

Report to: STRATEGIC COMMISSIONING BOARD

Date: 24 April 2019

Reporting Member / Officer of Strategic Commissioning Board Councillor Brenda Warrington – Executive Leader
Stephanie Butterworth – Director Adult Services

Subject: PROVISION OF HOME SUPPORT AND EXTRA CARE HOUSING

Report Summary: The current six year contract for the provision of home care and extra care housing is in its third year, due to end 30 October 2019. There is provision within the contract to extend for up to an additional three years. Given the significance of the service, the performance of the six contracted providers and the nature of the transformation work underway it is recommended that this option be taken up.

Recommendations: That approval is given in accordance with Procurement Standing Order F1.1 and F1.2 (contracts can only be extended where there is an extension provision in the contract) of the Council's Constitution to extend the provision of home support and extra care housing contract by up to three years from 31 October 2019.

Financial Implications:
(Authorised by the statutory Section 151 Officer & Chief Finance Officer)

Integrated Commissioning Fund Section	Section 75
Decision Required By	Strategic Commissioning Board
Organisation and Directorate	Tameside MBC – Adult Services
Budget Allocation	£ 3.1 million GM Transformation Fund (non-recurrent) to 31 March 2020.

Additional Comments

The additional cost impact of the support at home model is being financed by GM Transformation funding. The funding will support the enhanced hourly rate paid to providers until 31 March 2020 (£17.60 proposed for 2019/20).

The additional recurrent cost pressure of the new model (gross before any additional client fee income) is estimated to be c£1.9 million from 2020/21 onwards and is currently included with the Council's Medium Term Financial Plan. This equates to an approximate Council Tax increase of 2%.

The additional cost is contributing towards the estimated revised Council financial gap of £45.4 million by 2023/24. The estimated gap has increased to the previous gap of £36.1 million reported within the 2019/20 Council budget report on 26 February 2019. This is due to the inherent risk that expenditure within Children's Social Care will not reduce in line with the Medium Term Financial Plan expectations.

Members should note that this report was discussed at the Locality Executive Group meeting on 14 March 2019 to determine the economy wide savings that will be realised from

the new support at home model that will resource the recurrent cost pressure from 2020/21. At this stage the related savings initiatives are yet to be confirmed so the cost pressure remains an estimated recurrent Council liability risk.

It should also be noted that the cost assumptions include a number of hours under the phased roll-out of the new model, paid at the increased hourly rate, with an estimated full roll out of the new model from 1 April 2019. This represents an estimated increase of 7.9% on the initial 3 year contract value. This is primarily due to the increase in the hourly rate paid to providers in the new model which will have increased by c£3 per hour on the rate paid to providers on the previous model, which equates to an approximate 20% increase. The increase in the hourly rate will be financed by GM Transformation Funding to the end of the current contract period.

Legal Implications:

(Authorised by the Borough Solicitor)

This is a request to extend 6 related contracts due to expire on 30 October 2019 for 3 years under Procurement Standing Order F2 for which provision has already been provided within the contracts. In all such cases the consent of the Strategic Commissioning Board is required.

There is a further consideration because there is a proposed price variation of 7.9%, and so it will be necessary to scrutinise the value for money submissions to ensure continuing regard for the Council's fiduciary duty to the public purse. Any contract variation over 2.5% of a £1million contract, or 5% of a £500,000 contract requires the consent of the SCB because it is outside the permitted variation rules under Procurement Standing Order F2 is justified.

How do proposals align with Health & Wellbeing Strategy?

The proposals align with the Developing Well, Living Well and Working Well programmes for action

How do proposals align with Locality Plan?

The proposed change in practice is consistent with the following priority transformation programmes:

- Enabling self-care
- Locality-based services
- Planned care services

How do proposals align with the Commissioning Strategy?

The service contributes to the Commissioning Strategy by:

- Empowering citizens and communities
- Commissioning for the 'whole person'
- Creating a proactive and holistic population health system

Recommendations / views of the Health and Care Advisory Group:

This report has not been presented at the Health and Care Advisory Group.

