issues throughout the project.
- Providing input on the acceptable risk profile and risk thresholds for the project monitoring progress against the project plan.
- Ensuring the integrity of the project.
- Ensure a connection between strategic interests and local interests.
- Provide assurance to their service area, or community of place or interest.
- Reporting back to and obtaining input from their service area or community of place or interest on relevant issues to inform discussions at the Group meetings.
- Maintain an overview of partnership activity ensuring that relevant links are made between the city and locality based partnerships and that cross cutting issues are reflected in the work of the Project.
- Contribute to the effective management of the political interface with other local elected ward members and area committees.
- To provide a platform to monitor all aspects of diversity and equality and their relevance and impact to the project.
- Help to identify equality and sustainable developments within the project.
- Ensure transparency, sharing of good practice and collaborative working.

5.0 Terms of Reference Revision History and Approval:

Version	Status	Date	Authors	Description of Changes
0.1	draft	15.11.13	AB	First Draft
0.2	draft	20.11.13	GY & MA	Amendments
0.3	draft	29.11.13	AB	Consolidation
0.4	draft	14.01.14	AB	Amendments from first Strategic Group
0.5	draft	23.01.14	GY	Amendments re membership
0.6	draft	20.02.14	GY	Amendments requested by Project Board

6.0 Distribution:

This document has been distributed to:

Name	Title	Date of Issue	Version
	Strategic Home Care Commissioning Group	13.01.14	V0.3
	Home Care Redesign and Commissioning Project Board	14.02.14	V0.5

DRAFT

Home Care/Personal Assistance Commissioning Board Terms of Reference (ToR)

Project Title:	Home Care Redesign and Commissioning Project
Project Reference No:	130617 a
Directorate / Service:	Adult Social Care
Proposed Parent Programme:	N/A
Senior Responsible Officer:	Dennis Holmes
Project Sponsor:	Mick Ward, Head of Commissioning ASC
Project Executive and Business Lead:	Michelle Atkinson, Principal Officer, ASC
Project Lead:	Georgia Young, Project Leader, ASC

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Purpose:

This document defines the Board's terms of reference and is used to ensure roles and responsibilities are clearly understood by Board members and others involved in the commissioning of home care.

1.0 Aims and Objectives

Overall Aim	<p>The Home Care / Personal Assistance Commissioning Board's overall aim is to manage commissioning of home care and personal assistance services. The Board is responsible for all operational matters associated with day-to-day management of home care contracts by ASC Commissioning, and acts as the project board for the Home Care Redesign and Commissioning (HCRC) Project.</p> <p>The aim of the HCRC Project is to create, implement and evaluate a new service delivery model, procurement and contracting approach for independent sector home care provision in Leeds by April 2016.</p>
Specific Objectives	<p>In its operational management capacity the Board's objectives are to:</p> <ol style="list-style-type: none"> 1. Receive reports of the existing Framework providers and related matters and give direction to lead officers as required. 2. Establish the priorities, on-going scope, coordination and phasing of the projects required for commissioning and delivery of home care and home care related services. 3. Receive reports on the progress of the projects and provide a framework of performance management for the projects. 4. Make recommendations to ASC Directorate Senior Management Team (DSMT) and Directorate Leadership Team (DLT) in relation to home care and related services' design, performance, operation and delivery. <p>In its capacity as the Home Care Redesign and Commissioning Project Board the objectives are:</p> <ol style="list-style-type: none"> 1. To monitor the overall progress of the project, approve major plans and take key decisions. 2. To champion the project as appropriate and balance the demands of the business (Adult Social Care), user and supplier. 3. To ensure that the project takes account of and interfaces with existing good practice elements of project management within LCC (DSC). 4. To highlight changes to corporate strategy or the external environment which might impact on the project's scope or viability. 5. To ensure that adequate ownership and sponsorship are provided to the project at a senior management and elected member level.

