Report No.
ACH23-003

London Borough of Bromley

PART 1 - PUBLIC

Decision Maker:	**Adult Care and Health Policy Development and Scrutiny Committee.**
Date:	**24 January 2023**
Decision Type:	Non-Urgent Non-Executive Non-Key
Title:	**Annual Monitoring Report: Domiciliary Care**
Contact Officer:	Channelle Ghania Ali - Integrated Strategic Commissioner Tel: 0208 461 7621 E-mail: Channelle-Ghania. Ali @bromley.gov.uk
Chief Officer:	Kim Carey -Director Adults Social Care
Ward:	All

1. REASON FOR REPORT

1.1 Policy Development and Scrutiny Committees may review contracting arrangements on an annual basis, where the contract value is over £500k. The Domiciliary Care Frameworks for both the Patch and Framework providers contracts commenced on 28 August 2021 and have an annual aggregate value that exceeds this threshold.

1.2 This report provides an overview into the delivery of the contracts in accordance with the service specification.

1.3 Given the number of providers (40 in total) this report will focus on the mobilisation and performance reporting to provide an insight into the first year of these contracts.

2. RECOMMENDATION(S)

2.1 That the Adult Care and Health PDS committee notes the content of the contract monitoring report on the performance of Patch and Framework providers in the delivery of Domiciliary Care in the initial year of this Award.

Impact on Vulnerable Adults and Children

1. Summary of Impact: There is no negative impact. The service support both the local Corporate Plan priorities and statutory duty (3.1 below).

Transformation Policy

1. Policy Status: Existing Policy
2. Making Bromley Even Better Priority (delete as appropriate):
   - For adults and older people to enjoy fulfilled and successful lives in Bromley, ageing well, retaining independence, and making choices.
   - To manage our resources well, providing value for money, and efficient and effective services for Bromley's residents.

Financial

1. Cost of proposal: Estimated Cost £13.4m per annum
2. Ongoing costs: Recurring Cost £107.2mill for 8 years
3. Budget head/performance centre: All Domiciliary Care Budgets within Adult Social Care

4. Total current budget for this head: £12.1m
5. Source of funding: Council's General Fund (within existing budget envelope)

Personnel

1. Number of staff (current and additional): NA
2. If from existing staff resources, number of staff hours: NA

Legal

1. Legal Requirement: Statutory Requirement
2. Call-in: Applicable

Procurement

1. Summary of Procurement Implications: NA

Property

1. Summary of Property Implications: NA

Carbon Reduction and Social Value

1. Summary of Carbon Reduction/Sustainability Implications:

Customer Impact

1. Estimated number of users or customers (current and projected): 2193 Adults, 26 children: both current at end of year 1 of contract.

Ward Councillor Views

1. Have Ward Councillors been asked for comments? Not Applicable
2. Summary of Ward Councillors comments: NA

3. COMMENTARY

3.1 Domiciliary Care is made available to adults assessed under the Care Act 2014 who require personal support to maintain their independence whilst remaining in their own homes. The service was recommissioned, as the previous Domiciliary Care Framework (2011) expired in 2021. The new contracting arrangements have a focus on improving outcomes for residents and increasing independence via an early intervention and prevention approach.

3.2 The Gateway 0/1 Commissioning Strategy for Domiciliary Care (ACH 19015) presented the strategic outcomes that underpin the new service model of Domiciliary Care as follows:

I. To embed a new Patch model across the quadrants of the borough with Patches accepting 60-70% of all care packages, and the remaining accepted by the Framework;
II. A systems change in Domiciliary Care moving from 'Time/Task' care to Strengths-based assessments and care that seek to champion the strengths of the service-user to remain as independent as possible;
III. Which will in turn lean upon the Trusted Assessor Model of Care allowing providers to regularly review care packages, ensuring the optimum outcomes for service users.

3.3 Following the Domiciliary Care Contract Awards (ACH21-031); to 8 Patch providers for 5 years with a potential 3-year extension and to 32 Framework providers for 4 years with no extension; the mobilisation period began in July 2021 supporting the requirement to commence the contracts on 28 August 2021.

3.4 The Framework includes both established providers (14) who were also successful during the last tender (2011) and newly awarded providers (18). Where previous providers were unsuccessful, for the new Award, these became legacy providers (13) with the intention that their packages would move to the Patch or framework providers at the time of a care manager's review.

3.5 The Patch Award to the 8 providers is a mix of established Framework providers (4) on the 2011 Award and new contractors (4) to the council.