Public and Patient Implications:

None.

Quality Implications:

Tameside Metropolitan Borough Council is subject to the duty of Best Value under the Local Government Act 1999, which requires it to achieve continuous improvement in the delivery of its functions, having regard to a combination of economy, efficiency and effectiveness

How do the proposals help to reduce health inequalities?

The proposal will not negatively affect protected characteristic group(s) within the Equality Act

What are the Equality and Diversity implications?

The proposed change in policy and practice will be applied to adults regardless of ethnicity, gender, sexual orientation, religious belief, gender re-assignment, pregnancy/maternity, marriage/ civil and partnership

What are the safeguarding implications?

None

What are the Information Governance implications? Has a privacy impact assessment been conducted?

The necessary protocols for the safe transfer and keeping of confidential information are maintained at all times by both purchaser and provider. The purchaser's Terms and Conditions for services contains relevant clauses regarding Data Management.

Risk Management:

The project is monitored and managed monthly under the Project Management Office with a risk scoring matrix integral to this.

There is currently an estimated inherent financial risk to the Council of £1.9 million recurrently from 2020/21 until the economy determines the related savings that will be realised from the new support at home model to resource this cost pressure.

Access to Information:

The background papers relating to this report can be inspected by contacting Dave Wilson



Telephone: 0161 342 3534



e-mail: dave.wilson1@tameside.gov.uk

1. INTRODUCTION

- 1.1 This contract is for the Provision of Home Support Services. The service is aimed at enabling service users to remain living well at home; living as independently as possible, achieving and maintaining their full potential in relation to their physical, intellectual, emotional and social capacity.
- 1.2 The service delivers:
- Support at home for all adults aged eighteen years and above, children and complex care; and
 - Extra Care Support for older people, people with a learning disability and people with mental health needs (aged fifty five and over).
- 1.3 The aim is to provide a good quality, personalised outcome-focused service appropriate to the needs and outcomes identified in a service users support plan and to demonstrate this through assistance with personal, practical and social/emotional tasks associated with ordinary living and a fulfilling and meaningful life.
- 1.4 The service is currently being provided by six organisations split over the four localities covering twenty nine post code zones across the borough.

2. BACKGROUND

- 2.1 A tendering exercise was undertaken in April 2016:
- To establish a standing list of providers to deliver helping people live at home services to the citizens of Tameside;
 - To shortlist up to twelve providers to tender for a zoned area.
- 2.2 During the tender process providers were informed of the intention to change the delivery model to help ensure a more sustainable homecare market and utilising an additional £3.1m of GM monies; from Year 2 onwards and incrementally over the life of the contract:
- Commissioning on the basis of outcomes;
 - A strong on-going re-ablement emphasis;
 - Staff to have a blend health and social care roles;
 - Providers and service user to coproduce care plans.
- 2.3 Six providers were awarded contracts starting from 31st October 2016 and ending on 30th October 2019 with the option, subject to approval and negotiation between the parties, to extend for up to a further three years.
- 2.4 The six providers awarded contracts were:
- Able Care and Support;
 - Careline;
 - Comfort Call;
 - Creative Support;
 - Direct Care;
 - Medacs.
- 2.5 The remaining organisations who were not awarded a zone were awarded a place on an approved list.

3. POSITION TO DATE

3.1 This contract was designed to deliver significant transformational change over the course of its life-time. Whilst the contract remains demand-led, under the new model providers are paid on commissioned hours not – as per the original model - actual hours.

3.2 This is key to delivering an outcomes focussed model rather than one based on ‘time and task’. Providers need to be able to work more creatively and flexibly with hours to better engage with a reablement approach and to support people to become more resilient and better connected with their local communities; an approach entirely consistent with ASC’s commitment to an asset based approach to support and one which, for a number of people, will reduce their reliance on paid support.

