

To the Chair and Members of the Health and Adult Social Care Overview and Scrutiny Committee

REPORT: COMMISSIONED CARE AND SUPPORT AT HOME (CCASH) UPDATE

Relevant Cabinet Member(s)	Wards Affected	Key Decision
Cllr Glyn Jones	All	No

EXECUTIVE SUMMARY

1. On 24th May 2016 Cabinet noted an update report on the transformation of Adult Health and Wellbeing Services in Doncaster specifically referring to the Commissioned Care and Support at Home (CCASH) Service.
2. The report outlined that the proposed new model of service to address current failings in the local market, provide greater stability, improve local connections and provide the platform for further transformational change.
3. This report updates the Health and Adult Social Care Overview and Scrutiny Committee on the service as requested following the letting of the contracts.

EXEMPT REPORT

4. The report does not contain exempt information.

RECOMMENDATIONS

5. That Members of the Health and Adult Social Care Overview and Scrutiny Committee note this update on the CCASH service.

WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

6. The new service model will provide stronger links between care providers and community based services supporting a new strength based approach.

BACKGROUND

7. The Commissioned Care and Support at Home Service (CCASH) was developed and commissioned in partnership with Doncaster Clinical Commissioning Group (DCCG) following extensive consultation over a two year period with current service users, care providers, and care organisations. The new contracts were awarded on the 1st November 2016 to significantly contribute towards the following objectives:

- Supporting more people to be helped to live at home as an alternative to residential care.
- Developing robust strategic relationships with the new Strategic Lead Providers in order to provide a platform for on-going transformational change of the service.
- Greater market sustainability through zoning.
- A commissioning for outcomes focus underpinned by an asset and strength based approach to assessment and care management.

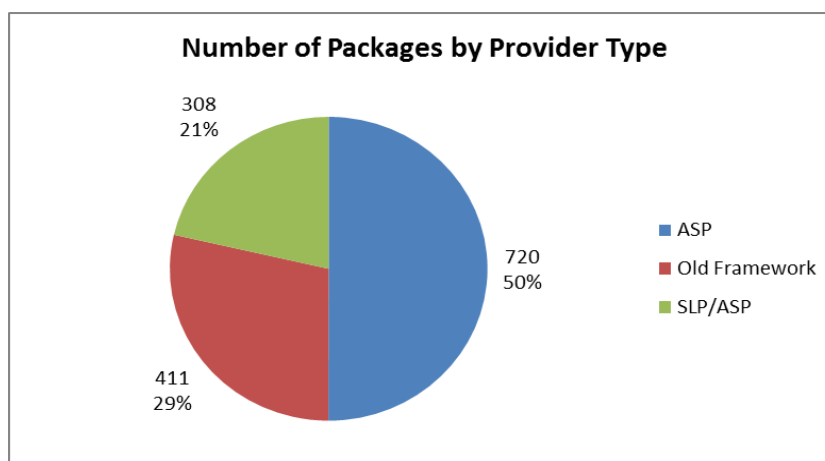
The main characteristics and features of the new service can be summarised as:

- The commissioning of a Strategic Lead Provider (SLPs) as the primary deliverer of care in each of the six new geographical zones across the district. Thereby supporting the operational efficiency and sustainability of SLPs through increased locality working. Appendix 1 identifies each SLP by zone.
 - Implementation of a partnership approach between the Council and the SLPs providing a platform for service development and transformational change including the future exploration of efficiencies by evaluating the benefits of allowing SLPs to deliver into other settings within their allocated zone.
 - Encouraging strong and effective links between the SLPs and community based services within their allocated Zone to support the implementation of both asset and outcome based approaches and locality commissioning.
 - A borough wide framework of Additional Support Providers (ASPs) to maintain a diverse market, provide choice for individuals and mitigate against the risk of individual provider failure.
 - The phased introduction and development of Electronic Call Monitoring in partnership with the SLPs.
8. At the start-up of the CCASH Service on 1st November 2016 four SLPs were selected as the primary deliverer of care over the six geographical zones. Two of the SLPs (covering three of the zones) are new to the district. In addition, ten ASPs were selected to work across the district, one of which is new to the district.
9. Nine previous providers were not successful in the tender exercise and their service users are being supported by the newly established Transitions Team to access a Direct Payment or move to a contracted provider. The take up of Direct Payments via this route will be an important development in raising levels of self-directed care across the directorate as planned.
10. As previously approved, the CCASH service will be implemented in the following three phases:

