

**REPORT TO:** East Lothian Council

**MEETING DATE:** 26 April 2016

**BY:** Director of Health and Social Care Partnership

**SUBJECT:** Developing Specialist Support and Care at Home Services

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## **1 PURPOSE**

- 1.1 To inform Members about the Integration Joint Board's (IJB) plans to develop specialist support and care at home services over the coming 12 months.
- 1.2 To prepare East Lothian Council for the tendering requirements that will result from these development plans.

## **2 RECOMMENDATIONS**

- 2.1 Members are asked:
  - to consider and ratify the plans and timescales which the IJB has put in place to support the development of specialist support and care at home services; and
  - to approve the process for procuring services, as required by the IJB.

## **3 BACKGROUND**

- 3.1 **The Specialist Provider Framework** provides care and support at home to people who have complex needs including learning disability, physical disability and mental health problems. The framework was awarded in 2009 and originally eleven providers were offered and accepted contracts. Currently 369 service users are supported through this framework with 12,019 hours of support being delivered per week.
- 3.2 In April 2015 newly negotiated hourly rates and sleepover rates were agreed between providers and the Council as part of an extension of the existing framework beyond the originally contracted period. This

extension was agreed to allow time to establish agreement on how the future service delivery would operate in the current and future context of self directed support, improved technology and financial constraint. The framework, which now has 7 providers, currently costs around £6.9 million per year, with an additional £0.9 million per year spent on sleepovers.

- 3.3 There are also 12 providers delivering services under a spot contract that was agreed during a Best Value review of providers prior to the award of the Framework. This work is considered 'Off Framework'.
- 3.4 Currently the Council spends around £2.2 million on services from providers who are 'off-framework'; with an additional £0.26 million spent on sleepovers.
- 3.5 Reasons for using off-framework providers are due to a legacy of service user choice; spot purchased contracts, and meeting an individual service user need not being financially viable for framework providers.
- 3.6 There are a number of people with complex needs in hospital or residential settings including a large number currently residing out of area, who will require significant funding to meet their outcomes. The return of these individuals to the community will require the development and co-ordination of community housing, activities and health and social care services to meet individual complex, long term, health and social care needs. Some of this work will fall within the scope of the current development plans.
- 3.7 There are a number of young adults soon to transition into Adult Services. The maximum projected costs of providing support under the current model in 2016/17 is £2.2 million. These individuals will have long term/life-long support needs that will require a collaborative approach by Social Work, Health and Housing to enable them to live in their communities as independently as possible.
- 3.8 **The Help to Live at Home (HTLAH) framework** provides care and support at home to all Service Users aged 16 and above but primarily to older people aged over 65. The framework contract period commenced on 1 April 2014 and expires on 31 March 2017.
- 3.9 Ten providers were awarded a contract, and these were allocated work across six zones. At the commencement of the contract framework providers delivered care to 862 clients (7720.83 hours). The framework currently supports 1,236 people with 10,672 hours per week of care being delivered.
- 3.10 East Lothian Council has significant, ongoing, capacity issues within this framework. The reasons for this include provider (and internal service) recruitment and retention problems (across the County but particularly in rural areas), and difficulty in arranging double up care packages.
- 3.11 As well as the capacity challenges there are a number of other challenges these plans and subsequent tendering of care at home

services will need to resolve. These include an alternative to the zoning system for organising care delivery which has not been adhered to for some time; the number of provider acquisitions that have occurred; the level of off-framework business being purchased and the challenges around the provision of double-up care.

- 3.12 As with the specialist framework, reasons for using off-framework providers are due to a legacy of service user choice; spot purchased contracts, and meeting an individual service need not being financially viable for framework providers.
- 3.13 The spend in 2015/16 on HTLAH framework was £4.733 million, with an additional £1.357million spent on off-framework provision, a total of £6.09 million.
- 3.14 Both frameworks have been aligned in terms of timing and have been extended from April 2016 for 12 months. The next contracts for both specialist provision and care at home provision will be in place from April 2017.