3.6 Because contract mobilisation took place over a period within the pandemic pressures and lockdown the Patch providers were offered an extended period of mobilisation from the intended November 2021 completion date.

3.7 During this extended period of Patch mobilisation the providers submitted their mobilisation plans which included tasks such as recruitment & training of carers. All patch providers were onboarded to understand that their attendance at regular contract meetings is a contractual requirement. These contractual meetings aim to embed the strategic management process which includes the KPI and outcomes reporting.

3.8 The ambition to mobilise our Patch providers in the first year has been slower than planned. A critical factor has been the national shortage of available care and health workers. This has been a challenge to our Patch and Framework providers, some of whom have mitigated against the carer's shortages via the Government's Sponsorship Licence option to recruit from abroad.

3.9 Most patch providers have now recruited through the Government's Sponsorship route and ten framework providers have followed suit. This new capacity has started to have a positive impact (from August/ September 2022) with reference to the increasing number of packages supported by the Patch providers.

3.10 A fair proportion of providers (15), from both the Patch and Framework, have also engaged with the Wake up to Care project. This Council initiative helps to recruit carers that are new to care primarily, in partnership with our care providers. To date regular meetings have been held to discuss the progress of the Wake Up to Care initiative and on the recruitment of potential apprentices coming forward from the promotional work carried out across the borough in both colleges and shopping centres.

3.11 Another specific contract management issue, that has since been resolved, is the replacement of the Carefirst platform, the Council's social care software. It has been superseded by Liquid Logic. The initial problems were concerned with invoicing and payments which impacted on our providers' cashflows especially for smaller local domiciliary care businesses.

3.12 Whilst the mobilisation is running behind schedule it is important to note that the Council can respond to all care package demands, primarily with Framework providers (as detailed in table C below).

Service Profile / Data Analysis / Specification

3.13 The contract has four Domiciliary care categories: Standard Adult Dom Care; Children & Young People, Discharge to Assess and Palliative/ End of Life Care. Our projections on numbers of service users have been based on these four categories. At the time of the Award report the average projection of all categories per calendar month was estimated at: 1,693. The data below shows that the projected average number of Domiciliary care packages (1,693) has increased by 29.53% to 2193 2022/23.

3.14 Additionally, there has been consistent demand throughout the year with no easing of demand after the winter pressure period.

Table A

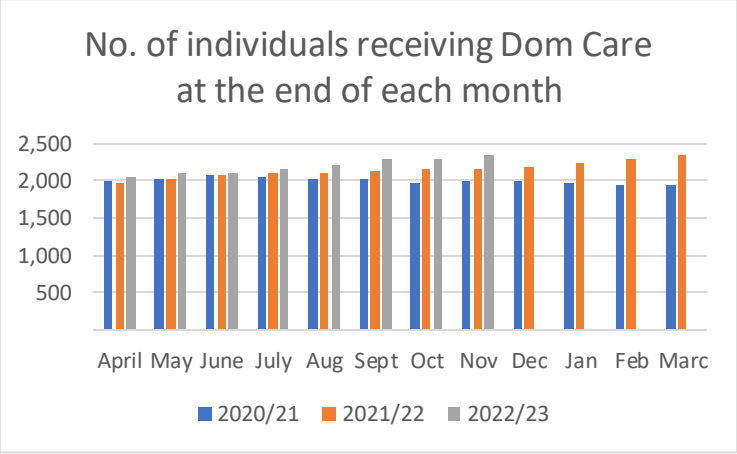


Table B

	2020/21	2021/22	2022/23
April	2,006	1,983	2,064
May	2,028	2,022	2,094
June	2,083	2,074	2,108
July	2,047	2,101	2,162
Aug	2,031	2,096	2,207
Sept	2,031	2,141	2,281
Oct	1,976	2,163	2,291
Nov	1,994	2,160	2,337

Dec	2,000	2,175	
Jan	1,979	2,228	
Feb	1,952	2,286	
Mar	1,957	2,355	
Average pcm	2007	2149	2193

3.15 Package lengths are captured below for the first year of this Award (28 August 2021- 12 November 2022). Please note we cannot compare 2021/22 with previous years due to onerousness of this task.

