

Procurement of Additional Respite Service Capacity for Adults Respite for Adults with Learning Disabilities and Autism

To:	Adults and Health Committee
Meeting Date:	9 March 2022
From:	Service Director: Commissioning
Electoral division(s):	Countywide
Key decision:	Yes
Forward Plan ref:	2023/025
Outcome:	Effective and efficient Respite Service provision that supports people with Learning Disabilities and/or Autism to access short-term support thereby providing temporary relief for their usual unpaid carer.
Recommendation:	<p>The Adults and Health Committee is recommended to:</p> <ul style="list-style-type: none">a) approve the commissioning of respite services for people with Learning Disabilities and/or Autism on a five-year basis from 1st November 2023 with an option for a three-year extension and a further option for a final two-year extension. This will cost £767,500 annually, a total of £7,675,000 over the total term of the contract and extension periods, split as below into shared and single beds:<ul style="list-style-type: none">- Commissioning of four shared beds at £290k pa (outsourced)- Development of two inhouse single service beds at £477.5k pa (insourced)b) delegate approval of award and extension periods and execution of agreement and extension periods to the Director of Adults and Safeguarding (DASS).c) delegate the decision to outsource two single service beds if required (if we do not insource) to the Director Adults and Safeguarding (DASS).d) delegate the decision on additional future shared or single service beds within the contract period to the Director of Adults and Safeguarding (DASS) provided the costs can be covered within the current funding envelope.

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1. Background

- 1.1 Under the Care Act 2014, Cambridgeshire County Council has a statutory responsibility to meet the needs of people eligible for care and support including carers and to ensure sufficiency of services to meet those needs locally. The council meets these duties through its provision of residential respite through existing contracts with external providers and inhouse services in Cambridgeshire.
- 1.2 Respite Care for people with Learning Disabilities (LD) and/or Autism is defined as short-term support for an individual in order to provide temporary relief for their usual unpaid carer. Services are provided to the person but provide the dual benefit of not only a break for the informal carer from their caring duties but also a positive experience for the person receiving respite through activities, social opportunities and skills development. The carers and individual's well-being is improved, enabling disabled people to live at home longer and delaying or even preventing admission to long-term care.
- 1.3 Two case studies for respite (shared and single service) are included at Appendix A.
- 1.4 Cambridgeshire currently has a total of 19 respite beds for adults with LD/Autism. 15 are provided by three Learning Disability Partnership (LDP) inhouse services - Alder Close (5 beds in March), St Luke's (6 beds in Huntingdon), Russell Street (4 beds in Cambridge). The annual budget for these services is £1,450,000. In addition, there are four beds outsourced in Histon Cambridge at an annual expenditure of £290,000.
- 1.5 Commissioners have undertaken a review of respite services in Cambridgeshire, working with stakeholders and analysing data to understand trends in residential respite usage, evolving needs and built this into a future model of service delivery which requires a mix of shared and single service respite. For Cambridgeshire there is a requirement for two additional single service beds, bringing the total to 21 beds: a net increase of two beds.
- 1.6 This report is requesting approval from Committee for an additional two beds in Cambridgeshire on a single service model of support and the re-tendering of the four outsourced beds. This will mean creating an increase in the number of beds which will be available to help with providing temporary relief for more unpaid carers.

2. Main Issues

Specification

- 2.1 During the respite review a wide range of engagement activities were undertaken including soft market test, surveys and workshops with participation and family carer groups. Key findings around overnight respite were that:
 - It is essential to the wellbeing of both the carer and individual
 - It requires continuity of service for location and carer
 - It requires robust staff training and ability to support with complex needs and behaviours that challenge
 - A number of people are being placed in respite services as a 'crisis' placement and they may end up staying for a long time and preventing people with planned respite needs from accessing this service

- People with complex health needs at a younger age including healthcare tasks often require support in shared services with an increased level of delegated nursing tasks
- Increase in younger people with 1:1 needs who require a shared environment
- There is a reported negative impact on both individuals and their families of not being able to access respite due to the wrong model (e.g. only offering a shared service when single service is required) or when care is cancelled due to people with long stays and / or incompatible needs
- In some cases, people have had to enter permanent placements such as supported living or residential care much earlier than anticipated due to lack of access to appropriate respite.

