

## HEALTH SELECT COMMISSION

- Date and Time :-** Thursday 25 January 2024 at 5.00 p.m.
- Venue:-** Town Hall, Moorgate Street, Rotherham.
- Membership:-** Councillors Yasseen (Chair), Miro (Vice-Chair), Andrews, Baum-Dixon, Bird, A Carter, Cooksey, Foster, Griffin, Havard, Hoddinott, Hunter, Keenan, Thompson, Wilson.
- Co-opted Members – Robert Parkin and David Gill representing Rotherham Speak Up**

This meeting will be webcast live and will be available to view [via the Council's website](#). The items which will be discussed are described on the agenda below and there are reports attached which give more details.

Rotherham Council advocates openness and transparency as part of its democratic processes. Anyone wishing to record (film or audio) the public parts of the meeting should inform the Chair or Governance Advisor of their intentions prior to the meeting.

### AGENDA

**1. Apologies for Absence**

To receive the apologies of any Member who is unable to attend the meeting.

**2. Minutes of the previous meeting held on 16 November 2023 (Pages 3 - 9)**

To consider and approve the minutes of the previous meeting held on 16 November 2023 as a true and correct record of the proceedings.

**3. Declarations of Interest**

To receive declarations of interest from Members in respect of items listed on the agenda.

**4. Questions from members of the public and the press**

To receive questions relating to items of business on the agenda from members of the public or press who are present at the meeting.

**5. Exclusion of the Press and Public**

To consider whether the press and public should be excluded from the meeting during consideration of any part of the agenda.

**6. Adult Social Care – Commissioning Update (Pages 11 - 38)**

To receive a report on the progress associated with Adult Social Care - Commissioning.

**7. The Rotherham NHS Foundation Trust - Annual Report Workshop Update**

To receive a verbal update from the TRFT Annual Report Workshop which took place on Wednesday 8 November 2023.

**8. Health Select Commission - Work Programme 2023-2024 (Pages 39 - 40)**


To consider and endorse an updated outline schedule of scrutiny work for the 2023/24 municipal year.

**9. Urgent Business**

To consider any item(s) which the Chair is of the opinion should be considered as a matter of urgency.

**10. Date and time of next meeting**

The next meeting of the Health Select Commission will be held on Thursday 7 March 2024 commencing at 5pm in Rotherham Town Hall.



SHARON KEMP,  
Chief Executive.

**HEALTH SELECT COMMISSION**  
**Thursday 16 November 2023**

Present: Councillor Yasseen (in the Chair); Councillors Miro (Vice Chair), Cooksey, Griffin, Havard, Hoddinott and Wilson.

Apologies for absence: Apologies were received from Andrews, Baum-Dixon, Bird, Foster, Hunter, Keenan and Thompson, and from the Strategic Director of Adult Care, Housing and Public Health, Ian Spicer.

The webcast of the Council Meeting can be viewed at:-

<https://rotherham.public-i.tv/core/portal/home>

**37. MINUTES OF THE PREVIOUS MEETING HELD ON 28 SEPTEMBER 2023**

**Resolved:**

That the Minutes of the previous meeting held on 28 September 2023 be approved as a true and correct record of the proceedings.

**38. DECLARATIONS OF INTEREST**

There were no declarations of interest.

**39. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS**

The Chair confirmed that no questions had been submitted.

**40. EXCLUSION OF THE PRESS AND PUBLIC**

The Chair confirmed that there was no reason to exclude members of the public or press observing the discussion of any item of business on the agenda.

**41. PLACE PARTNERS WINTER PLANNING**

Consideration was given to a presentation on the Rotherham Place Winter Plan. The Plan had been developed based on learning from previous years and consideration had been given as to how to apply that learning to the coming year. It had been developed with partners, namely the NHS South Yorkshire Integrated Care Board, the Rotherham, Doncaster and South Humber NHS Foundation Trust, the Rotherham NHS Foundation Trust, Voluntary Action Rotherham and Connect Healthcare Rotherham CIC. Approval and assurance had been given through the Urgent Emergency Care (UEC) Board in September 2023 and taken through UEC Alliance, Place Leadership Board to the Health and Wellbeing Board.

The presentation provided a summary of learning. This included key themes such as key pressure points; winter came early; and the impact of industrial action and cost of living. The summary also included a list of things that had worked well such as utilising a whole system approach strong partnership working; targeted schemes; additional senior management support at key pressure points; and the acute escalation framework and command centre. Challenges included short term funding/recruitment challenges; unprecedented pressures in November/December 2022; pressure on beds; barriers to timely discharge and decision making and communication challenges.

The strategy going forward was to look at national funding 2023-25 which would enable longer term planning; starting winter schemes prior to Christmas; targeting key themes (access to primary care; alternative pathways to UECC and new ways of working); getting the right size bed base and reviewing escalation framework.

The presentation gave more details on the year in primary care; in alternative pathways to the emergency department; in the acute hospital; in discharge; in mental health; for children and young people; and for improved cross system communication and decision making. The next steps were to hold a Place workshop to scenario test plans; continue to plan for industrial action; complete outstanding recruitment and launch schemes.

Cllr Roche – Cabinet Member for Adult Social Care and Health, Steph Watt – Joint Head of Adult Commissioning for Rotherham Place, Claire Smith – Deputy Place Director, Kirsty Littlewood – Assistant Director, Adult Care and Integration and Ben Anderson – Director Public Health gave the presentation to the Commission and provided further detail on the information provided.

