

<b>DECISION-MAKER:</b>	<b>CABINET MEMBER FOR ADULT CARE</b>			
<b>SUBJECT:</b>	<b>Home Care Winter Pressures Capacity Plan</b>			
<b>DATE OF DECISION:</b>	<b>11 October 2018</b>			
<b>REPORT OF:</b>	<b>Senior Commissioner – System Redesign</b>			
<b><u>CONTACT DETAILS</u></b>				
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<b>STATEMENT OF CONFIDENTIALITY</b>	
N/A	
<b>BRIEF SUMMARY</b>	
<p>The paper provides a description of the additional requirements for the Home Care market in Southampton ahead of a predicted peak in demand late autumn and early winter 2018/19. Two options are proposed with an outline of the benefits and challenges of each. The proposals are short term and pave the way for the development and implementation of the recently recommissioned Home Care framework from 1<sup>st</sup> of April 2019.</p>	
<p>The Home Care market locally has the ability to respond to some of the demands at times of high pressure, however there are number of factors which result in difficulties in meeting this demand. These are –</p> <ul style="list-style-type: none"> <li>• Workforce availability in the context of an ‘employees market’ locally</li> <li>• Rising levels of complexity necessitating more complex and intensive packages of care</li> <li>• Demographic changes – general rise in demand which will be to some extent met through the strength based approach implementation, however it remains a factor</li> <li>• Increasing need to have care at specified times of the day</li> </ul>	
<p>In Southampton we currently have a number of clients waiting for packages of care which totals approximately 700 hours of Home Care per week. This is expected to reduce by 300 hours per week as home care availability improves over the autumn months. The demand is expected to rise again late in December and on into January and February 2019 reflecting an annual seasonal peak.</p> <p>Whilst a rise in demand over winter is predictable there has also been a significant rise in demand over August and September of this year, with the result that we are moving into the winter peak with more pressures than usually anticipated. This requires an enhanced response over and above the usual winter plan and urgent action to allow lead in time for commissioning processes to be undertaken and for care to be put in place. In order to respond to these pressures a number of actions are recommended which are detailed in this paper.</p>	
<b>RECOMMENDATIONS:</b>	
(i)	Having complied with paragraph 15 of the Council’s Access to

		Information Procedure Rules, the Cabinet Member for Adult Social Care authorises additional expenditure, in this financial year, to provide sustainability and responsiveness across our Home Care commissioning.
	(ii)	The Cabinet Member for Adult Social Care delegates authority to the Director of Quality & Integration to carry the necessary commissioning arrangements for Home Care as set out in this report and to enter into contracts in accordance with contract procedure rules. This will result in one provider having their contract value increased for a period of November 2018 to March 2019.
	(iii)	<b>This report is presented as a general exception item in accordance with Rule 15 of the Access to Information Procedure Rules of Part 4 of the Council's Constitution. Amendments to the Local Authorities (Executive Arrangements) (Meetings and Access to information) (England) Regulations 2012 require 28 days' notice to be given prior to determining all Key Decisions.</b>

#### REASONS FOR REPORT RECOMMENDATIONS

1.	<p>This report is submitted for consideration as a General Exception under paragraph 15 of the Access to Information Procedure Rules in Part 4 of the City Council's Constitution, notice having been given to the Chair of the relevant Scrutiny Panel and the Public. The matter requires an urgent decision as additional pressures over the summer period have contributed to a higher than usual demand for home care as we move into the winter period.</p> <p>The proposed increase in spending provides a small amount of guaranteed hours of home care which will contribute, along with increased capacity in the Integrated Urgent Response Service (URS), to provide greater responsiveness and sustainability of delivery over the winter period.</p> <p>The additional spend proposed will result in an award to one provider which will take the Council's spend, to that provider, over £500,000 which meets the threshold for an increase of Key Decision. The additional spend is outlined in section 6.1 of this paper.</p> <p>Note: The usual additional spend to address winter pressures is agreed through the appropriate delegation to the Director of Quality and Integration and Cabinet Member's sign off.</p>
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#### ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

