

On the 22nd of April 2015 a report entitled New Design Model for Home Care Services in the City was submitted to the Executive Board of Leeds City Council. The report outlined the new model for independent sector home care services and the Executive Board recommended:

- the proposal to commence procurement of external homecare services.
- noted the content of this report and endorse the proposed service model and pricing arrangements.
- approved a procurement process based on 100% quality weighting with a range of fixed prices.
- noted the comments of members of the Health and Wellbeing Scrutiny Board who have examined the issues, risks and proposed remedies.
- approved that the Executive Member for Adult Social Services sign the Unison Ethical Care Charter at the appropriate juncture after the governance processes of the Council in relation to this report have been completed.
- agreed to delegate the decision to award contracts for the provision of external homecare services to the Director of Adult Social Services.
- agreed that the Head of Commissioning, ASC will be accountable for the completion of this work subject to Executive Board approval.

This briefing provides an update to Scrutiny Board on progress and also addresses the comments and observations of the Health and Wellbeing Scrutiny Board on the commissioning model.

The briefing identifies how we have incorporated these into the commissioning process. The main issues identified were

Quality Standards and Outcome Based Commissioning

Quality Standards

The quality standards that have been developed are based on best practice, CQC fundamental standards (regulatory requirements) and guidance from the National Institute for Clinical Excellence. As stated in the Executive Board report, these standards were co-produced with both service users and service providers. The service user reference group met on 15 occasions to discuss the standards and the service provider leadership group met on 11 occasions. The draft standards were then submitted to the Strategic Advisory Group (comprising of five Councillors, 5 service providers, Union representation, service user representation and NHS representation alongside Adult Social Care commissioning staff) and the Homecare Commissioning Project board for comment. The final draft standards were then circulated more widely and advertised on the council's procurement system for further comments. As a result of this additional amendments were then made to the Quality Standards (Appendix 1)

Flexible and Responsive Services

The need to develop flexible and responsive services was a key issue identified by service users as part of the consultation that was undertaken and it has been agreed that services will be commissioned on an outcome basis rather than task and time basis. This will give service users more flexibility and choice about how and when their services are delivered. It

will also give flexibility, for example by allowing for the banking of time whereby service users may not want their full service (if for example a relative is visiting/taking them out for the day)

Compliance and Monitoring

Compliance/Monitoring Arrangements were not fully detailed within the Executive Board report but a new form of contract management will now take place whereby there will be a focus on sharing risks, identifying issues at an earlier stage and helping providers to resolve issues sooner rather than later. Formal weekly meetings will take place (prior to the new contract commencing) to ensure that the providers are ready to deliver services from the contract commencement date of 1st June 2016. Meetings will continue to be held on a weekly basis and once the new contract is established these meetings will then take place on a monthly basis. Partners from finance, access and care (and where appropriate others) will be invited to attend these meetings on a regular basis to identify any issues and seek to resolve these issues jointly.

Information will be submitted to LCC on a regular basis (weekly for some information, monthly for some information and quarterly for other information). This will ensure that Contracts staff are kept informed and able to act quickly if there are any emerging trends or issues.

The service users identified the possibility of having independent people that they could speak to if they had any concerns about the provision of the care they were receiving. Healthwatch Leeds were approached to see if this idea could be further developed and they have agreed to work in partnership with LCC ASC Officers to develop this, building on the existing very successful Dignity Volunteers in Leeds used for residential care and Learning Disability services,, so that working model is in operation at the commencement of the new contract.

Adult Social Care contract monitoring staff will continue to work in close partnership with the Care Quality Commission (CQC) to share information on providers and to raise any concerns to each other and to share any improvement plans either organisation puts in place

Safeguarding

Safeguarding is always a major priority. Training is offered by LCC to all providers who we contract with and there are very detailed standards contained within the Quality Standard Assessment standards that set out minimum requirements for staff training, reporting of safeguarding, disclosure and barring service checks, data governance, security and safety etc. Additionally as part of any tender process for statutory services within ASC there is always a safeguarding case study which tenderers have to respond to along with specific questions within the pre-qualification questionnaire.

Ethical Care Charter

LCC has signed up to the Ethical Care Charter standards. The terms and conditions and service specification for the new Home care service stipulates that staff must be paid above the national minimum wage as a first step towards introducing the Living Wage, staff must be paid travel time and travel expenses and staff must be allowed access to training (which links to the Social Care Commitment), the service specification also stipulates that living wage will be introduced during the lifetime of the contract. However LCC have stated that providers will be given 12 months' notice prior to living wage introduction. However this requirement has now been superseded by the requirements by government to introduce a

national living wage. The implications of this for all contracted services are being investigated corporately.

Locality Based Services

The new model for Homecare has a strong locality focus. We divided Leeds into three areas with six 'lots' broadly coterminous with the areas covered by the CCGs. Within these three larger areas the arrangements would require providers to have a locality-focus to their service delivery teams broadly associated with the thirteen integrated health and social care neighbourhood teams. The model envisages 1 primary provider per lot who would be responsible for delivering all services within the area they successfully tender for; however, a framework arrangement will also be put into operation in case the primary provider is unable to deliver the required service. The successful homecare organisations will be required to closely liaise with the integrated health and social care teams in the areas they are covering.

The importance of homecare is being increasingly recognised by NHS organisations and we are working closely together on developments, including workforce. Homecare is also one of the key funding streams within the Better Care Fund

Contract Type and Pricing

In order to reduce the risks of working with solely Primary Providers a Framework agreement will also be in operation. This will reduce the risks to the Council of working with a very small number of providers and will ensure that there is choice for service users should they wish to have services provided by a Provider who is not a primary provider.

Progress to Date

The Community Home Care Services was advertised on Yortender on 11/06/2015 with the closing date being 05/08/2015. The original closing date was 22/07/2015 but this was extended due to the number of clarifications that were requested.

A total of 60 organisations (this represents over 50% of the Home Care market in Leeds) submitted tender applications. Of these 28 indicated that they wished to be considered to be a primary provider (254 indicated that they would also want to go on the Framework as well). 30 organisations submitted tender applications to go on the framework only.

Tenders are currently being evaluated and it is expected that applicants for primary provider will be invited to interview in October/November. A service user representative will form part of the panel that interview the providers.

It is anticipated that a Delegated Decision report will be submitted to panel in December 2015 seeking permission to award contracts to organisations who demonstrated that they could meet the requirements of the new service specification.

Wider Recommendations

The Scrutiny Board paper also raised two further recommendations that were out of the scope of the Homecare commissioning work, but from which some lessons could be learnt:

Future Executive Board reports providing a more detailed options appraisal

This has been noted and will be reflected in future reports to the Executive Board when seeking decisions.

That if any cross-party strategic group is established an outline of the associated governance arrangements is provided.

At the outset of any new group being established, officers in Adult Social Care will liaise with officers supporting Scrutiny Board to ensure there is clarity around the relationship between the cross party strategic group and the relevant Scrutiny Board

Mick Ward
Head of Commissioning
Adult Social care