

Cabinet
Council

11th April 2023
20 June 2023

Name of Cabinet Member:

Cabinet Member for Adult Services – Councillor M Mutton

Director approving submission of the report:

Director of Adult Services and Housing

Ward(s) affected:

All

Title: Short-Term Home Support Services

Is this a key decision?

Yes - the proposals involve financial implications in excess of £1m per annum.

Executive summary:

This report seeks approval for the re-commissioning of Short-Term Home Support (STHS) in Coventry.

STHS is a key feature in the delivery of good Health and Social Care Services. The service supports adults to acquire or reacquire daily living skills to remain residing independently in their own homes, a key policy objective for Health and Social Care. The service is also integral to reducing delayed discharges from acute hospitals, including over the difficult winter period and was an important feature during the Covid-19 Pandemic. The service is also accessed by Coventry and Warwickshire Partnership Trust (CWPT) as part of their Urgent Care Response (UCR) service with an allocation of up to 100 hours per week for this purpose. In addition, the service plays a vital role in preventing hospital admission through short term community based, person centred support that provides reablement and contributes to service user assessments and determination of any ongoing care and support needs.

The current STHS contracts were awarded in 2017 to a framework of independent sector providers and since then there has been an increase in the expected demand for the service from 1995 hours per week in 2017 to a peak of approximately 2800 hours per week during 2022 with current delivery being approximately 2,600 hours per week, due to increasing demand for the service especially in relation to supporting hospital discharge. Much of the additional activity has been funded by specific Hospital Discharge Grants during and since the COVID pandemic.

There is a supplementary element to this service provided at night called the Mobile Night Carers that supports adults with night-time needs and is instrumental in avoiding or delaying the need for admission to a care home for those who may require support during the night.

The expected cost of the contract is £3.359m per annum funded by a mixture of core funding, grant funding and contributions from the Integrated Care Board (ICB).

The current contracts expire on 31st October 2023, but an extension will be put in place to 31st January 2024 to enable the Council to run a competitive process to ensure ongoing support. The new contracts are expected to be in place by February 2024, which has necessitated an extension of the current arrangements by three months to ensure continuity of services in the intervening period.

The Commissioning Team have engaged with key stakeholders including service users, carers, providers, health & social care staff and has also used its experience over the past few years to inform the future delivery model, which seeks to incorporate several key service improvements.

Recommendations:

Cabinet is requested to recommended that Council:

- 1) Approve the procurement of adults Short Term Home Support provision and delegate authority to the Director of Adults and Housing, following consultation with the Cabinet Member for Adult Services, for the award of contracts following completion of the tender process.

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List of Appendices included:

Appendix 1 - Equality Impact Assessment (EIA)

Background papers:

None

Other useful documents

None

Has it or will it be considered by scrutiny?

No

Has it or will it be considered by any other council committee, advisory panel or other body?

No

Will this report go to Council?

Yes – Date to be confirmed

Report title: Short-Term Home Support Services.

1. Context (or background)

- 1.1. Short Term Home Support (STHS) is a key feature in the delivery of good Health and Social Care Services. The service is provided by three main providers since 2017 (and one contingency provider since 2020) operating primarily in geographical zones within the City with the ability to work across zones as required. The service supports adults to acquire or reacquire daily living skills to remain residing independently in their own homes following illness, injury or hospital discharge. The service operates seven days a week between the hours of 07:00 and 23:00.
- 1.2. The service is also accessed by Coventry and Warwickshire Partnership Trust (CWPT) as part of their Urgent Care Response (UCR) service with an allocation of up to 100 hours per week for this purpose.
- 1.3. There is an additional element to the service, the mobile night carers, which is delivered by three double crewed vehicles across the City between the hours of 22:00 and 07:00. This has a primary aim of enabling a number of people (35 as of 15th March 2023) who need a limited amount of night-time support to remain in their own homes as an alternative to admission to a residential care home.
- 1.4. Effective STHS impacts across the health and social care economy through increased independence, a key policy objective for Health and Social Care, and reducing the demand for ongoing care and support services. The current contracts specify, in accordance with National Institute for Health and Care Excellence (NICE) guidance, that 70% of people going through the service should leave without the need for ongoing support. Current performance as of 15th March 2023 is that 70.1% of people going through STHS do not require an ongoing service.
- 1.5. Where providers have performed less well during the life of the contracts this has been largely related to staffing recruitment and retention issues, which is a national problem in the care sector. One impact of reduced staffing is care staff providing direct support (doing for) rather than enabling people to do tasks for themselves as enabling people will invariably take much longer. Recruitment programmes are in place and, through the procurement process we will seek to reduce the impact of this by broadening the scope of provision with less reliance on such a small pool of providers.
- 1.6. There are approximately two hundred service users receiving support any one time in the service. The support is normally limited to a maximum of six-weeks and is not chargeable to the recipient of the service until a social worker has completed a Care Act Assessment to determine the person's ongoing care and support needs.
- 1.7. The current STHS day contracts were awarded in February 2017 with an additional provider commissioned in 2020 to assist with a spike in activity brought about through Covid -19. The mobile night carers service contracts were awarded in 2019. The Urgent Community Response element commenced in 2022.
- 1.8. Existing contracts are monitored by the Adults Commissioning Team to ensure compliance with contractual and regulatory requirements for operation as a home support provider. Feedback on the effectiveness of providers, and the experience of service users, from Council Occupational Therapists and Social Workers also provides important information of effectiveness which informs contract monitoring. The services are also inspected by the Care Quality Commission as the regulator for health and social care services. A weekly Multi-