### **Service Development Plans**

- 3.15 **The Specialist Framework** is undergoing a re-modelling. This re-modelling includes the assessment of all individuals currently in receipt of support from this framework to establish individual outcomes for all linked to an individual budget. This will be a significant change from the current arrangement which involves paying the provider an agreed rate per hour for the provision of care. This is in line with the roll-out of self directed support.
- 3.16 These assessments will point towards other possible models of community provision that could be commissioned under the new arrangements.
- 3.17 How night time support is currently being provided is to be reviewed with an exploration of alternatives such as the use of Technology Enabled Care (TEC) in order to maximise independence. Alternative arrangements will only be put in place for those individuals where it is appropriate and following a thorough assessment of risk.
- 3.18 A community model of delivery called Neighbourhood Networks is to be piloted. This involves the establishment of a network within which around 12 people are supported and able to engage within their own immediate communities.
- 3.19 The unmet accommodation and support needs of a small number of those individuals with more complex support needs is to be addressed (for the immediate term only) within the scope of this project and resulting tenders and a link to the longer-term housing strategy for the next 5-10 years will be established.
- 3.20 The above re-modelling and piloting is to be conducted using a co-production approach with key stakeholders including service users and

family members and groups, provider organisations and front-line workers.

- 3.21 **The Help to Live at Home Framework** will be tendered on a similar basis to the current framework with a number of adjustments made. These will include:
- 3.22 Developing one care at home framework which will be accessed by all clients with care at home support needs.
- 3.23 Building in access to the new framework for children and young people who have care at home support needs in order that only the one framework will be needed.
- 3.24 Addressing the current capacity issues within the current framework in order to better meet demand for care at home. This will include looking at alternatives to zoning when planning the provision of care at home across the county.
- 3.25 Built into the new contractual arrangements will be the intention to pilot individual budgets for people in receipt of care at home from year one of the new arrangements.

#### **4 POLICY IMPLICATIONS**

- 4.1 The Social Care (Self-Directed Support )(Scotland) Act 2013 places a duty on local authorities to facilitate a number of options for individuals to manage an individual budget be that a Direct payment or an Individual Service Fund or a combination. The development plans described within this paper further progress locally how we are meeting these obligations.
- 4.2 From April 1 2016 the new integrated arrangements came into force under the Integration Joint Board and the East Lothian Health & Social Care Partnership. These arrangements include all social care provision for adults, under and over 65 and the associated health and social care budgets. It is now the IJB which sets the strategic direction for the planning of health and social care services in East Lothian and this in turn will lead to directions to the Council with regard to the commissioning and tendering of the appropriate services. These development plans fall firmly in the scope of these new arrangements.

#### **5 INTEGRATED IMPACT ASSESSMENT**

- 5.1 The project outlined within this report will be subject to the Integrated Impact Assessment process at all stages of the development of the new models and will be conducted and revised in three stages namely at the beginning of the development process, midway through at draft model development stage and at the end of the development process.

- 5.2 During this commissioning project it is important to ensure that individual, family and community needs and strengths are accurately identified, leading to services commissioned through a process of involvement, engagement and action that results in a reforming of how specialist care and support at home services are currently delivered, experienced and purchased.

## **6 RESOURCE IMPLICATIONS**

- 6.1 Financial – Changes to the Living Wage in 2016 will further add to the financial modelling needed in order to establish the budget for the provision of care at home services and the agreed provider rate(s). There is the potential for efficiencies resulting from the areas of modelling around specialist provision.
- 6.2 Personnel - The outcome from the tendering activity may result in changes to the providers we contract with. On these occasions it may be necessary that staff transfer from one provider to another. The project timeline has allowed for a 6 months transition phase from April 2017 to ensure continuity of care.
- 6.3 Other – As well as the involvement of key stakeholders such as service users, carers and providers, the project is being supported by a number of key national bodies which will bring expertise and ensure the models we develop are robust and ensure good quality of care. These bodies include NHS National Services Scotland, Scottish Commission for Learning Disability and the Care Inspectorate.

## **7 BACKGROUND PAPERS**

- 7.1 IJB 2015102904 Commissioning Services, attached as an appendix.

