
Meeting: Social Care Health and Housing Overview and Scrutiny Committee
Date: 27 January 2014
Subject: Commissioning for Outcomes: Implementation of the Framework Agreement for Domiciliary Care Services
Report of: Cllr Hegley, Executive Member for Social Care Health and Housing
Summary: The report provides Overview and Scrutiny a six monthly update of the operation of the framework agreement in respect of domiciliary care contracts.

Advising Officer: Julie Ogley, Director of Social Care Health and Housing
Contact Officer: Elizabeth Saunders, Assistant Director, Strategic Commissioning
Public/Exempt: Public
Wards Affected: All
Function of: Council

CORPORATE IMPLICATIONS

Council Priorities:

1. The recommendations contribute to achieving the following Council priorities:
 - Promote health and wellbeing and protecting the vulnerable.
 - Value for money – freezing council tax.

Financial:

2. As the population increases alongside individual's demands and expectations to stay living longer at home, the annual volume of which and therefore cost is likely to increase year on year. It is intended that this cost pressure will be mitigated by use of the framework and by continuing to offer a period of reablement to new customers.
3. It is too early to measure the financial impact of the new framework agreement. The financial position of the costs of Domiciliary Care are influenced by the increasing demographic pressures but also the increasing complexity of need, leading to increased support. Close monitoring is in place to assess the implication of these factors and is reported through the Budget Monitoring Reports.

4. The new contractual approach requires all providers to use an electronic monitoring system for domiciliary care services that the Council commissions which could deliver further efficiency savings through simplification of invoicing and other processes.

Legal:

5. Not Applicable

Risk Management:

6. One of the main risks was to manage disruption to existing customers receiving domiciliary care and to the provider market. These were overcome by a managed transition process to the new contract over a period of time, with only new customers being placed with providers on the framework. Existing customers were able to stay with their current provider or choose from the newly formed list of providers.

Staffing (including Trades Unions):

7. Not Applicable.

Equalities/Human Rights:

8. Public authorities have a statutory duty to advance equality of opportunity, eliminate unlawful discrimination, harassment and victimisation and foster good relations in respect of nine protected characteristics; age disability, gender re-assignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.
9. The strategic approach has considered domiciliary care provision for all customer groups, including people with a range of needs including dementia care, physical and sensory disability, learning disabilities, vulnerability, frailty and temporary illness.
10. The approach has a positive impact on those people who require domiciliary care as it is focused on delivering high quality care to some of the most vulnerable members of society.
11. National research has highlighted that providers can on occasion fail to meet individual needs, sometimes breaching equality and human rights legislation. In addition, employment practices can fail to meet minimum requirements leading to high turnover of staff and poorer outcomes for customers. This indicates that it is important to ensure that procurement processes achieve the right balance between value for money and quality of care, attract high quality providers of care and that potential providers are robustly assessed against a range of equality / quality of life related factors. Ongoing contract monitoring must also include an assessment of the extent to which this criterion is met.
12. The existing Equalities Impact Assessment will be updated throughout the process and will continue to inform the development of the Framework Agreement.

Public Health

13. Domiciliary care supports people with personal care tasks and medication to enable them to live more independently and safely in their own homes. It provides social interaction, which combats isolation and maintains emotional and mental wellbeing. The Framework Agreement for domiciliary care should provide opportunities to ensure that a preventative approach is taken by providers to support the health and wellbeing of customers.

Community Safety:

14. Not Applicable.

Sustainability:

15. Not Applicable.

Procurement:

16. Not Applicable

RECOMMENDATION(S):

The Committee is asked to:-

1. **Note the progress made since the introduction of a framework of Domiciliary Care Providers in May 2013.**

Developments since May

17. The new Framework for Domiciliary Care was introduced on 13 May 2013, following Executive approval, with 44 providers covering four lot areas across Central Bedfordshire. 10 of these providers were new to Central Bedfordshire which has increased capacity and customer choice.
18. The number of customers has increased from 1047 at the start of the framework to 1093 at 21 November 2013, an increase of 46, some 4% and in this period 365 new customers' packages were placed across 31 Framework Providers, including new providers.
19. There are currently 42 packages placed with 8 non framework providers. Some of these packages were pre-existing and 13 have been placed through customer choice, and has resulted in spreading of the market to give greater customer choice and diversity. It is expected that the market will further diversify over time.

The Allocation Process

20. The new allocation process was implemented from 13 May 2013, and for the first few months this worked well in terms of providers' responses and appetite for taking on new care packages. The new process has proved easier to follow, more streamlined and fairer.
21. New care packages are offered to the top 10 providers with availability by e-mail with a clear time by which they should respond. The care package is then allocated to the provider with the highest ranking for that package. If none of the top providers can take the package, it is then offered to the other providers. In this way there is a transparent system for allocation of care packages. Customers may of course request a specific provider of their choice which overrides this process.
22. The whole system, including brokerage, contracts and care management, has been actively working to identify how capacity can be increased, especially in areas where there is less capacity. Some providers have also been supported with their mobilisation plans.

Website

23. All providers have published their services including prices on our web site. This enables all customers and indeed any resident to be able to see what providers offer and to choose a Provider if they wish to do so. To date there have been over 500 visits to these pages for each locality area. The majority of providers have also published their prices to private customers, many of them matching these to those of the Council's contract.
24. There is now also a provider portal on the website which enables all providers to receive information about service developments, minutes of meetings and details of training available to them and their staff. This has been very positively received by providers.
25. The Council has also been assisting providers to recruit staff through the website by offering free advertisement space and holding recruitment fairs.

Quality

26. Initially, provider's quality was ranked according to their tender bids. Since May, the Contracts Team began a programme of work to enable Providers to be ranked according to quality monitoring visits and assessment using the East of England Regional Workbook developed by the Association of Directors of Adult Services (ADASS) regional group. These visits will be complete by April and providers will be given new quality scores.
27. The second area of quality monitoring is through CM 2000 the electronic monitoring system, which all providers serving more than 5 customers are required to use. The system produces a quality ranking, taking into account 4 areas of measurement. These are, number of missed calls, punctuality, duration of visits, and continuity of carers. This system is now operational and the quality ranking will be available for use later in January. These scores will be updated monthly on the website.

28. These 2 areas of measurement will be combined to enable up to date quality information to be used to determine the allocation of new work, thus ensuring the importance of quality.
29. The CM 2000 system will also be used to generate accurate and paperless billing of Providers which will be more accurate and efficient. In other areas where this has been introduced, the system has generated efficiencies.
30. Regular Provider Forums and additional workshops have been held and planned. These enable providers to share and promote good practice, to work jointly on meeting areas of shortfall and to further improve systems and processes.

Next Steps

31. Following implementation in May arrangements are in place to review the framework system. Contact is being made with providers and staff in contracts, brokerage and operational staff to consider how the system might be made more efficient.
32. Contact is planned with customers and families, and people with direct payments to assess whether their experience and the approach can be improved upon.
33. Focussed work is being planned to understand the financial impact that the framework is having.

Conclusion

34. The new Framework has attracted new high quality providers to Central Bedfordshire, and customers now have more information and choice.
35. The information on the web site will become increasingly important with the introduction of the Care Bill which places a duty on the Council to enable all residents to be able to make informed choices about care options available in the area.
36. The spread of work across more providers is healthy and the emphasis on quality in the Framework should enable good quality providers to increase their market share.
37. The Framework has enabled the growth of a healthy Domiciliary Care Market and provides a solid foundation on which to further develop and respond to future legislative changes.