



## Notice of Non-key Executive Decision

<b>Subject Heading:</b>	Approval to proceed with a Proof of Concept for Emergency Homecare
<b>Cabinet Member:</b>	Cllr Jason Frost – Cabinet Member for Adult services
<b>SLT Lead:</b>	Barbara Nicholls, Director of Adult Social Care and Health
<b>Report Author and contact details:</b>	Maddy Leathley, Commissioner and Project Manager
<b>Policy context:</b>	<p>The Havering Adult Social Care Market Position Statement 2015, states the Council's commitment to work with providers to develop homecare that provides:</p> <p>'... Positive outcomes for adults with care needs in preventing the worsening of their condition, looking to reable and rehabilitate individuals where it is possible.'</p>
<b>Financial summary:</b>	The proof of concept to test a new model of providing Emergency Homecare is estimated to cost £140k for a six month testing period.
<b>Relevant OSC:</b>	Individuals
<b>Is this decision exempt from being called-in?</b>	It is a non-key decision by a member of staff

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**The subject matter of this report deals with the following Council Objectives**

Communities making Havering	<input checked="" type="checkbox"/>
Places making Havering	<input type="checkbox"/>
Opportunities making Havering	<input checked="" type="checkbox"/>
Connections making Havering	<input type="checkbox"/>

## **Part A – Report seeking decision**

### **DETAIL OF THE DECISION REQUESTED AND RECOMMENDED ACTION**

The Senior Leadership Team Director with responsibility for Adult Social Care is asked to approve a six month proof of concept to test a new model of providing emergency homecare from January to July 2019. This proof of concept will be implemented by Carers Trust in partnership with the Joint Commissioning Unit. The expected cost to the council of the proof of concept is £144,000.

### **AUTHORITY UNDER WHICH DECISION IS MADE**

The Havering Constitution:

Part 3: Responsibility for Functions, Article 2 – Executive Functions

The Leader of the Council may by way of written notice to the Proper Officer delegate of executive functions to staff.

Part 2, Article 1.03(d) – Definitions

The Director of Children's Services; and the Director of Adult Social Services are Senior Leadership Team Directors, for the purposes of the Constitution.

Part 3: Responsibility for Functions, Article 3.3 – Powers of Members of the Senior Leadership Team, Financial Responsibilities

Senior Leadership Team members have delegated authority incur expenditure within revenue and capital budgets for their allocated portfolio, as approved by the Council (or otherwise).

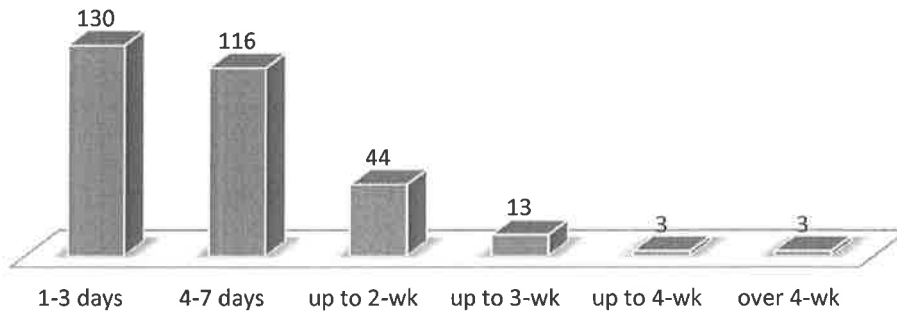
### **STATEMENT OF THE REASONS FOR THE DECISION**

#### **Background and context**

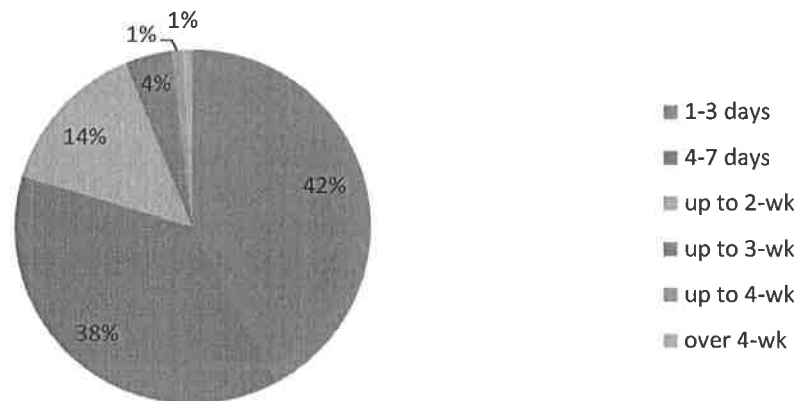
Havering council currently has a long term arrangement in place with HSS to provide emergency homecare across the borough. From October 2017 to September 2018 the main provider supported 429 residents with emergency homecare.