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**REPORT TO:** East Lothian Integration Joint Board

**MEETING DATE:** 29 October 2015

**BY:** Chief Officer

**SUBJECT:** Commissioning Care at Home Services: IJB Role

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## **1 PURPOSE**

- 1.1 This report provides an overview of initial work in the development of a tendering methodology for specialist care at home services as an element of the Strategic Plan. The report also outlines the role of the IJB in the process.
- 1.2 Any member wishing additional information should contact the author of the report in advance of the meeting.

## **2 RECOMMENDATIONS**

The Integration Joint Board is recommended to:

- 2.1 Note the proposed methodology for the specialist services tendering process and associated timescales.
- 2.2 Agree that the strategic direction of the specialist services will be determined through a direction from the IJB to East Lothian Council and NHS Lothian as part of the process in delivering the Strategic Plan.

## **3. BACKGROUND**

- 3.1 One of the major shifts in service delivery over recent years has been the increase in independent and third sector provision of care - both care homes and care at home. Good quality, consistent care at home is critical to the achievement of personal and integration outcomes and without the valuable contribution of the independent and third sectors and its workforce the health and social care system would be challenged. Effective planning and commissioning of these services is therefore vital to the ambition of the Strategic Plan.
- 3.2 Care at home services in East Lothian are currently provided through two types of framework agreements with service providers: the specialist provider framework and the Help to Live at Home (HTLAH)

framework. The specialist framework contract provides care and support to people at home who have complex needs including learning disability, physical disability and mental ill health and has been extended until 31 March 2016.

- 3.3 A number of challenges have been identified within the specialist framework locally, not least lack of capacity, the need to more effectively horizon scan for those in transition, and cost inefficiencies. In addition there are broad challenges across the wider care at home sector which can be summarised as:
  - 3.3.1 Recruitment and retention of care staff: there are compounding difficulties in recruiting into the care sector which is viewed as low paid but with high responsibilities and close scrutiny. There are a limited number of people working in the care sector across Lothian and when one organisation recruits, as a broad generalisation this removes staff from another provider in the county and overall capacity remains relatively static. The high mobility of carers across the sector causes additional disruption to service users and providers.
  - 3.3.2 The level of restructuring and acquisitions across the care at home sector: within the current frameworks national organisations have grown by acquiring or merging with other care at home providers which does not necessarily increase the overall capacity of the framework.
  - 3.3.3 The resulting inability to meet the level of need across East Lothian within a sector which is experiencing change and within increasing financial pressures: currently there is unmet need not addressed in a consistent way through the care at home frameworks.
- 3.4 Work is ongoing within the Health and Social Care Partnership to develop a new commissioning and tendering process for specialist care at home services which will support service redesign, develop more innovative, integrated solutions, greater resource efficiency and service user satisfaction. Self Directed Support (SDS) will be a key element of consideration in this in order to allow for choice within the finished commissioning arrangements.
- 3.5 An appropriate timescale to allow for effectively scoping, co-producing, business modelling and transitioning such a process and the proposed methodology likely to be 24 months.
- 3.6 Given the timeline of the retendering process, the commissioning exercise will be effectively undertaken after the date when functions will be delegated to the IJB and the strategic direction of the specialist services will therefore be through the mechanism of a direction from the IJB, via the Strategic Plan, to East Lothian Council and NHS Lothian.

3.6 The wider care at home / HTLAH commissioning framework commenced on 1 April 2014 and expires on 31 March 2017 with the option of being extended for an additional two years at the Council's discretion. The future model of care for retendering this function will therefore be under the jurisdiction of the IJB. The experience and learning from the approach to the model of care for specialist care at home will be embedded at the earliest stage in a parallel approach to the development of a longer term, sustainable commissioning strategy for care at home services which provides sufficient, high quality capacity for care at home across all localities as soon as practicable.

#### **4. POLICY IMPLICATIONS**

4.1 There are no policy implications associated with consideration of this information update.

#### **5 EQUALITIES IMPLICATIONS**

5.1 The proposed methodology for recommissioning specialist services will place a strong and explicit emphasis on co-designing services and approaches which will more effectively ensure equality of service provision.

#### **6 RESOURCE IMPLICATIONS**

6.1 There are no immediate resource implications associated with consideration of this information update

#### **7 BACKGROUND PAPERS**

7.1 None.

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