

ROYAL BOROUGH OF KENSINGTON AND CHELSEA
ADULT SOCIAL CARE AND HEALTH SELECT COMMITTEE –
12 OCTOBER 2023

HEMOCARE TRANSFORMATION PROGRAMME UPDATE

The purpose of this report is to:

1. Update the Select Committee on the progress of the Homecare Transformation Programme.
2. Invite the Select Committee's comments and questions on the progress, model, and challenges described.
3. Update the Select Committee on the timescales for the Homecare procurement.

FOR DISCUSSION

1. EXECUTIVE SUMMARY

- 1.1. There are three contracted Homecare providers in the Royal Borough of Kensington and Chelsea (RBKC), one in the north patch and two in the south patch. They provide support to an average of 400 service users per month for a total of £5.7m in 2022/23. The amount spent is based on activity required as determined through social care assessments and reviews, rather than a fixed figure within the contracts. However, forecasts of activity volumes can be made with a fair degree of accuracy, enabling providers to plan appropriately.
- 1.2. We also use 19 spot providers outside of the contracted agencies. These are used to meet specialist needs, as well as to provide cover when the patch providers are unable to take on additional work at any one time. These providers support an average of 200 service users per month for a total spend of £2.9m in 2022/23.
- 1.3. The Homecare Transformation Programme is acting on feedback from extensive engagement with residents, service users, homecare providers, care workers, Adult Social Care (ASC) teams, Health and the Voluntary and Community Sector partners. Since February 2023, the programme has been working to bridge a gap to make the ambitious vision for homecare a reality, optimising the chances of the tender success.
- 1.4 The tender is set to go live in February 2024.

2. RECOMMENDATION(S)

- 2.1. The Select Committee is asked to note the report and make any comments regarding homecare services for residents before a formal decision is taken

through a Key Decision Report (KDR) on the final model in the Commissioning and Procurement Strategy.

3. INFORMATION ABOUT THIS REPORT

- 3.1. Homecare is one of the Committee's priorities, and this report updates Members on the Homecare Transformation Programme. Members' views are also sought on progress and proposals before a Key Decision on the Commissioning and Procurement strategy is made.

4. MAIN REPORT

Context

- 4.1. The Council's Adult Social Care and Health directorate (ASCH) commissions a range of services for people who use social care. Many people aim to live independently in their own home, and homecare is a service commonly used to achieve that aim.
- 4.2. Homecare is a service regulated by the Care Quality Commission (CQC). The types of interventions delivered to residents range from helping someone with meal preparation to the delivery of complex, personal care for someone with a chronic or long-term condition such as dementia. This type of support improves residents' quality of life and their health and wellbeing outcomes. The support and tasks are agreed as part of an individual's care plan.
- 4.3. The Council has a statutory duty under the Care Act 2014 to:
- Ensure appropriate personalised care and support to meet the individual assessed needs of service users.
 - Maximise independence, focusing on choice and control.
 - Ensure consistency and continuity of care, minimising service disruption for vulnerable adults and younger adults with disabilities.
- 4.4. The current Homecare contracts have been in place since 2015 and have not been re-tendered. Whilst the service specification captures the Care Act ambitions, people's preferences and choices have continued to develop, so the service's design needs to be updated accordingly. Commissioners, social care staff, partners, residents, and providers have been working to understand better how the current arrangements need to change and how best to prepare for the new tender.

Homecare Market

- 4.5. There are three block providers in RBKC: MiHomecare, Healthvision and Sage Care. Healthvision has 44% share of the market, followed by 40% for MiHomecare and 16% for Sage Care. They operate across two geographical patches divided into four smaller geographic areas. They deliver a total of 4,600 hours of care each week (66% of total hours).

- 4.6. There are also 19 spot providers delivering approximately 3,800 hours of support per week (34% of total hours). These providers cover specialist needs and care packages that patch providers are unable to take on.