3.3 This service is part of a wider GM transformation programme to help ensure a more sustainable home care market and utilising an additional £3.1m of GM Transformation funding. This was indicated in the tender exercise. From Year 2 onwards, the contracted providers have been working closely with commissioners and other stakeholders to transform the delivery model:

- Providers are being tasked with producing co-produced care packages that fully explore self-care and family support, new technologies and connecting people with their communities generally and with community activities specifically.
- For some people this will mean their outcomes will only partly be met via paid support. By facilitating access to better, more person centred support, providers can – and are – actively reducing the hours of paid support service users receive.
- All six providers are increasingly reporting reduced packages of support through to neighbourhoods for authorisation.
- Utilising the day-to-day knowledge they have of people needs, providers are now able to have conversations with service users and their families about how much support they actually need and they are able to do this in a timely manner. For example, providers report that people often return home from hospital with more support hours commissioned than they actually need once they are home; they are well placed to notice this and to change/flex support accordingly.

3.4 Central to the GM programme is the recognition that by transforming homecare the whole system will benefit. A sustainable homecare market where providers can recruit and retain a well-trained, motivated and career-focussed workforce, skilled in delivering person centred support, will be able to release capacity:

- In assessment and commissioning functions within neighbourhood teams.
- In the District Nursing Service in relation to the delivery of low level healthcare tasks; hence Tameside’s support at home service being the focus of the GM Health and Social Care Partnership’s Living Well at Home Workforce Trailblazer: neighbourhood-based blended roles.
- In the moving and handling teams as the current duplication is eradicated; providers carry out their own moving and handling assessment to ensure the safety of their staff and of the people they are supporting.
- In the community physio service as peoples mobility is maintained positively by the service.

3.5 With all six providers due to be linked to the Digital Health service the expectation is that, as with the use of this service in residential and nursing care settings, there will be a reduction in unnecessary presentation at A&E and GP surgeries as well as a reduction in associated unnecessary ambulance call-outs. Supporting more people to live healthier lives at home, for longer will, over time, reduce the reliance on expensive residential and nursing care.

3.6 Closer, more integrated working between providers and the hospital and providers and the neighbourhoods will improve discharge outcomes for people; potentially shortening stays on the wards and reducing the likelihood of repeat admissions. The increased involvement of family, friends, neighbours and community groups in an individual's support – facilitated directly as a result of providers coproducing support plans with people - will reduce the need for paid support; a fundamental component of a person centred health and social care system.

4. VALUE OF THE CONTRACT

4.1 Of significance to the contract value going forward is that under the new model, the fixed hourly rate paid to providers is currently £17.20 per hour as opposed to £14.77 per hour under the previous model (£13.67 per hour at the time of original contract award). The proposed rate for 2019/20 for the new model is £17.60. The increased hourly rate, based on a nationally agreed cost of care model, is a key strand of the transformation aimed squarely at making the hourly rate for home care workers, now pegged at £9 per hour, competitive and appealing whilst also ensuring the business models for providers are more viable and sustainable (see attached STAR report presented at Local Executive Group March 2019, **Appendix 1**).

4.2 Due to this increase in the hourly rate, the estimated contract value will, in all likelihood exceed the estimated contract value at the three year period end. The estimated of the three year gross value of the contract at 31 October 2019 is estimated at £25,626,230.

4.3 These figures *do* include a number of hours, under the phased roll-out of the new model, paid at the increased hourly rate, with full roll out of the new model from 18 March 2019. This represents an estimated increase of 7.9% on the initial 3 year contract value. This is primarily due to the increase in the hourly rate paid to providers in the new model which will have increased by c. £3 per hour on the rate paid to providers on the previous model, which equates to an approximate 20% increase. The increase in the hourly rate will be financed by Greater Manchester Transformation Funding to the end of the current contract period. There is then an ongoing gross cost pressure of an estimated £1.9 million per annum from 2020/21.

