

# Report of the Strategic Director of Health and Wellbeing - Adult Services to the meeting of the Health and Social Care Overview & Scrutiny Committee to be held on 23<sup>rd</sup> September 2021

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## Subject:

### Home Support Locality Contract: Update and Commissioning Intentions

## Summary statement:

This document provides an update on the Home Support Locality Contracts post tender award and delivery, and an overview of the department's intentions to review the service

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## 1. SUMMARY

Following a report to the meeting of the Health and Social Care Overview and Scrutiny committee on Thursday 12 July 2018, committee members requested a progress update in respect of the implementation of Home Support Locality Contracts within the District. This was scheduled for March 2020 but was delayed due to Covid. Services have now been in place for over 2 years and the landscape has changed considerably during this time. With contracts due to end on 31 March 2023, the department needs to now undertake a service review. This report therefore covers a wider remit than Councillors had originally requested.

## 2. BACKGROUND

Following the end of the Integrated Personalised Support and Care Framework (IPSAC) in September 2019, a new open tender process established the Home Support Locality Contracts. These were awarded on 28 January 2019 to twenty Providers in thirty-five areas across the Bradford District, commencing 1 April 2019. This included a twelve-month implementation period for provider organisations to encourage a smooth transition, where appropriate, between provider organisations. (Please see HOSC report dated 12/07/2018 for fuller detail).

The revised service specification, developed as part of the tender process, addressed some of the following known issues:

### *Staffing*

Smaller service delivery areas, each with their own contract, were created to align the provision with internal operational localities. This aimed to expand the potential work pool by allowing for the recruitment of staff that may not drive.

### *Market stability*

To develop a stable market for home support provision, a number of indicative hours per week, based on current/future usage were provided to organisations. It was recognised that the term of the contract should be long enough to afford provider stability.

### *Ethical Care*

The new contracts set out to address the issue of very short call provision (15 minute visits) by phasing these out, in line with the Unison Ethical Care Charter which forms part of the new contracts

### *Hospital Discharge*

Locality contract holders are required to meet all new 'demand' for service in their locality (i.e. new people being discharged from hospital with on-going support needs) within prescribed timescales. This will mean that people will be less likely to have to wait for services to commence, reducing hospital discharge delays and improving flow through care pathways.

## **Contract Award and Implementation**

All areas were initially successfully awarded, however twelve locality areas then needed to be procured again due to regulatory concerns or changes to company arrangements. Also, regulatory issues have delayed the implementation in four locality areas. The lessons learnt from the current locality contract arrangement will be fully considered as part of the commissioning cycle and future tender, for example, the impact of regulatory issues on commissioned service providers and supply availability within set geographical areas.

Financial checks were undertaken on all bids received as part of the standard due diligence, with each bidders being allocated a financial limit. In some instances, this limit was subject to provision of a Parent Company Guarantee which was not always possible. This had an impact on the type of providers awarded contract, resulting in more contracts than expected being awarded to new Providers rather than local, established Providers. This approach will be reviewed as part of the new tender process.

The implementation of the contract also encountered some challenges. In order to transfer work to the new Locality contracts, the plan was for each of the 1900 service users to have an in-person review within the 12-month implementation period. This was to understand their current care needs with the aim of then being offered their choice of service arrangement, specifically;

- a Council managed service (the locality contract provider),
- remain with their existing provider through an Individual Service Fund 1 (ISF1) arrangement or
- take on a Direct Payment (DP) arrangement and employ a person/company directly.

Initially a team of 13 social care staff were identified, however each locality area took approximately two to three months to complete. Then on 2 October 2019, the reviews for existing service users were halted due to winter pressures and resource was diverted to where the immediate need was greater. At that time 350 out of 1900 people had been reviewed (8 out of 35 Localities) and been offered their choice of arrangement above and from that time providers could only focus on new people requiring home support services from the Council. This meant fewer hours were transferred to each Provider than originally indicated and a large number of people staying with the IPSAC Provider with an Individual Service Fund (ISF) agreement in place.

In addition, the delay and subsequent halt meant that Providers who had been relying on the outcomes data to facilitate a TUPE for staff could not do this, instead having to attempt to utilise their existing workforce (if they had one) or recruit new staff. This presented many providers with significant challenges alongside working to set geographical boundaries i.e. mobilising a workforce from one part of the district to another such as Bradford North to Bradford South with a concentration of people required to be supported in the area. For new providers to Bradford District it has essentially meant building their businesses from the 'ground up'.

Once established however, locality providers working to the new contract arrangements have given positive feedback about the benefits experienced by working in concentrated areas such as significant travel time/mileage reduction, improved staff morale etc.