Spend and Reach

- 4.7. In 2022/23, the total homecare spend in RBKC was £8.7m (£5.8m in patch and £2.9m in spot) for over 270,000 hours of care that benefited over 600 residents. The cost is activity-based and fluctuates each year.
- 4.8. The 2023/24 annual uplift was agreed in line with the rising cost of living. The hourly rate for patch is £21.21, and £19.21 for spot and direct payments; reablement is paid at £22.15 per hour. Costs across London boroughs range from £16.60 to £23.47. The differences in hourly rates reflect specialisms and the additional contractual requirements for patch providers.

Performance

- 4.9. All providers are CQC registered. Two have a 'Good' rating and one (MiHomecare) has a 'Requires Improvement' rating. Market Managers and the Quality Assurance (QA) Officer meet with MiHomecare colleagues once every three weeks to review performance statistics, provide support and most importantly go through client experiences by way of talking through outcomes of safeguarding, any complaints and quality of care issues. This provides the opportunity to help manage any risks and prevent escalation.
- 4.10. To quality assure the services, the QA Team contacted 20% of service users from MiHomecare in March 2023 to assess the satisfaction with their homecare in relation to punctuality, carer attitude, completion of tasks and communication. This provided an overall fair response. Regular meetings with the provider and reporting has evidenced improvements on these issues.
- 4.11. As a further follow up, officers contacted the people that had raised concerns earlier in the year again in August and September and they noted an improvement in service.
- 4.12. Following its inspection in August 2022, CQC returned to MiHomecare in the week commencing 18 September to re-inspect the service. The outcome of the inspection is yet to be announced.
- 4.13. There are currently no concerns regarding providers' performance. Appendix 1 provides an overview of RBKC's Homecare patch providers' performance.
- 4.14. Recruitment and retention, 'no replies', and cancellations remain the main challenges across the market for both providers and commissioners.

Service User Feedback

- 4.15. Through regular contract monitoring and annual service reviews, commissioners receive and analyse feedback regarding the performance of

homecare providers. A summary of the most recent user feedback is set out below.

- 4.16. From the annual survey, HealthVision scored 93% satisfied or very satisfied in all areas: safe, effective, caring, responsive and well led; caring receiving the highest score. In their survey, 88% of 276 users would recommend the service to a friend or relative.
- 4.17. From the annual survey, Sage Care scored 95% in user satisfaction, and 88% of the 194 users would recommend the service.
- 4.18. MiHomecare did not have results from an annual survey but sought feedback as a spot check exercise. They received responses from the survey from 32 users and they shared they would all recommend the service.

Homecare Transformation Programme

- 4.19. The Homecare Transformation Programme started in 2019. There have been many changes since then: staff turnover, a global pandemic, and significant changes within the provider market.
- 4.20. Engagement has happened in four phases with a wide range of internal and external stakeholders:
 - Phase 1 (2021): Discussing with residents and service users what their 'best lives' look like, developing a vision for the service, and exploring how it can holistically support residents to live their 'best lives'.
 - Phase 2 (2021 - 2022): Reviewing the existing service with service users, homecare providers, care workers, Adult Social Care (ASC) teams, Health, and the Voluntary and Community sector.
 - Phase 3 (2022 – 2023): Following on from Phase 2, hosting further workshops, one-to-one sessions and events with service users and other stakeholders (such as those previously listed) to explore and co-design new elements of the homecare service, including potential pilots.
 - Phase 4 (2023 onwards): Mainstreaming the approach of having service users involved in the procurement process for homecare and other new ASC contracts and providing feedback on their care and support.

Drivers and progress towards the revised Homecare model

- 4.21. The drivers are in line with the Care Act ambitions: personalised care, independence, choice and control, and consistency and continuity of care. Figure 1 below shows the vision for the Homecare model. Further, the intended outcomes for it are:
 - I have considerate support delivered by competent people – my support is co-ordinated and cooperative and I know who to contact to change things.
 - I am in control of planning my care and support and can use technology to help.

