

TITLE OF REPORT: **Generalist Home Care – Recommission of New Contracts**

REPORT OF: **Dale Owens, Strategic Director of Integrated Adults and Social Care services**

Purpose of the Report

1. To seek approval to procure a new Generalist Home Care service in Gateshead, to meet current and growing future demands to achieve our 'Home First' vision.

Background

2. Current contracts are delivered under a spot framework which has allowed providers to join on an on-going basis, resulting in 18 providers working across Gateshead.
3. Whilst the current approach has many advantages, there are also many limitations that has at times created blockages and high waiting lists for people needing long-term Home Care services.
4. Our Market Sustainability Plan outlined our intention to invest Home Care services to improve workforce pressures being faced by the sector and increase the required capacity.
5. Following a review of our existing contract model and an engagement programme that gathered insights from over 300 key stakeholders including, service users and their representatives, professionals, Care workers, Home Care providers, hard to reach groups as well as potential future service users.
6. Our Future Generalist Home Care services must complement the new strategic direction of Gateshead Council in foregrounding locality-based and community-led support.
7. Gateshead Council has committed to the principles of the Unison Ethical Care Charter (ECC), Stages 1 and 2, ([On-line-Catalogue220142.pdf \(unison.org.uk\)](https://www.unison.org.uk/On-line-Catalogue220142.pdf)) and will be built into our future contracts.
8. The proposed model will:
 - Improve recruitment and retention levels in the market
 - Secure the capacity needed now and the future to meet the needs of the Gateshead Population
 - Achieve medium- and long-term savings for the Council
 - Have a focus on individual 'Outcomes' instead of the traditional 'Time & Task'
 - Improve the Quality-of-Care that people receive

Further detail of the model and associated costs can be found in the Appendices.

Proposal

9. A tender exercise will commence on 26th April 2024 and end on 29th July 2024.
10. Approval for the Service Director, Corporate Commissioning and Procurement to award the contracts following a tender process in accordance with the Contract Procedure Rules.
11. New services will commence from 28th October 2024.

Recommendations

12. It is recommended that Cabinet:
 - (i) Endorses the new model and associated costings to support the implementation of new Generalist Home Care services in Gateshead.
 - (ii) Approves the project to progress to the next procurement stage.

for the following reason(s)

- (i) To support securing the required capacity to meet current and future demands for these services
- (ii) To achieve the ASC demand interventions included in the Council's Medium Term Financial Strategy over the next five years.
- (iii) To enable to meet the ECC charter standards that will improve terms and conditions for Care Workers under these contracts.

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Policy Context

1. As set out in section 5 of The Care Act 2014 local authorities have a duty to promote the efficient and effective operation of a market in services for meeting care and support needs, with a view to ensuring services are diverse, sustainable and high quality for the local population, including those who pay for their own care.
2. The Government white paper People at the Heart that outlined a 10-year vision that puts personalised care and support at the heart of adult social care. Implementation of the Market Sustainability and Improvement Fund is one of the steps to achieving the right architecture to underpin and support the implementation of the 10-year vision.
3. This work also supports the delivery of the Integrated Adults and Social Care Strategy 2023-28 which commits to:
 - Home First – Want people to remain at home as long as possible.
 - Strength Based Practice – Using Community Assets for both prevention and to improve the wellbeing offer for people with support needs.
 - Workforce – Investment to achieve and empowered, enabled and skilled workforce.
 - Commissioning – Data driven, evidenced based approach which promotes innovation across the system to meet identified current and future needs, as well as any gaps in provision.

Background

4. Gateshead should be a place where people can be supported at home as long as possible and reduce the need to go into long-term Residential Care settings. The proposal outlines the need to develop a new delivery model for Gateshead that focuses on an Outcomes approach with local teams of Care Workers delivering Care and Support in local communities, understanding the needs of the local population as well as the community assets available to support people's Health & Wellbeing.

