

## Rapid Discharge and Transition Block Homecare Provision

To: Adults and Health Committee

Meeting Date: 15 December 2022

From: Service Director: Commissioning, People Services

Electoral division(s): All

Key decision: Yes

Forward Plan ref: 2022/102

Outcome: Effective and efficient homecare provision that will support people to return home and regain their independence upon discharge from hospital.

Recommendation: Adults and Health Committee is recommended to:

- a) Approve the recommissioning of the Rapid Discharge and Transition block homecare provision on a 12-month basis, extendable up to a further four years, six months at time, with a total contract value of £2,975,000 over five years, from June 2023 to June 2028.
- b) Delegate approval of award and extension periods to the Executive Director of People and Communities.

### Officer contact:

Name: Ruth Miller  
Post: Senior Commissioner  
Email: [ruth.miller@cambridgeshire.gov.uk](mailto:ruth.miller@cambridgeshire.gov.uk)  
Tel: 07795046754

### Member contacts:

Names: Councillor Howitt  
Post: Chair/Vice-Chair  
Email: [Richard.howitt@cambridgeshire.gov.uk](mailto:Richard.howitt@cambridgeshire.gov.uk)  
Tel: 01223 706398

## 1. Background

- 1.1 'Homecare' is considered any support service that a person might need in their own home. This may include shopping, meal preparation, support taking medication and meeting their personal care needs. Provision of good quality homecare not only enables the Council to meet its statutory duties under the Care Act 2014, but it is also key to the prevention agenda in that it enables people to remain living independently within their own home for longer. For example, Mrs Smith's mobility has greatly reduced due to her arthritis, so care workers are scheduled to come to her at 8am every morning to help her get washed and dressed, take her medication, have breakfast, and prepare lunch for later. Then another call is scheduled for 6pm to ensure she had a hot meal and takes her medication before bed.
- 1.2 The Council buys most of its homecare on a 'spot' basis through a dynamic purchasing system (DPS) - individual care packages are offered to a list of preferred providers who in turn bid to provide the care. The Council also buys some homecare on a 'block' basis, purchasing large amounts of homecare hours from provider(s) for a specified length of time. This gives the Council guaranteed homecare capacity which is helpful for situations where care is needed immediately or for a short period of time (upon hospital discharge or to prevent hospital admission for example) or where care is proving hard to find (such as hard-to-reach areas). The downside of purchasing block homecare is that the Council must pay for the hours, whether they are used to deliver care or not.
- 1.3 The Council is committed to improving the homecare offer available to local people. Through the Care Together programme, Council-funded homecare will be reshaped over the next 2-3 years to become more personalised, outcome-focused and locally delivered.
- 1.4 Approval is sought to recommission a reduced level of block homecare provision on flexible contract terms to ensure the Council can meet demand for care whilst the new place-based model is implemented.

## 2. Main Issues

### Our Vision for Homecare

- 2.1 Through Care Together, the Council has committed to improving the homecare offer available to local people. New and different types of homecare providers such as care microenterprises (CMEs) will be introduced to increase the amount of homecare available locally and increase choice for all. Council funded homecare will be reshaped over the next 2-3 years to become more personalised, outcome focused and locally delivered. Work has begun in East Cambridgeshire to pilot a more person-centred model of homecare. Several place-based approaches of homecare commissioning are scheduled for testing in 2023/4. This includes introduction of sliding scales of rates to make care packages in rural areas more attractive and the use of preferred providers in rural areas. Learning from this will inform the commissioning of a new, place-based homecare DPS for the Council.
- 2.2 We anticipate our place-based approach to commissioning homecare will address the current challenges of hard to fill, rural packages and reduce waiting times for care. In turn, this will reduce the Council's need for block homecare provision. Our ambition is to reduce Council-funded block homecare, retaining only a small block homecare provision for hospital discharge which is grant funded through the Integrated Better Care Fund (IBCF).

- 2.3 To ensure the Council can meet its statutory duty and provide care for those who need it, it will be important to maintain a level of block homecare provision whilst the place-based model is tested and implemented. To this end, it is proposed to commission a reduced level of block homecare provision on flexible contract terms.