In discussions, Members sought clarification on what measures were specifically time limited to winter and whether those could be identified. They also queried whether Rothercare would have the capacity to handle any extra work that would be put on them as a result of the Plan. Councillor Roche explained that he was content and assured that Rothercare were ready as the pressures at the same time in the previous year were much greater than what was expected for the current year. It was felt that primary care access could be better but, at the same time, it was better than the three surrounding Councils. Councillor Roche confirmed that Rothercare was being reviewed and a report would be presented to Cabinet to look at how the service could be improved and refreshed. Kirsty Littlewood confirmed that it was hard to predict the demand for services, but the Partnership met three times a week and regularly looked at capacity and demand modelling. Councillor Roche confirmed a number of other meetings took place that looked at the demands on the services.

Examples of emergency social prescribing in practice were requested. An

example given was in terms of discharge. If a person no longer required consultant led care but may have a whole range of issues that led to their ill health (which could include the cost of living, poor nutrition, poor heating) the social prescriber would link it with that person. They would look at benefits that someone would be entitled to and so far, they had brought in approximately £150,000 into Rotherham in unclaimed benefits. Linking with befriending groups could help with social isolation. There had been some fantastic feedback so far with 91% of the people that have engaged saying they had improved health and wellbeing. The social prescriber was also linked in with the high intensity user group within the emergency department that looked at the wider factors to see what could be done to address those. Claire Smith confirmed that whilst a lot of money was invested as an Integrated Care Board (ICB) into social prescribing, they had tried to expand and pilot other means as the social prescribing was focussed on primary care, but some people ended up in emergency departments. Work was underway to look at how the different elements of social prescribing that were commissioned across different pathways could be integrated. The Deputy Place Director suggested that a presentation on social prescribing be given in the next 12 months to the Health Select Commission and the Chair confirmed that this would be picked up as a recommendation.

Members sought further information on resourcing, particularly around resilience and contingency. Michael Wright, Deputy Chief Executive of the Rotherham NHS Foundation Trust, explained that they did have the ability to move staff, if necessary, but it was not necessarily always a good thing to move staff, particularly nursing staff, from one area to another. He stated that this did not help retention and the focus had to be on improving how to attract people to come and work at the trust. In the last four years, the workforce had grown by 358 whole-time equivalent staff; 87 additional allied health professionals were employed; 58 additional medical staff were employed; and nursing staff had increased by 93 whole-time equivalents. It was confirmed that agency staff were still being used but the Trust had spent £800,000 less on agency at month 7 than at the same time last year.

A question was raised in relation to how long people were waiting in the discharge lounge from when they left the ward to then getting their medication. It was confirmed that the aim for the discharge lounge was that people were not moved there without being able to be discharged the same day. Rotherham did quite well in terms of discharges prior to 5pm but there were some circumstances where this was not possible due to varying reasons such as if people's circumstances change. Michael Wright confirmed that the number of patients discharged before 5pm was usually just under 50%.

The usage of the online apps for mental health was also queried. It was confirmed that the number of hits on the RotherHive app had recently gone over 1 million. As a follow up question, Members asked what happened after someone had used the app. Was it followed up or was it

hoped they just continued using the app? Could they reach out and actually speak to someone? Claire Smith confirmed that it was on the service user to look on the site to see what services were available to them, but it was hard to track in terms of what the outcomes were.

Questions were raised regarding whether the plan would be enough given current pressures and what preparations had been done. Specific questions were asked in relation to Flu and COVID vaccinations; A & E targets; critical incidents and ambulance queuing. Michael Wright confirmed that ambulance handover performance had improved dramatically and was probably the best in South Yorkshire. In terms of A & E targets, it was confirmed that all trusts had to hit 76% by March 2024. Rotherham was currently in the 60%'s so there was still some way to go. However Rotherham was still in a good position compared to peers. There were acute care transformation programmes specifically looking at how improvements could be made and there were additional resources to support that.

A follow up question related to whether delays at clinics, such as respiratory clinics, were having an impact on A & E and whether there were any pressure points in particular areas. Claire Smith explained that national funding had been made available in the past to help with these issues but that had not been available for the current year. However, the Improved Better Care Fund had been used instead to continue providing this service. As such, extended access would be provided with additional appointments in primary care which should relieve some of the concerns in terms of respiratory care.

The Director of Public Health responded to the question on vaccinations. He confirmed that, as at the 1 November 2023, 43% of the eligible population had had their COVID vaccination. 97% of care homes across South Yorkshire had been visited so older people, care homes and the housebound were done first with over 73% being vaccinated. There was still some way to go on healthcare workers. In terms of the Flu vaccine, 70% of over 65's had been vaccinated and 30% of under 65's in the at risk groups had been vaccinated. There was a very low uptake for pregnant women and that needed to be worked on. 37% of the Flu vaccines had been co-delivered with the COVID vaccine which helped streamline the delivery. It was reassuring to note that COVID numbers had reduced significantly since the vaccination programme started and the numbers were well below what they were at the same point in 2022. It was confirmed that there had been a significant take up in 2-3 year olds but the exact figures would be shared outside of the meeting.

Members considered what success would look like in terms of coping with the winter pressures and how best practice could be disseminated. Steph Watt explained that everything was monitored on discharge and there were national figures. There was an exec level meeting three times a week as standard, but it was stood up further if required. There were particular targets that had to be met around discharge and the length of

stay was monitored closely. Performance was very clear to monitor, and it was that information that was acted upon in terms of dealing with winter pressures. There was also a great deal of sharing that went on at SY ICB including across health, social care and all partners to share good practice. Everyone learned from each other and visited each other. Kirsty Littlewood explained that “good” looked like early discharge planning and working with the patient in the hospital at the earliest opportunity so they can understand what their needs are at the point of discharge. It would also include having conversations with them and their family and adopting that ethos of home first to ensure that they can return to their community as quickly as possible. Councillor Roche stated that, according to a recent survey, Rotherham was doing better than their neighbours.