	<p>6. To identify resource needs and support the Executive in ensuring that appropriate resources are made available.</p> <p>7. To take ownership of project risks and resolve areas of conflict.</p> <p>8. To support the Executive and Project Leader in their roles.</p> <p>9. To check and agree items to be submitted to the Strategic Home Care Commissioning Group, Adult Commissioning Board, ASC DSMT, DLT, Executive Board and other governing and stakeholder groups.</p> <p>10. To ensure that developments in service delivery meet commissioning objectives of Adult Social Care.</p> <p>11. To consider the views of the wider stakeholder group in deciding issues related to the project.</p>
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2.0 Membership and Attendance

Operational Board membership			
Name	Title	Service Area	Operational Board Role
Mick Ward	Head of Service	ASC Commissioning	Chair and Head of Service, decision-maker
Mark Phillott	Head of Contracts and Business Development	ASC Commissioning	Deputy Chair, decision-maker
John Crowther	Principal Finance Manager	ASC Finance	Reporting on budget issues associated with home care provision commissioned by ASC.
Andrea Dobson		Leeds South and East Clinical Commissioning Group (CCG)	Reporting on commissioning of home care and related services by CCGs.
Michelle Atkinson	Commissioning Manager	ASC Commissioning	Decision-maker
In attendance			

Appendix 4

Tony Callaghan	Commissioning Officer	ASC Commissioning	Reporting on Integration and Recovery, Rehabilitation, Reablement Projects
Jason Lane	Assistant Commissioning Manager	ASC Commissioning	Reporting on Electronic Care Brokerage and Monitoring Project
Tracey Cooper	OD Business Partner	ASC Organisational Development	Reporting on workforce development for home care staff
Maggie King	Principal Officer	ASC Commissioning	Reporting on quality and performance of home care providers
Susan Richardson	Care Communication Manager	ASC Commissioning	Reporting on Care Communication Centre – outstanding ISAs
Georgia Young	Project Leader	ASC Programme Office	Reporting on Home Care Redesign and Commissioning Project

Project Board membership			
Name	Title	Service Area	Project Board role
Mick Ward	Head of Service	ASC Commissioning	Chair and Project Sponsor
Mark Phillott	Head of Contracts and Business Development	ASC Commissioning	Decision-maker (supplier)
John Crowther	Principal Finance Manager	ASC Finance	Decision-maker (supplier)
Tony Bailey	Strategic Category Manager	LCC – Corporate Procurement	Decision-maker (supplier)
Liz Ward	Head of Service	ASC Access and Care	Decision-maker (senior user)
Kim Maslyn	Head of Service	ASC Support and Enablement	Decision-maker (senior user)
Megan Rowlands (tbc)		Leeds Community Healthcare (LCH)	Decision-maker (senior user)
Andrea Dobson		Leeds South and East Clinical Commissioning Group (CCG)	Decision-maker (senior user)
Michelle Atkinson	Commissioning Manager	ASC Commissioning	Business Lead/Project Executive
Tracey Cooper	OD Business Partner	ASC Organisational Development	Decision-maker (supplier)
In attendance			
Georgia Young	Project Leader	ASC Programme Office	Project Management Lead
Kuldeep Bajwa	Consultation & Involvement Officer	ASC Commissioning	Engagement and Consultation lead
Lizzie Whewell	Information & Involvement Manager	ASC Information and Involvement	Communication, lead
Hilary Paxton	Head of Safeguarding Adults	ASC Safeguarding	
Barry Bridle	Support Services Officer	ASC Commissioning	Administration
Maggie King	Principal Officer	ASC Commissioning	

3.0 Governance & Administration

3.1	The Board will be chaired by Mick Ward. In the event of the Chair's absence at the Board it will be chaired by Mark Phillott.
3.2	The Board will be quorate when the Project Sponsor (Chair) and 2 other decision-makers are in attendance.
3.3	In the event of absence, named deputies must be allocated by each member. These deputies must have delegated decision making powers from the Board member, so they can make decisions and respond appropriately to issues raised within the Board.
3.4	Other officers may, at the discretion of the Chair, be invited to attend meetings when required or may be co-opted on to the Board.
3.5	The Board will receive reports, advice, support and information routinely at its meetings and upon request from:

