
Cabinet

26 November 2015

Name of Cabinet Member:

Cabinet Member for Health and Adult Services – Councillor Caan

Director Approving Submission of the report:

Executive Director of People

Ward(s) affected:

All

Title: Delivering Effective Short Term Support in People's Own Homes

Is this a key decision?

Yes:

The proposals in this report entail expenditure in excess of £1m and impact on all wards.

Executive Summary:

Effective home support is a key feature of the delivery of good Health and Social Care Services. Home support enables people to remain living independently in their own homes, supports carers and, if delivered effectively, allows for flexibility through a personalised approach to respond to changing care needs over time.

All home support should be as enabling as possible with the key focus of enablement being on points of change in people's circumstances such as deterioration in health, regaining skills following a hospital stay or a temporary change in the support network surrounding an individual.

Due to the benefits to individuals, through increased independence, and those to the health and social care system, through reduced demand for acute services and/or long term support, both the City Council and the Coventry and Rugby Clinical Commissioning Group (CRCCG) contribute financial resources to the delivery of short term home support through contracts with independent sector providers.

The existing contracts were awarded in May 2014 and since then there have been significant pressures on health and social care services through increased hospital activity and increases in referrals to social care. These changes in activity manifest themselves in more people requiring care and support thus it is important that our capacity to provide short term enabling services that reduce the requirement for ongoing social care, change in response to these demands.

Working in a way that enables people to be as independent as possible, supports the whole health and social care economy in the City. It contributes to the delivery of improved outcomes

for individuals, reduces the demand on acute services through hospital attendances and ensures that we are not committing resources to the support of individual's long term where this could have been avoided. This, in turn, supports financial sustainability.

The City Council currently commits £665k per annum to the delivery of short term home support with CRCCG committing £391k. To recognise these increases in demand and the health and social care commitment to support people at home and reduce demand wherever possible the CRCCG has agreed to invest up to an additional £700k in the delivery of short term home support. This increased investment will provide capacity to help ensure that people can access enabling support, when required, and for a period that allows enablement potential to be realised. This will enable step-up support as well as step-down following a hospital admission.

It is also recognised that a number of people may not be eligible for support from health or social care but would benefit from being more connected into their community through volunteers. To support this initiative the CRCCG has also agreed to grant fund a voluntary sector partnership to complement short term services through creating sustainable community solutions and further reducing demand on health and social care support. This approach will support the delivery of the broader principles of the Care Act (2014) of well-being and prevention.

Recommendation:

Cabinet is requested to:

1. Approve the tendering of short term home support to support delivery of integrated services across health and social care and delegate authority to the Executive Director of People, in consultation with the Cabinet Member for Health and Adult services for the award of contracts following completion of the tender process.
2. Approve the City Council entering into a grant aid agreement, using resources funded by the Coventry and Rugby Clinical Commissioning Group for a voluntary sector partnership to deliver asset based community support for adults and older people.

List of Appendices included:

Appendix One - Activity Information

Appendix Two - Equality and Consultation Document

Other useful background papers:

None

Has it been or will it be considered by Scrutiny?

No

Has it been or will it be considered by any other Council Committee, Advisory Panel or other body?

No

Will this report go to Council?

No

1. Context (or background)

- 1.1 Effective home support is a key feature of the delivery of good Health and Social Care Services. Home support enables people to remain living independently in their own homes, supports carers and, if delivered effectively, allows for flexibility through a personalised approach to respond to changing care needs over time.
- 1.2 Whether delivered on a short term or ongoing basis, all home support should have a key focus of enablement. However, the maximum opportunities for enablement occur, in the majority of cases, at key points of change in people's circumstances such as deterioration in health, need to regain skills following a hospital stay or a temporary change in the support network surrounding an individual. At these points it is critical to ensure that support is available on a short term basis that works with the person to regain abilities that they may have temporarily lost, or are at risk of losing.
- 1.3 People with a range of different support needs and vulnerabilities may require short term support. These include older people, adults with learning disabilities and adults with physical impairments. The type of service provided is centred around enabling activities for people to retain, regain or acquire new skills to remain as independent as possible and reduce whole life dependency on long term support.
- 1.4 Effective enabling short term home support has positive impacts across the health and social care economy. These include benefits to individuals through increased independence, and those to the health and social care system through reduced demand for services. Due to the positive impacts across the system both the City Council and the Coventry and Rugby Clinical Commissioning Group (CRCCG) contribute financial resources to the delivery of short term home support through contracts with the independent sector. Home support providers work in conjunction with therapy services and use available assistive technologies such as Telecare to ensure that the maximum enablement potential is realised.
- 1.5 At present approximately 90 people are in receipt of short term support at any one time. (Please see Appendix 1 for details of delivery). This support is delivered through contracts let to three independent sector providers in the City who deliver on a patch based system aligned to general practice clusters. These contracts were awarded in May 2014. Since the contracts were instigated there have been a number of factors that have placed increasing strain on short term home support services including increased demand as a result of hospital pressures, reductions in residential beds allocated for short term use and increased referrals to Adult Social Care. Should our short term services not adjust to reflect this changing landscape the risk is that more people will require ongoing care and support long term that could otherwise have been avoided.
- 1.6 Short Term Support is accessed through both health and social care routes, and as such the rigid application of the national eligibility criteria introduced by the Care Act on 1 April 2015 does not apply. This more flexible approach allows support to be arranged at short notice and without a lengthy assessment of eligibility.
- 1.7 The City Council currently contributes £665k per annum to the delivery of short term home support and the CRCCG makes a contribution of £391k. To recognise these changes in demand and the fact that the health and social care system is committed to supporting people at home the CRCCG has agreed to invest up to £700k additional resource per annum in the delivery of short term home support from 1st April 2016. This

