

Authority to award the Community Health and Wellbeing Pilot Contracts

Date: 17th June 2024

Report of: Programme Director, Care Transformation

Report to: Director, Adults & Health

Will the decision be open for call in? Yes No

Does the report contain confidential or exempt information? Yes No

Brief summary

The Community Health and Wellbeing (CHWS) Pilot is a new service co-commissioned with Leeds Community Healthcare NHS Trust to deliver a new model of home care and delegated healthcare in three wards of the city.

Following a procurement process, this report seeks authority to award an 18 month contract to Be Caring and Springfield from 9th September 2024 to deliver the new CHWS Pilot.

Recommendations

- a) The Director, Adults and Health is requested to approve the award of an 18 month contract to Be Caring and Springfield to deliver the new CHWS Pilot from 9th September 2024 until 8th March 2026. The indicative budget for the homecare during the pilot period is £5,730,000.

What is this report about?

- 1 This report outlines the result of the procurement process for the Community Health & Wellbeing Service (CHWS) Pilot that will replace home care contracts in Armley, Bramley & Stanningley and Farnley & Wortley wards from 9th September 2024.
- 2 The procurement process was outlined in decision reference D56733 and followed three stage process with Standard Selection Questions (SSQ) on experience and knowledge, Method Statement questions on the approach to the new model including a social value commitment and an interview. Only providers meeting the threshold requirement published in the tender were moved to the next stage of the assessment process.
- 3 The tender was advertised on Find Tender Service and YORtender on 5th December 2023 and 45 tenders were received. 6 providers were invited to an interview as the final stage of evaluation
- 4 The contract will be awarded to the two highest scoring providers which are Be Caring and Springfield.

What impact will this proposal have?

- 5 The award of the new CHWS pilot contract will have a significant impact on the delivery of home care services in the three wards by improving the consistency and quality of services, reducing the time to allocate new care packages and improving care worker retention. In order to achieve the benefits of the new model and stay within budget, the majority of people currently in receipt of home care services will have their provision moved to one of the new contract holders.
- 6 A comprehensive mobilisation plan is in place to support people to move to their new provider. This includes an exception process to consider individuals for whom a move would not be suitable, on a case by case basis.
- 7 A robust communications plan is being executed to ensure people in receipt of services are kept fully informed, with a dedicated phone line, email and drop in sessions to answer any questions and log referrals to the exception process.
- 8 The decision will impact current home care providers delivering services in the area whose care packages will move to the new contract. An interim home care contract has been put in place for the rest of the city. Commissioning Officers will work with affected providers to support the transition and an ongoing impact and risk assessment is in place.
- 9 Following mobilisation, the service will deliver many benefits for individuals in receipt of services including small teams providing consistent but flexible personalised services, care workers paid on shift with less travel between calls. It will also deliver improved collaboration between officers and providers and enhanced performance and budget monitoring.

How does this proposal impact the three pillars of the Best City Ambition?

Health and Wellbeing

Inclusive Growth

Zero Carbon

- 10 The contract award will test an innovative approach to home care and delegated healthcare services that aims to achieve better value for money and improved services that will support people to live more independently at home for longer. Technology will be introduced throughout the pilot to help reduce hospital admissions and assist quicker hospital discharge.
- 11 Inclusive growth will be supported by opening up care worker recruitment to people currently excluded from the role such as non-drivers. The new contractors have submitted a recruitment

plan all of which outlined innovative plans to support people through the TUPE process, prioritise local recruitment and providing support to people who are unemployed pre application.

- 12 The Council's zero carbon ambition will be supported by greatly reducing the number of car miles driven by care workers and the increased deployment of non car drivers to provide services in the pilot area.

What consultation and engagement has taken place?

Wards affected: Armley, Bramley & Stanningley, Farnley & Wortley

Have ward members been consulted? Yes No

- 13 Consultation and engagement has been ongoing through the planning and procurement process as outlined in the permission to procure report. The Portfolio Holder has been briefed.

What are the resource implications?

- 14 A key element of the service design is to ensure workers are paid for the whole time they are at work. At the moment, a worker is given a set of visits to undertake which has a travel allowance built into their roster. If the care provider is not able to plan a run with consecutive calls, a care worker may have some down time that they do not get paid for, yet the down time is not sufficient to return home or do something else. This means that care workers can, for example, be at work for nine hours but only get paid for eight hours. In order to pay for the whole time a care worker is at work (except for planned breaks), the hourly rate will be adjusted to include a shift allowance which means it goes up from £23.91 to £26.22 per hour
- 15 Without any change to how the service is commissioned and delivered this would create a pressure on the home care budget in the pilot area. To mitigate this, and as described in the procurement report, the contract payment method has changed, and a target set for a reduction in hours based on efficiencies within the new model. With both these in place, alongside stringent performance and financial monitoring, the pilot is anticipated to achieve a cost neutral impact.

What are the key risks and how are they being managed?

- 16 The key risks are
- (a) The mobilisation period, the challenge of reducing from 30 providers to 2 providers
 - (b) Whether sufficient reduction in home care hours can be achieved to offset the increased unit cost
 - (c) Whether the new contracting mechanism delivers savings compared to the current contract
 - (d) Whether providers are sufficiently motivated to adjust packages of care.
- 17 In order to mitigate the risk during mobilisation there will be a comprehensive communication strategy with people who use services and care staff to explain the benefits of the new service to ensure the maximum number of service users and staff transfer to the new providers. There will be a risk-based approach to undertake reviews of everyone in the pilot area during the transition period to ensure their new provider has the most up-to-date understanding of their support needs when taking over their care.

- 18 As described above, current providers who are not part of the pilot will be monitored to assess their sustainability and likelihood of growing their business through the interim contract. There are robust plans in place to manage a provider exit.
- 19 If a more efficient use of home care hours cannot be achieved in the pilot area, a contingency sum of £360,000 has been set aside to cover this during the 18-month pilot period. This is being funded via ringfenced development funding to support the piloting of the Community Health and Well-being Service. Once the service goes live there will be monthly meetings with providers to monitor performance against the objectives of the pilot and we have asked for complete transparency over costs.

What are the legal implications?

- 20 The opportunity was advertised on Leeds City Council's tendering portal YORtender as well as contracts finder on the basis of the contract commencing 9th September for an 18 month period.
- 21 This decision is classified as a publishable admin decision as a result of key decision D56733 and is not subject to call in.

Options, timescales and measuring success

What other options were considered?

- 22 Following the decision to enter into a competitive process, there were no other options considered as the procurement followed the Public Contracts Regulations 2015 and the Council's Contract Procedure Rules and the contract awards are to the highest scoring bidders.

How will success be measured?

- 23 A robust performance monitoring plan is in place to assess the impact of the pilot in terms of quality and budget. New elements of the service such as the trusted assessor and shift payments will be fully analysed on the cost / benefit basis to inform future commissioning decisions.
- 24 York Consulting have been appointed to undertake an independent evaluation of the pilot.

What is the timetable and who will be responsible for implementation?

- 25 Mobilisation will commence once the standstill period after contract award has ended.
- 26 The contract will commence on 9th September 2024 with a deadline for the majority of the people in scope to transfer to the new service over a three week period.
- 27 The mobilisation will be overseen by the Project Director, Social Care Transformation and officers from the Adults & Health commissioning team with support from social work teams.

Appendices

- Equality assessment – see information in D56733 below.

Background papers

- [Decision report D56733](#)