	<ul style="list-style-type: none"> • Commissioning Managers and other staff • Project Leaders • Project Executives • Project Team Members • Advisers (internal and external) appointed by the Project.
3.6	The Board will meet for 2.5 hours on a 6-weekly cycle. Matters may be submitted to the Board members on an exception basis between meetings when decisions are required which cannot wait until the next Board meeting, e.g. with respect to media enquiries, elected member enquiries, Freedom of Information requests.
3.7	All issues and all high level 'red' risks will be reported to, and reviewed by, the Board at each meeting. The Project Leader may also escalate other risks by exception to the Board where input from the Board is required to mitigate the risk and prevent it from becoming an issue or its probability and/or impact increasing.
3.8	The agenda for the meeting will be sent out five working days in advance of the Board. This will be the responsibility of the project administration team. The agenda will be drafted by the Project Leader and approved by the Project Executive and Project Sponsor before it is issued.
3.9	Support for the Board will be provided by the ASC Commissioning administrative/project support team. Meeting notes containing clear information on decisions made, actions to be taken, by whom and by when will be produced following each meeting and circulated within five working days once approved by the Chair. (The Project Leader and Project Executive will act as 'critical friend' prior to submission to the Chair for approval).
3.10	The Project Leader will provide highlight reports to the Board to support them to effectively govern the project. The delivery of the Home Care Redesign and Commissioning Project Board will be overseen by the Project Executive and Project Leader. The Project Executive will Chair Project Team meetings. The Project Team will meet between Boards to advance key areas of work in line with the project plan, which will be delivered through work streams and work packages.
3.11	Extra-ordinary meetings may be called by the Chair or by a minimum of four members of the Project Board, with a usual advance notice of 1-5 days.
3.12	Where agreement on any decision cannot be reached by the Board it will be referred to the Adult Commissioning Board.
3.13	The Terms of Reference will be reviewed after three months.

4.0 Home Care Redesign and Commissioning Project Board Roles and Responsibilities

Role	Purpose & Responsibilities
Project Board	<p>The Project Board is accountable to ASC for the success of the project, and has the authority to direct the project within the remit set by this organisation, as documented in the project mandate/business case. The Project Board is also responsible for:</p> <ol style="list-style-type: none"> 1. Communications between the project team and external stakeholders. 2. Approving key documents including briefs and business cases 3. Monitoring progress against the Project Plan and providing overall guidance and direction to the project, ensuring it remains viable 4. Agreeing key project products and outcomes 5. Managing project-level risks 6. Managing project-level issues 7. Responding to requests for advice from the Project Leader 8. Approving changes 9. Making decisions on escalated issues 10. Approving the End Project Report and ensuring that any issues, lessons and risks are documented and passed on to the appropriate body

11. Authorising project closure

Project Sponsor	<p>The role of the Project Sponsor is to drive and promote the work and represent the business interests in the deliverables. The Project Sponsor is ultimately responsible for the project. The Project Sponsor will be kept informed by the Project Executive and Project Leader. An effective Project Sponsor will support the project by:</p> <ol style="list-style-type: none"> 1. Brokering relationships with partners and stakeholders within and outside the project 2. Ensuring that the Board is aware of the broader strategic perspective and its potential effect on the project 3. Promoting the project across the business 4. Liaising with a Programme Board if the project is part of a wider programme 5. Owning the Business Case and ensures the project is delivering value for the time and resources being invested.
Senior Supplier	<p>The Senior Supplier role represents the interests of those supplying the project products. The Senior Supplier is invited onto the Project Board to provide perspective and expertise. Their specific duties will include accountability for the quality of products delivered and responsibility for ensuring that products are delivered in accordance with the specification; therefore the Senior Supplier must have the authority to commit the required supplier resources to the project. The key question the Senior Supplier must ask is “can it be done?”</p> <p>In addition to the Project Board’s collective responsibilities, the Senior Supplier(s) will:</p> <ol style="list-style-type: none"> 1. Assess and confirm the viability of the project approach 2. Advise on the design, development and acceptance methods of the products 3. Ensure that the project plan is realistic and achievable from a supplier perspective 4. Ensure that supplier risks are considered and understood by the Project Board 5. Ensure that supplier resources with necessary skills required for the project are made available 6. Make decisions on escalated issues particularly on safeguarding the reliability of the solution 7. Advise on impact of change requests from a supplier perspective 8. Undertake Project Assurance from the supplier perspective (supplier assurance) and where appropriate, delegate assurance activities.
Senior User	<p>The Senior User role represents the interests of all those who will use or be affected by the project products. The Senior User will be responsible for specifying user needs and the commitment of user resources to the project. The Senior User must monitor the products to ensure they will meet user needs and will also be responsible for realisation of benefits - a responsibility that needs to be fulfilled during the project and will which remain after the project has ended. The key question the Senior User must ask is “will it work?”</p> <p>In addition to the Project Board’s collective responsibilities, the Senior User(s) will:</p> <ol style="list-style-type: none"> 1. Monitor project outputs to ensure it will meet the user’s requirements, customer’s quality expectations and acceptance criteria 2. Ensure the desired outcome of the project is specified 3. Ensure that users are involved at appropriate stages of the project and provide feedback to the project 4. Resolve user queries and prioritise user change requests and advise on the impact of any change requests on behalf of the user community 5. Ensure user concerns and risks are understood by the Project Board 6. Make decisions on escalated issues with a particular focus on safeguarding the expected benefits 7. Brief and advise users and their managers on all matters concerning the project 8. Maintain business performance stability during transition from the project to business as usual 9. Ensure product quality checks are carried out and that the products are signed off on

