

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.

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