

North Somerset Council

REPORT TO THE ADULT SERVICES AND HOUSING POLICY AND SCRUTINY PANEL

DATES OF MEETINGS: 18TH SEPTEMBER 2015

SUBJECT OF REPORT: START AND COMMUNITY MEALS WORKING GROUP

TOWN OR PARISH: NONE SPECIFIC

OFFICER/MEMBER PRESENTING: COUNCILLOR REYNA KNIGHT

KEY DECISION: NO

(Note - START stands for Short Term Assessment and Reablement Team)

RECOMMENDATIONS

(1) That the Executive Member for Adult Care be recommended to approve

(i) that the process and outcome of the outsourcing of START and the recommissioning of Area 2 be carefully monitored, specifically in relation to reablement packages;

(ii) that consideration be given to not commencing the outsourcing of START teams for other areas, until there has been a full evaluation of the outcomes of Area 2;

(iii) that within the first six months there should be ongoing rigorous monitoring which should include unscheduled visits;

(iv) that training is carried out by carried out by professional specialist trainers (particularly if the provider does not have the necessary expertise);

(v) that it is important that the acquisition of necessary equipment should be carried out to the existing timeframe;

(vi) That there needs to be robust contingency arrangements if a provider is unable to meet its contractual commitments;

(2) that the Panel agree to receive a further report in November on the Community Meals aspect of the Working Group's investigation;

(3) that the Executive Member for Adult Care reports back to the Panel on progress in implementing the recommendations.

1. SUMMARY OF REPORT

This report sets out the detailed work undertaken by the START and Community Meals Working Group.

2. POLICY

- 2.1 The work of the Working Group meets the corporate aim of enhancing health and well-being.

3. DETAILS

- 3.1 The Working Group was originally set up by the Panel to investigate the following-
- To carry out further engagement by reviewing the implementation of the transfer of Business Support Services for the Community Meals service
 - To review the implementation of the transformation through commissioning, budget reduction, relating to re-ablement services (START), as part of the programme of domiciliary care” re-commissioning.
- 3.2 The Working Group investigation focused on scrutinising and seeking assurance that the process of implementation is fit for purpose.
- 3.3 The Working Group comprised Councillors Reyna Knight, Ruth Jacobs, Tom Leimdorfer, Liz Wells and Deborah Yamanaka.
- 3.4 Members met with and/or received advice from a range of officers from the Council and the Executive Member for Adult Care (see Section 4).
- 3.5 The Working Group initially focused on START and in advance of the initial meeting requested the following information and data-
- Definition and purpose of ‘re-ablement’ in the context of Community Care
 - START factsheet
 - Criteria for referrals to START service
 - Fair Access to Care Criteria
 - Staffing level of current NSC START team (frontline workers, admin support)
 - Caseload (monthly, annually) and outcomes – as given in performance report to ASH Policy and Scrutiny Panel
 - Average salary of START staff (given as hourly rate); breakdown analysis of current gross cost of START – as quoted verbally at recent ASH Policy and Scrutiny Panel
 - Options considered for future of START and reasons for any discarded options
 - Analysis and rationale for projected budget savings for START service 2015-16 and 2016-17
 - Details of tender specifications given to potential future providers of the service
 - Timetable for making a decision about the future of the service
- 3.6 The Working Group was provided with the following information in response-
- Definition of START
 - Service user guide and statement
 - Eligibility guidance

- START Reablement Service Performance Management Report
- START figures 2014-15
- Outline proposal for transfer
- START unit costing