2.2 After detailed studying of the issues raised, the following innovations will be incorporated into the service to maximise choice and flexibility for those receiving care, reduce impact on the environment and ensure best value for the public purse:

- A more robust brokerage and operational prioritisation of these people's needs, and a future housing accommodation needs strategy which seeks to increase supply of specialist accommodation properties will support these people to be more appropriately placed long term and will free up shared beds for planned and short-term placements.
- There will be further exploration by commissioning around how clinical nursing needs in respite can be supported. There are low numbers of people requiring clinical care and insufficient demand to justify any of the services registering for nursing. These will be reviewed on a case-by-case basis to ensure clinical oversight, delegation of tasks, providing own nursing care under Personal Health Budget, spot purchasing beds or block purchasing a bed and feasibility discussions with CPFT.
- Requirement for single service environment with high level of support for people with behaviours that challenge who are incompatible with a shared environment or group setting.
- Additionally, there is ICB investment in a new single service community crisis space, which may lessen future referrals to respite in an emergency situation.

Volumes

- 2.3 During Covid lockdown periods, the capacity of CCC inhouse respite services was reduced due to social distancing and staffing levels. A snapshot analysis was undertaken to identify the impact on reduced respite availability during the Covid lockdowns on people entering alternative support in Cambridgeshire. This showed a rise in placements made into long term 24/7 care from 16 cases in 2019/20 to 23 cases in 2022/23 with two months to run in the financial year.
- 2.4 The two single service beds in Cambridgeshire will accommodate people who might otherwise have to access alternative permanent provision such as supported living when shared services do not meet their needs. They are well suited for people who may be injurious to self, others, or environment and for those who need a pared back environment with minimum stimulation. Ideally single service beds would be co-located with shared services to provide value for money and share staffing and resources.
- 2.5 It is expected that a sufficiency of long-term accommodation will negate the use of further additional shared beds, however this will be overseen by robust monitoring on

usage, referrals, and refusals. Should additional beds be required during the period of the contract then they can be commissioned additionally.

Procurement

- 2.6 The contract for outsourced provision will be a total of ten years from 1 November 2023 to 31 October 2028 with the option to extend for three years to 31 October 2031 and a further two years to 31 October 2033. The recommended contract length of ten years is advisable for a service of this nature, providing regular long-term respite for a vulnerable group of people and their carers. It is well known that for people with LD and/or Autism a change in routine and/or environment (that can arise from reprocurring a service) can be a huge source of anxiety and disruption and therefore implementing a longer-term service will mitigate risks around this. It reflects the soft market testing feedback, whilst balancing with the option of continued review for service utilisation and changing needs after year five following further assessment, or continuity of the service if all extensions are exercised.
- 2.7 It is proposed that the Council buys this service on a 'block' basis. This gives the Council guaranteed capacity and a proactive approach adjusting around individual support needs (e.g., to avoid a crisis). The downside of purchasing via a block is that the Council must pay for the hours, whether they are used to deliver care or not. However, it is thought that the Block Contract model will still deliver best value for money due to the consistency of support that can be offered to service users through the guaranteed capacity, thus avoiding their earlier transition to 24/7 care options. The contract form will also drive stability in the market with providers appreciating that investment in shared and single service beds will deliver support over several years. The outsourcing of single service beds may take longer to onboard, however those beds will co-terminate in line with the ten-year timelines identified.
- 2.8 A member of the procurement team is supporting with the procurement and evaluation will be a combination of quality and value at proportion of 60:40% including an assessment of social value delivered by the service.
- 2.9 The successful Cambridgeshire County Council (CCC) provider will be required to demonstrate how they intend to meet the service requirements and will be judged on their ability to provide outcome-based and person-centred care for the cohort supported. The provider will be required to pay staff at the Real Living Wage rate as a minimum.
- 2.10 An indicative timeline for the procurement of respite services is presented below:

