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**Cabinet**

**18 March 2025**

**Council**

**25 March 2025**

**Name of Cabinet Member:**

Cabinet Member for Adults Services – Councillor L Bigham

**Director approving submission of the report:**

Director of Adult Services and Housing

**Ward(s) affected:**

All

**Title:**

**Re-commissioning of Long-Term Home Support**

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**Is this a key decision?**

Yes - the proposals involve financial implications in excess of £1m per annum and impact on all wards.

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**Executive summary:**

The Council has a statutory duty under the Care Act (2014) to provide care and support to adults whose needs meet the eligibility criteria detailed in this legislation. This includes wellbeing and prevention duties that prevent the need for more intensive forms of care and support. Home support is commonly referred to as domiciliary care or home care and the terms are used interchangeably. Home support is regulated by the Care Quality Commission (CQC) and can cover a wide range of activities, including (but not limited to) the provision of personal care such as assistance with washing/bathing, getting dressed, going to the toilet as well as support with medication, nutrition, and hydration. These services are delivered in the person's home and seek to support people to remain in the community and promote independence as much as possible. Being supported in their own homes is the preference for most people requiring care and support rather than more intensive forms of care and home

support is often supplemented by the use of technology to enable people to remain supported at home.

Home support can also extend to reablement services (help to regain or retain skills and confidence) for people leaving hospital or seeking care and support for the first time. Reablement services seek to delay or reduce the need for ongoing care and support. These services are not the subject of this re-commissioning as services were tendered with new contracts commencing in May 2024, however those people going on to require ongoing support to live at home will benefit from the revised commissioning arrangements

The current re-commissioning is, therefore, restricted to Long Term Home Support Services (LTHS) with current contractual arrangements which are due to expire in December 2025.

### **Recommendations:**

Cabinet is requested to recommend that Council:

1. Delegate authority to the Director of Adult Services and Housing, following consultation with the Director of Finance and Resources and the Director of Law and Governance, to undertake the tendering of long-term home support services (including the power to enter into any necessary legal agreements required to facilitate entering into the contracts for a period up to 8 years) .

Council is recommended to:

1. Delegate authority to the Director of Adult Services and Housing, following consultation with the Director of Finance and Resources and the Director of Law and Governance, to undertake the tendering of long-term home support services (including the power to enter into any necessary legal agreements required to facilitate entering into the contracts for a period of up to 8 years).

### **List of Appendices included:**

The following appendices are attached to the report:  
Appendix 1 Equality Impact Assessment

### **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 - 25 March, 2025**

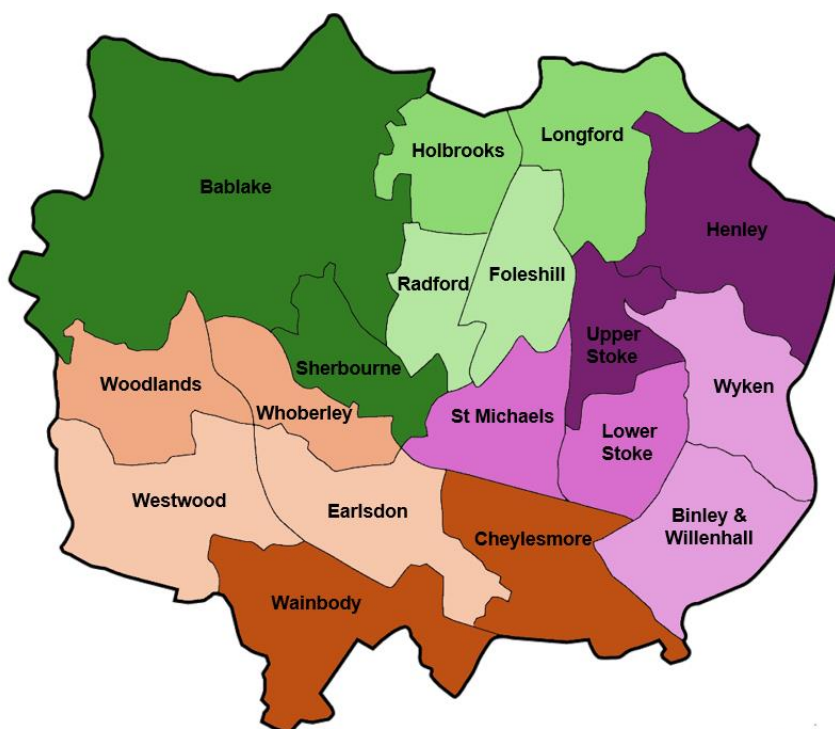
**Report title: The Recommissioning of Long-Term Home Support**

