

CHESHIRE EAST COUNCIL

Health and Adult Social Care and Communities

Date of Meeting: 9th November 2017
Report of: Mark Palethorpe: Acting Executive Director of People
Subject/Title: Care at Home

1.0 Report Summary

1.1 Commissioners are currently reviewing care at home (domiciliary care) provision across Cheshire East and setting out the rationale for re-commissioning care at home provision for adults and older people with low level, non-complex care and support needs. Commissioners are reviewing options to re-commission in conjunction with Cheshire West and Chester Council and East and South Clinical Commissioning Groups (CCGs) and that Children's Care at Home services are commissioned simultaneously as part of a separate lot. The commissioning question we are trying to answer is:

“Does CEC commission high quality personalised care at home that is flexible, delivers the agreed outcomes and is enabling in its approach that is value for money and engages providers in a meaningful way?”

1.2 Effective and responsive care at home provision, delivered by externally commissioned, independent, CQC registered care at home providers, can assist people in remaining in their own homes for longer and maintaining their independence. By providing care staff who encourage and support people to maintain / regain their confidence to do tasks for themselves, rather than having tasks done for them, which creates a reliance on carers and can result in people needing to access permanent residential care sooner than is necessary.

1.3 A revised approach to both the commissioning and the delivery of care at home provision, linking in with services delivered by the local community, community hubs and connected communities will enable commissioned providers to work with individuals to deliver their care in a more personalised and flexible way which puts the individual at the centre of the package and allows them to direct how their care is delivered on a daily basis.

1.4 Cheshire East Council has a duty under Section 5 of the Care Act to promote the efficient and effective operation and sustainability of a market in services for meeting the care and support needs of individuals. There are increasing financial pressures on the social care market, for example National Living Wage, recruitment and retention issues which is resulting in a rise in care costs.

- 1.5 The demand for care services will be significant over the next few years and we need to sustain and stabilise both the domiciliary care markets and care home markets, therefore doing nothing is not an option. This means transforming the care and support offer to ensure Cheshire East has greater capacity and an improved range of services that are value for money.
- 1.6 The key risk to Social Care is maintaining the quality, capacity and sustainability of the care market. Any market failure or disruption will have a huge impact not only on delayed transfers of care but the critical care provided in the community to thousands of vulnerable individuals.
- 1.7 For the past two decades the focus of government policy has been to widen choice and increase autonomy for people who receive support services. The Care Act (2014) places responsibility on local authorities to ensure that people's wellbeing and the outcomes which matter most to them will be at the heart of every decision made about the care and support they receive. Every person using health and social care should receive quality services that promote their independence and lead to an improved quality of life.

2.0 Recommendation

- 2.1 The re-commissioning of care at home services which are potentially procured in partnership with Cheshire West and Chester Council and both Eastern and South Cheshire Clinical Commissioning Groups, with CEC as the lead Commissioner.
- 2.2 To enter into a Memorandum of Understanding with East and South Clinical Commissioning Groups if appropriate.
- 2.3 Following the prescribed procurement process to award contracts to suppliers.

3.0 Reasons for Recommendations

- 3.1 Cheshire East Council has a duty under Section 5 of the Care Act to promote the efficient and effective operation and sustainability of a market in services for meeting the care and support needs of individuals. There are increasing financial pressures on the social care market, for example National Living Wage, recruitment and retention issues which is resulting in a rise in care costs.
- 3.2 There is a need to transform the care and support offer to ensure Cheshire East has greater capacity and an improved range of services that are value for money.
- 3.3 East and South Clinical Commissioning Groups currently commission Continuing Health Care from our care at home market. The re-commissioning presents an opportunity to jointly commission integrated care and support services with both CCGs which could include discharge to assess beds, step

up/step down beds and more specialist provision for complex needs. The commission will build on the findings of the CCG commissioned report into Older People's services undertaken by independent consultants Fusion 48.

- 3.4 The joining up of commissioning and contracting will provide partners with an opportunity to promote and champion a single and shared view of high-quality care and support. With our partners we need to ensure that health and social care services provide people with safe, effective, compassionate, high quality care and that as partners we encourage care services to improve, this may include quality payment premiums to providers.
- 3.6 The key risk to Social Care is maintaining the quality, capacity and sustainability of the care market. Any market failure or disruption will have a huge impact not only on delayed transfers of care but the critical care provided in the community to thousands of vulnerable individuals.

4.0 Wards Affected

- 4.1 All

5.0 Local Ward Members

- 5.1 All

6.0 Policy Implications

- 6.1 This report is in line with the requirements under the Care Act 2014.

7.0 Financial Implications

- 7.1 There are currently 73 providers with a weekly spend of £259,000 which equates to £13,468,000 per year.

8.1 Legal Implications

- 8.1 It is proposed that the Council will provide care at home services in conjunction with Cheshire West and Chester Council and Eastern and South Cheshire CCGs. Cheshire West will hold and manage their own contract. If there is a partnership with the CCGs with the Council as host then the parties will need to enter into a Memorandum of Understanding which will set out the obligations of the parties in relation to the provision Service and confirm the funding contributions and the responsibilities of each party in delivery of this service.
- 8.2 Section E of the Council's Financial Procedure Rules set out requirements and approval routes for Partnerships and Jointly Funded Projects, such as this. The Council will host the partnership and its contribution to the budget for this service is likely to exceed £1m, and therefore in accordance with Rule E.18,

Council approval is required to enter any agreement for the jointly funded project, in this case the Partnership Agreement.