The Commissioning Team have worked closely with providers to address issues around staff recruitment and a number of initiatives have been to support providers. These have included social media campaigns to attract local people; home support staff recruitment fairs jointly organised with Skills House Bradford, local providers and council officers. Providers have recognised support afforded by the Council alongside their own measures and the initiatives will need to continue in order for providers to build on their local workforces.

In 2021/22 a 7.2% uplift was applied to contract home support rates in recognition of the need to improve the terms and conditions of staff in the sector. In a recent survey 97% of providers reported increasing staff wages as a result of this uplift. A survey is currently being conducted to understand further how this is supporting working towards the Ethical Care Charter.

Home Support Capacity Meetings are currently centred around service pressures but this has afforded improved collaborative working as we see increased demand on the overall home support sector.

### **3. REPORT ISSUES**

The report now attempts to look at the current position, the wider landscape and the next steps for home support provision in the Bradford District.

#### **Current Position – Older People and Physical Disabilities**

Approximately 1,500 older people and people with physical disabilities receive a total of 19,600 hours of home support from externally commissioned providers a week. 53% of the people, making up 44% of the hours, are supported through the Locality Contracts.

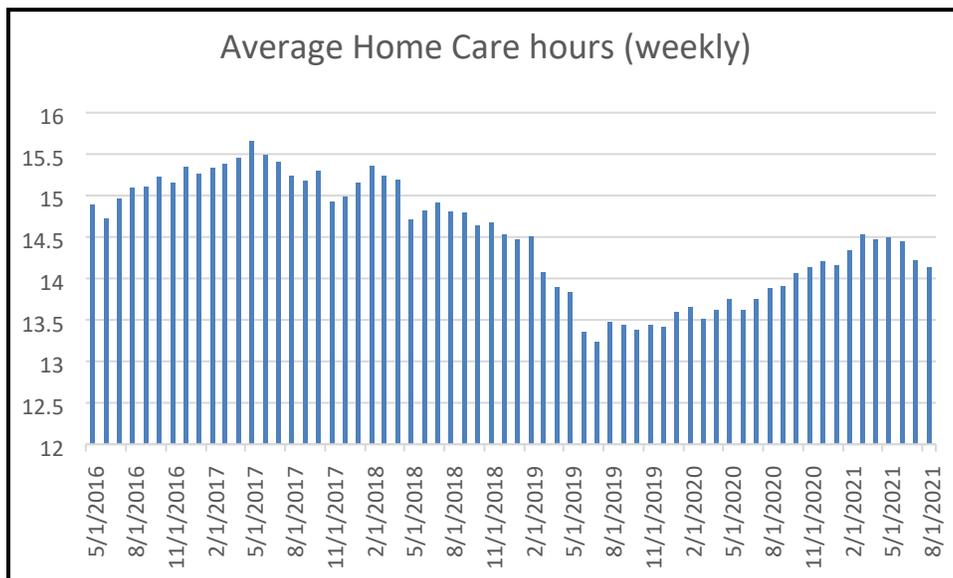
The number of requests from people to choose a specific provider has increased, this is largely where people have been placed with a Short Term Enhanced Provision provider (or 'SPOT' provision) rather than move onto a Locality Provider for their area of residence.

There has been a year on year increase in the total number of home support hours commissioned. This is reflected in the weekly cost of home support to the Council



Approximately 44% of all home support provision requires 2 carers per visit (known as 'double handed' visits)

On average each person receives 14 hours of support per week. The average size of packages has been increasing since the start on 2020, but are still below 2018 levels.



### Wider Landscape

There have been significant changes to the wider landscape in the District since the contracts were tendered which have all had an impact on service delivery.

### Re-ablement

The Locality contracts were put in place to pick up the long-term home support needs of people, including those being discharged from hospital. It was anticipated that the majority of these would have received some degree of re-ablement support from the in-house team BEST; however, since the Locality contracts started there has been a large rise in demand for home support re-ablement above the capacity levels that the service can meet.

A second service was therefore tendered. Known as STEP these services are designed to supplement BEST and have worked well to pick up the additional need in the district. However, they are not commissioned to work to the same standards as BEST, nor do they have access to the same level of resources. STEP services are currently being maximised to their capacity but due to the fluctuating levels of referrals and demand, Providers struggle further to recruit to the role. When they are also not able to meet demand, this is advertised to the wider external home support providers. This includes the Locality Contract providers but also the previous IPSAC Framework, and Spot contract providers. The Commissioning Team work with each STEP Provider to understand their individual challenges and put in place a recovery plan as need to minimise this as much as possible

The introduction of the STEP services has also impacted on the longer-term Locality contracts by reducing the number of packages that come through to them; often service users who have been through the STEP services but still need longer-term support often prefer to stay with the now-familiar STEP provider. The department is able to facilitate this choice (often through an ISF- see below) however this is a reduction in business for the Locality providers.