	<p>completion</p> <p>10. Ensure the user is considered in all Project Board decisions</p>
Non-Board Members	
Project Executive	<p>The Project Executive, with the Project Sponsor, is responsible for the project. Their role is to ensure that the project is focused on achieving its objectives and delivering the forecasted benefits. The Executive ensures that the project delivers value for money, balancing the demands of the business, user and supplier. The Executive is responsible for the Business Case for the duration of the project.</p> <p>In addition to the Project Board's collective responsibilities, the Executive will:</p> <ol style="list-style-type: none"> 1. Oversee the development of a viable Outline and Detailed Business Case ensuring that the project is aligned with ASC, LCH and Leeds CCGs strategies, priorities and objectives 2. Secure funding for the project, if required 3. Define and promote the major business aims, priorities and intended benefits of the project 4. Ensure the project's compliance with all relevant standards, including contract procedure rules (CPRs) and Financial Procedure Rules (FPR) 5. Monitor and control the progress of the project at a strategic level 6. Escalate issues and risks if project tolerance is forecast to be exceeded 7. Ensure that risks associated with the business case are identified, assessed and controlled 8. Provide overall business assurance of the project – that it remains on target to deliver products that will achieve the expected business benefits, and that the project will be completed within its agreed tolerances. 9. Report to the Sponsor on the business performance indicators relating to project management
Project Leader	<p>The Project Leader is responsible for delivering the project. Whereas the Project Executive takes overall accountability, the Project Leader (PL) leads and manages on a day-to-day basis. As such, they must be fully empowered to do the job.</p> <p>If issues occur that may seriously impact on the success of the project – time delays, cost issues or deviations to the original objectives – the PL will escalate them to the Project Executive / Board for a decision about the action to be taken if the project exceeds tolerances. Issues can occur at any time in the project lifecycle, and the escalation of an issue is not an indicator that the project is being poorly managed; on the contrary, it shows that the project is being effectively controlled and that correct management procedures are being implemented.</p> <p>A Project Leader's responsibilities include:</p> <ol style="list-style-type: none"> 1. Applying a formal project management approach appropriately to the project 2. Developing and maintaining an agreed project plan 3. Planning, directing and managing the deployment of resources to meet project milestones 4. Directing, managing and motivating the project team 5. Building and sustaining effective communications with the Project Board and stakeholders 6. Understanding and applying quality management principles and processes 7. Ensuring, in conjunction with the Project Executive, that the project complies with all relevant standards, including Financial and Contract Procedure Rules 8. Managing the production of the required deliverables 9. Managing and reporting on the project finances 10. Preparing and maintaining the project documentation for approval by the Board as appropriate to the size of the project 11. Carrying out options appraisals and making recommendations to the Project Board 12. Completing a Benefits Matrix and monitoring the achievement of project outputs

	<ol style="list-style-type: none">13. Implementing change control and configuration management14. Managing project risks, including the development of contingency plans15. Monitoring the overall progress and use of resources, initiating corrective action where necessary16. Working with Communications and Engagement Officers to prepare the Communications Stakeholder Engagement Plans and disseminating information to stakeholders17. Preparing an End-Project report and Lessons Learned Report, and presenting them to the Project Board18. Preparing the Post-Project Review Plan and documenting any follow-on actions or recommendations
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