#### Proposal

- 2.4 Following detailed audit, the requirement for Council funded RDT block homecare provision is shown below

**Table 1: New RDT Block Homecare contract requirements:**

Requirement	Hours per week
4 x Morning Cars operating 7am to 11am, 7 days per week	28
5 x Single Cars operating 7am to 10pm with 2 hours downtime, 7 days per week	91
Total	119

- 2.5 This is a reduction of almost 60% compared to the RDT requirements originally commissioned for 2022/23 (291 hours per week provided across 23 cars). This has been achieved through service innovations in the Council's block homecare contracts following in-depth work with internal and external stakeholders. Providers now move people with ongoing care needs from block homecare provision into their mainstream homecare service more quickly, creating more space for new referrals in the block homecare provision. This more efficient approach means the Council can meet local care needs with much less block homecare provision.
- 2.6 The following innovations will be incorporated into the service to maximise choice and flexibility for those receiving care, reduce homecare's impact on the environment and ensure best value for the public purse:

**Table 2: Innovations for RDT contract and improved outcomes:**

Addition/Change	Outcomes
Additional capacity for morning calls	A detailed audit demonstrated morning calls are in high demand. The introduction of additional morning capacity will enable the Council to offer people more choice and flexibility and meet demand in a cost-efficient way.
Adding 2 more zones	Splitting the East Cambridgeshire and Fenland zone will allow homecare to be delivered on an increasingly localised basis. Providers won't have to travel from Wisbech to Soham in the same round, reducing unnecessary journeys and carbon emissions and creating more care hours.

Green Car provision	Carbon reduction innovations will be introduced through the Green Car Provision, including the use of only electric vehicles in the tender and specifications. The Supports the 2030 rule of no petrol cars and contributes to Council's climate change ambitions.
Introduction of 6-week time limit	The 6-week time limit has been proven to encourage providers to move people with ongoing care needs into their mainstream service more quickly, resulting in better utilisation and transition in and out of the service. Incorporating this into the RDT contract will enable the Council to support more people in a more cost-efficient way and offer more choice and flexibility.
Flexible Location of cars "movable block homecare"	This introduces more regulation of block hours and the ability of brokers to ask providers to move areas as and when the demand calls for it. This will ensure optimum utilisation, reduce unnecessary car journeys and allow the Council to offer people more choice and flexibility.
Removing the night car.	An audit has shown there is little to no demand for block homecare hours delivered through the night across the county. Work will be done with the Brokerage Team to end the night homecare rounds in operation under the current contract in a managed way, with suitable alternative provision put in place for the small number of service users affected by June 2023.

2.7 The Council will also employ a Block Homecare Provision Brokerage Officer, dedicated to planning care rounds and joining up care calls with consecutive call times in a small geographical area. With the aim of one carer providing care for a smaller area, this will encourage more localised working by providers and help to reduce unnecessary journeys and carbon emissions.

2.8 Given the place-based and more personalised approach to homecare commissioning will be implemented in stages over the next 3-4 years, a degree of Council of block-funded homecare will still be needed during this time to ensure people's care needs are met.

We need the flexibility to reduce block homecare provision as (and indeed where) the new place-based models are introduced and embedded.

For this reason, we propose an ultra-flexible contract term of 1 year with the option to extend up to a further four years in six-month increments with a total contract value of £2,975,000 at 2023/24 prices over five years (from June 2023 to June 2028).

#### Procurement Approach

2.9 The Council have considered insourcing this service but discounted it on the grounds below:

- The council do not have the qualified staff, necessary resources, infrastructure, or the capacity to maintain an effective domiciliary care service at this time. As such, a third party is necessary to provide the standard of care expected.
- A model was produced to explore the option of creating an in-house care service, but projections estimated that it would cost the Council 33% more than using a third-party service. This was due to onboarding costs, recruitment, pensions and maintenance costs.

- 2.10 The procurement of the RDT block provision will be completed using the Council's Home and Community Support Dynamic Purchasing System (DPS), whereby all providers currently contracted and delivering homecare support within the framework can bid.
- 2.11 Each provider will be required to demonstrate how they intend to meet the requirement and will be judged on their ability to provide outcome-based and person-centred care; their ability to provide electric vehicles and their ability to engage with the Green Project, whose objective is to make homecare more sustainable.
- 2.12 The total proposed contract value is £2,975,000 over a maximum 5-year term, equating to an annual contract value of £595,000 per annum. Separate to the contract, a further internal budget allocation of £45,000 per annum (for up to 5 years) is required for the Block Provision Brokerage Officer. This brings the total budget requirement to £3.2m over 5 years, equivalent to £640,000 pa.
- 2.13 The table below outlines the proposed timeline for recommissioning the contract:

<b>Procurement Timetable</b>	
<b>Event</b>	<b>Date</b>
Issue ITT	16/12/2022
Deadline for clarification questions from suppliers	20/01/2023
Deadline for tender returns	03/02/2023
Tender evaluation	06/02/2023 – 17/02/2023
Moderation meeting	20 – 24 <sup>th</sup> /02/2023
Approval of award	02/03/2023 Community Board 29/03/2023 JCB
Notification of award	17/03/2023
Standstill period (if applicable)	21/03/2023
Contract award	31/03/2023
Contract start date	03/06/2023

### 3. Alignment with corporate priorities

#### 3.1 Environment and Sustainability

The report above sets out the implications for this priority in 2.6, 2.7 and 2.11

#### 3.2 Health and Care

The report above sets out the implications for this priority in 1.3,1.4 and 2.1-2.8.