Future Demand

5. Our Home First approach will result in more people accessing Home Care services and less people receiving a Residential Care based setting. This will support the ASC demand interventions in the MTFs over the next 5 years.
6. We also have an ageing population with natural demand growth expected each year. Our prevention and Community Led Support approach will work on reducing demands to below 2% per annum.
7. The new model will secure the current and future growing capacity which will ensure a net reduction in long-term Residential Care placements. A target of one deflection per week along with the annual growth, will see a need to grow the

required care & support hours by 4,483 (35.08%) from 1st April 24 to 31st March 2028 as outlined below:

Year	Service Users	Forecast Delivered Hours	Demand Increase Service Users (2% per annum)	Demand Increase Hours (2% per annum)	Care Home Deflections	Additional Hours	Total Service Users	Total Hours
2023/24	907	12,093	18	237	26	448	951	12,778
2024/25	935	12,778	19	256	52	832	1,006	13,866
2025/26	1,006	13,866	20	277	52	832	1,078	14,975
2026/27	1,078	14,975	22	300	52	832	1,152	16,107
2027/28	1,152	16,107	23	322	52	832	1,227	17,261

Ethical Care Charter (ECC)

8. The proposed additional investment into the delivery Model will allow for the ECC standards 1 & 2 costs met by the contracted providers.
9. Care Workers will see improvements to their 'Terms & Conditions' and providers will cover the following:
 - All workers offered guaranteed/permanent contracts should they want them.
 - Workers paid on a shift basis with travel time and costs covered.
 - No call cramming due to 'Outcomes' model.
 - All eligible workers receive statutory sick pay.
 - Regular paid Training and Supervisions.
 - Ability for workers to regularly meet co-workers to share best practice and limit isolation.

Co-Production

10. We have gathered around 300 people's views on what is currently being delivered as well as a focus on co-designing our future approach. This included current and future service users, their representatives, care workers, existing and potential future providers, key professionals, and community groups.
11. Information gathered came from people who were new to the services as well as people who have used and worked in Home Care for over a year.
12. There were common themes across all stakeholders with three areas of focus 'Continuity of Care', 'Clear communication' and 'time for workers to encourage independence'.

Focus Group Statements

"Communication is key when caring for people"

"Communication about when the carers are coming".

"Familiar faces"

"Being able to do things for myself when I can. I want to remain as independent as possible"

"Being able to get out into the community with carers as I feel miserable stuck in the house all day"

"Communication, friendly and familiar faces are better than letting strangers into your home"

- 13. Home Care Agencies engaged with identifying current barriers to achieving the ECC standards and explored opportunities on how services could be redesigned to move away from Time & Task to an Outcomes model.
- 14. 90 existing workers gave us some valuable insight into their views and wishes. Some Key responses below:



Can you suggest one thing that would improve the home care service you and your organisation delivers?