increased investment will provide capacity to help ensure that people can access enabling support, when required, and for a period that allows reablement potential to be realised and as a result reduce overall demand within the health and social system. This additional financial resource will be phased in over the 4 year period of the new contracts to enable a reduction in bedded provision and support the overall direction of travel of supporting people at home as opposed to in bedded provision.

- 1.8 Enabling people so that they do not require ongoing social care support is a key outcome from the provision of short term services and a key reason why the City Council and the CRCCG continue to invest in short term services. There are also a number of people who do not require social care support but whose overall well-being and ability to manage independently would be enhanced through a greater network of informal support. Through its Active Citizens, Healthy Communities strategy the City Council has committed to developing the assets of communities to support the people who live within them. In order to assist with the development of community resources, the CRCCG has also agreed to grant fund a voluntary sector partnership to support people who are not eligible for ongoing health or social care support. Extending what is available to support people in their own communities will also contribute to the City Councils obligations to meet the broader principles of the Care Act (2014) of well-being and prevention.

1.9 **Improvements in Short Term Home Support**

The key improvements expected as a result of service model to be commissioned are as follows:

- Increased capacity to better support demand management. The current contracts are for 1,350 hours per week at a cost of £1.056m per annum. The resource allocated will increase this envelope with up to £1.756m being available. The contracts will be let on the basis of the organisations that can deliver the best quality and volume for this resource. The minimum support hours available from the outset of the new contracts would be 1500 per week with the potential to increase to approximately 2000 hours per week during the life of the contracts.
- A clear contribution to the delivery of the duties of the Local Authority under the Care Act (2014) including prevention and integration with health.
- The current service model is for a period of up to six weeks. There are, however, a number of people who would reach their reablement potential through a longer period. This flexibility will be an integral part of the new arrangements with an increased emphasis on the outcomes to be delivered.
- Therapy support is limited and needs to be targeted to where it has best effect as a number of people who access short term support will not require input from a professional therapist. This improved targeting will be a key element of the service.
- Assistive Technologies including Telecare can provide valuable re-assurance and support as part of a care and support package. Providers will be expected to work closely with the City Council to ensure that all opportunities for the use of technologies to assist with support are taken.
- In order to ensure that there is both capacity for step-up as well as step-down a proportion of the service will be for the dedicated use of Community Social Work teams to ensure that reablement can be provided that reduces long term care and avoids hospital admissions. The expectation will be that around 15% of hours will be available for step up provision accessed through community social work teams (this

% split will ensure that on day one of the contracts the hospital specific allocation will remain at current levels). The exact percentage will be kept under review and flexible to ensure resources are being utilised to the maximum effect.

- The increased emphasis towards community based access to short term home support provides a focussed aim on reducing hospital admissions which will in turn have a positive effect on the delayed transfers of care (DTOC) within UHCW which is an on-going local issue across the health and social care system in Coventry.
- Service delivery will be assigned to GP cluster areas. This alignment will further facilitate integration with health services.
- The contract period would be 4 years. This will give providers some stability. However, the health and social care environment is not static, therefore, it will be a requirement that organisations are flexible and adjust their service delivery model as the local environment changes.