Disciplinary Team is held between council and provider staff to track progression and discharge from the service at the optimum time.

- 1.9. Demand for the service fluctuates week by week and has increased from 1995 hours per week as originally commissioned in 2017 to circa 2600 hours per week (peaking at 2,800) during this financial year due to the increased demand to support hospital discharges and more people in the community to prevent hospital admission.
- 1.10. There have been changes within adult social care since the current contracts were awarded which include:
 - The way infection and prevention control are managed since the Pandemic to reduce risk associated with COVID-19 and other infectious diseases.
 - All regulated providers working with people with learning disabilities and autism now having to undertake Oliver McGowan mandatory training. The training is named after Oliver McGowan, whose tragic death highlighted the need for health and social care staff to have better training to understand the health and care needs of people with Learning Disabilities and/or Autism.
 - The introduction of Integrated Care Boards (ICBs) and the corresponding drive for closer working and/or further integration between health and care.
- 1.11. Although some changes have been implemented during the life of the current contracts, as would be expected over a contract period of seven years, this re-commissioning gives the council an opportunity to implement several key service improvements including:
 - Improving service capacity through increasing the number of providers from three to six, enabling a more local focus and providing contingency in the event of one or more providers struggling to maintain supply e.g. as a result of staffing shortages.
 - Increasing the number of providers will also help to increase capacity for the service to respond to same day requests for packages of support to prevent hospital admission (referrals from the community) - and reducing the time it takes to secure discharge (referrals from the hospital)
 - Providers will be required to demonstrate through the tendering process how staff are employed to support recruitment and retention. This will include (as is current) a detailed breakdown of their hourly rates to include compliance with national living wage (as a minimum) and inclusion of travel time.
 - Additionally, the Council will seek to identify how many staff are employed on salaried staff contracts and how many are on zero-hours contracts, with recommendations not to use zero-hours contracts where possible. However, some provider staff within the care sector do prefer flexible zero-hour contracts because it allows them to fit work around their family or study commitments. Setting targets for salaried contracts within the new contracts would be problematic and provider engagement has confirmed this through workshops held in December 2022. Most providers have indicated that a mix of both types of contracts are preferable to suit the flexibility need for their businesses and their staff.
 - Strengthen relationships with hospital discharge and community teams to improve the person's experience of hospital discharge and avoidance of hospital admission. This is in line with current improvement programmes that seek to secure same day discharge

activity and reduce the time people wait. Co-location of provider staff and health and social care practitioners will be the main driver for this improvement.

- Support providers with engaging with services in the community such as voluntary sector provision to help meet wider support needs.
- Working with providers to help them with access to training for care staff, with the aim of improving quality and consistency of care to include greater digital approaches to service delivery. This is emerging within the care and support market with an increasing number of providers using electronic scheduling and case management systems.
- Improved efficiency with impact on time from referral to commencement of services and ensuring optimum length of reablement support through improved flow creating capacity for supporting more service users within the same financial envelope.
- Strengthened contractual requirements around social value e.g. recruiting locally and consideration of environmental impacts of the service.
- The requirement to engage with a wider range of health and care professionals as may be required to support the potential for closer integration and alignment of services.

1.12 The contracts being proposed are for a period of seven years and it is to expected that further changes will be required over the life of the contracts in order to keep pace with changing demand and service requirements. In order to ensure that the flexibility exists within these contracts provision will be made to implement changes as service requirements evolve. Such changes are most likely to arise from improvements in how we work with health organisations to provide improved outcomes to people and as a result of potential changes to the policy framework for social care.