This arrangement was put in place to provide short term relief for the homecare market, particularly on a Friday when demand for homecare significantly increases. Due to continued limited capacity in the homecare market, since April 2018, 77% of emergency homecare placements have stayed with an emergency provider for over 4 days and 42% have stayed with the emergency homecare provider for over a week.

### Service users length of time in Emergency Homecare 2017-18



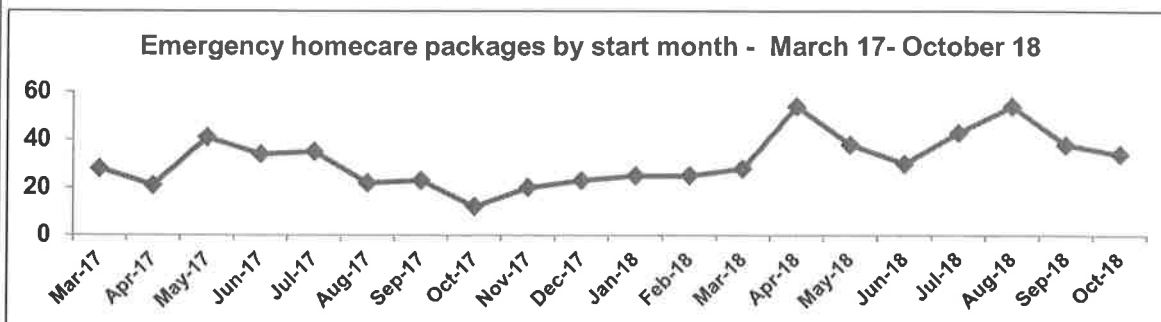
### % Length of time in Emergency Homecare 2017-18



However because of the demand coming from local hospitals for urgent responses to ensure timely transfers of care, HSS alone do not have capacity to satisfy demand. Lodge Group Care has been appointed as the alternative emergency homecare provider. They receive a retainer for days when they are required to have capacity provide emergency homecare.

There is a continued demand for emergency homecare. The graph below shows that there was a reduction in demand for emergency homecare from May 2017 to October 2017 but demand has steadily increased since this point. As we enter the winter period we are expecting a further increase in demand for emergency homecare. So far this financial year we have spent £136,000 on homecare being provided by emergency homecare providers. If the pattern of use continues for the remainder of the financial year, we expect the total to be £205,000, plus the retainer fees paid to the

providers.



### **Consultation**

As part of the process of identifying an alternative method for providing emergency homecare we met with current homecare providers in Havering. All the providers who attended highlighted issues around staff retention, management of the location of packages and the current use of bank staff to fulfil packages as current staff are not willing to work certain hours. All of these issues lead to the limited capacity that the Council experiences in the homecare market which then requires the use of emergency homecare at an additional cost.

At this consultation, it was identified that a possible solution for providers would be to have a 'hospital discharge homecare team'. This team would be made up of highly skilled staff who are able to assess the service user needs during their first visit. After their assessment in the community the service user would then be passed onto another homecare provider to provide the required homecare on a longer term basis.

### **The model**

Havering council were aware Carers Trust offered a similar service to the suggested 'hospital discharge homecare team' in Nottinghamshire. We contacted Carers Trust to find out more. They provide a quick response short term emergency homecare for service users who have been discharged from hospital and could potentially develop this service in Havering.

Carers Trust says their service would respond within 2 hours to all requests for emergency homecare. This is significantly faster than current homecare provider responses and would allow for a quicker and smoother transition for our service users moving from hospital to the community.

The model they suggested would provide homecare for service users for up to two weeks. Over the two weeks Carers Trust would provide homecare to the service user and assess their need for homecare on a long term basis. Carers Trust will then, where appropriate, make adjustments to the homecare requirements of each service user so that their needs can be met. An example of this would be if a person is discharged from hospital with a requirement for 4 homecare calls per day, after two weeks with Carers Trust this may be reduced to 3 homecare calls per day as the service user is identified as not needing as much support on a long term basis. This would be a reduction of 3.5 hours homecare, which would be a reduction in cost of

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£57.50 per week. Over the course of a year this would equal a saving of £2990 per service user if they continued to not require any additional support. Currently, this reduction does not take place as providers are unlikely to alert the Council when there should be a reduction in care as this would reduce the paid working hours they receive from the council for that service user.

Once Carers Trust has completed their assessment and provided up to two weeks emergency homecare for the service user, the placement will then be assigned to a provider on the Active Homecare Framework who will provide the required homecare for the necessary amount of time. In no circumstance will Carers Trust retain care packages. This will remove any possible temptation to continue to provide care where it is not optimal for the service user, and unnecessarily costly for the council.

