

Renewing Homecare Support for Hospital Discharge

To: Adults and Health Committee

Meeting Date: 27 May 2021

From: Will Patten, Service Director, People & Communities

Electoral division(s): All

Key decision: Yes

Forward Plan ref: 2021/034

Outcome: People will be supported to return home and regain independence in a timely manner upon discharge from hospital as a result of immediately available homecare capacity.

Sufficient homecare capacity to support hospital discharge is maintained through block provision whilst commissioners develop additional capacity in the local homecare market through working with communities and the voluntary community sector to co-produce more localised provision.

Recommendation: It is recommended that the Adults and Health Committee:

(a) approve the recommissioning of the block homecare provision to support hospital discharge on a 2+1+1+1 year basis at a value of £10,120,280 over 5 years.

(b) delegate approval of award and extension periods to the Executive Director of People and Communities.

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1. Background

- 1.1. 'Homecare' is considered any support service that a person might need in their own home. This may include shopping, cleaning, 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.
- 1.2. The availability of homecare services able to respond quickly and in a person-centred way is really important when supporting people to return home to recover on discharge from hospital. This support is currently delivered through two block homecare contracts which allow the Council to meet the needs of service users quickly and effectively. The contracts buy 'blocks' of time to deliver care, so we don't have to spot purchase when we need care urgently, as the capacity is guaranteed and always available for people and family carers who require support.
- 1.3. The block purchasing of homecare allows the brokerage team to source care in the following circumstances:
 - To enable an individual to return home from hospital as soon as is they are medically ready.
 - To help people maintain their independence and avoid the need for admission to hospital.
 - To provide care for people who are in hard to reach areas or to fulfil hard to place packages of care.
- 1.4. One of the Council's block homecare contracts is coming to an end on 26th November 2021 and requires retendering following a previous 12 month extension. The current contract delivers 253 hours of single-handed care provision per week, across the county, with a budget of £2,024,056. Working alongside another block contract, the service has supported 964 people on discharge from hospital over the last 18 months accounting for approximately 64% of demand.
- 1.5. The service enables people to return home on discharge from hospital without delay by providing a short-term service which assists recovery in the community. The homecare provider supplying the block provision is highly responsive and outcome focused, enabling the people they support in the short term to effectively recover in the community. Care is tailored to each person's specific needs so as they recover and become more independent, the level of care received may be reduced where appropriate. The provider supports each person to transition into a longer term or 'mainstream' homecare arrangement having undertaken this approach.

- 1.6. This service is jointly funded by the Council and the NHS through the Integrated Better Care Fund (IBCF). The IBCF sits within the wider Better Care Fund which is a single, pooled budget to support health and social care services to work more closely together. The IBCF was introduced as additional funding in 2017/18 to be spent on adult social care to support meeting adult social care needs, reduce pressure on the NHS and/or to stabilise the care market.
- 1.7. It is important this provision is maintained, to ensure the Council is able to meet its statutory responsibility to support the assessed needs of service users on discharge from hospital into the community with minimum delay.

2. Main Issues

- 2.1. Relevant research, analysis, engagement and feedback from stakeholders has been gathered to inform a new delivery model to improve support for hospital discharge in the county. The findings are summarised below as well as a breakdown of number of homecare rounds by cost and location in Fig.1.

Fig.1. Currently commissioned number of homecare rounds, hours per week and their value:

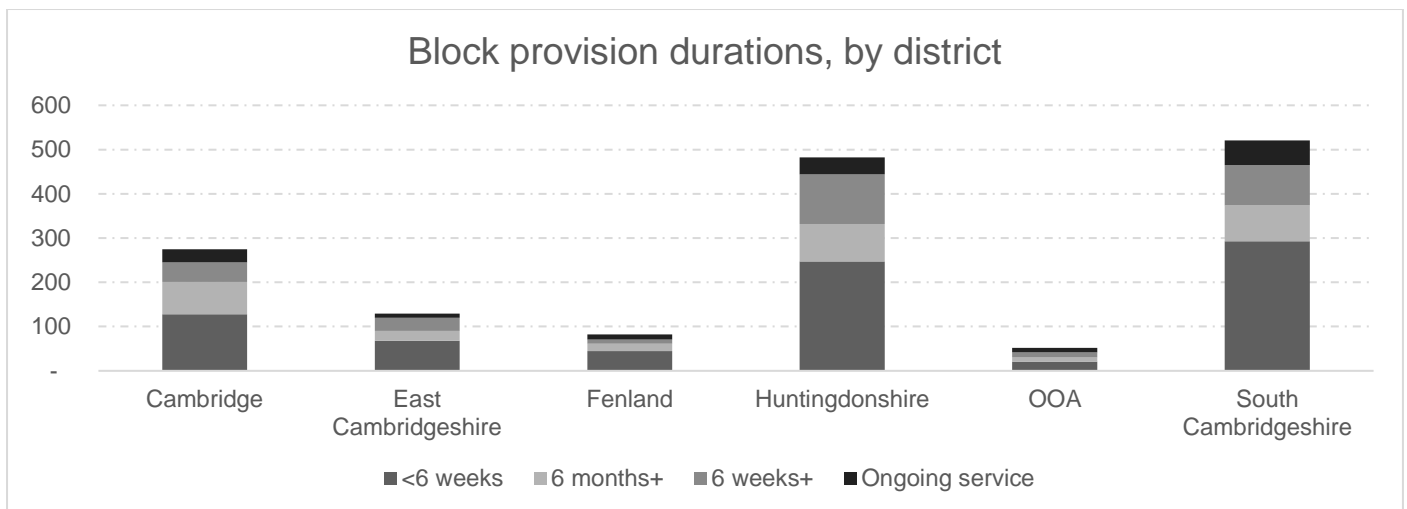
Number of Homecare Rounds	Hours per week	Value per annum
18	13 hours	£90,155
1	6 hours	£36,626.40
1	13 hours	£82,479