The Chair raised concerns about the Yorkshire Ambulance Service Push Model, particularly around falls. The concerns specifically related to older people who may be more easily persuaded that they did not need medical attention when in fact they did. The Chair questioned who would decide that medical care was not required without an x-ray or other interventions. Steph Watt explained that the calls do go into YAS who are trained experts in getting the right information. It was about balancing the relative risks. Quite often, the pathway for a fall was to convey the patient to the emergency department however this was not always in the best interest of the patient, and quite often, the patient did not want to go and wanted to remain in their own home. As such, this was where the investment in the community was vital. If RotherCare did attend because it seemed like there was no injury but had concerns, they would immediately call YAS and if there was something that did not seem right, they could contact the urgent community response to come in. The model provided choice and options that did not exist before.

The Chair questioned how Rotherham compared to other trusts nationally in terms of the winter plan. Steph Watt confirmed that works was ongoing with other trusts to share initiatives and best practice. She also acknowledged how far Rotherham had come in a year, particularly in relation to the virtual ward. It was important to recognise the success as well as identifying the challenges. Michael Wright stated that Northumbria set the benchmark. The Chief Executive from Northumbria had come down to Rotherham to speak to colleagues about the things that he had achieved with his trust. The overriding message was on continuity which was what Rotherham Trust was trying to simulate. Councillor Roche stated that Rotherham demonstrated best practice in a number of ways but was not very good at shouting about it. In terms of measuring the success of the Plan, he stated that a summary would be produced to see if any further lessons could be learned, and this could be brought back to the commission for review.

The Chair asked Councillor Roche if the more comprehensive report that goes to the Health and Wellbeing Board/Place Board could be shared with the Health Select Commission. Councillor Roche, as Chair of the Health and Wellbeing Board, agreed to take this request back to the

Board at their next meeting.

**Resolved:**

1. That Councillor Roche follow up with the Place Board regarding the sharing of the comprehensive report in lieu of the presentation.
2. That, as part of the future work on social prescribing, a further update be provided on the boarder picture of social prescribing including information on non-traditional models and information on the pilots and how they fit together.
3. That the Health Select Commission note the presentation.

**42. WORK PROGRAMME**

Consideration was given to an updated outline schedule of scrutiny work for the remainder of the municipal year 2023-24. In introducing the programme, the Chair explained that the CAHMS report should have been on the agenda for the current meeting, but a deferment had been requested at very short notice. The Chair requested that, in future, partners inform the Commission in a timely manner if they are unable to present a schedule item. This would then allow for other items to be brought forward and enable. The Chair confirmed that she would write to partners stressing the importance of providing advanced notice and to look for solutions to ensure full agendas.

There were discussions regarding what could fill the gaps on the agenda and the differences between ICP and ICB. Councillor Roche confirmed that a summary of what the different partnerships/boards did and how they were constituted could be provided.

It was confirmed that the CAHMS report would be rescheduled for the meeting to be held on 25 January 2024. It was also confirmed that Katherine and Councillor Wilson would be attending the dental stakeholder event on behalf of the Health Select Commission and would circulate the recommendations about oral health work to those who participated in the spotlight review.

The Chair praised the annual report workshop that had been held in the week prior to the meeting. There was a very comprehensive overview of what the hospital was going and the various initiatives. A write up of the workshop would be distributed before the next Health Select Commission meeting.

An update was provided in relation to the Joint Health Overview and Scrutiny Committee which was the regional health committee that the Chair and Vice Chair took turns in attending. The last meeting had discussed the NHS five-year plan and had been informative.

The social prescribing workshop and suicide prevention workshop



discussed in previous meetings would be arranged for spring 2024.

**Resolved:**

1. That the outline work programme be noted.
2. That the Governance Advisor be authorised to make changes to the work programme in consultation with the Chair/Vice Chair and reporting any such changes back at the next meeting for endorsement.

**43. URGENT BUSINESS**

There was no urgent business that required considerations at the meeting.

**44. DATE AND TIME OF NEXT MEETING**

The next meeting would take place on 25 January 2024, commencing at 5pm in Rotherham Town Hall.

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**Committee Name and Date of Committee Meeting**

Health Select Commission – 25 January 2024

**Report Title**

Adult Social Care – Commissioning Update

**Is this a Key Decision and has it been included on the Forward Plan?**

No, but it has been included on the Forward Plan

**Strategic Director Approving Submission of the Report**

Ian Spicer, Strategic Director of Adult Care, Housing and Public Health

**Report Author(s)**

Scott Matthewman – Assistant Director, Strategic Commissioning, Adult Care  
Housing and Public Health  
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**Ward(s) Affected**

Borough-Wide

**Report Summary**

This briefing has been prepared to report the progress associated with Adult Social Care – Commissioning. It has been prepared at the request of the Health Select Commission and has specific relation to advise on the progress of the contract arrangements and the introduction of Flexible Purchasing Agreements, levels of quality and compliance in the care and support market and market shaping specifically in relation to sustainability.

**Recommendations**

- That the Health Select Commission receive the content of this briefing note and request any arising queries are responded to by a given date.

**List of Appendices Included**

- Appendix 1 Presentation - Adult Social Care – Commissioning Update
- Appendix 2 Briefing - Adult Social Care – Commissioning Update

**Background Papers**

- Cabinet Report 18 February 2019 - Commissioning and procurement of a new delivery model for Home Care and Support Services
- Cabinet Report – 17 October 2022 – Commissioning Mental Health Recovery Focused Services
- Cabinet Report – 20 September 2022 – My Own Place – Supported Living for Autistic People and People with a Learning Disability.