1.13 Managing the new Contracts

1.14 Once operational the new contracts will be monitored on a quarterly basis to include key performance indicators (KPIs) that include the percentage of people not requiring ongoing support after a period of STHS. Contract monitoring will be undertaken by the Council's Commissioning Team with feedback from Occupational Therapists, Social Workers, service users, families and carers, and CQC reviews. Providers that fail to achieve a minimum target for performance will need to provide explanation and remedial action plans for their contract in agreement with the Commissioning Team. Other targets to support skills and expertise amongst the staff will be reviewed to include recruitment and retention and recruiting from communities that are reflective of Coventry.

1.15 Providers will be monitored to ensure that the Council is achieving value for money and any persistent underperformance will be taken through contract breach measures and may face contract termination. Having six providers better enables the Council to take a stronger approach to underperformance by having enough capacity if the Council must end a contract as a last resort. This will be supported by commissioning visits to provider premises to inspect contractual, performance, training and compliance documentation during Commissioning Team reviews and inspections and feedback from service users, families and other key stakeholders. Contract monitoring will also be supported from performance data in line with minimum numbers of people (70%) exiting the service without the need for a sequential service and 20% of people exiting with a reduced level of need.

2. Options considered

2.1. Option 1: (Preferred Option) Tender for Procurement of Redesigned Short Term Home Services.

It is recommended that a tender commences for the procurement of STHS support to:

- Support a redesign of the services to meet the challenges that the Council is experiencing / has experienced since the services were last tendered e.g. capacity and other improvements as outlined in paragraph 1.10.
- Enable recommissioning of services for a period of seven years (four years plus three-year extension arrangements) but ensure that the contracts allow for changes or updates so that the service develops with any required modification and supports any future development to health and social care integration and performance. This has been a feature of existing contracts whereby the mobile night carers and CWPT services were both implemented after the initial contracts were awarded in 2017 and will continue to be part of the recommissioned service.
- Enable people in most need to live independent and fulfilled lives in their local communities and support to providers on recruitment and retention initiatives.
- Support safe and timely discharges from hospital for people to return to their own home with a focus on same day delivery
- Enable the further reduction in hospital admission and admissions to residential and nursing homes.
- Help people to reach or regain their maximum potential so that they can do as much as possible for themselves

2.1.1 The recommissioning will also aim to ensure sufficiency of capacity to deliver the service and added service resilience by increasing the number of providers, taking on board service user feedback in relation to quality of support.

2.1.2 The six providers will each cover three wards. The current contracts were aligned to the former Clinical Commissioning Group (CCG) General Practitioner (GP) clusters (areas), which in some cases meant that you had more than one provider in a ward. This sometimes made it difficult to allocate packages on borders between providers. The former CCG GP clusters no longer exist and a review of the increase in weekly hours means that there is now a case for equitable allocation aligned to revised areas.

2.1.3 The proposed allocation allows for the growth of the service since 2017 to be more equally distributed. The service will be commissioned between 435 and 561 hours per week for each of the six providers. Three providers only will deliver the mobile night carers service on the higher 561 hours per week total. At present there is no evidence to suggest a requirement to increase night hours or providers or an increase in activity linked to Urgent Care Response.

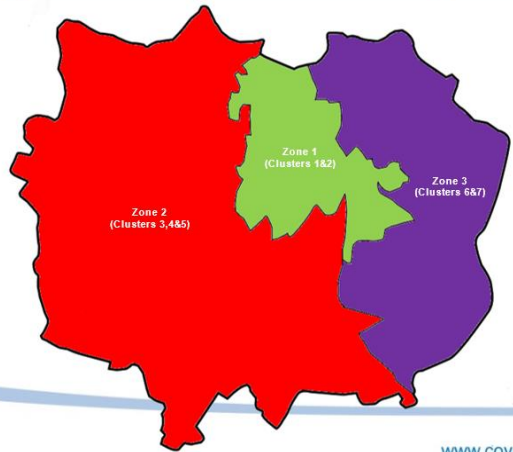
2.1.4 The maps below illustrate the current and proposed geographical coverage for each contracts/provider.