Phase 0 8 Months	November 2016 – July 2017	MOBILISATION AND STABILISE <ul style="list-style-type: none"> • Supporting the market to be operationally robust. • Developing the strategic partnerships with SLPs. • Managing winter pressures through the
---------------------	---------------------------------	--

		mobilisation stage. <ul style="list-style-type: none"> Supporting Direct Payments through transitions.
Phase 1	July 2017 – March 2018	TRANSITION <ul style="list-style-type: none"> Commissioning packages on outcomes. The introduction of Individual Service Funds for SLPs. Explore alternative services 24 hour response models and evaluate the implications of devolving these to SLPs.
Phase 2	April 2018 - Onwards	TRANSFORMATION <ul style="list-style-type: none"> The exploration of a range of services (brokerage, support planning, money management and community social work) to be delivered in partnership with the SLPs.

- The initial eight month mobilisation and stabilisation phase of the project has now commenced which is a major and important component of the project in light of the new entrants to the market and the number of unsuccessful tenderers to be managed and supported.
- As evidenced in the table below 29% of people currently supported are under the old framework with 21% supported by an SLP. The rest (50%) have services provided by an ASP. In order to gain maximum impact from the developing strategic relationships with the SLP, the Council will be actively supporting the SLPs to develop their capacity to increase their market position whilst supporting individuals to transition to either direct payments or a contracted provider in relation to those individuals receiving services from a provider who was not selected for the CCASH contract.



- The Council is currently planning a complementary procurement exercise in respect of specialist provision which was purposefully excluded from the CCASH arrangements set out above.

OPTIONS CONSIDERED

- There are no options to be considered as this report is to provide an update to the Panel on CCASH.

REASONS FOR RECOMMENDED OPTION

15. Not applicable as this is an update report.

IMPACT ON THE COUNCIL'S KEY OUTCOMES

	Outcomes	Implications
	<p>All people in Doncaster benefit from a thriving and resilient economy.</p> <ul style="list-style-type: none"> • <i>Mayoral Priority: Creating Jobs and Housing</i> • <i>Mayoral Priority: Be a strong voice for our veterans</i> • <i>Mayoral Priority: Protecting Doncaster's vital services</i> 	<p>Providers will have a local focus which will contribute to investment in Doncaster and increase employment opportunities for Doncaster people. The local market will stabilise and develop. Better value care and support at home will help to protect other vital services.</p>
	<p>People live safe, healthy, active and independent lives.</p> <ul style="list-style-type: none"> • <i>Mayoral Priority: Safeguarding our Communities</i> • <i>Mayoral Priority: Bringing down the cost of living</i> 	<p>There will be higher quality personalised care and more choice and control for service users. Innovative approaches to using resources will maintain independence and enable living at home for as long as possible</p>
	<p>People in Doncaster benefit from a high quality built and natural environment.</p> <ul style="list-style-type: none"> • <i>Mayoral Priority: Creating Jobs and Housing</i> • <i>Mayoral Priority: Safeguarding our Communities</i> • <i>Mayoral Priority: Bringing down the cost of living</i> 	<p>Stability in the local market and methods of staff recruitment should have a positive impact on job opportunities for Doncaster people.</p>
	<p>All families thrive.</p> <ul style="list-style-type: none"> • <i>Mayoral Priority: Protecting Doncaster's vital services</i> 	<p>Families will be included in planning the provision of relative's care, which will build confidence in the care that is being provided. Family life will be more stable, as people will be supported to stay at home for longer, reducing hospital attendance and long-term residential care. Individuals will be encouraged to be socially and physically active, in order to maintain or improve their well-being.</p>
	<p>Council services are modern and value for money.</p>	<p>Care and support providers will be expected to demonstrate a safe, effective and value for money approach to service delivery.</p>

	Working with our partners we will provide strong leadership and governance.	The model will increase collaboration and strengthen partnerships with the commissioned care providers. More efficient contractual relationships will strengthen governance arrangements and improve the quality of care and support.
--	---	---