**Consideration by any other Council Committee, Scrutiny or Advisory Panel**

No

**Council Approval Required**

No

**Exempt from the Press and Public**

No

# Health Select Commission

Adult Social Care – Commissioning Update  
25 January 2024

# Purpose

## Overview:

- Dynamic Purchasing Systems/Flexible Purchasing Systems
- Performance
- Quality and Compliance
- Market Shaping and Sustainability (Care Act 2014)

# Contract Arrangements

5 years – 3 x Dynamic Purchasing Systems (DPS)

1. Home Care Support Services (Domiciliary Care) – December 2019
2. Mental Health Recovery Focussed Community Services – July 2023
3. Learning Disability and Autism Supported Living – November 2023

Associated Cabinet Reports

- 18 February 2019
- 17 October 2022
- 20 September 2022

# Dynamic Purchasing System

- Admit a range of suitably qualified providers at any time
- No purchasing commitment
- Suppliers can be used flexibly/bespoke
- Open ongoing access - market stimulation/innovation
- Applicants - assessed - capability - quality service
- Competitive prices
- Services can be secured over a long-term offering stability to the market
- Manage quality – without lengthy tender exercise - secure replacement provision.



# 1. Home Care and Support Service

- Joint Approach with health – accountable for own Individual Purchasing Agreement (care package)
  - Rotherham Place – 2,000 hours/wk
  - Rotherham Council – 16,000 hours/wk
  - 12 Registered Domiciliary Care Providers
- New arrangement – Home Care and Support Service – DPS - 13 Providers Appointed
- Commenced April 2020
  - Tier 1 x Nine – (N,S,C)
  - Tier 2 x One
  - Specialist x 3 (2x LD, 1 x Unpaid Carers)

# Update

- Tier 1 – All the 9 appointed - sustained
- Tier 2 – Increased from 1 to 8
- Specialist Care – Specialist care providers increased from 3 to 4 (2x Learning Disability, 1x Unpaid Carers and 1x Mental Health).
- Activity - Currently approximately 18,703 hours/wk increase from (pre-DPS)
- Capacity/Demand - issue demand/pandemic (national issue) – peak/June 2021, reducing and fully April 2023
- Quality - Improved – no unplanned exit or forced termination

# Key Performance Indicators

## **KPI 1: Utilising Assistive Technology. Target - 75%**

- 72% of customers who were reviewed in the period were introduced to assistive technology or provided with options.

## **KPI 2: Strengths Based Approaches Training - Target - 100% of care workers complete training and be deemed competent.**

- Overall, 81% (654) of care workers - trained in SBA training.

## **KPI 3: - Level 2 Qualifications and Level 5 Manager Qualification. Target - 100%**

- Level 2: - 54% (437) of care workers.
- Level 5: - All registered managers either hold or are studying towards it.

## **KPI 4: - Care Certificate. Target – 100% of care workers completed the Care Certificate (or exempt).**

- 79% (633) completed
- 19% (157) undertaking
- 2.5% (15) of care workers are not currently undertaking, have been employed 3+ months and are not exempt.

# Monitor

- Assistive technology or digital solutions
  - electronic care plans
  - digital medication administration records
  - electronic rostering and call monitoring
- Self-determination - support plans are person centred
  - Direct contact with people accessing the service – high incidence of people reporting they feel listened to
- Community assets/care and support
  - Case Studies ‘evidence of....provider has facilitated access to community resources....’

## 2. Mental Health Recovery Focussed Community Services DPS

- October 2022 - Cabinet – DPS - range of community services - mental health recovery model.
- Number of separate lots - recovery at the core i.e., supported living, day opportunities and preventative services.
- No new funding - but - services procured will provide alternative cost effective and appropriate options to those available currently.
- Supported Living Prioritised – Lot 1

# Update

- Lot 1 – Supported Living Accommodation Based Services
  - Tender concluded May 2023
  - 3 Care and Support Providers appointed
  - 8 units of supported living accommodation in place
  - 4 units in development (April 2024)
- Concept of Supported Living – 3 distinct elements
  - tenancy
  - registered housing provider,
  - care and support provider.

# 3. Learning Disability and Autism Supported Living DPS

- Market Assessment:
  - Supported Living – well developed – National Providers dominate
  - Strong micro-enterprise presence – keen to develop
  - No dedicated supported living for people living with autism
  - Market shaping required

September 2022 - Cabinet - Learning Disability and Autism

Supported Living – DPS

# Update

- Tender concluded November 2023
- 10 new providers have been appointed
- The services are being implemented but time to review the outcomes
- Key Performance Indicators based on the Think Local Act Personal – ‘I and We’ statements to ensure that outcomes achieved are person centred.



# Market Quality

- Risk-based process - intelligence quantitative and qualitative - indicates the level of performance and risk
- 2020 – review of systems/processes
- Need to supplement officer resource with efficient methods – digital
- March 2021 - digital system - Provider Assessment and Market Management Solution – PAMMS
- Implementation embedded by May 2022
- Provider self-assess against key domains – validated by contract compliance officer
- Rated - Excellent, Good, Requires Improvement or Poor
- Remedial action where required

# Early Warning System

In addition to PAMMS - New method of determination of risk:

- Range of intelligence and data – automatically + manually entered to a Provider Risk Dashboard
- Green, Amber, Red - each service - INSIGHT
- Direct resources to address issues of quality early as possible
- Support assessors to assist in decision making about choice of provision people

# The data/intelligence

Establish the risk includes:

- Quality Assessment (PAMMS) – outcome
- CQC rating
- Food Standards Agency Ratings
- Number of Safeguarding decisions
- Embargo on new placements
- Contract Default Notice
- Unexpected deaths
- Number of substantiated contracting concerns
- Company in administration
- Registered Manager vacancy
- Actions include issuing - improvement plan, default notice and special measures improvement plan/ termination of support plans or whole contract.