- 2.2. Block homecare provision is not currently distributed equally throughout the County, with more in some areas than others. The County is split into three areas, with relatively equal numbers of referrals: City and South Cambridgeshire, Huntingdonshire and East Cambridgeshire and Fenland. For both block contracts, there are currently 43 homecare rounds; 40 single carer homecare rounds (including a night round and a short six hour day round) and three double up carer homecare rounds. Each homecare round is 13 hours per day, seven days a week, totalling 91 hours per week (7am-10pm daily, with a two hour unpaid break after lunch).
- 2.3. Referrals: Over the last 18 months, 1506 people have been referred to and supported by the block provision across the two block contracts. Approximately 64% of those referred onto the block provision have come from the hospital discharge pathway. Of all hospital discharges requiring domiciliary care, 65% were referred to the combined block provision.
- 2.4. Capacity and cost effectiveness: In order to provide the flexibility needed to support hospital discharge, flow through this service into mainstream homecare support is critical. The provision must also have enough capacity to allow for travel around the county, and to

manage new packages of care required. This limits the utilisation levels which can be achieved at any one time (utilisation indicating the percentage of time used delivering calls, versus traveling or empty).

- 2.5. Availability: Local feedback and an assessment of need suggests a shortage of capacity to provide care to people who require two carers to meet their needs within the block provision due to the complexity of their care and support requirement. The existing contract largely only allows for single handed calls. A shortage in this area is leading to people who require two carers but are otherwise medically fit to return home, being placed into short term nursing bed provision. This approach does not achieve good outcomes for the individual.
- 2.6. Duration: The provision is commissioned as a short-term solution to support recovery of people when they return home from hospital. The provider will then support each person to transition into mainstream care within 6 weeks of accessing the service. However, this is not always the case. Across the County, only 50% of those placed onto the block provision transitioned into mainstream services within 6 weeks (see Fig.2. below). This issue must be addressed going forward to enable the service to continue to meet the need of people on discharge from hospital.

Fig.2. The durations of placement on the block provision by area and total client numbers.

