

Health Select Commission – 25 January 2024

Appendix 2 - Adult Social Care – Commissioning Update.

1. Background	
1.1	<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>
1.2	<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">• Home Care Support Services – commenced 2020• Mental Health Recovery Focussed Community Services – commenced July 2023• Learning Disability and Autism Supported Living – commenced November 2023 <p>The benefits of this type of procurement vehicle can be summarised as:</p> <ul style="list-style-type: none">• The ability to admit a range of suitably qualified providers at any time.• 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• The number of suppliers can be used flexibly to create bespoke care and support packages• The market has open ongoing access to join the DPS and offering market stimulation opportunities and new and innovative providers can be appointed• Applicants are assessed on their capability to deliver a quality service in line with strategic outcomes• Services can be secured at competitive prices.• Services can be secured over a long-term offering stability to the market• 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.
1.3	<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.

CQC Quality rating	Previous Contract arrangements 2018	Home Care and Support DPS Q2 2023
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:

Service Objective/KPI/Monitoring	Outcome
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.
	Learning and development is available to provider care staff	September 2023: 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>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>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>
1.4	<u>Mental Health Recovery Focussed Community Services – commenced 2023</u>	
	<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>	

support to build the resilience necessary to enable them to regain control over their lives after experiencing a serious mental illness.

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.

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.

1.4.1 Update:

Lot 1

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.

Supported living is a concept of three correlated but distinct elements:

- Tenancy - people have their own tenancy agreement and are responsible for their own bills, cost of living and they receive housing benefit.
- 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.
- Personal care and Support (regulated by CQC) is provided under a separate contractual arrangement.

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.

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>	<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>
<p>1.5.1</p>	<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"> • Shape, sustain and improve provider markets. • Standardise as far as possible the dealings with established qualified member providers. • Encourage new entrants (including micro-enterprises) into the market by allowing access to opportunities for business with the Council • 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. <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>
<p>2. Key Issues</p>	
<p>2.1</p>	<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"> 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. 6. An assessment of capacity against demand will be undertaken to identify the market position/gaps in service against projected demand and associated risk. 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. 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.
3. Recommendations	
3.1	That the Health Select Commission receive the content of this briefing note and request any arising queries are responded to by a given date.