

Social Care Scrutiny and Performance Panel – 1 Sept 2011

Support for Living at Home Services

Portfolio: Councillor McCracken, Social Care, Health & Housing

Service: All home care and supported living services

Wards: All

Key decision: Yes

Forward plan: Yes

1. Summary of report

To provide an overview of the progress made on the procurement process for Support for Living at Home Services.

2. Recommendations

2.1 To note the progress to date

2.2 Agree the continuation of the procurement process.

3. Background information

In March 2010 a report was presented to Social Care and Inclusion Scrutiny Panel. This document identified a number of failings relating to the present contracting arrangements and domiciliary provision in Walsall. The following recommendations were made:

- Detailed work is undertaken in relation to understanding types of need, the geographic location of need and likely demographic changes over the next decade (Joint Strategic Needs Assessment);
- Further work be undertaken on a joint commissioning approach between the Council and NHS Walsall (PCT);
- E-auctions are no longer used for the commissioning of these types of services.

The development of the Joint Commissioning Unit (JCU) has allowed the following activities to inform the needs of the proposed service:

- The Commissioning Matrix – spend analysis on services
- Good practice and cost benchmarking with other Local Authorities
- Scoping of the market for prospective tenderers and assess capabilities.

A Cabinet report was considered by the Council on 9th February 2011 where members agreed the tendering of domiciliary care contract which includes Mental Health provision

along with incorporating Community Support and Continuing Health Care (CHC) services into this procurement activity, to provide a person-centred approach to service delivery whilst supporting the personalisation agenda.

Personalisation requires a significant change to the way in which services are commissioned and procured to enable people to make informed choices and control over the provision they receive.

The pace of Walsall around the implementation of Individual Budgets has increased significantly resulting in an increase drive for re-procurement of Support for Living at Home Services.

Walsall Teaching Primary Care Trust (known as NHS Walsall) has been granted provisional pilot status for Individual Health Budgets which will be inclusive of direct payments/individual budgets and is another significant driver.

Walsall Social Care has implemented its resource allocation system (RAS). Therefore, every citizen (ie a resident living within the borough or where there is a duty of care) who has been assessed under Fair Access to Care Services (FACS) with a substantial and/or critical need (either as a new referral or at point of review), will be offered an individual budget to purchase services identified within their support plan to achieve those outcomes/goals identified by them, their carers, family members and/or advocates.

This has required a significant change and challenge to the way services are commissioned moving from a traditional block arrangement model to a model where:

- there is no guaranteed income for providers
- providers are expected to operate borough wide
- the procurement exercise will result in the development of a framework and an accreditation style process
- the process will not close; maximising choice and control for citizens
- there will be no set market price
- with the exception of CHC clients, the individual service user will normally choose the provider to deliver personalised services and
- the Council will only broker services when the citizen cannot or refuses to do so, and will follow a published procedure to ensure transparency both for the Council and Providers

Key procurement activities include:

- Support to project implementation group through advice
- Research into the procurement of personalised services
- Draft Invitation To Tender (ITT) documentation and procurement plan
- Consultation with voluntary sector regarding design, content, style of ITT
- Workshop events with stakeholders inclusive of Health representation regarding the ITT.

4. Resource considerations

4.1 Financial:

4.1 Generic Support for living at Home services (SLHS)

The current external expenditure on Support for Living at Home services for Adult Services is £12.8m with 33 contracted providers. They provide services to older people, people with mental health issues and CHC eligible individuals. The CHC element equates to £2.4m for Domiciliary Care and £220k for end of life domiciliary care. Together an average of 1657 people receiving support. The hourly rate associated with this provision ranges from £9.99 to £10.66 (End of Life Care Rates which range from £11.48 and £12.28) with the median at £10.49.

4.2 Community Support

Currently there are 11 contracted community support providers working with people with learning and/or physical disabilities. There are a number of providers currently out of contract because they have been commissioned outside of the contractual arrangements.

The provision of both contracted and non contracted community support from these 11 providers equates to £6.2 million per year across the support packages of 278 people. The hourly rate of community support providers ranges from £12 to £25. The variation is not justified by the level of need presented by the individual or the specialism of the provider which the re-assessment of care packages has confirmed.

The current external expenditure for this project is approximately £19m annually.

4.2 Legal:

The council is committed to ensuring the delivery of care and support with due regard to race, gender and disabilities. Failure to do so could result in legal challenge.

- i) Under section 49A of the Disability Discrimination Act 1995, public authorities must have regard to a range of needs in carrying out their functions, for example the need to promote equality of opportunity for disabled people.
- ii) Under the DOH guidance Putting People First the council has a duty to
 - a) have a transparent, open and fair system for the allocation of resources with a stronger focus on outcomes for people.
 - b) consult the individual being assessed and to take all reasonable steps to reach agreement with the individual about the provision of support and information about likely costs.
 - c) have a review process that should allow for flexibility, by consulting the service users and if appropriate carers/representatives and allow for a right of appeal.

The guidance although allowing the council to have regard to resources, still requires it to meet the individuals needs once these have been assessed. Agreement to the tenderer would enable the Council to meet the legal duties and powers conferred upon it by the National Health Service and Public Health Act 1968, the Chronically Sick and Disabled Persons Act 1970 and the National Health Service Act 1977 and all related

guidance. It would also ensure compliance with the Fair Access to Care Services guidance.

4.3 Staffing:

All the services that are the subject of the procurement exercise are employed in the independent sector.

5. Citizen impact

There is no implications for the citizens of Walsall who do not directly use these services.

6. Community safety

There is no known community safety issue affected by this report

7. Environmental impact

There is no known environmental issue affected by this report

8. Performance and risk management issues

8.1 Risk:

A full analysis of risk has been undertaken as part of the project approach, and a risk register developed. Main risks are around minimising a risk of challenge to the procurement process, and a failure of the market to respond to new ways of working.

8.2 Performance management:

The increased targeting of the service will ensure that performance improves and efficiencies are realised in terms of improved outcomes for service users, and providing the council with better value for money.

9. Equality implications

Replacement of the current contracting arrangements with a framework agreement will mean that the market is better placed to meet individual needs regardless of race, gender, disability or other equality issue.

10. Consultation

There has been extensive consultation, including:

- Consultation with citizens (present and future) inclusive of carers, Black & Minority ethnic representation to identify the requirements of personalised services
- Consultation with key external stakeholders such as the voluntary sector, Providers and regional authorities to identify and address readiness of sector to personalisation and good practice

- Consultation with key internal stakeholders inclusive of Health, Legal, Care & Assessment teams etc for the requirements of the external market
- Workshop events with stakeholders inclusive of Health representation regarding governance, project authorisation and processes
- Establishment of citizens representation on the project implementation group to inform the group of citizens views and assist in procurement process
- Development of commissioning plan and an outcome focussed service specification.

Background papers

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