# Market Shaping – Sustainability

Care Act 2014 duty – LA - sustain the care and support market:

## **Fair Cost of Care - Methodology:**

- Cost benchmarking exercise - comparator Local Authorities
- Costing tools/cost workbooks bespoke to the care and support service
- An assessment of quality and contract
- An assessment of providers exiting or entering the market over the previous year
- Consultation with commissioning colleagues in the region - comparison of proposed rates to be awarded and to establish any opposing position.
- An assessment of capacity against demand
- Emerging and existing policy and central funding plans
- Market engagement events take place - share their views and advise of pressures they are facing.

## Health Select Commission – 25 January 2024

## Appendix 2 - Adult Social Care – Commissioning Update.

1. Background	
<b>1.1</b>	<p>This briefing has been prepared to report the progress associated with Adult Social Care – Commissioning. It has been prepared at the request of the Health Select Commission and has specific relation to advise on the progress of the contract arrangements and the introduction of Flexible Purchasing Agreements, levels of quality and compliance in the care and support market and market shaping specifically in relation to sustainability.</p>
<b>1.2</b>	<p><u>Contract Arrangements</u></p> <p>Over the past 5 years the Council has introduced Dynamic Purchasing Systems as a procurement vehicle identified in the Public Contracts Regulations 2015.</p> <p>A number of DPSs have been introduced and are at various stages on maturity:</p> <ul style="list-style-type: none"> <li>• Home Care Support Services – commenced 2020</li> <li>• Mental Health Recovery Focussed Community Services – commenced July 2023</li> <li>• Learning Disability and Autism Supported Living – commenced November 2023</li> </ul> <p>The benefits of this type of procurement vehicle can be summarised as:</p> <ul style="list-style-type: none"> <li>• The ability to admit a range of suitably qualified providers at any time.</li> <li>• There is no purchasing commitment (as in a block arrangement) and the number of providers appointed to the DPS can be engaged in line with levels of demand</li> <li>• The number of suppliers can be used flexibly to create bespoke care and support packages</li> <li>• The market has open ongoing access to join the DPS and offering market stimulation opportunities and new and innovative providers can be appointed</li> <li>• Applicants are assessed on their capability to deliver a quality service in line with strategic outcomes</li> <li>• Services can be secured at competitive prices.</li> <li>• Services can be secured over a long-term offering stability to the market</li> <li>• This approach assists in managing quality because it avoids undertaking lengthy tender exercises to secure replacement provision e.g., should quality fail or unplanned market exit occur.</li> </ul>
<b>1.3</b>	<p><u>Home Care and Support Services - DPS:</u></p> <p>In February 2019 Cabinet approved the recommendation to undertake a procurement process to create a Dynamic Purchasing System for the home care and support service. A summary report detailing the outcome of the tender process following contract award was presented to Cabinet in December 2019.</p>

The commissioning and procurement of home care and support was undertaken in a joint approach to achieving a system wide model for Rotherham between the Council and the then NHS Rotherham Clinical Commissioning Group (now Rotherham Place – SY-ICB). The joint approach intended to accelerate the whole system requirements to consolidation the home care market and embedding strength based approaches and create further multi-disciplinary working at scale.

Prior to establishing the DPS, Rotherham Place commissioned approximately 2,000 home care and support hours per week (approximate) for 350 people from multiple providers. Under separate arrangements, 12 home care providers were contracted to the Council delivering approximately 16,000 planned home care hours per week for 1,300 people.

The Home Care and Support Services DPS was mobilised in April 2020 with a total of 13 care providers appointed:

- **Nine** - Tier 1 Providers were allocated to geographic zones (3 North, 3 South, 3 Central) to prioritise delivering care and support in their designated zone.
- **One** - Tier 2 provider was appointed to deliver Borough Wide provision. Tier 2 Providers are offered work during times of peak activity when Tier 1 providers are unable to meet demand.
- **Three** - Specialist providers were also appointed to support people who have particular needs associated with their disability (mental ill-health, learning disabled) and one Unpaid Carers Service was appointed to support people who require personal care and to support and the Unpaid Carer.

There is no limit to the number of Tier 2 and specialist care providers that can be appointed to the DPS to offer service Boroughwide and opportunities to apply are offered throughout the contract term. All applications are required to meet a threshold of quality which is assessed prior to admission to the DPS Borough-wide.

### 1.3.1 Updated position:

Since the establishment of the Home Care and Support Services DPS the number of care providers appointed to Tier 2 has expanded:

- Tier 1 – All the 9 appointed care providers have sustained service
- Tier 2 – Care providers appointed to Tier 2 has increased from 1 to 8
- Specialist Care – Specialist care providers increased from 3 to 4 (2x Learning Disability, 1x Unpaid Carers and 1x Mental Health).

The contract arrangement has supported the Council to admit a range of suitably qualified providers to address the increased demand and to address assessed needs more appropriately with more specialised provision. This has been undertaken without the need for lengthy tender exercise.

#### Activity:

In January 2024 the Home Care and Support Service delivered support to 1364 people. There are approximately 18,703 hours of service per week representing (increase in

activity compared with that in 2019). This figure accounts for the increase in the number of people being maintained at home and the consequent reduction in the number of people admitted to care homes and population growth especially the older people demographic.