Table C

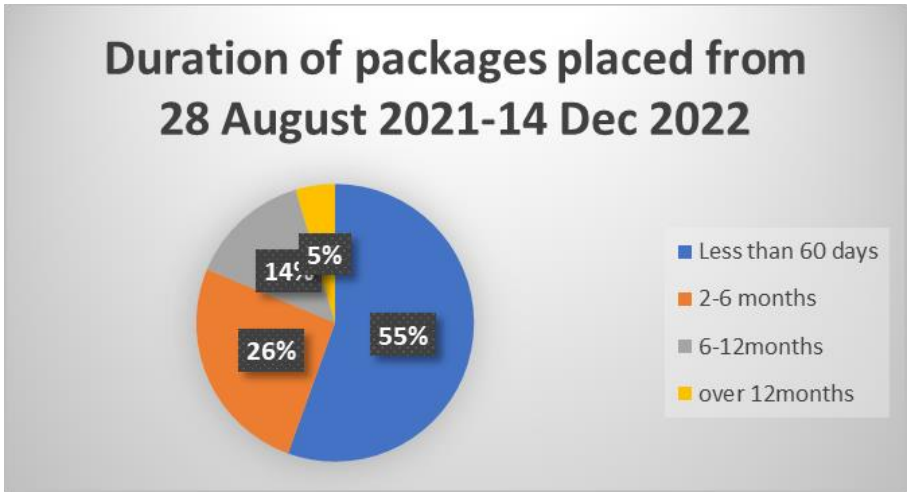


Table D

Duration of Packages	
Less than 60 days	2385
2-6 months	1108
6-12 months	606
over 12 months	197

Please note each service user may have several lines of care recorded on Liquid Logic system.

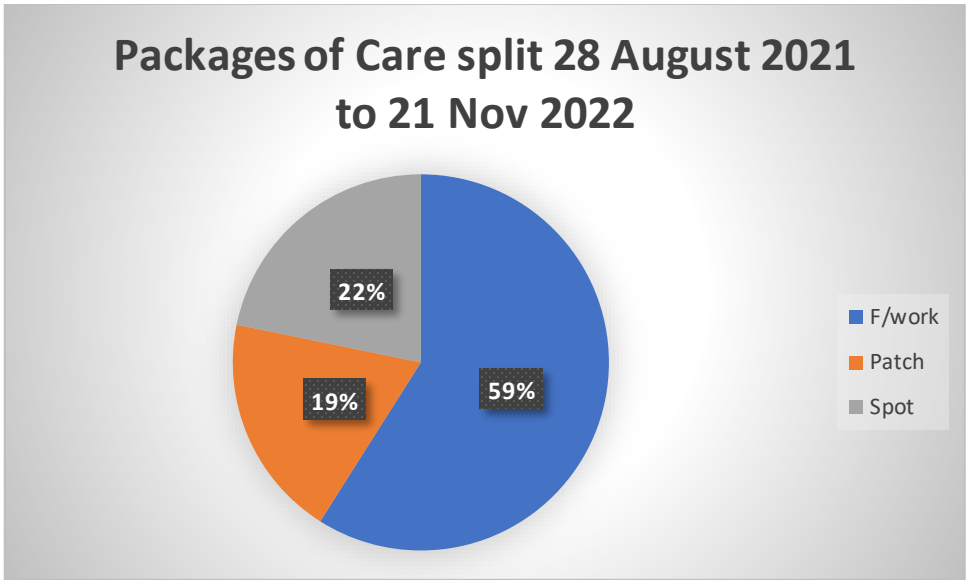
3.16 The data above presents that most packages are under 60 days, which on first sight might indicate that service users are discharged within 60 days. However, most service users have several domiciliary care lines recorded as open at any time, for instance, 4 calls per day for 30 minutes and these can be closed to add new ones at any time. So, a service user may have a domiciliary care line for less than 60 days but on closing this another one may be opened with a variation such as the domiciliary care provider or the 30 mins increasing. To gain a fuller understanding of domiciliary care lengths Commissioning would need to complete case reviews in Year 2.

3.17 The anticipated package allocation, with 60-70% going to the Patch, is progressing slower than anticipated. This is due to the slow start in recruitment of carers, as discussed above. However, it

is important to stress that the Council has been able to respond to all care package demands, primarily with Framework providers (as detailed in table E below) or as a last resort with other 'spot' CQC rated 'good' and above providers. This latter safety net process was part of the commissioning strategy.

3.18 Currently, the data shows that our Framework providers have the greatest capacity to accept packages, and that our reliance upon Spot or Legacy providers amounts to over a fifth of the total packages. These spot or legacy packages usually place a cost pressure on the budget, but in year 2 we foresee a decrease in our use of spot and legacy providers.