4.4 Of possible significance in estimating the value of contract over the next three years is that there are early indications that the number of hours commissioned are gradually decreasing. As below, hours per week from May 2018 to January 2019 have reduced; commissioned by some 800 hours a week, actual by 900. This remains very basic information, and not readily attributable to the new model per say, but it does start to show a reduction in hours at a time when demographics would suggest an increase.

	Commissioned hours	Actual hours
May 2018	9,600	8,500
Jan 2019	8,800	7,600

4.5 The contract includes, as standard, a 6-month no fault termination clause; hence were we to extend for the full three years provisioned for we would still be able to terminate the contract at any point – with enough time to re-procure – should the circumstances arise.

5. PROCUREMENT STANDING ORDER SEEKING TO WAIVER/AUTHORISATION TO PROCEED

5.1 Authorisation is sought pursuant to Procurement Standing Order F1.1 and 2 of the Council's Constitution to extend the provision of home support and extra care housing contract by up to three years from 31 October 2019.

6. GROUNDS UPON WHICH WAIVER/AUTHORISATION TO PROCEED SOUGHT

6.1 The option to extend should be approved because a new model of support at home (homecare) is in the process of being introduced. Given the high profile and significance of this work and the need to change a model that is increasingly unsustainable and yet key to a well-functioning health and social care economy, extending the contract will enable commissioners to continue to work in partnership with providers to undertake the implementation of the new model and bed-in a new outcomes focussed model with greater long-term sustainability.

6.2 Continuing with the current providers will:

- Ensure the continuity required to facilitate wholesale transformational change.
- Provide stability to service users and their families during any changes in service delivery that may be made.
- Send a strong message to our providers, the neighbourhood teams, wider stakeholders and the general public that Tameside is committed to ensuring its citizens have access to a modern, person centred service, fit for purpose – supporting people to live well and independently at home – in a sustainable home care market, delivered by stable, financially viable home care providers.
- Conversely, *not* extending the contract would send an altogether different message to the market and beyond.

7. RECOMMENDATION

7.1 As stated on the report cover.

APPENDIX 1

Section 1: Requesters Details			
Council:	Tameside	Directorate:	Adults
Submitting Officer:	Dave Wilson	Service:	Home Care
Job Title:	Team Manager	Telephone:	342 3534
e-mail:	Dave.wilson1@tameside.gov.uk	Budget Holder:	Trevor Tench
I am seeking a request to modify a Contract			
Section 2: Agreement Details			
Type of Agreement:	Services (Social Care Related)		
Agreement Title:	Provision of Home Support and Extra Care Housing		
Company Name and Address:	Company Name and Address		STAR UID
	1. Able Care and Support, 10a Corporation Street, Hyde, Cheshire, United Kingdom, SK15 1AB		7418
	2. CARELINE HOMECARE LIMITED, 2nd Floor, Olympic House, 3 Olympic Way, Wembley, Middlesex. HA9 0NP		7419
	3. COMFORT CALL LIMITED, 2nd Floor, Olympic House, 3 Olympic Way, Wembley, Middlesex. HA9 0NP		7420
	4. CREATIVE SUPPORT, Wellington House, 131 Wellington Road South, Stockport, SK1 3TS		7421
	5. DIRECT CARE TAMESIDE LIMITED, Office suite 5, Derek Ashton Court, 77 Mottram Road, Stalybridge, SK15 2QP		7422
	6. MEDACS HEALTHCARE PLC, 800 The Boulevard, Capability Green, Luton LU1 3BA		7423
Brief Description of Agreement (justification to be provided below):	<p>The service is aimed at enabling service users to remain living well at home; living as independently as possible, achieving and maintaining their full potential in relation to their physical, intellectual, emotional and social capacity. Each of the six contracts is for three years with provision to extend for up to an additional three years. Contracts commenced 31 October 2016 and are due to end 30 October 2019.</p> <p>This form is seeking permission to extend these contracts to the maximum term until 30 October 2022</p>		
Section 3: Changes to Agreement Value			
Original Agreement Value:	£23,750,000*		
Current Agreement Value (including any previous Modifications):	£25,626,230*		
Value of this Modification:	£27,940,730, (estimated)*		
Total Contract Value (including Modification Value):	£53,566,960 (estimated)*		
Budget Code:	SR813201 Account code R5409		
	NB Extra care (which is part of this) is paid from a different budget code SR813500, same account		