2.	The alternative option is to continue with the current level of commissioning, including an increase which can be awarded within the usual delegation and continue to procure Home Care through a normal call off process. Analysis of current position and learning from previous periods of peak demand suggest that this will be insufficient to meet the need of the client group. The impact will be that a large number of clients at any one time will be waiting for a package of care which is unsatisfactory from them and has a direct impact on capacity across the health and social care system.
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#### DETAIL (Including consultation carried out)

3.	<b>Background</b>
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3.1	<p>The home care sector is subject to ongoing challenge both locally and nationally. Proactive work within the current framework arrangements and with our preferred providers is constantly targeted at maintaining capacity and addressing seasonal peaks.</p>
3.2	<p>The current situation is that demand continues to outstrip supply for home care packages, with around 700 hours of care currently awaiting a provider, of which 540 hours having been on the waiting list for more than 10 days. The clients who are waiting for a settled package of care have their needs met in a number of ways: they can be supported by our reablement providers or integrated urgent response service; they may be in an interim placement; have a smaller package of care and be supported by family; or they may be resident in hospital and described as having a delayed transfer of their care (DTOC).</p> <p>There are a number of factors influencing the current situation;</p> <ul style="list-style-type: none"> <li>• Home Care providers are reporting that recruitment was particularly slow over the summer months, even taking into consideration that the summer is always a difficult time to recruit it has been particularly challenging this year. <ul style="list-style-type: none"> <li>○ Overall recruitment for Home Care roles in the city is influenced by other developing areas, e.g. retail and hospitality, with the potential for an early impact related to uncertainty around Brexit.</li> <li>○ The school holiday period results in capacity being lower than usual combined with September being a month where referrals are higher than usual.</li> </ul> </li> <li>• There is a rising level of complexity in the types of care packages required</li> <li>• There is a rise in numbers of difficult to source care packages, including those with time critical elements, carers gender specific requirements, two carer packages and health needs, i.e enteral/specialist feeding support or care for people who are required to wear a collar 24 hours a day.</li> <li>• It is possible that the hot summer has resulted in higher demand resulting in a more challenging run up to the usual winter pressures. It will be possible to confirm if this is the case once all data returns are complete, i.e. SCC and SCCCG, in 4 – 6 weeks' time.</li> </ul> <p>3.3</p> <p>Whilst some of this capacity gap is likely to be addressed as recruitment improves during September, there is likely to remain a pressure going into the winter months when the demand will rise again. Taking all of this into consideration this paper describes how a proportion of this gap will be met, in the context of ongoing developments with our Urgent Response Service and within the normal arrangements of the Home Care Framework. The proposal will support provider with recruitment through a guaranteed number of paid hours.</p>
4.	<p><b>Engagement</b></p> <p>The current Home Care providers have been involved in discussion regarding the changing demand in the city throughout the last year as part of the design for the new framework. This has been undertaken through bespoke stakeholder work and existing forums. The requirements outlined here have been shared openly throughout this work and as such the market is fully</p>

	aware of the position.
5.	<p><b>Proposal</b></p> <p>It is proposed to increase the capacity of the existing 'retainer' service by 100 extra hours per week. This increase would take the current award to this provider from £482,955 to £516,807. This would build on current arrangements which are working well and which are designed to cope with peaks in activity. Increasing capacity within the usual 'business as usual arrangements' has the advantage of the shortest possible lead in time.</p> <p>There is a good track recording of the provider working well with commissioning leads and with the care placement service and there is a high level of confidence that the proposed increase will mitigate some of the anticipated increase in demand.</p>