- I have access to the information I need and to support that helps me remain a member of my community.
- I can decide the kind of support I need and when, where and how to receive it.
- I feel safe, can live the life I want, and am supported to manage any risks.
- I have care and support that is directed by me and responsive to my needs.

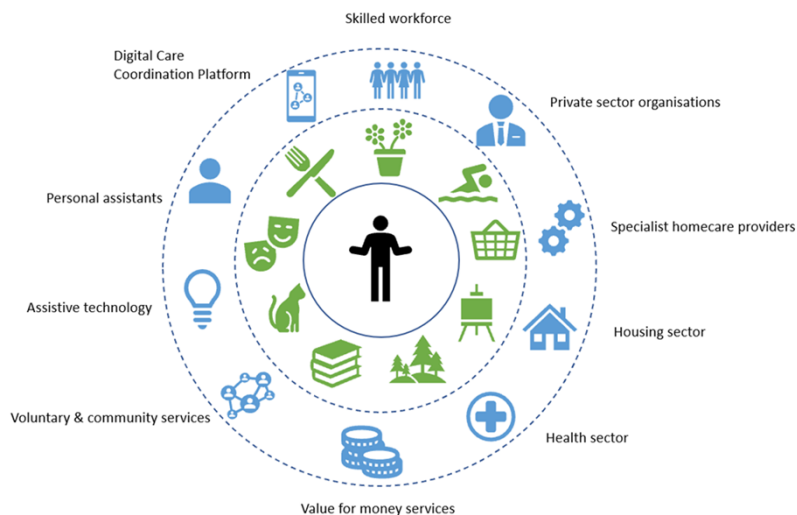


Figure 1 Vision for the homecare model

4.22. Key examples of progress to date towards the new model are set out below.

- Reviewed systems and processes to allow our data recording and flow to be more efficient and accurate. This can increase capacity and responsiveness to meeting needs.
- Decommissioning our Finance Manager and Case Management Business Intelligence systems in July 2023, which was the preferred approach for both Homecare providers and commissioners. A new approach to automating both processes is now being implemented.
- Started piloting an outcomes-focused approach with digital solutions, and exploring how to change our systems to accommodate this move away from 'time and task' through the outcomes pilot.
- Explored and modelled ways to incentivise the market to better recruit, support and retain the workforce and support sustainability, through benchmarking, modelling, and exploring efficiencies.
- Explored flexible yet sustainable digitalisation and personalised approaches through our outcomes and direct payment pilots and digital and data workstreams.

- Carried out an in-depth cost needs analysis of patch, spot, direct payment and reablement activity.
- Concluded benchmarking with other councils' Homecare models.

Outstanding work

- 4.23. Co-produce a service delivery model options appraisal in line with lessons learned from benchmarking and work to date to support and inform the decision on the final revised model.
- 4.24. Final stakeholder engagement and market testing of the revised model before the Procurement Strategy is finalised and taken through the sign-off process.
- 4.25. Evaluate reasons for why ambitions in existing contracts have not been realised and explore iterative contracting as a solution with Procurement and Legal colleagues.
- 4.26. Continue work with pilots, digital and data solutions and financial modelling. Whilst some of these will go beyond the tender go-live date, there will need to be a process in the iterative contracting approach to ensure lessons are learned and any scaling up from pilots can be achieved.
- 4.27. The timescales for re-tender activities are set out in the table below.

Key activity	Date
Formal market engagement	September – October 2023
Approval of Procurement Strategy	November – December 2023
Finalise specification and Invitation to Tender	January 2024
Tender period (assuming a 2-stage process)	February – April 2024
Evaluation and Selection of shortlisted providers	April – May 2024
Approval and announcement of award	May – June 2024
Contract signing & Mobilisation phase	June – November 2024
New services in place	November 2024

5. TIMESCALE FOR CONSIDERATION

- 5.1. Consideration, comments, and feedback, including any extra information needed to support those, needs to be communicated by mid-October 2023.

6. FURTHER INFORMATION

- 6.1. Appendix 1 been added to provide further insight into current providers' service quality.

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