	code		
Reference Number(s) of previous Modifications:	N/A		
Section 4: Relevant Dates			
Date of Modification of the Agreement	February 2019		
	<p>Note: No Agreement should be modified before the date at which this Modification is approved by the SRO for Legal. Where the date of modification of the Agreement precedes the Modification Request Date, an explanation as to why must be provided by the submitting Officer. Please note that the submitting officer is also required to submit a Retrospective/Above Threshold Breach Report to the relevant Corporate Director, for noting, highlighting the non-compliance with Rule 9 of the Council's CPRs.</p>		
Original Agreement Expiration Date:	30 October 2019	New Agreement Expiration Date (if applicable)	30 October 2022
Section 5: Other Required Changes to Agreement			
Insert details of any other changes required (for e.g. to correct a manifest error)	N/A		
Section 6: Justification			
Justification for Request (select all that apply):			
<p>A substantial change would occur where the Modification:</p> <ul style="list-style-type: none"> a) renders the Contract or the Framework Agreement materially different in character from the one initially concluded; b) introduces conditions which, had they been part of the initial procurement procedure, would have allowed for the admission of Tenderers other than those initially selected; allowed for the acceptance of a Tender other than that originally accepted, or attracted additional participants in the procurement procedure; c) changes the economic balance of the Contract or the Framework Agreement in favour of the Contractor; d) extends the scope of the Contract or Framework Agreement considerably; or e) replaces a Contractor in cases other than those provided for above <p>For the avoidance of any doubt, where successive Modifications are made, the value is calculated as the cumulative value of the successive Modifications.</p>			
Change Provision:	<p>This ground applies irrespective of the monetary value of the Modification. The change is provided for in the initial procurement documents in a clear, precise and unequivocal review or option clause, provided that such clauses:</p> <ul style="list-style-type: none"> a) state the scope and nature of possible modifications or options as well as the conditions under which they may be used; and b) is not substantial. 	<input checked="" type="checkbox"/>	
Economic, Technical or Interoperability Ground:	<p>This ground applies where there is a requirement for additional Supplies, Services or Works by the Council that have 'become necessary' and were not included in the initial procurement and where a change of Contractor:</p> <ul style="list-style-type: none"> a) cannot be made for economic or technical reasons; 	<input type="checkbox"/>	

	<p>or</p> <p>b) would cause significant inconvenience or substantial duplication of costs for the Council</p> <p>provided that each increase in price does not exceed 50% of the value of the original Contract or Framework Agreement.</p> <p>The 50% limit applies to each amendment but, successive Modifications must not be aimed at circumventing the Regulations.</p> <p><i>*Use of this ground requires the contracting authority to publish in OJEU a “Notice of modification” of a contract during its term.</i></p>	
<p>Unforeseen Changes</p>	<p>This ground applies where there are changes arising from circumstances which a diligent contracting authority could not have foreseen, provided:</p> <p>a) that the change is not substantial; and</p> <p>b) that each increase in price does not exceed 50% of the value of the original Contract or Framework Agreement.</p> <p>The 50% limit applies to each amendment but, successive Modifications must not be aimed at circumventing the Regulations.</p> <p><i>*Use of this ground requires the contracting authority to publish in OJEU a “Notice of modification” of a contract during its term.</i></p>	<input type="checkbox"/>
<p>Non-substantial changes</p>	<p>This ground applies where:</p> <p>a) a change is a minor change that is not substantial; and</p> <p>b) the value of the change (or the net cumulative value of successive changes) is less than the relevant applicable EU threshold and less than 10% of the initial Contract value for Supplies and Services Contracts or 15% of the initial Contract value for Works Contracts.</p>	<input type="checkbox"/>
<p>Corporate Changes</p>	<p>This ground applies where certain corporate changes have occurred in the Contractor such as a merger, takeover or insolvency, provided:</p> <p>a) universal or partial succession into the position of the initial Contractor, following corporate restructuring, including takeover, merger, acquisition or insolvency, of another contractor that fulfils the criteria for qualitative selection initially established; and</p> <p>b) that this does not entail other substantial changes to the Contract or Framework Agreement.</p>	<input type="checkbox"/>
<p>Further Supporting Information. You should detail why you require the Modification and why you believe the Modification could not be considered substantial:</p>		