**1. Context (or background)**

- 1.1 The Council has a statutory duty under the Care Act (2014) to provide care and support to people whose needs meet the eligibility criteria detailed in this legislation. This includes wellbeing and prevention duties that prevent the need for more intensive forms of care and support. Home support is commonly referred to as domiciliary care or home care and the terms are used interchangeably. Home support is regulated by the Care Quality Commission (CQC) and can cover a wide range of activities, including (but not limited to) the provision of personal care such as assistance with washing/bathing, getting dressed, toileting as well as support with nutrition and hydration. These services are delivered in the person's home and seek to support people to remain in the community and promote independence as much as possible. Being supported in their own homes is the preference for most people requiring support that promotes their wellbeing.
- 1.2 Home support can also extend to reablement services (help to regain or retain skills and confidence) for people leaving hospital or seeking care and support for the first time. Reablement services seek to delay or reduce the need for ongoing care and support. These services are not the subject of this re-commissioning as services were recently re-tendered with new arrangements commencing in May 2024.
- 1.3 The current re-commissioning is, therefore, restricted to Long Term Home Support (LTHS) services with current contracting arrangements ending on 19<sup>th</sup> June 2024 (with an option to extend further until 30<sup>th</sup> November 2025). This report seeks approval of the proposed recommendation that the procurement of these services commences in May 2025 for a contract start date of December 2025.
- 1.4 As home support provision is based on assessed need, the amount of care commissioned can vary. However, in the 12 months to January 2025, on average around 1160 individuals were supported per week and approximately 14,370 weekly hours of ongoing home support care was provided equating to circa 749,000 hours annually.
- 1.5 Currently all but one commissioned home support care services in Coventry are rated by CQC to be of 'Good' quality with the remaining service rated as "Requires Improvement" and receiving support to attain an improved position. The rating was received in August 2022 and the Council's view is that the service quality has subsequently improved significantly.
- 1.6 As of February 2025, there were 112 home support providers registered by CQC with a base in the City. The Council currently commissions 15 of these.
- 1.7 The Council's Market Position Statement (MPS) published in September 2024 outlines the type and quality of services that we would like to see operating in the city.

- 1.8 The MPS highlights the City Council's ambition for everyone to receive care and support that is of the highest quality, affordable, prioritising safety, outcomes, dignity, choice, control, and wellbeing. This will be achieved through clear standards, targets, and support to our providers to deliver quality care with high service user satisfaction and respect for individuals. As a baseline we expect all providers to achieve a minimum 'Good' CQC rating or be proactively making progress towards achieving this. The service specification will focus on essentials to minimise unnecessary cost being built in. Key requirements will include sufficient and suitable staffing to provide consistency and reliability of service delivery and using technology where this provides better outcomes at lower cost. There will be expectations around the values, training and support of staff to enable good support for people with mental ill health/dementia and those with learning disabilities and/or neurodiversity.
- 1.9 Home support accounts for approximately 40% of the long-term support commissioned by Coventry Adult Social Care (source Market Position Statement 2024-2029) where we can source home support quickly for individuals utilising our delivery model which is focussed on providers focussing delivery in an area of the City or 'cluster'
- 1.10 Whilst our current offer works well in respect of capacity, availability, and market stability, we do experience some challenges in:
- Ensuring consistency in the support delivered in respect of timing of care calls, consistency of care staff, concerns over language barriers of staff and ability of staff to make nutritious food.
  - Ensuring staff are working in a manner which promotes the individual's independence.
  - Meeting the needs of people in a way that fully respects their cultural needs
- 1.11 Our re-commissioning is designed to address these challenges without building in avoidable cost whilst building on our existing cluster-based model which ensures optimum numbers of providers for general home support needs whilst specialist support is proposed to be provided on a citywide basis for younger adults with learning disabilities and/neurodiversity or those with significant mental ill health. We also intend to encourage involvement of smaller enterprises including potentially microenterprises that are more able to provide more bespoke services catering for specific needs e.g. cultural religious requirements by permitting sub-contracting (with appropriate checks and balances) and welcoming consortium bids.
- 1.12 The proposed cluster model is illustrated in the following diagram. The clusters align to our short-term home support zones and Local Integrated Team geographies. The contract will make it clear that geographies may be modified in future as work in relation to Neighbourhood teams for community services is taken forward