3.7 The following points were highlighted during discussion-

- Reablement Service – Austerity measures 3-4 years ago had necessitated savings of approximately £900,000
- Better Care Funding – funding changes announced by the Government had meant less NHS funding would transfer to local authorities and for North Somerset this meant a sizable gap in the MTFP requiring additional proposals to balance the budget. This included a proposal to transfer through the commissioning of enablement and reablement (including the outsourcing of the START service) and reported to Council in February as part of the budget proposals.
- North Somerset START service achieved great outcomes but the harsh reality was that it was very expensive in terms of unit cost (currently £72.17 excluding overheads). A large proportion of the cost was salaries (**but the Working Group had no breakdown**).
- Care provision from independent providers was considerably greater the specialist provision delivered by START.
- It was emphasised that the Council would not commission a service that was less in terms of quality. Potential providers must satisfy the Council that they can do the job. The tender specification would enable providers to tell us how they planned to deliver services.
- It was intended that the service would be based on 4/5 geographical areas with one provider for each area (starting with the Worle area). Fewer providers (currently there were 20) would make monitoring of the service easier. Monitoring would be carried out quarterly by the Contract Compliance Team. North Somerset carried out more contract monitoring than neighbouring authorities.
- Initial assessment would continue to be carried out by the Council's social workers.
- The Tender Evaluation Team included a service user.
- Continuity of provision was paramount.
- It was emphasised in terms of finance, that the Council had a duty to provide best value.
- It was understood that TUPE will apply. Discussing and agreeing a planned approach with UNISON taking on board their ethical standards. Consultation with staff – draft paper to be issued to staff . The latest consultation update was shared with all START staff in August 2015, as previously provided to the Scrutiny Group. It was recognised that there was anxiety and that the process was challenging. It was important to allay those anxieties.
- Capacity issues will be challenging. Proposals will save money and will improve home care services overall.
- Contingency in place – North Somerset Community Response Service – the ability of service users to call on someone in an emergency.

3.8 The Working Group felt more reassured than they had been prior to the meeting but it was considered that a meeting with 1 or 2 START team members would help to solidify that reassurance. The purpose of that meeting would be for staff to state

specifically anything they consider needed to be picked up in the tender process and to state any points of concern they believed had not been addressed. Any points raised would be taken up by the Working Group with the Executive Member.

3.9 The Working Group met with two members of the START team who outlined their role and the issues that were concerning them. Immediately following that session, the Working Group met with the officers and with the Executive Member for Adult Care to advise them of the issues raised by staff and to seek their response. These were as follows-

- Will private sector staff provide the same level of service as the START team, and will staff be of the same quality? Will they work to the same specification?
- There was concern that providers' staff would not be as flexible as the START team in their working practices, particularly in respect of hospital discharge and care packages and providing equipment without delay. Will they have the same knowledge of the geographical area in which they are operating and the services available? Will they have the same ethos of looking at individual needs?
- Will private sector staff be trained to the same level as the START team, all of whom had NVQ Level 1, 2, 3 or 4? Experience and stability of current staff was a key to good performance.
- Packages of care were for 6 weeks on average (could be less or more depending on the individual). Staff understood that in some local authorities, outsourcing had not worked well. The private sector had to make a profit so was there a risk that care packages would be reduced in terms of the time spent with some service users?
- There was concern about instability if START team members were TUPE transferred. What safety net will the Council put in place if this is outsourced?
- There was also concern that private providers could sub-contract their work.

3.10 The officers and the Executive Member for Adult Care responded and clarified as follows-

- The provision of equipment was addressed in the tender specification and there would be an assessor specifically tasked to access equipment.
- The tender set out an agreed process requiring the provider to determine the level of the care package (ie, the first 6 weeks) so they can enable, then re-able the individual and producing a personal plan. The provider will also be working with Occupational Therapists to help achieve outcomes.

The Working Group expressed some reservation because of the shortage of Occupational Therapists.

- There will be some additional resource – more specialist OT provision.