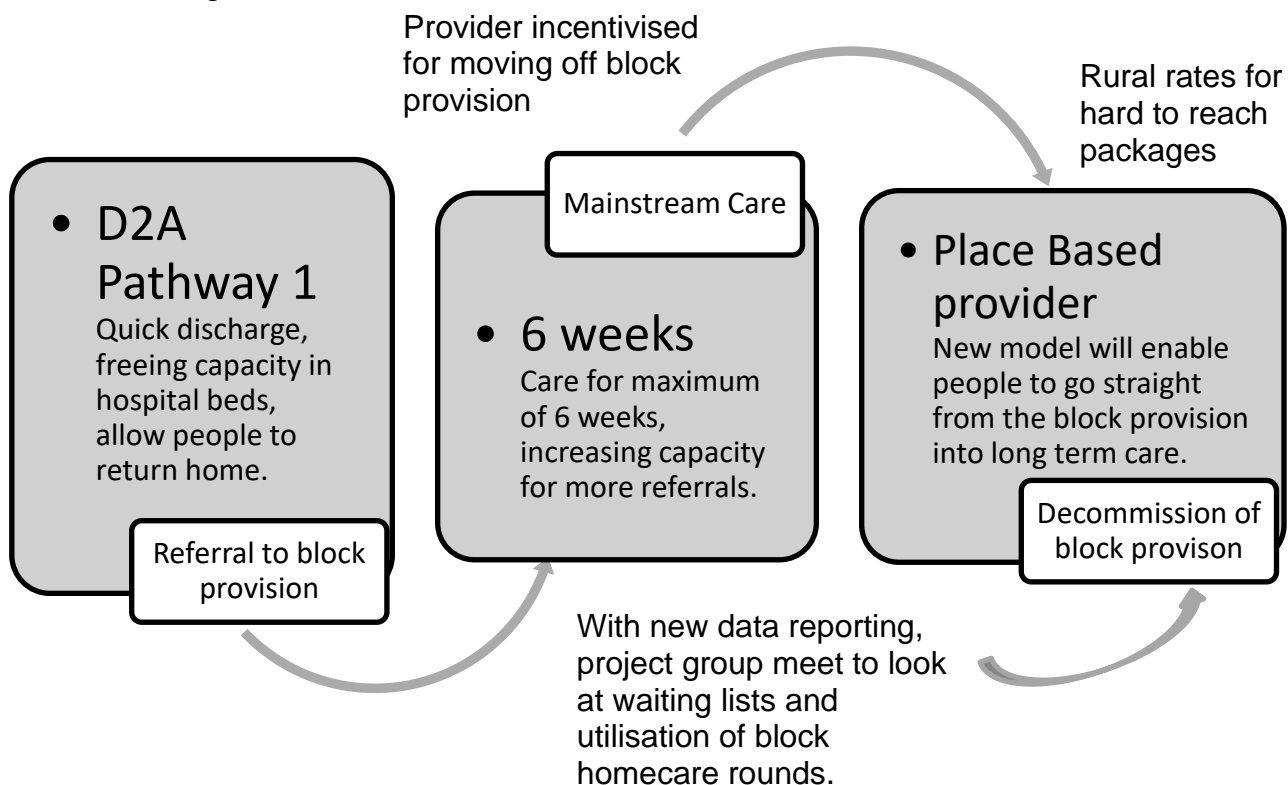


- 2.7. In summary, the combined block provision has provided a flexible, short term solution to meeting the needs of people on discharge from hospital in a responsive and flexible way. This is particularly the case where care is harder to source for people with more complex needs or due to rurality. Whilst not a long term solution in its current form, the provision has proven essential to managing discharge from hospital in a timely manner. They are needed to maintain capacity whilst commissioners work with stakeholders and partners to develop additional capacity.

Proposal

- 2.8. The future vision for homecare commissioning in Cambridgeshire is to create sufficient, affordable and accessible quality care provision available within local communities. Achieving great outcomes for individuals to enable them to be as independent as possible is at the heart of this approach. A review is underway to address this, including moving towards a more place-based approach and the transition away from block provision to address current gaps in homecare capacity. The focus will be on encouraging independent living and autonomy in community care, as well as placing emphasis on empowering people to be in control of their own care through Direct Payments, Individual Service Funds (ISF) and exploring micro-enterprises.
- 2.9. As part of this, our intention is to recommission and redesign the block provision to provide a service which is more focused on individual outcomes whilst ensuring it can meet the needs of as many people as possible. This requires the service to be dedicated solely to supporting hospital discharge and future Discharge to Assess pathways developed in partnership with the NHS through the pandemic, following the maximum six weeks of care guidelines. The aim of this provision will be to ensure more people return home with effective care in place that meets their needs as part of the hospital discharge process, freeing up hospital bed capacity. The new block provision will ensure timely transition of individuals into long term, mainstream homecare for those who need it (see process map in Fig.4.).

Fig.4. Process map for proposed block homecare provision within the new homecare commissioning model:



2.10. Through the recommissioning process, we will address the issues identified to ensure the service delivers the best possible outcomes for those supported by the block provision. The proposed commissioning and contractual improvements to be incorporated into the redesign and recommissioning of the block provision are summarised below:

- Increase the number of block homecare rounds with two carers from three in total, to nine across the county ensuring people with more complex needs have their needs met on their return home from hospital.
- The introduction of an incentive for the provider to support improvement in outcomes for people accessing their longer term arrangements.
- A focus on rationalisation of calls to reduce travel time and resulting in less carbon impact and air better quality. There will also be a requirement built into the procurement for providers to use hybrid and/or cars. Please note, this may require additional investment.
- Better data reporting and monitoring through contract management. Weekly reporting and monthly meetings to ensure consistency and address any arising issues.
- Stipulations that the provider must maintain a minimum of 75% utilisation of block hours.
- The decommissioning plan of block provision, should this be required following a period of robust monitoring. This will be supported by the addition of contract variation to include a three month notice period if block hours are not utilised.
- Regular rationalisation of packages to optimise the use of provision in certain areas and create closer 'runs'.
- Addition of contract variation to include 3-month notice period if block provision is not utilised.
- Supplement the standard CCC hourly rate in the rural, hard to reach areas to free up the block provision.
- Introduction of a localised model of homecare commissioning, where there will be an allocated provider for each area, including the hard to place areas.
- The development of a rural and extra rural rate.
- The introduction of micro-enterprises (separate to this paper) in the harder to place areas.
- The redesign of the block provision to allow only those being discharged through the D2A pathway to be referred onto the provision.