## RESOURCE IMPLICATIONS

### Revenue

6.						
			2018/19	2019/20	2020/21	2021/22
		Budget	Forecast	Budget	Budget	Budget
	Homecare	Expenditure	18,186,900	17,580,200	19,955,500	19,955,500
		Savings	-1,294,200	0	-4,460,400	-4,460,400
		<b>Total Expenditure</b>	<b>16,892,700</b>	<b>17,580,200</b>	<b>15,495,100</b>	<b>15,495,100</b>
		Income	-2,696,500	-3,247,200	-2,333,200	-2,333,200
		CCG Income	-1,804,200	-1,804,200	-1,772,500	-1,772,500
		<b>Total Income</b>	<b>-4,500,700</b>	<b>-5,051,400</b>	<b>-4,105,700</b>	<b>-4,105,700</b>
		<b>Net Total</b>	<b>12,392,000</b>	<b>12,528,800</b>	<b>11,389,400</b>	<b>11,389,400</b>
	LBHUs	Expenditure	2,600,000	2,510,900	2,951,700	2,951,700
		CCG Income	-1,326,000	-1,284,700	-1,505,400	-1,505,400
		<b>Net Total</b>	<b>1,274,000</b>	<b>1,226,200</b>	<b>1,446,300</b>	<b>1,446,300</b>

6.1	<p>The proposed increase in hour's amounts to £1,612 per week, with a total cost of £33,852 in this financial year, assuming a start date of the beginning of November 2018.</p> <p>This increase will be funded through the Better Care Fund and the proposals reflect one of the main requirements of the grant which is to undertake commissioning actions to sustain the care market.</p>
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### Property/Other

7	None
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## LEGAL IMPLICATIONS

### Statutory power to undertake proposals in the report:

8	The Council has the power to commission services subject to complying with the Council's Contract and Financial Procedure Rules as set out in the Council's Constitution and in accordance with SI Localism Act 2011
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### Other Legal Implications:

9	Comply with UK procurement legislation and CPR's
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## CONFLICT OF INTEREST IMPLICATIONS

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<b>RISK MANAGEMENT IMPLICATIONS</b>	
11	<p>Financial: There is an ongoing pressure on budgets linked to the increasing demand and complexity of care needs. This proposal mitigates some of that risk by using Better Care Funding to cover this current peak. The recent tender for the homecare framework has built in additional requirements to cope with seasonal a peak in the future which draws on learning from the current arrangements. Cost pressure is also mitigated by using current services and providers thereby avoiding the risk of having to source care outside our usual commissioning arrangements which could come at a higher cost.</p> <p>Service delivery: the current high volume of delayed discharges of care (DTC) impact on system delivery across social care and health and has impact for individuals and their families. There is a risk that even with this additional capacity DTCs will continue to increase and targets for reduction will not be met. This is mitigated by robust monitoring arrangements which enable early action to be taken and which facilitates a multi-agency response to managing increases and seasonal peaks. In addition, the context of working with our in house urgent response service and with a wider range of providers across the current framework provides additional mitigation for this risk.</p> <p>Reputational risk: there is no specific risk identified although increasing delayed discharges occurring through the winter period can attract national press and interest and focus on how agencies are working together to address this. The current arrangements in place across all stakeholders do represent a high level of joint work and focused activity which would support a robust response.</p> <p>Provider risk – provider finds they are unable to recruit the additional staff capacity agreed. The use of a retainer over the last 1 – 2 years has provided strong evidence to support this approach, with payment scheduled to match the capacity which the provider is able to resource.</p>
<b>POLICY FRAMEWORK IMPLICATIONS</b>	
12	<p>The recommendations in this paper support the delivery of outcomes in the Council Strategy. They also contribute to the health and Wellbeing Strategy. The proposals particularly support the outcome people in Southampton live safe, healthy lives.</p>

<b>KEY DECISION?</b>	<b>Yes</b>
<b>WARDS/COMMUNITIES AFFECTED:</b>	<b>none</b>
<u>SUPPORTING DOCUMENTATION</u>	
<b>Appendices</b>	
1.	None
2.	

**Documents In Members' Rooms**

1.	None	
2.		
<b>Equality Impact Assessment</b>		
<b>Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out.</b>		<b>No</b>
<b>Privacy Impact Assessment</b>		
<b>Do the implications/subject of the report require a Privacy Impact Assessment (PIA) to be carried out.</b>		<b>No</b>
<b>Other Background Documents</b>		
<b>Other Background documents available for inspection at:</b>		
<b>Title of Background Paper(s)</b>		<b>Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)</b>
1.	None	
2.		