Respite Procurement Timeline		
Event	Deadline	Governance/ Responsible
Complete specification, quality criteria & financial submission template	January/February	Commissioning
Joint Commissioning Board report for approval to procure	January 2023	JCB
Formal agreement between CCC and PCC	February 2023	Legal, Commissioning

Respite Procurement Timeline		
Event	Deadline	Governance/ Responsible
Adults Health Committee approval	End of March 2023	AHC
Bid writing session		Commissioning, Procurement
Complete ITT & Contracts		Procurement, Contracts
Publish ITT	April 2023	Procurement
ITT Submission Deadline	End May 2023	Procurement
Evaluation & Moderation	June 2023	Procurement, Commissioning, Operations
JCB Approval	August 2023	JCB
PCC Cabinet Report Approval		Cabinet
Award Contracts		
Mobilisation	Aug, Sept, Oct 2023	
Contract Start	November 2023	

Expenditure, Sourcing options, and benefits

- 2.11 The costs of providing a shared service provision (average £72,750 pa for the current outsourced beds and £96,667 pa for the LDP inhouse service beds) are significantly lower than the estimated costs of providing a single service. This is because of lower staffing establishment which allows for shared costings across beds and lower staffing ratios, shared management costs, perhaps lower training requirements around complexity and challenging behaviour and separate accommodation costs. Co-located services may bring efficiencies through shared management and care staff and well as indirect costs related to overheads.
- 2.12 The estimated costs of outsourced provision of two single service beds (at a cost of £207,115 per bed) have been calculated using Care Cubed: a nationally recognised calculator tool to estimate the fair costs of care services. It is therefore possible following a tender that the market costs may come in higher or lower than these figures. The estimated costs of the inhouse provision of two single service beds (at a cost of £238,750 per bed) are modelled on the proposed staffing structure needed for this provision but could be lower if the services were able to co-locate with another in house unit and share some staff. Across the two beds this represents £63,282 per annum more on an insourcing basis than outsourcing.
- 2.13 The main reasons for the higher inhouse costings are largely due to favourable employment terms of CCC attributed to improved pay and benefits which make CCC an employer of choice for care sector roles compared to private organisations:
- Better employer pension scheme for in house services; most care providers will offer 2% employer contribution, while CCC's employer contribution cost is 21%;
 - Enhancements such as more favourable antisocial hours rates and holidays; and
 - Enhanced hourly rates with CCC estimated to pay at least £1 per hour additional than outsourced provider.
- 2.14 Insourcing, because of the improved pay and conditions of staff, provides us with considerable benefits:

- Staff stability, better recruitment and retention, reduced turnover, reflective of a happy and sustainable workforce
- Ability to use inhouse staffing pool and flexibility in contracts in delivering a range of services
- Less resource intensive back-office management (compared with outsourcing) around commissioning, procurement, contracts and recommissioning without risk of managing the market with issues around sustainability and capacity and annual uplift negotiations
- Good staff support, training, supervision, and robust workforce able to support people with complex needs
- Improved support to individuals and families and increased satisfaction with services
- High quality of provision. Inhouse respite provision in Huntingdon area (a nearby site has been ear-marked for co-location of services) has been graded as 'outstanding' by CQC and the same management and staffing would be delivering other services in the area.

- 2.15 Insourcing this service aligns to the priorities and ambition of the joint administration to expand in house provision where it makes sense to do so, but it also ensures the needs of some of our most vulnerable people are met and they receive high quality care and support.
- 2.16 The aggregated long term care costs of placements made when respite services were not available is an estimated expenditure of £1m per year. After reviewing care and support packages with social workers, we estimate approximately 50% of the annual expenditure could have been avoided if sufficient, suitable respite provision were available. Consequently, there is a cost avoidance opportunity of £500,000 pa which will cover the cost of the provision.
- 2.17 Committee are asked to agree the in-house provision option. Officers would then begin work on commissioning suitable sites for the service, close to existing inhouse services. If this becomes unviable, then officers would revert to the outsourcing option for the two single service beds.
- 2.18 The ICB will need to agree their share of the funding for the respite beds within the pooled budget at the proportion of 76.78%:23.22% for CCC and Integrated Care Board (ICB) respectively.