Current Short Term Zones & Mobile Night Carers

- Meridian Health and Social Care
Zone 1 (Clusters 1 & 2)
- Radis Community Care
Zone 2 (Clusters 3, 4 & 5)
- Green Square Accord Group
Zone 3 (Clusters 6 & 7)

Days:
Each provider delivers between 585 – 665 block funded STHS hours p/w

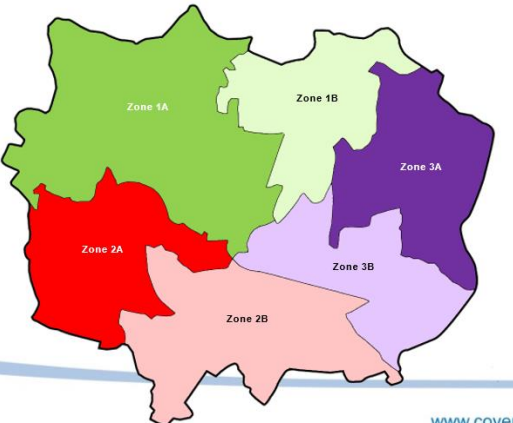
Nights:
Each provider supplies a double crewed mobile between 22:00 & 07:00 each night



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Proposed New Short Term Zones

- TBA
Zone 1A
Bakewell, Sherbourne & Radford
- TBA
Zone 1B
Longford, Holbrook & Falsfield
- TBA
Zone 2A
Woodlands, Whitnortley & Westwood
- TBA
Zone 2B
Chaylesmore, Earlsdon & Warbody
- TBA
Zone 3A
Henley, Upper Stoke & Wyken
- TBA
Zone 3B
St Michaels, Lower Stoke & Birley

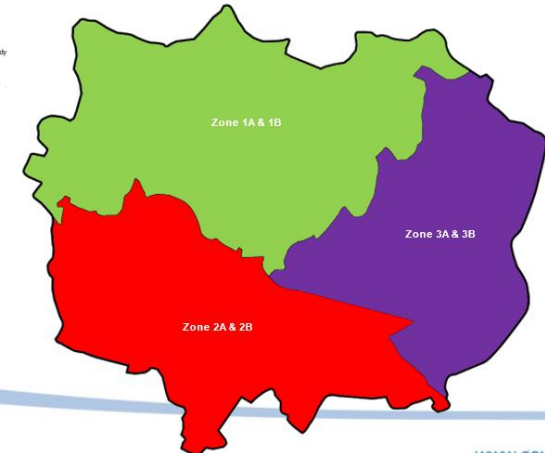


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Proposed New Short Term Mobile Night Carers

- TBA
Zone 1A & 1B
Bakewell, Sherbourne, Radford, Longford, Holbrook & Falsfield
- TBA
Zone 2A & 2B
Woodlands, Whitnortley, Westwood, Chaylesmore, Earlsdon & Warbody
- TBA
Zone 3A & 3B
Henley, Upper Stoke, Wyken, St Michaels, Lower Stoke & Birley

Nights:
Each provider supplies a double crewed mobile between 22:00 & 07:00 each night



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- 2.1.5 The STHS day service will be paid partly on block (guaranteed hours) and partly on actual average hours delivered. The rationale for this is to generate tendering encouragement and a degree of financial stability on what is a low volume service. This approach also supports market stability. The block levels will be set at 300 hours per week for each zone. Block will only be paid once the 300 hours mark has been reached by each provider. Contractual hours above 300 hours will be paid on actual averaged hours on a week-by-week basis. The combination of block and averaged hours also enables flexibility and ensures that the council is not paying for services that have not been delivered, which could be the case if the whole contract was awarded as a block. Mobile Night Carers will be paid as block as is currently the arrangements.
- 2.1.6 Providers tendering to deliver this service will have to robustly evidence how they can respond to peaks in demand such as before public holidays and winter pressures. Any significant changes to hours will follow established Council finance and contractual processes.

2.2 Option 2: (not recommended) Tender Under Current Contract Specification

Whilst there is no legally compliant option not to tender there is the possibility that the Council could retender the service under the current specification.

This option is not recommended. It would not support the improvements planned and outlined in this report, the mandatory nature of the Oliver McGowan training and some of the infection prevention initiatives that need to be reflected within the specifications and contracts. Due to the value and importance of future requirements it is also appropriate to test the market to ensure best value for public funds is achieved. There is also a requirement to increase the number of providers in the City to ensure sustainability and sufficiency within the local market.

3. Results of consultation undertaken

- 3.1. Formal public consultation was not undertaken however in developing the proposals within this report engagement has taken place with the provider market through a face-to-face workshop. Service user and carer engagement has also taken place via a survey that has been widely advertised and hosted on the Council's website. Telephone engagement to complete the survey has been undertaken with service users. Council Social Worker and Occupational Therapy input have also fed into proposals.
- 3.2 Engagement with service users suggested that most people (c 76%) of a total 54 respondents were positive about their experiences of STHS in terms of meeting their needs. 40 respondents rated the service as very good or good overall. However, around 3 in 10 people who responded stated that timing of visits was not always convenient. This was because some respondents wanted quite time specific calls, which are not always possible due to the nature of the service e.g., if their carers are late due to traffic, poor weather or are delayed at a previous call. The Council allows a tolerance of approximately thirty mins around a suggested start time but does use time specific calls where there is a strict need to support with medication e.g., at a very certain times Several comments were made about additional support that would help and follow up work is in place to ensure that needs identified are addressed as appropriate and these are being taken into account to inform current and future delivery.