Capacity Demand:

The DPS struggled to meet demand during the pandemic which was a national issue with unmet demand reaching a peak in June 2021, however, the contracted market recovered fully in April 2023 aided by the increase in the number of providers appointed to the DPS.

Quality:

Compared to when previous contract arrangements were in place the quality of home care and support services has improved. Any services have been assessed to require improvement by CQC have been subject to increased scrutiny by the Council. When the allocation of work to the care provider concerned is implemented and the flexibility of care providers appointed to the DPS has compensated to support. There has been no requirement to terminate contract arrangements on grounds of quality and compliance and no forced exit.

<b>CQC Quality rating</b>	<b>Previous Contract arrangements 2018</b>	<b>Home Care and Support DPS Q2 2023</b>
Outstanding	7.95%	6.7%
Good	38.50%	80%
Requires Improvement	30.80%	13.3%
Inadequate	7.95%	0%
Not inspected	15.40%	0%

**1.3.2** Key Performance Indicators and Monitoring:

The achievement against the new Home Care and Support Service model agreed objectives are reported quarterly. Whilst the pandemic has impeded the pace, adequate progress is being made:

<b>Service Objective/KPI/Monitoring</b>	<b>Outcome</b>
Assessment and provider care staff apply strength based approaches when completing Support Plans	All care and support providers have undergone – Strength Based Approaches Training – commissioned by the Council and continues to be part of their annual training programme. The training was aligned to that undertaken by RMBC social care assessors.

<p>KPI 2: Strengths Based Approaches Training - Target - 100% of care workers complete training and be deemed competent.</p>	<p>September 2023; Overall, 81% (654) of care workers have now been trained in SBA training. In the previous period, this was 47% (316). Of staff trained, 99% have been assessed for competency and rated competent.</p>
<p>The individual in receipt of the service determines the desired outcomes and all support plans are person centred.</p>	<p>The outcomes against this objective are monitored by directly contacting people accessing the service. A quarterly analysis indicates 87% of those surveyed are listened to by their care provider.</p>
<p>Options to use equipment, assistive technology or digital solutions are explored as part of the support planning process</p>	<p>September 2023: Overall, providers reported that 72% of customers who were reviewed in the period were introduced to assistive technology or provided with options.</p>
<p>KPI 1: Utilising Assistive Technology. Target - 75% of customers introduced to assistive technology or provided with options.</p>	
<p>Provider staff are confident and competent to use or work alongside equipment, assistive technology or digital solutions</p>	<p>All providers are now utilising electronic care plans, digital medication administration records, electronic rostering and call monitoring. This has supported adequate auditing, risk management and efficiency and encouraged timeliness. Overall, there has been a reduction in contract concerns reported as missed and late care calls.</p>
<p>Provider staff make best use of community assets as part of their care and support offer for individuals in receipt of the service</p>	<p>In September 2023: Provider 1 - A person accessing the service with complex needs was supported to attend music lessons and became involved with preparing and staging a live performance experiencing inclusion and learning new skills/experiences.</p>
<p>Case Studies are collated to demonstrate 'evidence of people accessing the service where the provider has facilitated access to community resources, over and above requirements commissioned by RMBC'</p>	<p>Provider 2 - A person accessing the service who experienced low mood and self-neglect was encouraged to return to a painting hobby and attend classes at a local community centre. The person has regained some level of confidence and improved mental health. Provider 3 - A person accessing the service with a physical disability after a life changing event was experiencing social isolation but was supported to access the community and regain confidence. Provider 4 - A person accessing the service who became wheelchair dependant and was experiencing suicidal thoughts. He was supported to apply for more appropriate housing and was then able to manoeuvre</p>



		his wheelchair and with support access public transport and become reinvolved in the community.
	<p>Learning and development is available to provider care staff</p> <p>KPI 3: Level 2 Qualifications and Level 5 Manager Qualification. Target - 100% of care workers hold a Level 2 (or above), 100% of managers hold a Level 5.</p> <p>KPI 4: Care Certificate. Target – 100% of care workers completed the Care Certificate (or exempt).</p>	<p>September 2023:</p> <p>Level 2: 54% (437) of care workers hold a Level 2 qualification or are studying towards this. In the previous period, this was 36% (239).</p> <p>Level 5: All registered managers either hold a Level 5 Health and Social Care qualification or are studying towards it. At the time of reporting, one manager post was vacant.</p> <p>Care Certificate: 79% (633) of care workers have completed the Care Certificate (or are exempt). 19% (157) of care workers are currently undertaking the Care Certificate. 2.5% (15) of care workers are not currently undertaking, have been employed 3+ months and are not exempt.</p>
<b>1.4</b>	<p><u>Mental Health Recovery Focussed Community Services – commenced 2023</u></p> <p>In October 2022 Cabinet approved a procurement process to establish a Dynamic Purchasing System and procure a range of community services which reflect the principles of mental health recovery model. This followed review of current care and support provision indicates the need to improve the community service model to one which offers, mental health recovery support, personalised social care with increased choice and control for people living with mental ill-health.</p> <p>Such services support people to achieve independent living skills, move towards and sustain independent living. This is in line with the guiding principles of the mental health recovery framework for people who are deemed eligible for support under the Care Act 2014. This model promotes the identification of the strengths of individuals, offers them</p>	