1.10 Increasing Community Capacity

In addition to the short term home support service, Coventry and Rugby Clinical Commissioning Group and Coventry City Council have established a grant fund of £75,000 per annum to support the reduction of demand for health and social care support through increasing the voluntary capacity in the City to support older people and adults in areas of prevention and well-being. The grant is to be used to target support on the following groups:

- Those who may be discharged from hospital with a limited or no care and support package who are at risk of deterioration due to lack of carer or family support
- Those who may not meet the national eligibility criteria for Adult Social Care but are at risk of further deterioration due to a lack of carer or family support

This funding is intended to enable the Voluntary and Community sector throughout Coventry to develop their capacity to achieve the following outcomes:

- Increased activity of volunteers in the City supporting people in their communities
- Improved levels of resilience in people at risk of developing a need for crisis care
- Better targeting of scarce health and social care resources through providing preventative support that reduces levels of deterioration
- Supporting effective discharge from hospital through ensuring people that are isolated are supported to return home
- Enabling people to connect into sustainable support structures in their local communities that support their overall well-being.

When the grant is awarded the ability of the successful organisation(s) to deliver self-sustaining services will be a key criteria and measure of success.

1.11 Summary of Benefits for Customers

In addition to improved system outcomes there are a number of direct benefits expected to be achieved as a result of the proposals outlined in this report. These include:

- More people will be able to go home rather than remain unnecessarily in hospital
- Fewer people in the community will have avoidable hospital or care home admissions or risk receiving long term home support before having the opportunity of benefiting from step up reablement

- More people will be supported to enable to regain lost skills/acquire new skills promoting their independence and re-establishing more control over their lives
- People who require a longer reablement period will be able to benefit from this
- More people are expected to complete a short term support episode without the need for on-going statutory support or with a much reduced care package
- Those who continue to need a little bit of help after their period of enablement, for example, to reduce isolation and loneliness and sustain overall wellbeing, will benefit from increased community capacity.
- People will benefit from a more targeted level of therapy input and integration of assistive technology into a holistic support package.

2. Options considered and recommended proposal

2.1 Recommended Option

Option 1: Undertake a Tender for the Short Term Home Support Services

In order to ensure appropriate capacity to support the delivery of enabling short term support, reduce demand for ongoing care and support and ensure that the resources identified by CRCCG are used to deliver improved outcomes across the health and social care economy, it is recommended that a tender commences for the delivery of short term home support.

2.2 Other Options

Option 2: Increase Capacity and Extend duration of existing arrangements

The City Council could extend the existing arrangements with the three providers currently contracted to deliver short term home support and increase the capacity within these contracts. This would reduce the need to tender the service and would be likely to lead to an increase in capacity being achieved on a shorter timescale. This option is not recommended as the new arrangements require a number of changes to the current operation of the contract rather than a simple extension of the current services. Due to value, duration and importance of the new arrangements it is also appropriate to test the market to ensure best value for public funds is achieved. Short Term services are currently amongst the more expensive provision in the City so ensuring the costs remain as competitive as possible is essential to ensure best use of public funds.

3 Results of consultation undertaken

Formal consultation was not undertaken. However, in developing the proposals contained within this report engagement has taken place with service users, carers, social work practitioners and health colleagues. Key outcomes from this engagement include the requirement to rebalance support away from a more or less exclusive focus on supporting hospital discharge to offer more opportunities for step up provision to prevent hospital or care home admission or people reviewing long term home support without the opportunity of reablement. Stakeholders have also required additional emphasis in the new service specification on maintaining people's health and wellbeing and alignment with GP clusters to further assist with integration of health and social care.

4. Timetable for implementing this decision

Subject to approval, the tender process will commence in December 2015 with new contracts planned to go live from 1 April 2016, following an implementation period of 3 months.

The voluntary sector partnership funded by the CCG is scheduled to commence by April 2016.

5. Comments from Executive Director, Resources

5.1 Financial implications

The current spend on STSMI hours is £1056k per annum with the Council contributing £665k and Coventry and Rugby CCG £391k.

The Coventry and Rugby Clinical Commissioning Group have agreed a further contribution of up to £700k per annum to mitigate the cost pressure for short term services as the hours increase from the current 1350 per week to a minimum of 1500 hours per week from April 2016.

The Government, in its July 2015 Budget, introduced a New Living Wage for workers aged 25 and over. This will be effective from April 2016 initially at a rate of £7.20 per hour anticipated to rise to £9.00 per hour by 2020 with increments advised by the Equal Pay Commission.

Other cost pressures for providers have included introduction of workplace pensions and increased regulatory burdens. More recently the European Court of Justice has ruled that the time spent travelling to and from first and last appointments by workers without a fixed office should be regarded as working time.