Service	Cost per annum	CCC 76.78%	ICB 23.22%
4 shared beds (outsourced)	£290,000	£222,622	£67,388
2 single service beds (insourced)	£477,000	£366,240	£110,760
15 shared beds (In House)	£1,450,000	£1,113,310	£336,690
2 single service beds (outsourced)	£414,200	£318,022	£96,177

3. Alignment with corporate priorities

3.1 Environment and Sustainability

There are no significant implications for this priority

Environment and climate considerations are being incorporated into the processes for invitation to tender (ITT) and insourcing

3.2 Health and Care

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

- Improve outcomes and combat health inequalities based on population health management across the county including leading the 'health in all policies' approach across the authority

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 report above sets out details of significant implications in paragraphs 2.3.

4.2 Procurement/Contractual/Council Contract Procedure Rules Implications

The procurement will comply with the Council's Contract Procedure Rules

4.3 Statutory, Legal and Risk Implications

Statutory – the service relates to the operational delivery of delegated health functions to ensure a holistic approach to meeting the needs of people with a Learning Disability

4.4 Equality and Diversity Implications

Service the support delivered would be appropriate to a range of needs and accessible to anyone with protected characteristics with primary need of Learning Disability and/or Autism

4.5 Engagement and Communications Implications

Robust comms around timing of informing service users and staff of change

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

There are no significant implications within this category

- 4.8.1 Implication 1: Energy efficient, low carbon buildings.
Positive/neutral/negative Status: Positive
Explanation: If insourcing is the preferred option then we will have control over the environmental standards in buildings that are put in place
- 4.8.2 Implication 2: Low carbon transport.
Positive/neutral/negative Status:
Explanation: Neutral
- 4.8.3 Implication 3: Green spaces, peatland, afforestation, habitats and land management.
Positive/neutral/negative Status:
Explanation: Neutral
- 4.8.4 Implication 4: Waste Management and Tackling Plastic Pollution.
Positive/neutral/negative Status:
Explanation: Neutral
- 4.8.5 Implication 5: Water use, availability and management:
Positive/neutral/negative Status:
Explanation: Neutral
- 4.8.6 Implication 6: Air Pollution.
Positive/neutral/negative Status:
Explanation: Neutral
- 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: Positive

Have the resource implications been cleared by Finance? Yes 01/02/23
Name of Financial Officer: Justine Hartley

Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the Head of Procurement? Yes date 27/01/23
Name of Officer: Clare Ellis

Has the impact on statutory, legal and risk implications been cleared by the Council's Monitoring Officer or Pathfinder Legal? Yes 30/01/23
Name of Legal Officer: Linda Walker

Have the equality and diversity implications been cleared by your EqIA Super User? Yes 10/02/23
Name of Officer: Lisa Sparks

Have any engagement and communication implications been cleared by Communications? Yes 10/02/2023
Name of Officer: Simon Cobby

Have any localism and Local Member involvement issues been cleared by your Service Contact? Yes 01/02/23
Name of Officer: Will Patten

Have any Public Health implications been cleared by Public Health? Yes 27/01/23

Name of Officer: Emily R Smith

If a Key decision, have any Environment and Climate Change implications been cleared by the Climate Change Officer? Yes 06/02/23

Name of Officer: Emily Bolton

5. Source documents guidance

5.1 None

Appendix A

Case Study 1 – Respite Shared Service

Situation requiring respite

Service user A came into respite as an emergency from his own flat approximately 7 months ago. He initially came in as there was concerns relating to him not allowing staff from his care company to go into his flat to support him and there were concerns noted from district nurses due to a decline in his general well-being which was impacting on his health.