Each contract contains provision at clause 5.3 to extend for a further 3 years until 30 October 2022.

We wish to take up this option to extend because a new model of support at home (homecare) is in the process of being introduced. Given the high profile and significance of this work – it is part and parcel of the wider GM Living Well at Home transformation programme – and the need to change a model that is increasingly unsustainable and yet key to a well-functioning health and social care economy, extending the contract will enable commissioners to continue to work in partnership with providers to undertake the implementation of the new model and bed-in a new outcomes focussed model with greater long-term sustainability.

Continuing with the current providers will:

- Ensure the continuity required to facilitate wholesale transformational change
- Provide stability to service users and their families during any changes in service delivery that may be made
- Send a strong message to our providers, the neighbourhood teams, wider stakeholders and the general public that Tameside is committed to ensuring its citizens have access to a modern, person centred service, fit for purpose – supporting people to live well and independently at home - in a sustainable home care market, delivered by stable, financially viable home care providers
- Conversely, *not* extending the contract would send an altogether different message to the market and beyond.

Some 12 months in to the roll-out of the new model providers are:

- Finding recruitment – and perhaps more crucially, retention – of staff easier; partly linked to improved pay, partly to a perception that with improved roles and responsibilities, the role is more appealing and a valued and legitimate career choice with career progression built in
- In some cases, experiencing reduced sickness levels where staff are working on the new model
- Thinking more creatively and in a more person centred way to deliver good quality care to ensure people live well, and independently, at home
- Able to take on additional low level health tasks – pressure care with District Nurses in the West Neighbourhood shared care pilot for example or the digital health service being rolled out across all six providers – that start to take the heat out of the wider health economy
- Starting to work with a number of GP practices to target ‘frequent flyers’ to test whether, by meeting outcomes through different support and possibly in the process addressing issues like social isolation, loneliness, anxiety and depression, people may be less inclined to use their GP service unnecessarily
- Already starting to consider/request manual handling assessments that, with the right training, risk assessments and equipment allow single handed care; meaning in turn, packages of support and hospital discharges can happen quicker and, in most instances, in a more person centred way.

Contract Value*

This contract was designed to deliver significant transformational change over the course of its life-time. As signalled and fully explored during the tender process, from Year 2 onwards, the delivery model began to change. Whilst the contract remains demand-led, under the new model providers are paid on commissioned hours not – as per the original model - actual hours. This is key to delivering an outcomes focussed model rather than one based on ‘time and task’. Providers need to be able to work more creatively and flexibly with hours to better

engage with a reablement approach and to support people to become more resilient and better connected with their local communities; an approach entirely consistent with ASC's commitment to an asset based approach to support and one which, for a number of people, will reduce their reliance on paid support.

Because the contract is demand-led there was no definitive contract value at the time we went out to the market. Based on indicative hours at the time, and the hourly rate pertaining at the time, the OJEU notice indicated an estimated contract value of £7,916,667 pa, making the original estimated value across all six contracts over the initial three year term £23,750,000. However, it should be noted that this estimate did *not* account for an increased hourly rate since that was not set or agreed until February 2018.