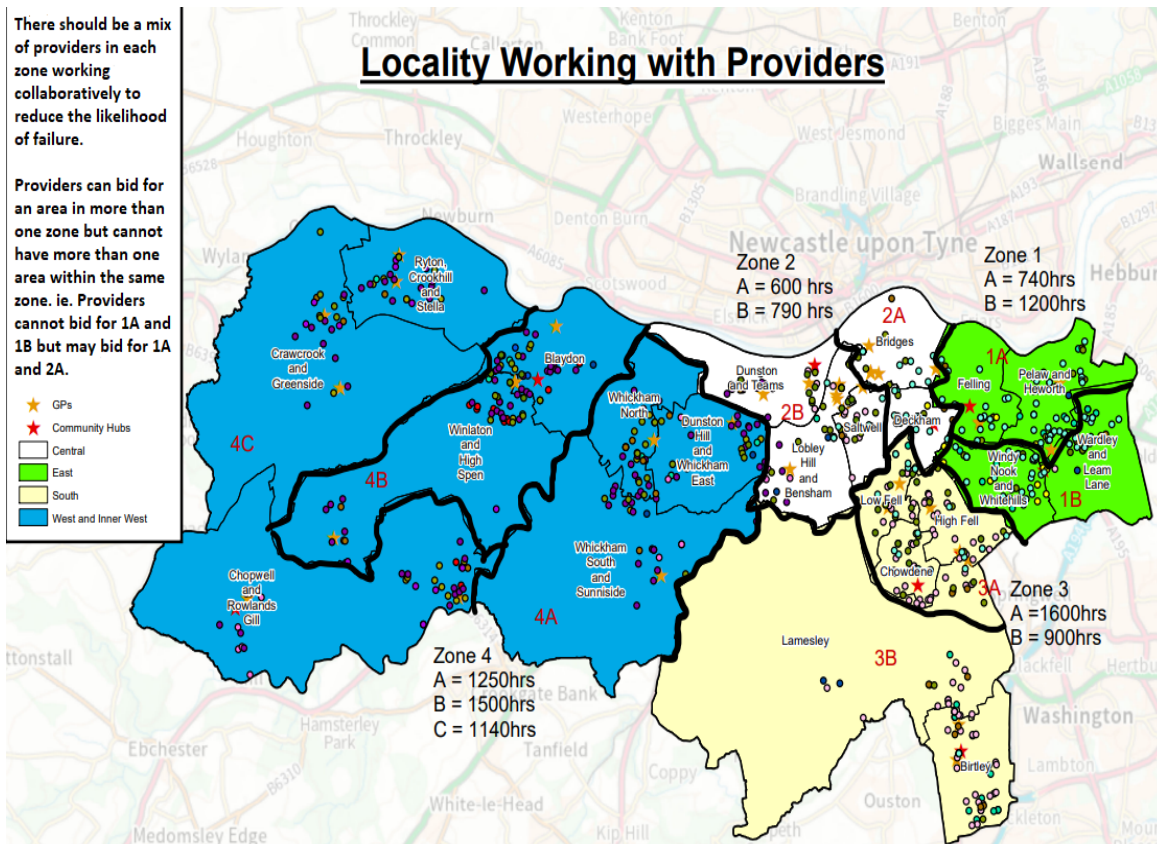


15. Information and feedback received has support the development of the proposed contract model and has given us the confidence to meet three common priorities (point 12) and make Home Care an attractive place for people wanting to work.

Proposed Model

16. As previously described, we need a new Model to secure the capacity to meet future demands. Consideration has been given as to how we achieve meeting the ECC standards along with the key priorities for all stakeholders. Overview of Model:
- Contracts will move to a focus on Outcomes and move away from 'Time & Task'
 - Zones created with less providers who work in localities, with only one provider in a sub zone
 - Zones will have a varied number of hours to encourage a range of different providers (small, medium & large) to bid
 - Provider(s) will be expected to deliver all current and future packages of care within their area, and recruit and retain a growing workforce
 - All Care Workers will be offered a guaranteed/permanent contract, with a minimum of 70% target of acceptance in year 1
 - The successful provider will be given an overall budget based on staffing hours required to deliver the outcomes within their sub zone
 - This will initially be based on those packages transferred on day one of the contract and will have the ability to increase/decrease where mutually agreed
 - Payments will be made on a block approach and not per individual packages
 - The provider will have a dedicated staff team that work on a shift basis, to support the outcomes required within their locality

- The proposal is to have zones across the 4 Localities, with 2 providers working in 3 of the zones, and 3 providers in Zone 4 (the West):



- There will be 9 contracts in total and depending on the outcome of the tender exercise, between 5 and 9 providers will deliver the future contracts.
- At the contract start date, all existing packages will transfer from the current providers to the new providers.
- A Communication plan is in place with regular ongoing contact for everyone that is impacted from the change of contracts.