RISKS AND ASSUMPTIONS

16. The risks and assumptions relating to CCASH were set out and considered as part of the previous Cabinet reports.
17. The primary risk at this stage of the CCASH development is the mobilisation of the two SLPs who are new to the borough. The mitigating actions both undertaken and planned in this regard are:
 - The development of a recruitment plan targeted at the SLPs
 - The sharing of commissioned activity by Zone to aid SLPs planning intelligence
 - Connecting the SLPs to the transformation programme and new developments
 - Regular communication with the SLPs particularly focusing on those new to the area to monitor mobilisation

LEGAL IMPLICATIONS

18. Section 1 of the Care Act 2014 places a duty on the Council to promote an individual's physical and mental health and emotional well-being, and that eligible needs may be met by care and support being provided at the individual's home or in the community (either by the Council itself, or by arranging for a person other than the Council to provide the service or by making a direct payment).
19. The Localism Act 2011 provides the Council with a power to do anything that an individual generally may do, and Section 111 of the Local Government Act 1972 gives a Council power to purchase goods and services.
20. Legal have been consulted and continue to give advice and support in relation to this contract

FINANCIAL IMPLICATIONS

21. The CCASH service replaces the previous domiciliary care framework and is expected to remain within the existing budget constraints whilst offering the potential to transform the way the service is delivered and reduce care hours and package costs.
22. The annual budget for the domiciliary framework (non-specialist provision) is £10.64m. The 2016/17 budget is planned to deliver care at a standard hourly rate of £14.36, equating to c14,250 paid for hours per week.

23. To ensure that the new CCSAH model is financially viable the contract will be managed to take into account price, volume, shift from residential care and delivery-based approach.
24. It is also important to ensure that the Council's Charging Policy is reviewed to reflect the new model. In line with the Mayor's Draft budget proposals 2017/ increase in charges will be limited to the estimated RPI for March 2017 of 2.2%, allowing for roundings.
25. The financial model will continue to be refined as volume of actual cases transferring to direct payments over time become apparent.

HUMAN RESOURCES IMPLICATIONS

26. The proposals outlined in the report do not have any direct staffing implications.
27. The preferred operating model will necessitate a different approach to existing ways of working for staff in the Authority. Significant changes will be required to the culture, leadership and ways of working within the service areas if change is to be effectively brought about. Consideration should also be given to prioritising workforce development so the right people are recruited and retained to ensure the provision of high quality service delivery.

TECHNOLOGY IMPLICATIONS

28. There are a range of immediate business improvements currently underway within Adults, Health and Wellbeing and being led by the Digital Council Programme. These work streams must be aligned, monitored and achieved as contributing enablers to allow the effective implementation of the recommendations outlined in the Cabinet report in May 16 to deliver the CCASH project.
29. A business case relating to the CCASH Project was considered and agreed by the ICT Governance Board in August 16.
30. The requirements for Electronic Call Monitoring implementation will need further clarification as the project develops.

EQUALITY IMPLICATIONS

31. A Due Regard Statement was prepared and appended to the Cabinet report of 24th May 2016.

CONSULTATION

32. Extensive consultation has been undertaken over the past 2 years and throughout the development of this model. This has included current service users, care providers, care organisations, and local health partners, including the Doncaster Clinical Commissioning Group. Details of the consultation were set out in the Due Regard statement appended to the Cabinet report of 24th May 2016.

BACKGROUND PAPERS

- Cabinet Report 24/5/16: Adults, Health and Wellbeing Transformation – Commissioning Care and Support at Home
- Cabinet Report 22/3/16: The Adults Health and Wellbeing Transformation Programme
- Cabinet Report 4/2/15: A new model of home support for Doncaster to be known as ‘Help to Live at Home Service’ that will replace the current framework agreement with domiciliary care providers.
- Cabinet Report 1/10/14: Approval of a new commissioning model of home support to be known as ‘Help to Live at Home in Doncaster’ to replace the current framework agreement with domiciliary care providers.
- Doncaster’s Carers Strategy: ‘Caring for the future’ 2015-2020
- Doncaster’s Adults, Health and Wellbeing Directorate Local Account 2014- 15
- Joint Strategic Needs Assessment, Doncaster 2014
- Health and Wellbeing Board Briefing Paper: Ethical Care Charter and Kingsmill Review (11 August 2014)

REPORT AUTHOR

Ian Campbell, Interim Head of Service: Commissioning
Tel: 01302 732238 E-mail: Ian.Campbell@doncaster.gov.uk

Kim Curry
Interim Director, Adults, Health and Wellbeing

Appendix 1
Strategic Lead Provider by Zone