Long Term Home Support	
	Cluster 1 (Holbrooks and Longford)
	Cluster 2 (Foleshill and Radford)
	Cluster 3 (Bablake and Sherbourne)
	Cluster 4 (Whoberley and Woodlands)
	Cluster 5 (Earlsdon and Westwood)
	Cluster 6 (Cheylesmore and Wainbody)
	Cluster 7 (Binley & Willenhall and Wyken)
	Cluster 8 (Lower Stoke and St Michaels)
	Cluster 9 (Henley and Upper Stoke)



- 1.13 There have been 2 instances during the financial year 2023/24 whereby independent sector Housing with Care schemes have opted out of providing care and support for social care eligible service users having converted to Sheltered Housing schemes. In these instances, care has been reallocated to the cluster provider in the area where schemes are situated. To cater for the possibility that one or more further schemes might convert to Sheltered Housing during the lifetime of the Long-Term Home Support contract contingency arrangements are built into the specification from the outset.
- 1.14 It should be noted that there are also other types of provision of long-term home support that fall outside of this tender arrangement namely Council Commissioned contingency provision and legacy provision.
- 1.15 Contingency provision was put in place because of difficulties that some cluster providers were having in fulfilling timely take up of home support packages particularly relating to Covid 19 related issues with staffing availability. As of February 2025, there were two contingency providers with a total of approximately 1400 hours per week between them. It should be noted that demand on contingency providers is reducing. The second area of provision relates to legacy arrangements from the previous retendering of long-term home support. Again, hours are low and reducing as no new business is referred to these providers with 770 hours per week being provided as of February 2025.
- 1.16 The Integrated Care Board (ICB) is also a purchaser of home support services for people with low level continuing health care. Although within the current contracts this will not be a feature of this procurement. This is because it is more appropriate for ICB colleagues to commission this support alongside more complex continuing health care

packages and because of complexities of different procurement regimes for health (Health Care Services (Provider Selection Regime) Regulations 2023).

## **2 Options considered and recommended proposal**

### **2.1 Option 1 (preferred Option)**

2.1.1 Recommission Long Term Home Support on the basis outlined in Section 1 of this report , continuing with the cluster model with a streamlined specification to ensure affordability and a greater focus on commissioning for diversity.

2.1.2 Enable recommissioning of services for a period of up to eight years (four years plus two potential extension arrangements of two years) 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.

2.1.3 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.

2.1.4 Due to the nature of the service and the risk to vulnerable services users, it will be the intention to allow existing service users to remain with current providers on-going. If/where incumbent providers are not successful, approval will be sought to extend contracts under legacy arrangements under existing hourly rates which will be subject to wage inflation. This would be for existing service users only and all new provision will be referred to new contracted provision. This will also enable newly awarded provider hours to be build up under contract mobilisation.

### **2.2 Other Options**

There are no other options that would meet legislative requirements as a periodic competitive market testing is required.

## **3 Results of consultation undertaken**

3.1 Service users and other stakeholders have been consulted in several ways.

3.2 An online survey of service user experience has been used for engagement which has supplemented a “real time survey” of all new adult social care service users which takes place on a continuous basis. A series of face to face and telephone interviews also took place during June/July 2024. Key feedback from all of these engagement exercises has been in relation to consistency of carers, reliability (presenting as expected, at a reasonable time and staying for the prescribed length of time) and ability to cater for needs in ways that people want. These matters will form the basis of Key Performance Indicators in contracts going forward.