Resources

- To meet the ECC requirements, an additional 8.75% is required on the budget from October 2024 onwards which will be funding by the Market Sustainability and Improvement Funding.
- The budget will also need to grow year on year to meet forecasted increase in demand, to support our approach to reduce residential care admissions.
- We have projected that a budget shift will take place and by the end of 2028/29, we will see an overall net reduction of £9.95m spend across Residential and Generalist Home Care services over the 5-year period.

Consultation

24. The Portfolio Holders for Children, Young People and Families, Health and Wellbeing and Adult Social Care have been consulted on this work.

Alternative Options

25. There is an option to continue with the existing spot purchase approach without the additional investment. This is unlikely going to support us achieving our Home First approach and we will continue to be an outlier on long-term admissions into residential care, and in turn not achieve the outline savings which will put pressure on other ASC and wider Council services.

Implications of Recommended Option

26. Resources:

- a) **Financial Implications** – The Strategic Director, Resources and Digital confirms that Gateshead Council's funding for the procurement of services can be met from outlined resources.
- b) **Human Resources Implications** – There are no Human Resource implications to Council employees. There may be staff who are eligible to transfer from existing providers to any potential new providers under TUPE arrangements, however that will be determined by the incoming and outgoing providers.
- c) **Property Implications** – There are no property implications arising from this report.

27. **Risk Management Implication** – There is a risk that any delays to the procurement process would result in a reduction of savings being achieved.

28. Equality and Diversity Implications

The new approach will directly complement the commitments set out in our corporate policy:

- Implement the voluntary Socio-Economic Duty within the Equality Act, as agreed in our Health and Wellbeing Strategy, so that we pro-actively consider socio-economic impact to inform our council decisions (***reductions in residential care, balance between zero hours and contracted hours contracts, complements Ethical Care Charter commitments***).
- Put EDI at the heart of the design and delivery of our services, policies, systems, procurement, commissioning and facilities, so that they are fully accessible and inclusive, removing any barriers faced by our residents (***new model based on locality working, connecting providers better to local communities, encouraging employment of carers from within the locality***).
- Recognise our residents are individuals and provide services to meet their needs, in some cases this will mean doing more to support those individuals

who are disadvantaged by who they are or their experiences (***outcomes based rather than time and task will allow for flexibility to meet fluctuating need***)

- Deliver our customer commitment to listen, be flexible and respond appropriately with reasonable adjustments, to always meet the needs of all our customers (***outcomes based rather than time and task will allow for flexibility to meet fluctuating need***)
- Listen to our residents and learn from their experiences, to improve our knowledge and understanding of the needs of all our diverse communities across Gateshead (***coproduced commissioning model following extensive consultation with users, carergivers, carers and partners***)
- Actively involve and enable our communities, including our employees, in inclusive consultation and in our decision-making processes (***coproduced commissioning model following extensive consultation with users, carergivers, carers and partners***)
- Co-design and collaborate with partners where possible, to deliver for local communities (***coproduced commissioning model following extensive consultation with users, carergivers, carers and partners***)
- Actively work with our diverse communities to improve our insight and build effective relationships (***coproduced commissioning model following extensive consultation with users, carergivers, carers and partners***)

29. **Crime and Disorder Implications**

There are no Crime and Disorder implications arising directly from this report.

30. **Health Implications**

Approval of the model and associated funding will have a positive impact on the health and wellbeing of service users in Gateshead. The new model will support activity to reduce social isolation, improve their Health and Wellbeing, and connect individuals to other Community Assets.

31. **Climate Emergency and Sustainability Implications**

There are no Climate Emergency and Sustainability Implications arising from this report.

32. **Human Rights Implications**

There are no human rights implications arising from this report.

33. **Ward Implications**

All wards are affected, as the services will be open to everyone across Gateshead with eligible needs

Background Information

Care Act 2014

People at the Heart of Care – Government White Paper

Market Sustainability and Improvement fund 2024 to 2025: Guidance 28th March 2024

Unison Ethical Care Charter