	<p>support to build the resilience necessary to enable them to regain control over their lives after experiencing a serious mental illness.</p> <p>Aiming to harness the opportunities which exist in the care and support market, the recommendation was approved to develop a range of service provision arranged under a Dynamic Purchasing System. The Community Services – Mental Health Recovery DPS will increase choice and improve outcomes for people living with mental ill-health and will comprise of a number of separate lots. Each lot will specify a community service with the principle of mental health recovery at its core.</p> <p>The community services in scope include supported living, day opportunities and preventative services. As there was no new funding available to develop the initiatives but the new services procured will provide alternative cost effective and appropriate options to those available currently. The referral to such services will be determined as a result of a review of each individual care package.</p>
1.4.1	<p><u>Update:</u></p> <p><u>Lot 1</u></p> <p>The development of the Community Services – Mental Health Recovery DPS commenced in January 2023 with Lot 1 – Supported Living Accommodation Based Services being tendered. In May 2023 a total of 3 providers were appointed and to date a total of 8 units of specialist accommodation aligned to the supported living model have been developed and tenanted by people living with mental ill-health. Another 3 units are in development and the opportunity to the market remains open.</p> <p>Supported living is a concept of three correlated but distinct elements:</p> <ul style="list-style-type: none"> <li>• Tenancy - people have their own tenancy agreement and are responsible for their own bills, cost of living and they receive housing benefit.</li> <li>• Registered (housing) Provider (RP) – manages the accommodation and tenancy (social housing) i.e., housing association – not for profit. The accommodation may have been developed or purchased using private or social investment and leased to the RP.</li> <li>• Personal care and Support (regulated by CQC) is provided under a separate contractual arrangement.</li> </ul> <p>The separation between each element means where quality and compliance issues arise an alternative provider can be appointed. For clarity the Council will only enter into a contract with the care and support provider. The new services procured will provide alternative cost effective and appropriate options to those available currently.</p> <p>In the supported living model, the costs to the Council are incurred on a temporary basis as the need for the service is reduced over an approximate period of 1-3 years as independence is achieved.</p>

1.5	<p><u>Learning Disability and Autism Supported Living – November 2023</u></p> <p>Rotherham has a well-developed supported living market aimed at people with a learning disability. There is a dominance of commissioned large national providers, and indications from the strong micro-enterprise presence that they are keen to expand into delivering supported living services. An assessment of the care and support market concluded that there is a lack of core and cluster accommodation (purpose-built ‘core’ accommodation on a single site with 24-hour staffing cover) and there is no dedicated supported living for people living with autism. This has prompted market shaping to be undertaken to determine the future of supported living in Rotherham.</p>
1.5.1	<p><u>Update</u></p> <p>In September 2022 Cabinet approved the recommendation to undertake a procurement process to establish a Learning Disability and Autism Supported Living – DPS. The overarching objective of the DPS is to create a route to market with a range of providers who meet the quality standards of the Council and meet the key objectives to:</p> <ul style="list-style-type: none"> <li>• Shape, sustain and improve provider markets.</li> <li>• Standardise as far as possible the dealings with established qualified member providers.</li> <li>• Encourage new entrants (including micro-enterprises) into the market by allowing access to opportunities for business with the Council</li> <li>• To enable the Council to work cooperatively with member providers, and other stakeholders (e.g., service users) to meet objectives such as improved outcomes for service users and better value for money for the Council as the Purchaser.</li> </ul> <p>As a result of the tender 10 new providers have been appointed. The opportunity to the care and support market to apply to be appointed will remain open to encourage innovation and best practice in the provision of learning disability and autism support services. The DPS is new and the services are being implemented but time to review the outcomes. The service specifies Key Performance Indicators based on the Think Local Act Personal – ‘I and We’ statements to ensure that outcomes achieved are person centred.</p>
<b>2. Key Issues</b>	
2.1	<p><u>Market Quality</u></p> <p>The ASC Directorate’s approach to quality assurance of adult care and support services is a risk-based process. Intelligence gathered (quantitative and qualitative) is used to indicate the level of performance and risk to inform whether intervention is required. In 2020 an assessment of the procedures used to monitor the quality of service delivery found that methods used were outmoded and labour intensive and the Council had minimal resilience to legal challenge and self-assessed as weak in this area. The review concluded that there was a requirement to supplement officer resource with efficient methods of working has been identified to ensure care and support services deliver services which are safe, of high quality and are value for money.</p>

In March 2021, a commercially available digital system (Provider Assessment and Market Management Solution – PAMMS) was purchased to enable an intelligence-led risk-based approach to market interventions. In August 2021 a PAMMS implementation project commenced, and the system was successfully embedded by May 2022. All contracted services have undergone an annual quality assessment. The timely introduction of digital technology to leverage human resources will support the Council to prepare for the new duties as a result of the Health and Care Act 2022 CQC to review and assess local authority performance.

The introduction of the PAMMS quality management system has enabled the collation of key data sets (Quality Assessment Outcomes, CQC ratings, Food Standards agency, etc), to be used to monitor levels of quality/service outcomes and could be presented as robust evidence against the new CQC Assurance Framework.

Following the assessment, each provider is given a rating for the service of Excellent, Good, Requires Improvement or Poor). Remedial action is then pursued with the provider where required.

#### Early Warning System:

In addition to the PAMMS quality assessment, an early warning system, has been developed to provide an overview of levels of quality in care and support services. The Early Warning System provides a method of determination of risk.