### *ISFs*

ISFs have been a useful tool to facilitate service user choice where they wish to remain with their previous IPSAC provider. However, these are being maximised beyond the departments' initial intentions to use as a tool during locality contract implementation, and instead continue to be offered due to increasing pressures within re-ablement.

### *Discharge to Assess*

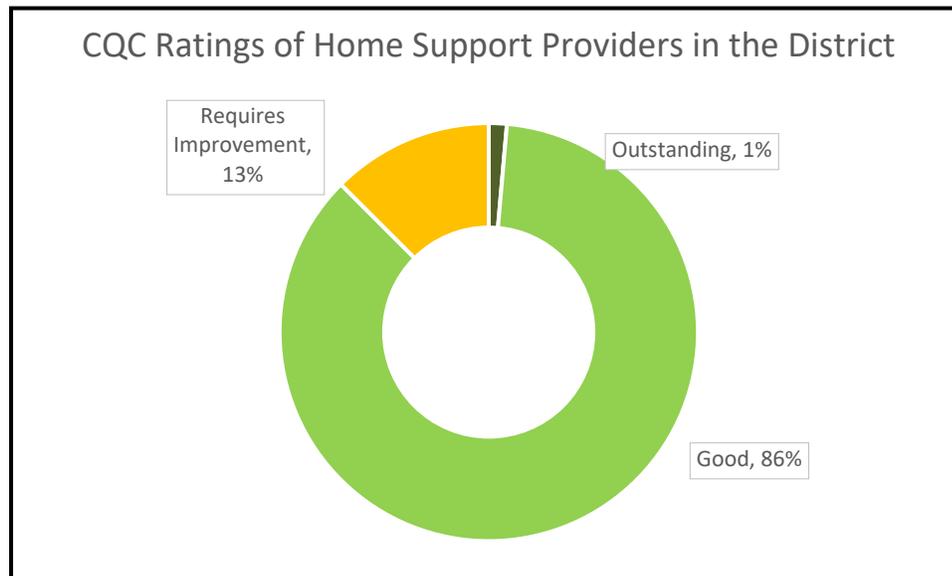
Earlier waves during the pandemic saw a decrease in the number of packages for Home Support, but with an increase in the complexity of the packages. We are seeing earlier discharges from hospital under DTA national guidance, with the result that those being discharged from hospital likely to have higher needs, resulting in an increase in package size and often double-ups. DTA processes have put significant pressure on Providers due to issues around the quality of discharge, ability to access service such as Occupational Therapy and larger of packages of support decreasing in size suddenly after DTA funding is ended. These issues act as disincentives for Provider to respond to DTA packages.

### *Sitting Service*

During Covid-19 Timeout has only been able to offer a limited service. In most cases this has meant that people who have a current home support service have not been receiving their usual Timeout service (priority has been given to people who are receiving no other home support services) or new services have not been offered if home support is in place. BEST colleagues have identified that this has led to an increased demand for home support providers to deliver 'sitting services' to support carer breaks.

## Quality

The majority of Home Support Providers (87%) working in the District are rated as Good or Outstanding by the CQC. There are no inadequate home support providers in the District. Inspections have been limited during the pandemic however activity has now restarted, with a number of providers expecting inspections imminently. This will help give an indication of the impact of COVID-19 on the quality of service provision.



## Workforce recruitment and retention

Recruitment and retention has become increasingly challenging than before the pandemic<sup>1</sup>. Locally home care providers are reporting more competition with other sectors, with recruitment/retention generally against supermarkets, health/beauty, and the hospitality sectors.

Having staff who can drive is often essential to delivering services and maintaining capacity within provision. Due to the pandemic there is increase demand driving tests meaning availability is limited with dates being offered three to six months from booking.

Initiatives to support recruitment and retention are being planned ahead of autumn and winter when service pressures are expected to increase.

## Home Support nationally

It is recognised nationally that Home Support it is critical to the longstanding strategic intention to enable people to 'age in place' and to deliver care as close as possible to people's homes, however for many years the home support market across England has been fragile with both large national providers and smaller local providers struggling to maintain business. The 'churn' seen in the Bradford market is reflected with nationally, with pre-pandemic 39% of local authorities having had experience of home support providers ceasing to trade.