3.3 Engagement with providers took place in April 2024 to inform both the short-term and long-term re-commissioning. This produced feedback that providers needed to be sustainable in terms of costs and volumes. There was little interest in payment by outcomes type models or widescale delegation of health tasks to home support providers. Further market engagement took place in December 2024 and provider feedback comprised the following key themes:

How Providers can support the needs of a diverse community

- Advertising and engaging in local communities
- Recruiting for specific needs
- Tapping into volunteering groups, companionship schemes, signposting
- Shared space for providers to utilise for networking
- Initial assessment- Occupational Therapists, Physiotherapists and District Nurses to contribute to assessments.
- Assistive technology to help to overcome skills shortages. Using technology to monitor focus, movement, etc frees up time for carers to deliver vital, human only care interventions

How to continuously improve the quality of care:

- Recruitment is key – especially education for new recruits and continuous development and training – Recruit staff with multi language skills.
- Staff appraisals / supervisions
- Spot checks, internal audit checks
- Accurate reporting and recording
- Staff buddying
- Hands on care
- Listening to clients
- Assistive technology
- Joint visits with social worker
- Continuous communication

3.4 A key result of engagement feedback is that people look for consistency of support. There are also known risks of changing providers of support to those with significant levels of vulnerability, therefore, any current providers who fail to win a contract going forward will be awarded a legacy contract and keep their existing service user base but will not be considered for any new placements.

3.5 Feedback received around cultural needs will inform the requirements of providers and Key Performance indicators within contracts

#### **4 Timetable for implementing this decision**

4.1 Subject to Cabinet and Council approval a tendering process will commence in May 2025 for new contracts to commence from December 2025.

## **5 Comments from Director of Finance and Resources and the Director of Law and Governance**

### **5.1 Financial Implications**

5.1.1 Long Term Home support 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 is estimated to cost circa £15.5m per annum based on estimated costs at implementation and will be funded from within existing core budgets.

5.1.2 Service delivery costs are heavily influenced by changes to employment costs, with the rate set each year for National Living Wage (NLW) being the most significant. For 2025/26 additional employment costs introduced through increased employer national insurance contributions have also increased service delivery costs. Future annual inflationary increases to provider rates will similarly be influenced by future changes to the NLW and other relevant inflationary measures.

### **5.2 Legal Implications**

5.2.1 The Care Act 2014 and the Care and Support Statutory Guidance provides the legal framework for the provision of adult social care. The provisions of the Act include general duties to meet eligible needs and promote individual wellbeing. The provision of LTHS is consistent with those duties and one means by which the Council is able 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), or replacement Procurement Act 2023 if this is in force at time of tender, and the Council's Contract Procedure Rules. Given the nature of the procurement, the 'Light Touch' procurement is available.

5.2.3 The Council has a legal obligation under section 149 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. 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.

5.2.4 The Government may, during the life of these contracts, introduce a National Care system. This will be informed by an Independent Commission on Adult Social Care, which will report in 2028 with interim findings expected in 2026 however, it is too soon to determine what impact this may have, although it is unlikely to have a detrimental one.

## **6 Other implications**

### **6.1 How will this contribute to the One Coventry Plan?**

Re-commissioning of Long Term Home Support will contribute to the One Coventry Plan in several ways namely:



Helping residents to maintain their independence for longer in their own homes thus reducing need for support from accommodation-based services.

Protecting the most vulnerable in Coventry through exercising their choice and control to remain in their own homes following illness or injury and often after a period of reablement.

Supporting the economy by contracting locally where possible, encouraging new businesses including SMEs, microenterprises/employee-owned enterprises to be involved in delivery through consortia or subcontracting and stimulating the contracted adult social care market. This approach intends to enable all our communities to benefit from job opportunities created by investment in the city. This links closely to the Marmot principle “create fair employment and good work for all”

## **6.2 How is risk being managed?**

There is an established project team to manage risks and any 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.

## **6.3 What is the impact on the organisation?**

As this procurement will involve solely external partners there are no human resource implications for the Council.

## **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 and/or mental ill health 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?**

Due to differences in Procurement regulation for health and social care (Public Contract Regulations 2015/Procurement Act 2023 for Local Authorities and Health Care Services (Provider Selection Regime) Regulations 2023 for health services), these services will not be jointly tendered with the Integrated Care Board

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Appendix 1

Equality Impact Assessment