This process should improve the hospital to home system by:

- Enabling swift discharge to get people home with high quality care
- Remove any incentive to retain cases and establish long term care unless it is entirely necessary
- Providing immediate short term support for service users allowing for a return to independence which in turn reduces the need for long term homecare support
- Improving homecare capacity due to a decrease in the amount of hours of support required for each service user

Nottinghamshire County Council (NCC) have implemented this model across the County over the past year and have recently awarded a long term contract to Carers Trust to provide a rapid response and hospital discharge service. NCC have shared that they have no issues with the quality of service provided by Carers Trust and have several examples of the organisation going above and beyond what is contractually necessary. Over the past 12 months Carers Trust have reduced or identified no on-going care needs for 20% of service users from NCC. A further 15% were identified as having further reablement potential and were referred to their dedicated reablement service.

### **The proof of concept**

The Joint Commissioning Unit has worked with Carers Trust to develop a proof of concept that will run for six months from January 2019 to July 2019. This length of time will allow the new model to be implemented sufficiently across the borough. It will also provide the necessary amount of data to identify and evaluate any benefits that are realised from the proof of concept.

A proof of concept was chosen so that the success of the proposed model could be assessed and analysed without a guarantee of a long term arrangement being in place if the different system is not able to deliver the expected benefits. However, it has been agreed that if the concept provides demonstrates a successful model for providing emergency homecare a longer term procurement exercise will be carried out.

For this proof of concept, Carers Trust will employ 4 full time carers and 8 part time carers who, together, will be able to provide homecare between 7am and 10pm, 7 days a week. We will work collectively with a key worker at Carers Trust to maximise

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the number of service users that can receive support through this model and furthermore develop the most efficient process for providing this care.

### **Cost**

The six month proof of concept is expected to cost £144,000 to the London Borough of Havering. The £144,000 is expected to be allocated from the winter funding allowance that is available to Adult Social Care. The Council will pay for the first four months (mid-January to mid-May) at £36,000 per month. The additional two months will be funded by Carers Trust from funding that they have allocated to spend in the local area.

### **Evaluation criteria**

Data from the proof of concept will be collected regularly so that evaluation can take place of the success of the model. The following information will be gathered and compared to data collected from service users who are placed with other homecare providers.

- The amount of long term homecare that is required for each service user
- The frequency of readmittance to hospital after their referral for homecare
- The time taken to respond to a homecare request
- When a service user has been placed with an emergency homecare provider, the time taken to place the service user with a long term provider, where necessary

As the implementation process for the proof of concept progresses other areas for analysis and evaluation will be identified.

### **Procurement**

This proof of concept has been approved for a financial exemption form from procurement so that it could be directly awarded to Carers Trust. This financial exemption form will be in place for the 6 month proof of concept.

If the proof of concept achieves the aims and objectives set out in the evaluation criteria, a longer term procurement exercise will be considered. It is likely that this will be done either through a contract variation from the Active Homecare Framework or through a separate tender exercise.

### **Recommendation**

There is continued demand for an emergency service as there are times when homecare and emergency homecare providers are frequently unable to accept new packages of care.

The proof of concept provided by Carers Trust will give us the opportunity to identify if a different means of providing emergency homecare will increase capacity in the homecare market and improve outcomes for service users.

#### OTHER OPTIONS CONSIDERED AND REJECTED

1. **Do nothing and continue with the current arrangements.** This would mean that the council would continue to rely on providers to provide emergency homecare due to the limited capacity in the homecare market. A retainer would continue to be paid to emergency homecare providers to provide the support as well as the rate for providing the homecare to residents. Costs for emergency homecare would continue to increase and there would be limited evaluation of the amount of homecare that is provided on a long term basis.
2. **Use an existing homecare provider to provide all emergency homecare on a contracted basis.** This would continue to cost the council a significant amount per year and would not lead to a reduction in homecare visits, where suitable. This model would also still be hindered by the limited capacity in the market which would mean that the provider would be likely to need to keep emergency homecare placements for a longer period than the agreed three days.

#### PRE-DECISION CONSULTATION

The Joint Commissioning Unit (JCU) hosted a provider forum for all current homecare providers in the borough to discuss the issues surrounding emergency homecare and to identify solutions to these issues. The findings from this meeting supported the proposal that was submitted by Carers Trust.