### 3.3 Places and Communities

There are no significant implications for this priority.

### 3.4 Children and Young People

There are no significant implications for this priority.

### 3.5 Transport

There are no significant implications for this priority.

## 4. Significant Implications

### 4.1 Resource Implications

The following bullet points set out details of significant implications identified by officers:  
This provision will consider and support:

- Appropriate, expedited and safe discharge from hospital, supporting reablement and encouraging independence.
- Reducing the risk of inappropriate admission / re-admission to hospital with the right intervention at the right time, supporting people to stay at home and regain / retain independence.
- The contract will be funded through the planned base budget and has already been incorporated into the MTFS. The annual budget of £1,951,165 was originally allocated for 2022/23. The annual budget now for 2022/23 and 2023/24 onwards has been allocated £1,426,165 due to the £525,000 savings from decommissioning in 2022. This proposal provides a further annual saving of £650,000 on the existing contract spend. Therefore, it also offers value for money as it is delivering the same supply and output but for less money due to more efficient running of the provision.

### 4.2 Procurement/Contractual/Council Contract Procedure Rules Implications

The report above sets out details of significant implications in 2.9 - 2.13.

### 4.3 Statutory, Legal and Risk Implications

There are no significant implications within this category.

### 4.4 Equality and Diversity Implications

The following bullet points set out details of significant implications identified by officers:

- This service is open to people with protected characteristics.
- This contract is called off from the Homecare Dynamic Purchasing System (DPS) within Cambridgeshire which outlines requirements of providers in terms of ensuring equality and diversity and inclusion within their organisations and service provision. This is measured through the quality and performance systems in place within the Council and regular contract management.

- The method questions ask providers for their policies and procedures on equality, diversity and inclusion and to provide evidence of how they ensure this within the provision and their organisation.

#### 4.5 Engagement and Communications Implications

There are no significant implications within this category.

#### 4.6 Localism and Local Member Involvement

There are no significant implications within this category.

#### 4.7 Public Health Implications

There are no significant implications within this category.

#### 4.8 Environment and Climate Change Implications on Priority Areas (See further guidance in Appendix 2):

##### 4.8.1 Implication 1: Energy efficient, low carbon buildings.

Positive/neutral/negative Status:

Explanation: There are no significant implications within this category.

##### 4.8.2 Implication 2: Low carbon transport.

Positive/neutral/negative Status: neutral

Explanation: This service by definition is to fund block homecare hours which require cars to travel across the county. There is an on-going project run by the local authority to run electric vehicles in the block provision of hours of homecare. The local authority is also undertaking activity to rationalise and review the runs in specific geographical areas to ensure the routes are the most efficient possible.

##### 4.8.3 Implication 3: Green spaces, peatland, afforestation, habitats and land management.

Positive/neutral/negative Status:

Explanation: There are no significant implications within this category.

##### 4.8.4 Implication 4: Waste Management and Tackling Plastic Pollution.

Positive/neutral/negative Status:

Explanation: There are no significant implications within this category.

##### 4.8.5 Implication 5: Water use, availability and management:

Positive/neutral/negative Status:

Explanation: There are no significant implications within this category.

##### 4.8.6 Implication 6: Air Pollution.

Positive/neutral/negative Status: neutral

Explanation: As stated in 4.8.2., this contract is for the implementation of block homecare hours which require cars to travel across the county in order to support people coming out of hospital. This will result in car emissions and air pollution. The longer-term homecare commissioning model will encourage local providers and local homecare staff to support people in a small geographical area or 'zone', reducing travel time and mileage, and consequently reducing emissions and air pollution.

4.8.7 Implication 7: Resilience of our services and infrastructure and supporting vulnerable people to cope with climate change.

Positive/neutral/negative Status:

Explanation: There are no significant implications within this category.

Have the resource implications been cleared by Finance? Yes

Name of Financial Officer: Justine Hartley 23.11.2022

Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the Head of Procurement? Yes

Name of Officer: Clare Ellis 9<sup>th</sup> November 2022

Has the impact on statutory, legal and risk implications been cleared by the Council's Monitoring Officer or Pathfinder Legal? Yes

Name of Legal Officer: Fiona McMillan 15<sup>th</sup> November 2022

Have the equality and diversity implications been cleared by your EqIA Super User?

No response

Name of Officer:

Have any engagement and communication implications been cleared by Communications?

Yes

Name of Officer: Matthew Hall

Have any localism and Local Member involvement issues been cleared by your Service Contact? Yes

Name of Officer: Will Patten

Have any Public Health implications been cleared by Public Health?

Yes

Name of Officer: Kate Parker 8<sup>th</sup> November 2022

If a Key decision, have any Environment and Climate Change implications been cleared by the Climate Change Officer?

Yes

Name of Officer: Emily Bolton 9<sup>th</sup> November 2022

## 5. Source documents guidance

### 5.1 None