As there is a finite resource available providers will be required to deliver the maximum capacity within this resource to ensure that financial thresholds are not exceeded.

Re-commissioning of short term support and improved asset based community support will assist with managing demand and contribute to financial sustainability.

5.2 Legal implications

The Care Act (2014) builds on previous legislation and statutory guidance and focusses health and social care on prevention, early intervention and recovery. The effective delivery of home support is fundamental to discharging the Local Authority's statutory duties under s2 Care Act (2014) of preventing, reducing or delaying needs.

The care provided within Home Support includes personal care delivered to people in their own homes and therefore is subject to the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2015 and the Care Quality Commission (Registration) Regulations 2014.

6. Other implications

6.1 How will this contribute to achievement of the Council's key objectives / corporate priorities (corporate plan/scorecard) / organisational blueprint / Local Area Agreement (or Coventry Sustainable Community Strategy)?

The proposals contained in this report will contribute to the Council Plan key objectives of protecting the most vulnerable, improving health inequalities and improving health and wellbeing.

6.2 How is risk being managed?

There is an established project team which is accountable to the Adult Joint Commissioning Board. Tendering risks will be managed through statutory procurement guidelines.

Tender evaluation process

The tender process will be managed by the local authority but will involve key partners and user representatives in the evaluation process.

As part of the tender exercise provider performance will be considered and it is proposed that in addition to written documentation / statistical analysis the evaluation panel will: -

- Invite potential organisations to present / discuss their plans for service delivery and joint working within the City
- Undertake site visits to local offices to gain an understanding of how organisations operate within the City (including managing staff / rotas / co-ordination etc)

There is a joint CCG and Council communications plan to ensure stakeholders are appropriately informed about the changes and resources in place to deal with any issues raised by service users and their families. However, as the services provided are short term in nature there will be no requirement for service users to change care providers as a result of this tender.

The service post award will be monitored through the joint Quality Assurance function across health and social care. A focus of this approach will aim to support providers through: -

- Attendance at established Multi-Disciplinary Team meetings (providers / commissioners / CWPT / social care)
- Oversight of providers by contract / quality assurance team
- Key assigned commissioning support to ensure effective delivery of services and partnership working is in place
- Identification of clear data requirements and outcome measures to evidence success of service and areas for improvements
- Regular provider project groups
- Involvement in the evolution of the health and social care system and inclusion in plans / pathways around Intergrated neighbourhood teams (INT's) and community based support

6.3 What is the impact on the organisation?

None

6.4 Equalities / ECA

A separate ECA has been completed and appended to this report. The procurement is expected to achieve positive impacts for people with protected characteristics.

6.5 Implications for (or impact on) the environment

None.

6.6 Implications for partner organisations?

The effective delivery of home support enables effective use of health and social care resources through maximising people's independence and ensuring people are not in a hospital setting for longer than necessary. The proposals contained in this report support these objectives. The proposals also support the City Council in working with the voluntary sector through the establishment of a voluntary sector partnership to support people in their communities.

Coventry and Warwickshire Partnership Trust (CWPT) is a key partner in delivering complementary therapy support for people accessing short term home support. There is an expectation that contracted providers will work pro-actively with therapists to support individual outcomes (in addition to on-going work with social workers / district nurses and community based services to ensure reablement potential is reached).

Report author(s):**Name and job title:**

Jon Reading, Head of Strategic Commissioning

Directorate:

People

Tel and email contact:

024 7629 4456

jon.reading@coventry.gov.uk

Enquiries should be directed to the above person.

Contributor/approver name	Title	Directorate or organisation	Date doc sent out	Date response received or approved
Contributors:				
Lara Knight	Governance Services Co-ordinator	Resources	29/10/15	29/10/15
Pete Fahy	Director of Adult Social Services	People	29/10/15	3/11/15
Inderjit Lahel	General Manager – Strategic Commissioning	People	29/10/15	30/10/15
Amanda Mayes	Strategic Category Lead	People	29/10/15	3/11/15
Other members				
Names of approvers for submission: (officers and members)				
Finance: Ewan Dewar	Finance Manager	Resources	29/10/15	2/11/15
Legal: Julie Newman	People Legal Team Manager	Resources	29/10/15	2/11/15
Director: Gail Quinton	Executive Director	People	3/11/15	3/11/15
Members: Councillor Caan	Cabinet Member Health and Adult Services		2/11/15	2/11/15

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Appendices

Activity Information

Equality and Consultation Document