Provider engagement indicated a continuing appetite for provision of this service and interest not only from existing providers but also from potential new entrants to this segment of the market.

4. Timetable for implementing this decision

Subject to Cabinet approval a tendering process will commence in May 2023 for new contracts to commence from 1st February 2024.

5. Comments from Interim Chief Executive (Section 151 Officer) and Chief Legal Officer

5.1. Financial Implications

5.1.1. STHS is a key component of service delivery within Adult Social Care. Hours can vary week by week depending upon demand in the service and based on expected hours of delivery (including the mobile night service) is estimated to cost circa £3.359m per annum based on estimated costs at implementation.

5.1.2. Service costs are heavily influenced by the national rate set each year for National Living Wage and future annual inflationary increases will be reflective of changes to the national rate.

5.1.3. The STHS service is funded by a mixture of existing council core funding, health funding through the Better Care Fund, funding from the Urgent Care Service as well as a number of grants.

5.2. Legal Implications

5.2.1 The Care Act 2014 provides the legal framework for the provision of adult social care. The provisions of that Act include general duties to promote individual wellbeing, prevent and / or reduce the need for care and support and to promote integration with health services. The provision of STHS is consistent with those duties and one means by which the Council is enabled to meet its statutory obligations under the Act, towards the citizens of Coventry.

5.2.2 The proposed procurement must be compliant with both the Public Contracts Regulations 2015 (PCR) and the Council's Standing Orders for Contracts. Given the nature of the procurement, the 'Light Touch' procurement regime under PCR regulations 74 – 76 is available.

5.2.3 The Council has a legal obligation under section 149 of the Equality Act 2010 to have due regard to the need to eliminate discrimination, advance equality, and foster good relations between those with a protected characteristic and those who do not share it. These matters have formed an integral part of the decision-making processes in relation to the continuation of the Dementia strategy. The Council continues to engage with service users and representative groups, and use the information and views gathered in its consultation and equality impact to achieve accessible and inclusive service provision

6. Other implications

6.1. How will this contribute to the Council Plan (www.coventry.gov.uk/councilplan/)?

The updated recommissioning of the service will contribute towards the Council's One Coventry Plan by directly:

Helping residents to maintain their independence through the STHS following period of hospital admission, illness or injury.

Protecting the most vulnerable in Coventry through exercising their choice and control to remain in their own homes following illness or injury.

Supporting the economy by contracting locally where possible, encouraging new businesses including SMEs, employee-owned enterprises and stimulating the contracted adult social care market.

6.2. How is risk being managed?

There is an established project team to manage risks and an ongoing performance and issues meeting that is held monthly. Tendering risks will be managed through statutory procurement guidelines.

There is a potential risk that insufficient providers of good quality tender to deliver this service. Soft market testing and a workshop has been held, however, with several potential new entrants to the market showing interest alongside several existing providers. Provider feedback was that this type of delivery is of interest to them, especially working in a more integrated way with health and social care partners to keep people healthy at home.

6.3. What is the impact on the organisation?

None

6.4. Equalities / EIA?

A separate EIA has been completed and appended to this report. It is expected that the service will continue to have a positive impact in enabling people to live as independently as possible. Positive impacts are anticipated in relation to people aged 65+ and those with disabilities due to the enabling nature of the service. Greater tailoring of the service to cater for people of different racial backgrounds, religions and beliefs is expected to have a positive impact.

6.5. Implications for (or impact on) climate change and the environment?

The contract will include requirements in relation to reducing the environmental impact of the services.

6.6. Implications for partner organisations?

At this stage it is not proposed that short term home support services are jointly commissioned with the Integrated Care Board, however, arrangements will be sufficiently flexible to allow such a joint approach during the lifetime of the contract. The service will be designed to enable the possibility of support to people exiting virtual wards (acute health services delivered in the person's own home). This approach and future proofing the contracts would enable the potential scope for developing 'wrap around care' This is a home first approach where low risk patients can be discharged more quickly into the community and release hospital beds for use. This approach could relieve pressure on A&E departments where a transfer is needed to a hospital ward for treatment. This will build upon existing arrangements that support Urgent Care Response (UCR).

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Councillor M Mutton	Cabinet Member for Adult Services	-	20.03.23	20.03.23

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