Support at respite and identifying needs

Since A has been at St Luke's respite unit staff have been able to gain his trust and observe and support him in order to ascertain what areas he required a little more support with. The information which has been gathered during his stay at respite has enabled the staff to compile a comprehensive support plan which gives clear guidance on the levels of support that he needs as well as how he likes staff to engage with and support him. If someone works with him in a way that he believes is not respecting his wishes he can find himself getting angry and shouting at others; due to the proactive work staff have done with A he is now able to express his wishes and explain how he would like things done to support him. Although A went through a stage where he was raising his voice regularly, the occasions of this happening are now very rare due to the work which has been completed with him to ensure his support plan reflects his wishes, feelings and aspirations. Information which has been gathered using these methods have been shared with his social worker and appropriate colleagues in health with A's consent to assist them in updating assessments and help them to gather a better understanding of his current levels of need.

Transitional support

A found the transition from living on his own in his own flat to coming into the respite unit as an emergency quite difficult initially as although he consented to and wanted to come into respite, he had a lot of mixed feelings that he struggled to process.

Promoting independence

Staff have encouraged A to remain as independent as possible whilst supporting him in areas where he needed some additional support such as personal care (bathing and shaving), cooking and support and encouragement to make some healthy choices as he likes food which is high in sugar and needs to be supported with ideas of what healthy snacks are as well as with portion management. Staff ensure that they give A encouragement in all areas of his life and that they offer regular praise as this helps A to feel more positive.

Prior to Christmas A became very excited as was looking forward to spending Christmas with other people as well as having a Christmas dinner. He indicated that he had not had the opportunity for either in many years. Staff supported him to think about how he would like Christmas at St Luke's to be and ensured that food that he wanted was ordered; as well as a list being written by him of what he would like to get for Christmas. Staff then supported him to purchase items on the list. When the Registered Manager returned to work after the Christmas break A told her "I've had the best Christmas ever"; whilst saying this A had a massive smile on his face.

Developing family contacts

After A's brother made telephone contact with him; which came out of the blue as they had not spoken for years staff supported A to maintain this contact via a video call and to meet his brother face to face. A's brother and his wife came to Huntingdon from Scotland to see him a few weeks ago. This has been an emotional experience for A; whilst also being a very positive

one as he is now able to maintain regular contact with his family.

Move on and accommodation

Since A has been at St Luke's staff have supported him to liaise with all professionals who are in his circle of support; this has involved some challenging conversations for A as it became apparent that he would not be able to go back to his own flat due to needing a higher level of support than he previously had. In addition to this A really wanted to stay in Huntingdon. Unfortunately, there wasn't any supported living placements available in Huntingdon so his social worker had to look further afield. As A has developed positive relationships with staff at St Luke's staff have supported him to look at an alternative placement in Ely. He was initially very anxious and reluctant; but staff have worked with him and as well as ensuring an IMCA was involved to support A; staff have discussed the positives of living in another area such as Ely on a daily basis to assist him to get used to the idea of living in another area. Although A had experienced a lot of anxiety prior to the visits he agreed to go and look around and is now really looking forward to moving into a shared supported living.

Summary of outcomes

This has been a complex case as there has been a lot of different elements which needed to be considered and met in order to support the individual using a person-centred approach. Staff have encouraged A to work with other professionals who are involved in supporting him around his care and support needs as there have been times where he has found this challenging and not wanted to engage with others. We have received positive feedback from his social worker about how well the staff team have worked with and supported him in order to support A to move on to what we hope will not be his forever home!

Case Study 2 – Respite Single Service

Individual

Service user B is a young person with Learning Disability and Autism, epilepsy and sleep difficulties. His behaviour has been escalating causing concerns at home and school.

Requirement for single service respite

B has been supported by the Young Adults Team. Whilst under children's services B received support of one night per week across the year at a children's short breaks service but this was not sufficient to give his parents a break and as he transitioned into adult services at 19 there was a reduction in education.

B is now assessed as requiring three nights per week respite across 52 weeks per year. He requires a single service due to incompatibility with other individuals. He does not tolerate over stimulation or noise and can act impulsively towards others and put them and himself at risk of harm. His challenging behaviours can be difficult and due to vocalisation, being self-injurious and aggressive towards others.

B was taken in by St Luke's respite unit for assessment but this had to take place when there was no one else in service. Due to their capacity and demand for the service St Luke's were unable to offer the frequent assessed service support to this individual.

Due to the lack of single service respite, alternative options were explored including supported living arrangements and permanent care and support.