- 8.3 The aggregate value of the care at home provision is such that these services must be procured in accordance with the Public Contracts Regulations 2015 and in compliance with the Council's Finance and Contract Procedure Rules. This will require a fully OJEU compliant procurement exercise. The Service is engaging with Legal Services and the Council's Corporate Procurement Team in this process.
- 8.4 Recommissioning care at home in collaboration with partners and following a period of review and engagement with service users and stakeholders will assist the Council in meeting its duties under Section 5 of the Care Act to ensure sustainability of the market for services meeting the care and support needs of individuals. The procurement is a change to the way services are currently provided and the Service have engaged with stakeholders including service users to co-produce the service specification. Under the Equality Act 2010, the Council is required to identify the impacts of any decisions, policies etc. on certain protected groups to ensure equality is promoted, and inequality minimised. For example, there must be an assessment made of the impacts on groups or individuals who are disabled, who belong to ethnic or racial groups, on the grounds of age or sex discrimination etc. An Equality Impact Assessment has been completed and can both assist in evidencing that these equality duties are being met and can inform decision taking.
- 8.5 Undertaking an open and transparent review of fees paid to care at home providers is a means to ensure that the Council meets its duties under the Care Act 2014 to formally consider the cost of care locally when setting care fees.

9.0 Risk Management

- 9.1 Ensuring adequate services in the independent sector market to meet current and future needs of local residents is critical.
- 9.2 By taking account of the local fee structure when making its own recommendations about its future fee structure the Council is mitigating this risk, both for the Council and residents.

10.0 Background and Options

- 10.1 Care at Home is one of the largest contracted services that the Council commissions in the external care market with approximately 1,300 adults and older people in Cheshire East supported to live at home. The Council current spends approximately £13.5 million per annum on Care at Home services and a further £13.7 million per annum on Supported Living services. Night Support provision across both services currently costs the Council £2.6 million per annum.

- 10.2 The Council is currently contracted with 97 CQC registered Care at Home providers. 73 of these registered providers deliver services in blocks of 30, 45 and 1 hour calls. 44 of the 97 deliver Supported Living provision, i.e. blocks of hours of support or 24/7 support to younger adults with a range of complex learning disabilities, physical disabilities and mental health needs. A number of providers deliver both services within Cheshire East.
- 10.3 The current contractual arrangements have been in place since 2011. All current provision is commissioned on a 'spot purchase' basis. This model of commissioning is not conducive to market stability. The lack of guarantee that is offered to providers can be detrimental to service consistency and continuity, and monitoring is difficult in openly competitive situations where there are a large number of providers. This approach also fails to offer commissioners any potential economies of scale and are deficient as a planning tool. Spot contracts do however assist individuals who are self-directing their care and support.
- 10.4 This model of commissioning can impact on provider's abilities to recruit and retain care staff, provide continuity of care and impacts on the Councils ability to source care in hard to serve areas. The current commissioning model does not support providers to develop viable rounds or to take ownership of a geographic area. Commissioners are also currently exploring the use of an electronic call monitoring systems to allow commissioners to be assured that commissioned services are being delivered as planned.
- 10.5 Whilst there are a high number of contracted care at home providers, the majority of care, approx. 80%, is carried out by 20 providers. There are a further 4 providers which are considered to be 'strategic', i.e. they provide very specialist support or are the only provider operating in a certain geographical area.

Care Fees

- 10.6 The Council last reviewed the care fees paid to Care at Home Providers during 2015/16. The fee review was undertaken by independent consultants and recommendations were presented to Cabinet in February 2016. Cabinet agreed the recommendations and fees were uplifted to their current levels in April 2016.
- 10.7 A commitment was made to undertake a further of review of care fees during 2016/17, with a view to move to a flat hourly rate from April 2017 in order to move away from commissioning time and task and move to a model of outcome based commissioning. This review was put on hold.
- 10.8 A review of care fees is currently underway to ensure that the Council is meeting its responsibilities under the Care Act to provide an affordable, viable and sustainable care market. The fees currently paid by the Council to care at home providers are:

Call length	Rate
30 mins	£8.20
45 mins	£10.65
60 mins	£14.20

Market Engagement

- 10.9 A series of meetings have been held with care at home providers and senior Council Officers since April 2017 to start building relationships and exploring how both parties can work together to co-produce the new model of care at home provision.
- 10.10 A provider steering group is now in place and meeting on a monthly basis, the meeting is chaired by the Director of Commissioning to offer assurances to Providers of the Councils commitment to working in partnership.
- 10.11 In addition a series of tasks and finish groups have been set up to work with providers to explore the following areas as part of the recommissioning work:
- Care Fees
 - Internal processes
 - Recruitment and Retention
 - New service model
 - Contract Monitoring / Quality Assurance
- 10.12 Alongside the re-commissioning work, a separate pilot is being run in the Crewe SMART area to look at how local community based services can support care at home providers to reduce / deliver existing care packages differently. This pilot is being worked on jointly by adults commissioning, adults operations, communities and partnerships and four care at home providers.
- 10.13 As a result of the above, there is already an improvement in communication and relationships between commissioners and providers, which needs to be built on and maintained moving forwards.

10.14 The proposed timeline is as follows

Action	Milestone
Consideration given to extending or ceasing existing contracts to cover any gaps etc.	Up to April 2018
New tender goes out on to CHEST	January 2018
Contracts awarded	By April 2018
New contracts signed and sealed	By June 2018
New services begin	By June 2018

11.0 Access to Information

N/A

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