Table E



3.19 During the first year a tiered strategic contract management process has been implemented. Providers with the greatest spend (£500k+) are required to:

i. complete an additional data and contract management process and report upon activity
ii. submit data on outcomes for adults with care and support needs (See appendix A for the template) and
iii. participate in the Quality Assurance Framework process completed by the Quality Assurance Team.

3.20 This tiered process is a tool to capture matters that will lead to improvements in the lifetime of the contract such as cost savings, value for money and positive outcomes for both the service users and Providers in their experiences. Additionally, all providers are required to report on capacity indices.

3.21 To date all Patch providers have completed the expected quarterly meetings to discuss matters such as mobilisation and recruitment; their capacity building in their patch; their capacity over the winter festive period to accept new packages (as often carers' rotas are pre-designed over this period with little capacity to accept new packages) and their expected 7-day capacity to accept hospital discharge throughout the year.

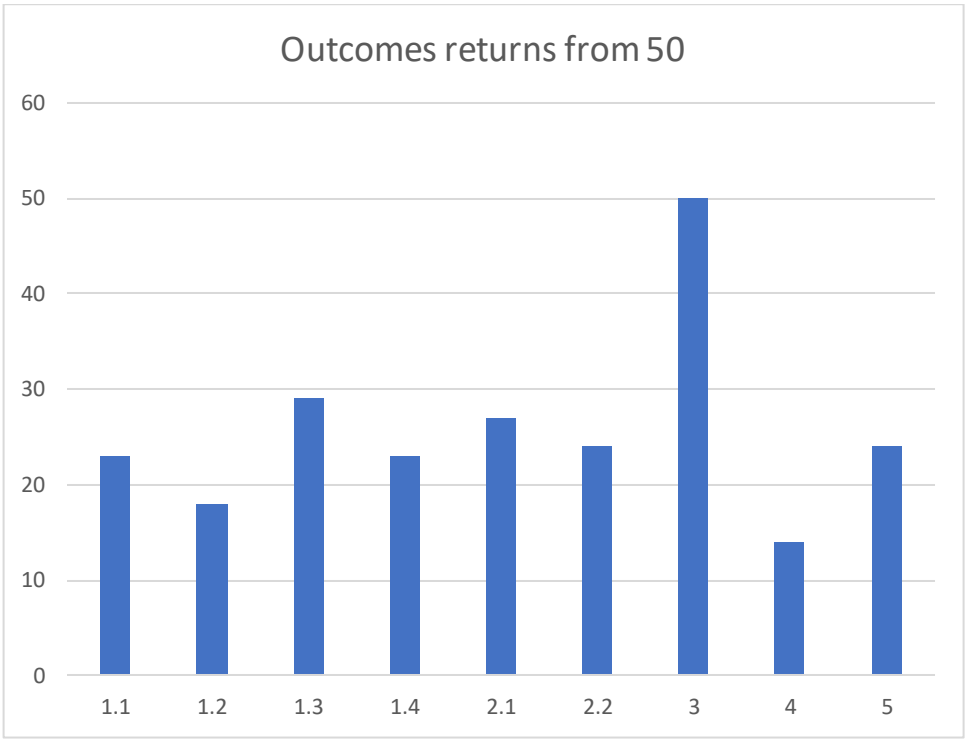
3.22 All framework providers have completed quarterly meetings to discuss their mobilisation arrangements, general capacity, winter capacity and weekend capacity.

3.23 Both Patch and Framework providers have attended meetings on market development matters, and in relation to developing the newly commissioned Children & Young People and End of Life/ Palliative domiciliary care areas. These have been specific targets areas for improvement as these are the categories in which we have not been able to place our packages in previous years, without relying on spot providers.

3.24 As above, the Patch providers are required to return reports on the outcomes listed in Appendix A as part of the strategic contract management process. The returns have been delayed for year 1 to enable the providers to focus on business recovery post pandemic; but all Patch providers are due to submit their data by December 2022. Our Framework providers will follow suit with the intention that these will be completed quarterly.

3.25 The returns received thus far provide an insight into an initial sample of 50 people (please refer to Appendix A for the description of each measure below):

Table F



(1.1 – 5 – defined in Appendix A)

Outcome 1: An individual can maintain or increase their level of Personal care. This is being met by approximately half of the sample.

Outcome 2: An individual can maintain and use their home safely. Approximately half of the sample are meeting both measures

Outcome 3: The individual develops and maintains family and other personal relationships. This measure has been met by the whole sample.

Outcome 4: The individual is supported to access a range of support and participate in the community. The sample illustrates that just over a third meet this outcome.