- It was pointed out that part of the tender evaluation would involve looking at how prospective providers planned to deliver the services. It was re-emphasised that the Council would not commission a service that was less in terms of quality. Potential providers must satisfy the Council that they can do the job. This included caring for the most complex individuals.
- Every provider must be compliant with CQC.
- Training was key – the Council would expect private sector staff to be suitably trained in terms of providing high quality care.
- It was confirmed that some prospective providers already provided enablement.
- It was indicated that tenders had been received from several private sector providers who were not only highly experienced in this field but who were also performing well elsewhere in the country and were exceeding the existing service.
- It was reaffirmed that the reduction in the number of providers from 20 to 5 would not only make monitoring of the service easier but also give scope for more partnership working and closer working relationships.
- It was reaffirmed that monitoring would be carried out quarterly by the Contract Compliance Team and that additionally there would be ongoing monitoring. North Somerset's standard of contract monitoring was excellent and North Somerset carried out more contract monitoring than neighbouring authorities.
- It was stressed that tenderers' implementation plans would be very carefully evaluated. Tenders received included some good imaginative implementation plans.
- A specialist enablement team is not a condition of tender but depended on what individual providers were proposing.
- Staff concerns about TUPE transfer – there were no indications of redundancies. The demand for care is there.
- It was acknowledged that the transfer of staff was difficult and caused anxiety no matter how well the process was managed. An assurance was given that the process would be managed carefully and as effectively as possible. Management would work closely with staff to minimise their anxieties and concerns.
- Sub-contracting of services was permitted subject to the Council's approval.
- The Council had placed great emphasis on resilience plans.
- If successful tenderers were based outside North Somerset, they would be required to establish a local base or hub within 3 months of being awarded the contract. It was understood that all tenderers were addressing this.

- The Council was committed to improving the quality of care.

3.11 The Working Group has completed its initial investigation on the START aspects, finalised that report and submitted its conclusions and recommendations. The sections below summarise the work and findings of the group.

3.12 The Working Group will meet further to complete the Community Meals aspect of its investigation.

Conclusions

The Working Group recognises that the recommissioning of domiciliary care was prompted primarily by quality considerations but that the inclusion of START was prompted by budgetary considerations.

Based on the work undertaken and the discussions with officers and the Executive Member for Adult Care, the Working Group has concluded that-

(1) The phased approach to recommissioning is welcomed. However, the Working Group is aware that the work of START is a specialist area with a wider impact than its total volume of work.

(2) The CQC classification of outstanding recognises the value of the current service provision and that future providers should aspire to this.

(3) The Working Group has tried to reconcile the questions and anxieties about service provision with the assurances given and recognises the difficulty that we could be party to commercially sensitive tendering proposals.

Recommendations

See the first page of this report.

4. CONSULTATION

The Working Group's findings were informed by consultation with the following officers of North Somerset Council and the Executive Member for Adult Care:

- Gerald Hunt, Assistant Director Finance, Resources and Strategic Commissioning
- David Jones, Interim Assistant Director, Adult Care
- Kate Bolger, Contracts and Commissioning Officer
- Sarah Walker, Service Manager, Adult Care
- Alison Stone, Contracts and Commissioning Manager
- Councillor Dawn Payne, Executive Member for Adult Care
- Tina Fost and Sarah Willmott – START Team

5. FINANCIAL IMPLICATIONS

The Transformation through Commissioning budget for Reablement savings were approved as £200k in 2015/16 and £410k in 2016/17. The delivery of these savings are anticipated to be met in full, albeit the precise planning of the savings in 2015/16 are subject to risk of slippage, to ensure a smooth implementation of the new provider.

6. RISK MANAGEMENT

The delivery of quality care services are subject to considerable risk. The proposal to phase the implementation of the commission changes was favoured to maximise the contingency to mitigate disruption of services. Risks associated with the project is the delivery of sufficient capacity of quality trained committed staff in the Care Sector and the proposals to endorse the UNISON Ethical Commissioning Charter is felt necessary to ensure a smooth transfer. Additionally, the proposals include a number of TUPE transfer options, which include but not exclusively relating to START.

The re-commission has looked at similar transfers and commissioning models undertaken elsewhere, and it is hoped that the planning of the process and focus on enhanced quality assurance will ensure a smooth transition. The project maintains a risk register and mitigations proposed.

7. EQUALITY IMPLICATIONS

MTFP included an Equality Impact Assessment for the proposals, which will be updated as this project progresses.

8. CORPORATE IMPLICATIONS

Improving outcomes and reducing the costs is a priority in the Corporate Plan.

This investigation by the Working Group aligns with the values in the Corporate Plan of putting people first and working with and involving others.

Members of the Working Group

Councillors Reyna Knight, Ruth Jacobs, Tom Leimdorfer, Liz Wells and Deborah Yamanaka.

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