Of significance to the contract value going forward is that under the new model, the fixed hourly rate paid to providers is currently £17.20 per hour as opposed to £14.77 per hour under the previous model (£13.67 per hour at the time of original contract award). The proposed rate for 2019/20 for the new model is £17.60. The increased hourly rate, based on a nationally agreed cost of care model, is a key strand of the transformation aimed squarely at making the hourly rate for home care workers, now pegged at £9 per hour, competitive and appealing whilst also ensuring the business models for providers are more viable and sustainable.

Due to this increase in the hourly rate, the estimated contract value will, in all likelihood exceed the estimated contract value at the three year period end. The estimated of the three year gross value of the contract at 31 October 2019 is estimated at £25,626,230.

These figures *do* include a number of hours, under the phased roll-out of the new model, paid at the increased hourly rate, with an estimated full roll out of the new model from 1 April 2019. This represents an estimated increase of 7.9% on the initial 3 year contract value. This is primarily due to the increase in the hourly rate paid to providers in the new model which will have increased by c £3 per hour on the rate paid to providers on the previous model, which equates to an approximate 20% increase. The increase in the hourly rate will be financed by GM Transformation Funding to the end of the current contract period. There is then an ongoing gross cost pressure of an estimated £ 1.9 million per annum from 2020/21.

Of possible significance in estimating the value of contract over the next three years is that there are early indications that the number of hours commissioned are gradually decreasing. As below, hours per week from May 2018 to Jan 2019 have reduced; commissioned by some 800 hours a week, actual by 900. This remains very basic information, and not readily attributable to the new model per say, but it does start to show a reduction in hours at a time when demographics would suggest an increase.

	Commissioned hours	Actual hours
May 2018	9,600	8,500
Jan 2019	8,800	7,600

Section 7: Value for Money

In the absence of a competitive process, it is important that evidence is presented of value for money. Please detail here how you can demonstrate this, and include any supporting information at Section 9

This tendered service is part of a wider GM transformation programme to help ensure a more sustainable home care market and utilising an additional £3.1m of GM Transformation funding. This was indicated in the tender exercise. From Year 2 onwards, the contracted providers have been working closely with commissioners and other stakeholders to transform the delivery model.

- Providers are being tasked with producing co-produced care packages that fully explore self-care and family support, new technologies and connecting people with

their communities generally and with community activities specifically

- For some people this will mean their outcomes will only partly be met via paid support. By facilitating access to better, more person centred support, providers can – and are – actively reducing the hours of paid support service users receive
- All six providers are increasingly reporting reduced packages of support through to neighbourhoods for authorisation
- Utilising the day-to-day knowledge they have of people needs, providers are now able to have conversations with service users and their families about how much support they actually need and they are able to do this in a timely manner. For example, providers report that people often return home from hospital with more support hours commissioned than they actually need once they are home; they are well placed to notice this and to change/flex support accordingly

With the development of an hours tracker, the Home Care Commissioning Team are able to record the difference between commissioned hours and actual hours such that we are now able to reconcile a number of hours each month. The intention is for this first reconciliation to be undertaken on 31 March 2019 based on an initial agreement of a bank figure of 1000 hours to allow the flexibility to increase hours for individuals on a short term basis (such as providing more support to introduce people to activities that will ultimately reduce their support needs). The 1000 banked hours will be reviewed as it may prove to be too many, but until the whole of the service is operational under the new model we cannot know for certain. However, we ultimately only pay for those hours delivered.