Outcome 5: The individual is supported to avoid crisis e.g., hospital admission. Approximately half of the sample have met this measure.

3.26 The outcomes forms will support care manager reviews, providing a 360-degree picture of needs, demands and successes of our service users.

3.27 Going forward, in year 2, it is the commissioning team intends to meet and work with all of the Patches and Framework providers to complete the outcomes forms on a quarterly basis, for each service user.

4 Continuous Improvement and Value for Money

4.1 The service user's strengths are at the centre of care planning. The intention of care planning is to recover or build upon these strengths to reduce their reliance upon domiciliary care and prevent their needs escalating further. We intend that the strengths-based assessments will work in conjunction with the Trusted Assessor model of care to reduce packages of care down where an individual has recovered skills and/or build upon completing personal care tasks for themselves.

4.2 Our Trusted Assessor model of care assumes that our Patch and Framework providers will be re-enabling our service users to do more for themselves; allowing providers to safely recommend to care managers a modification of the care packages, when this is possible to do safely. Providers will be entitled to a one-off payment to alleviate any negative impact on their business. This re-enablement of service users will ultimately increase the capacity of providers to offer packages elsewhere in the system.

4.3 The process of implementing the Trusted Assessor model has begun. The initial phase will be a piloted with two of our Patch providers, prior to full roll-out.

4.4 The first year of mobilisation has identified areas that will be addressed by the commissioning team. These include the following:

4.5 A need for market development across the providers awarded the palliative care category and Children's and Young People's (CYP) category. To date commissioning has held forums to further engage our providers to understand their training needs, which will in turn enable them to accept packages. Currently the Integrated Commissioning Board (ICB) are not readily utilising the Patch providers for palliative care and our CYP teams are at times sourcing spot providers to accept our CYP packages. The intention of market development is that our providers can confidently accept packages and grow capacity for CYP and palliative care.

4.6 Our data analysis shows that a few trends have begun to emerge; for instance, the double handed packages of care are increasing with a large proportion of these packages continuing for a 12-month period. We will need to understand if this trend will continue, as package intensity may have increased as residential care providers were not accepting new residents during the pandemic. This will be monitored during year 2 of this contract.

4.7 Additionally, Commissioning needs a better understanding of the reablement referrals pathway, to, not only, increase the number of people using reablement but also allowing so ASC teams to safely reduce double handed care as part of the strengths-based assessments process.

4.8 Further workstreams arising from our initial first year includes Commissioning working alongside the ICB in developing a Nursing apprenticeship with a Domiciliary Care pathway to increase the capacity of our Providers in year 2. Nursing apprenticeships have been implemented in some regions across the country, which will allow commissioners to plan this initiative using previous

intelligence. We are also seeking to utilise ICB funding to further bolster overseas recruitment for our Patch providers, utilising the Government Overseas initiative.

4.9 Commissioning will also scope new preventative and early intervention models with the aim of reducing the increase of domiciliary care over the course of this contract. Such as reducing loneliness and increasing physical health interventions where possible.

4.10 The demand in our first year is showing an increase in packages, but when considering value for money our current average hourly rate of £19.51 illustrates a competitive domiciliary care hourly rate. The Fair Cost of Care review has shown an average £/hr increase of 0.4% for domiciliary care. However, as we allocated 3% inflation, we will have achieved the savings.

5. SOCIAL VALUE, CARBON REDUCTION AND LOCAL / NATIONAL PRIORITIES

5.1 All providers were questioned and scored at the tender stage on their operational understanding and commitment of social value. As the first year has been challenging we expect our providers may not have been able to recruit locally and this will have an impact on their social value plans. However, this will be monitored via a questionnaire to providers in the forthcoming year to map their social value initiatives going forward.

6. STAKEHOLDER ENGAGEMENT / USER SATISFACTION

6.1 User Satisfaction is captured by our Quality Assurance team (QA) in their yearly Quality Assessment Framework (QAF) with all 8 Patch and 32 Framework providers. The QAF process requires the Quality team to contact service users to understand their experience of the Domiciliary care service that they are receiving.

6.2 Currently two Patch providers are suspended due to their CQC rating of Requires Improvement as it is the Council's policy to only use providers with a Good or above rating (wherever possible). The QA team will continue to follow the Council's process in working closely with these two Patch providers to improve their quality via a service improvement plan.

6.3 The QA team will soon be engaging in a service users' focus group to detail qualitative experiences. Commissioning will be part of this process in order to understand service users' experiences of domiciliary care. We will also map how best individuals are achieving the outcomes listed in Appendix A.