Specification

2.11. To meet the demand for those being discharged from hospital needing double up care at home, the number of block homecare rounds with a single carer and two carers have been reviewed and optimised. This has resulted in the plan to recommission eleven homecare

rounds with one carer and six homecare rounds with two carers within the contract.

2.12. The table below sets out the numbers of homecare rounds within each area to be included in this contract:

Block Homecare Rounds	Total Cost
City & South	
2 double	£240,000
1 single	£90,000
Huntingdonshire	
1 double	£120,000
2 single	£180,000
East Cambs & Fenland	
3 double	£360,000
8 single	£720,000
6 doubles, 11 singles	£1,710,000

2.13. This proposal creates an annual underspend of £314,056 of the allocated IBCF grant. This will be used to incentivise providers to work with people flexibly and in an outcome focused way in supporting them into longer term 'mainstream' arrangements within six weeks.

Benefits

2.14. The benefits of this approach are summarised below:

- To support people to return home from hospital in a timely manner by providing a responsive homecare service.
- To increase joined up working with health and align arrangements to the development of Discharge to Assess.
- To enable people to return to their own homes and encourage autonomy and choice in care.
- To reduce reliance on bed based care whether that be in hospital or a care home.
- To address the areas for development in the current provision and provide better value for money for the Council.
- To provide support to the homecare market whilst the new homecare commissioning model is launched.

Procurement Approach and Timescales

2.15. The procurement of the block provision will be completed by utilising the Dynamic Purchasing System (DPS) in place within the Council, whereby all providers delivering

support within the framework can bid. Each provider will be required to demonstrate how they intend to provide 13 hours of care per day, 7 days per week, totalling 91 hours per week per vehicle. There will be a limit to three single homecare rounds and two double up homecare rounds per provider, per area. Each provider will be assessed on their ability to provide high quality, outcome-based care and are expected to submit evidence on how they deliver person centred care. Social value and environmental factors will also be assessed.

2.16. The table below outlines the proposed timeline for recommissioning the contract:

Activity	Dates
Research / evidence / development of care pathway	Dec '20 - Feb '21
Market engagement / PIN (Prior Information Notice)	Dec '20 - Jan '21
Specification / outcomes / budget development	Feb - Mar '21
Approvals – Joint Commissioning Board (JCB) / Adults Committee	23 Mar / 24 June '21
Procurement	Jun - Sep '21
ITT (Invitation To Tender)	25 Jun '21
Evaluation and Moderation	23 Jul – 13 Aug '21
JCB Approval to Award	24 Aug '21
Implementation	From 7 Sep '21
Contract starts	27 Nov '21

3. Alignment with corporate priorities

3.1. Communities at the heart of everything we do
There are no significant implications for this priority.

3.2. A good quality of life for everyone
The report above sets out the implications for this priority in 2.7., 2.8. and 2.9.

3.3. Helping our children learn, develop and live life to the full
There are no significant implications for this priority.

3.4. Cambridgeshire: a well-connected, safe, clean, green environment
There are no significant implications for this priority.

3.5. Protecting and caring for those who need us

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

- This service will ensure those who need it the most will be looked after and cared for by high quality provisions when being discharged from hospital with care needs at home.

4. Significant Implications

4.1 Resource Implications
The report above sets out the implications for this priority in 1.2., 2.14. and 2.15.

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 annual funding allocated to this contract is £2,024,056 and is funded using the IBCF grant. As a result, there are no budget pressures anticipated from the recommission. However, the IBCF grant is currently not confirmed by government beyond the next financial year and has typically only been confirmed one year at a time. While the risk of government ending the grant is fairly low (it is such a large grant that its ending would cause major issues across local government), the commissioning of this block provision will be without total certainty the funding will be there for the second year of the first two year period.

4.2 Procurement/Contractual/Council Contract Procedure Rules Implications

The report above sets out the implications for this priority in 2.17.

4.3 Statutory, Legal and Risk Implications

There are no significant implications within this category.

4.4 Equality and Diversity Implications

There are no significant implications within this category.

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 provides funding to support those delivering support to traveling across the county by car. Within the procurement process, providers will be required demonstrate they are using hybrid and/or electric vehicles. 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 (see 2.10.).

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 requires 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: Stephen Howarth

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

Name of Officer: Henry Swan

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

Name of Legal Officer: Fiona McMillan

Have the equality and diversity implications been cleared by your Service Contact?

Yes

Name of Officer: Will Patten

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

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

Name of Officer: Emily Bolton

5. Source documents guidance

5.1 Source documents

None.