#### NAME AND JOB TITLE OF STAFF MEMBER ADVISING THE DECISION-MAKER

Name: John Green

Designation: Head of Joint Commissioning Unit

Signature:



Date: 10.1.19



## **Part B - Assessment of implications and risks**

### **LEGAL IMPLICATIONS AND RISKS**

The Council has a general duty under Section 1 of the Care Act 2014 to promote the well-being of individuals. Well-being in relation to an individual is defined within the same Act as including the suitability of living accommodation. Adult Social Care and Health seek to provide this homecare service in compliance with this statutory duty.

This Report seeks approval to directly award a contract to Carers Trust without undertaking a competitive process as required by the Council's Contract Procedure Rules.

Therefore a waiver of CPR9.9 is required, which states that each procurement with an estimated value of £100,000 or above must be subject to a formal tender exercise in conjunction with the Strategic Procurement Unit.

CPR14.1 provides that a waiver of the Rules is only permissible if approved by an individual Cabinet member using an Executive Decision, with a report setting out the background, the rule to be waived, the reasons why the waiver is required, how value for money will be demonstrated, any legal or financial risks or implications and with the approval of the Director of Law and Governance and the Chief Executive.

Furthermore, where an exception to competitive requirements is sought, CPR 14.3 and 14.6.2 provide that a waiver may be made where relevant law is complied with and officers can show that the services are specialist and only available from one supplier in the European Union.

As the value of this 6 month pilot is below the threshold for service contracts, the proposal in this report will comply with relevant law provided that the service area can show that the award complies with the Council's statutory duty under section 3(1) of the Local Government Act 1999 to achieve best value through all contracts it procures.

Officers have satisfied themselves that the waiver requirements above have been met in this instance and that this proof of concept represents the best value for the Council overall.

Should the Transfer of Undertakings (Protection of Employment) Regulations 2006 apply to a relevant transfer of staff from the incumbent supplier to Carers Trust, officers will need to obtain the relevant anonymised TUPE information from HSS and provide such information to Carers Trust. This may effect the estimated value of £144,000.

### **FINANCIAL IMPLICATIONS AND RISKS**

The six month proof of concept is expected to cost £144,000 to the London Borough of Havering. The £144,000 has been allocated from the winter funding allowance that is available to Adult Social Care. The Council will pay for the first four months (mid-January to mid-May) at £36,000 per month. The additional two months will be paid for by Carers Trust at a cost of £72,000.

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Carers Trust has recruited 6 Carer Support Workers for this proof of concept. This provides 252 hours of availability per week. It is expected that this will provide 160 hours of care per week, once travel time has been discounted from the total hours available. Based on an average of 4 30 minute calls per day, Carers Trust is estimated to provide support for 80 service users per week. This figure is in line with current demand for emergency homecare.

The current estimated cost of emergency homecare is £300,000 per year. This includes the retainer fee paid to emergency homecare providers and the care hours that are provided.

### **HUMAN RESOURCES IMPLICATIONS AND RISKS (AND ACCOMMODATION IMPLICATIONS WHERE RELEVANT)**

There are no HR implications or risks arising directly as a result of this decision.

### **EQUALITIES AND SOCIAL INCLUSION IMPLICATIONS AND RISKS**

The Public Sector Equality Duty (PSED) under section 149 of the Equality Act 2010 requires the Council, when exercising its functions, to have due regard to:

- (i) the need to eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010;
- (ii) the need to advance equality of opportunity between persons who share protected characteristics and those who do not, and;
- (iii) foster good relations between those who have protected characteristics and those who do not.

Note: 'Protected characteristics' are: age, sex, race, disability, sexual orientation, marriage and civil partnerships, religion or belief, pregnancy and maternity and gender reassignment.

The Council is committed to all of the above in the provision, procurement and commissioning of its services, and the employment of its workforce. In addition, the Council is also committed to improving the quality of life and wellbeing for all Havering residents in respect of socio-economics and health determinants.

If the proposal is agreed we will use existing quality monitoring arrangements to monitor the impact on interim homecare for service users to ensure there is no negative impact arising from the proposal or if there is, to mitigate it accordingly.

The service will continue to meet the needs of all eligible service users, including those from minority community groups and those 'protected' under Equality Act 2010 legislation.

### **BACKGROUND PAPERS**

None

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**Part C – Record of decision**

I have made this executive decision in accordance with authority delegated to me by the Leader of the Council and in compliance with the requirements of the Constitution.

**Decision**

Proposal agreed

**Details of decision maker**



Signed

Name: Barbara Nicholls

CMT Member title: Director of Adult Services

Date: 11/01/19

**Lodging this notice**

The signed decision notice must be delivered to the proper officer, Debra Marlow, Principal Democratic Services Officer in Democratic Services, in the Town Hall.

**For use by Committee Administration**

This notice was lodged with me on 17/1/19

Signed A. N. CM