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<sup>1</sup> [Home care worker recruitment and retention 'harder than ever before', UKHCA finds \(homecareinsight.co.uk\)](https://homecareinsight.co.uk)

Key issues seen nationally are<sup>2</sup>:

- Difficulties recruiting and retaining staff
- Difficulties delivering in rural, diverse or deprived areas
- Insufficient funding
- Extensive growth in the need for home support (the DHSC have predicted a 57% increase in people needing support between 2018 and 2038)
- The lack of a long-term vision for social care

### **Next Steps**

A full system-wide review of Home Support is being undertaken with a view to developing creative solutions to delivering good quality, effective and affordable home support with the District.

The review will take into consideration the full range of home support currently available in the District, and will co-produced with partners, providers, people who use services, their families and carers.

While this review will take place over the longer-term, with a target completion date of Summer 2022, it is recognised that in the short-medium term solutions must be found to address the immediate lack of capacity particularly in relation to re-ablement support. The intention is to develop trial approaches to address immediate need which can then feed learning into the review.

## **4. FINANCIAL & RESOURCE APPRAISAL**

The Council has seen a recent significant increase in spend in home support provision linked to increased demand as described above.

The review will consider the necessary finance and resource needs in detail and make recommendations for future provision.

## **5. RISK MANAGEMENT AND GOVERNANCE ISSUES**

The sustainability of the home support market is a concern at both a local and national level. There is a big focus on supporting the market to be able to meet the support needs of people in the district in the work of the Commissioning & Integration section in the Department of Health & Wellbeing.

A review is needed which account the whole system around home support including Locality, ISF, DTA and reablement pathways.

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<sup>2</sup> <https://www.kingsfund.org.uk/sites/default/files/2018-12/Home-care-in-England-report.pdf>;  
<https://www.homecare.co.uk/news/article.cfm/id/1653300/More-home-care-staff-quitting>;  
<https://www.homecare.co.uk/advice/home-care-facts-and-stats-number-of-providers-service-users-workforce>

## **6. LEGAL APPRAISAL**

The procurement and implementation of Home Support services is to ensure the Council is meeting its statutory duties under the Care Act 2014, the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the Mental Capacity Act 2005, and to cater for future demand.

The Local Authority must also have regard to its public sector equality duties under section 149 of the Equality Act 2010 when exercising its functions and making any decisions.

### **7.1 EQUALITY & DIVERSITY**

The Department undertook an Equality Impact Assessment as part of the re-commissioning of Home Support where requirements necessitate and was incorporated into the specific work/procurement plan. All work undertaken addresses issues of equality and diversity as they apply to protected characteristics groups.

### **7.2 SUSTAINABILITY IMPLICATIONS**

The re-commissioning of home support services in contributing to sustainability strategies was considered as part of the tender process to ensure that the Departments functions and services maintain their capability and quality through the transition process and beyond.

### **7.3 GREENHOUSE GAS EMISSIONS IMPACTS**

The proposal to create specific small geographical localities is proving successful in enabling provider staff visiting people to reduce the organisations carbon footprint and emissions from a reduction in the use of vehicles. Staff are now able and encouraged to walk between visits.

### **7.4 COMMUNITY SAFETY IMPLICATIONS**

There are no community safety implications arising from this report.

### **7.5 HUMAN RIGHTS ACT**

The Human Rights Act 1998 provides a legal basis for concepts fundamental to the well-being of older people and others who are in need of home support. The Act provides a legal framework for service providers to abide by and to empower service users to demand that they be treated with respect for their dignity.

### **7.6 TRADE UNION**

Officers have liaised with the Trade Union (Unison) in respect of the implementation of Unison Ethical Care Charter which forms part of the new contract arrangements.

### **7.7 WARD IMPLICATIONS**

There are no direct implications in respect of any specific Ward.

## **7.8 IMPLICATIONS FOR CORPORATE PARENTING**

There are no Corporate Parenting issues arising from the implementation of the Home Support Locality Contracts.

## **7.9 ISSUES ARISING FROM PRIVACY IMPACT ASSESMENT**

Specific areas of GDPR and information security formed part of the tender and evaluation process. It is recognised that the transfer of personal data is significant.

## **8. NOT FOR PUBLICATION DOCUMENTS**

None

## **9. OPTIONS**

This report provides an update for members in respect of the implementation and delivery of the Home Support Locality Contracts, the wider landscape and the current challenges. It does not incorporate any options that necessitate any decision.

## **10. RECOMMENDATIONS**

There are no decisions required in respect of this progress report.

## **11. APPENDICES**

None

## **12. BACKGROUND DOCUMENTS**

Documents specific to the Home Support Locality Contract were provided as part of the full report to the Health and Social Care Overview and Scrutiny committee on Thursday 12 July 2018.