6.4 Currently the Performance and Strategy Team undertake annual surveys to capture experiences of adult social care interventions in both the community and in residential services. A recent survey (2021/22) received 262 responses from those over 65+ receiving care whilst in the community. The overall analysis indicates that 70% state this intervention assists them to have control over their lives in their home.

7. PROCUREMENT AND CONTRACT ISSUES

7.1 The current contract for the Patch providers commenced on 28 August 2021 for 5 years with an extension of 3 years. If the extension is utilised the current contract will end on 27 August 2029. The Framework contract commenced on the same date and is for 4 years ending on 27 August 2025. Early discussion to open the dialogue on options for a new Framework will commence in September 2023 at the end of the second year of this contract.

8. TRANSFORMATION/POLICY IMPLICATIONS

8.1 The JSNA reports an increase of the older population, where in 2021 the over 65s is 17.8% of the overall population this will gradually increase to 20.2% by 2031. This may translate to an increase in demand for Domiciliary care, which will become evident through the period covered by this contract. The contracting arrangements will cater for these changes.

Non-Applicable Headings:	[List any of headings 4 to 16 that do not apply.] **IT AND GDPR CONSIDERATIONS** **STRATEGIC PROPERTY CONSIDERATIONS** **PERSONNEL CONSIDERATIONS**
Background Documents: (Access via Contact Officer)	NA

APPENDIX A SERVICE USER OUTCOMES & INCENTIVES
DOMICILIARY CARE OUTCOMES FOR ADULTS WITH CARE AND SUPPORT NEEDS

Outcome 1: The Individual can maintain or increase their level of Personal Care

	Output	Provider Evidence	Evidence
1.1	The Individual can manage and maintain nutrition		➢ Evidence and feedback from Service Users ➢ Evidence and feedback from family and friends ➢ Provider Surveys from Service Users ➢ Number of care reviews that document this ➢ Random survey calls from Council Staff
1.2	The Individual is able to maintain personal hygiene		➢ Evidence and feedback from Service Users ➢ Evidence and feedback from family and friends ➢ Provider Surveys from Service Users ➢ Number of care reviews that document this ➢ Random survey calls from Council Staff
1.3	The Individual is able to manage toilet needs		➢ Evidence and feedback from Service Users ➢ Evidence and feedback from family and friends ➢ Provider Surveys from Service Users ➢ Number of care reviews that document this ➢ Random survey calls from Council Staff
1.4	The Individual is able to be appropriately clothed		➢ Evidence and feedback from Service Users ➢ Evidence and feedback from family and friends ➢ Provider Surveys from Service Users ➢ Number of care reviews that document this ➢ Random survey calls from Council Staff

Outcome 2: The Individual is able to maintain and use their home safely

	Output	Provider Evidence	Evidence
2.1	The Individual is able to make use of their home safely		➢ Any use of Assistive Technology is referred to Care First or the Care Manager ➢ Provider Surveys from Service Users ➢ Random Calls from Council Staff
2.2	The Individual is able to maintain a habitable home environment where possible		➢ Evidence and feedback from Service Users ➢ Evidence and feedback from family and friends ➢ Provider Surveys from Service Users ➢ Number of care reviews that document this Random survey calls from Council Staff

Outcome 3: The Individual develops and maintains family or other personal relationships

	Output	Provider Evidence	Evidence
3.1	The Individual has contact and socializes with friends and family		➢ Person centered Care and Support Plan details family and personal relationships for Individual ➢ Positive feedback from Service Users . ➢ Positive feedback from family and friends. ➢ Surveys with Service Users which demonstrate a high level of satisfaction. ➢ Number and details of compliments received. ➢ Number and details of complaints received

Outcome 4: The Individual is supported to access a range of support and participate in the community.

	Output	Provider Evidence	Evidence
4.1	The individual makes use of necessary facilities or services in the local community		➢ Person centred Care & Support plans. ➢ Individual's involvement in support planning process. ➢ Positive feedback from Service Users . ➢ Positive feedback from family and friends. ➢ Surveys with Service Users which demonstrate a high level of satisfaction

Outcome 5: The Individual is supported to avoid crisis e.g., hospital admission

	Output	Provider Evidence	Evidence
	The Individual maintains a healthy lifestyle		➢ Risk Assessments are up to date ➢ Concerns are reported immediately to GP or 111 and recorded ➢ NOK are notified immediately of health concerns ➢ Monitoring Checks