A range of intelligence and data are both automatically and manually entered to a Provider Risk Dashboard which displays a risk ranking of Green, Amber, Red against each service. The data/intelligence used to establish the risk includes:

- Quality Assessment (PAMMS) – outcome
- CQC rating
- Food Standards Agency Ratings
- Number of Safeguarding decision
- Embargo on new placements
- Contract Default Notice
- Unexpected deaths
- Number of substantiated contracting concerns
- Company in administration
- Registered Manager vacancy

The Contract Compliance Team utilise the dashboard in order to direct resources to services proactively address issues of quality and compliance. This could include the issuing of an improvement plan, default notice and special measures improvement plan or termination of support plans or whole contract. The Provider Risk Dashboard is a digital application which updates overnight and is visible (on INSIGHT) to Adult Care an integration colleagues and Social Care Assessors use the dashboard when supporting people to make decisions about the choice of provision.

## 2.2 Market Shaping – Sustainability

The Care Act 2014 places a duty on Local Authorities to sustain the care and support market. There is a broad definition of market sustainability as set out in the Care Act 2014, which places a duty on local authorities to assure themselves and have evidence that fee levels are appropriate to provide the agreed quality of care, and also enable providers to effectively support people who draw on care and invest in staff development, innovation and improvement.

### Cost of Care Exercise:

To assure the Council that there is evidence that the providers are appropriately paid, an annual cost of care exercise is undertaken to enable the Council to analyse the cost of care. This is undertaken in collaboration with the contracted market. Undertaking a cost of care exercise with the market allows the Council to assess any risk in terms of market sustainability and to identify risk resulting from e.g., non-compliance with employment law by the contracted providers. The exercise will include consideration for inflationary adjustments required to update prices against common indices (Retail Price Index or the Consumer Price Index) and national minimum wage increase to calculate the appropriate inflationary increase.

The scope of services considered in scope include, Home Care and Support, Care Homes, Supported Living. The services in scope are delivered to all client groups including older people, people with a learning disability, living with autism, mental ill-health, or who have a physical disability, or a sensory disability. Established contracts currently being retendered or have recently been established under commercially competitive conditions are out of scope as the market rate as a result of this process will suffice.

Where there is a shared funding responsibility, collaboration with our health colleagues. Is undertaken in order that their fee increase arrangements align with those of the Council.

### Methodology:

1. A cost benchmarking exercise is undertaken with Councils in the sub-region and comparator Local Authorities to obtain an understanding of the relative cost of care in the region.
2. Costing tools/cost workbooks bespoke to the care and support service type are reviewed, revised and approved by finance colleagues. The cost workbooks serve as a self-assessment tool for the provider market and will be submitted to the Strategic Commissioning Team for evaluation with finance colleagues. The completed cost workbooks will provide a detailed breakdown of staffing cost and non-staffing costs and associated detail.
3. An assessment of quality and contract compliance in the contracted market is taken into account to inform the 'as is' position as a measure of whether current arrangements are affecting quality and compliance.
4. An assessment of providers exiting or entering the market over the previous year is undertaken to take into account any signs of instability and to estimate risks associated with planned and unplanned market exit.

	<ol style="list-style-type: none"> <li>5. Consultation with commissioning colleagues in the region will be undertaken to enquire on the strategic direction that they plan to undertake in their respective LA to apply uplift to fees and to enable comparison of proposed rates to be awarded and to establish any opposing position.</li> <li>6. An assessment of capacity against demand will be undertaken to identify the market position/gaps in service against projected demand and associated risk.</li> <li>7. Emerging and existing policy and central funding plans are taken into account including the change in the National Living Wage, Skills for Care - Workforce Planning data, headlines in the Care Quality Commission State of Care Report, to contribute to an overall assessment of the care and support market to inform decisions.</li> <li>8. Market engagement events take place in Q3 to offer an opportunity to the market to share their views and advise of pressures they are facing.</li> </ol>
<p><b>3. Recommendations</b></p>	
<p><b>3.1</b></p>	<p>That the Health Select Commission receive the content of this briefing note and request any arising queries are responded to by a given date.</p>

**Health Select Commission – Work Programme 2023-2024 – presented in January 2024**

**Chair: Cllr Taiba Yasseen**  
**Governance Manager: Barbel Gale**

**Vice-Chair: Cllr Firas Miro**  
**Link Officer: Ben Anderson**

The following principles were endorsed by OSMB at its meeting of 5 July 2023 as criteria to long/short list each of the commission's respective priorities:

**Establish as a starting point:**

- What are the key issues?
- What is the desired outcome?

**Agree principles for longlisting:**

- Can scrutiny add value or influence?
- Is this being looked at elsewhere?
- Is this a priority for the council or community?

**Developing a consistent shortlisting criteria e.g.**

- T: Time: is it the tight time, enough resources?  
 O: Others: is this duplicating the work of another body?  
 P: Performance: can scrutiny make a difference  
 I: Interest: what is the interest to the public?  
 C: Contribution to the corporate plan

<b>Meeting Date</b>	<b>Agenda Item</b>
29 June 2023	Place Partners Mental Health Services Draft Work Programme
27 July 2023	Drug and Alcohol Services Place Plan Priorities Close Down Report - May 2023
28 September 2023	Suicide Prevention Update Adult Social Care Preparedness for Regulation
Workshop - November 2023	TRFT Annual Report
16 November 2023	Child and Adolescent Mental Health Services Update (deferred) Place Partners Winter Planning
Winter 2023 to Spring 2024	Review: Menopause, Sexual and Reproductive Health
25 January 2024	Healthwatch – Adult Social Care Adult Social Care – Commissioning Update

<b>Meeting Date</b>	<b>Agenda Item</b>
February 2024	Social Prescribing Workshop
7 March 2024	Maternity Services Update Yorkshire Ambulance Service
April-June 2024	Quality Accounts

**Items for Scheduling:**

<b>Off Agenda Briefing</b>	Child and Adolescent Mental Health Services Update
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