Central to the GM Living Well at Home programme is the recognition that by transforming homecare the whole system will benefit. A sustainable homecare market where providers can recruit and retain a well-trained, motivated and career-focussed workforce, skilled in delivering person centred support, will be able to release capacity:

- In assessment and commissioning functions within neighbourhood teams
- In the District Nursing Service in relation to the delivery of low level healthcare tasks; hence Tameside's support at home service being the focus of the GM Health and Social Care Partnership's Living Well at Home Workforce Trailblazer: neighbourhood-based blended roles
- In the moving and handling teams as the current duplication is eradicated; providers carry out their own moving and handling assessment to ensure the safety of their staff and of the people they are supporting
- In the community physio service as peoples mobility is maintained positively by the service

With all six providers due to be linked to the Digital Health service the expectation is that, as with the use of this service in residential and nursing care settings, there will be a reduction in unnecessary presentation at A&E and GP surgeries as well as a reduction in associated unnecessary ambulance call-outs. Supporting more people to live healthier lives at home, for longer will, over time, reduce the reliance on expensive residential and nursing care. Closer, more integrated working between providers and the hospital and providers and the neighbourhoods will improve discharge outcomes for people; potentially shortening stays on the wards and reducing the likelihood of repeat admissions. The increased involvement of family, friends, neighbours and community groups in an individual's support – facilitated directly as a result of providers coproducing support plans with people - will reduce the need for paid support; a fundamental component of a person centred health and social care system

Case studies

1. George rarely leaves the house. Having supported George for a few years, and aware that he was lonely, but with little scope to address this prior to the roll out of the new model, his support at home worker has, in the last few weeks, asked George, a retired engineer, if he would be interested in going along to the local Men in Sheds scheme.

He was, but he felt anxious about going on his own. Using 'banked' hours, his worker supported him to go, stayed with him and came home with him. After doing this twice, George has said he is ready to give it a go himself. His worker has sorted out Miles for Smiles to take him there and back. Once he's settled in, they have discussed stopping his lunch calls on the two days he goes.

2. Andrew was referred through to his local support at home provider with issues linked to long standing anxiety; he rarely left the house, had poor physical as well as mental health and was a frequent flyer in terms of accessing his GP. The support plan received by the provider requested amongst other things, support for Andrew to attend The Together Centre.

In coproducing his care plan, Andrew was of the view that, on reflection, he would rather go to the gym. Using his commissioned hours, his keyworker accompanied Andrew to his local gym, helped him sign up and now supports him to attend; 30 minutes a session, three days a week. Andrew now also goes out walking locally with his support worker and has started to meet up with a friend he'd not seen for years.

The relationship between Andrew and his keyworker has been crucial throughout with his keyworker able to engage him in conversations and activities that have resulted in Andrew making all manner of strides with relationship building, social inclusion and anxiety management.

Actual hours are already around half of commissioned hours with Andrew reporting feeling better about himself already and his provider is going to keep a track of his contact with his GP practice to see if there is a reduction.

A two year review and evaluation of the project by Manchester Metropolitan University, Centre for Health Economics, part of the wider Care Together evaluation, is due to start imminently. Their evaluation will cover both qualitative and quantitative metrics.

The contract includes, as standard, a 6-month no fault termination clause; hence were we to extend for the full three years provisioned for we would still be able to terminate the contract at any point – with enough time to reprocure – should the circumstances arise

Section 8: Social Value

If the value of this Modification Request exceeds £50,000, you must demonstrate how you have considered the additional social value to be derived from this Modification Request. Please provide details of how this is to be obtained/demonstrated, referencing supporting information from Section 9 as appropriate. **If no additional social value can be derived from this Modification Request, please explain why**

The respective providers' social value offer was part of their tender response and hence forms part of the contracts going forwards.

Section 9: Supporting Information (insert N/A if not applicable)

In the below spaces, embed (where available) the following documentation, or provide links accessible by STAR, where required you should also provide login details:

Evidence of market testing undertaken to determine value for money	Executive/ Directors/ Business Reports, or Associated Business Case, or Key Decision Approval	Other documents you believe necessary to support your request (Quotations, MoU's etc.)	Additional Terms and Conditions that will apply

The tender process was undertaken on the Chest		N/A	STAR Procurement has been provided with electronic copies
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Section 10: ASO Submission Signature

Submitted By

Signature

Name:

Date:

Replace with Electronic signature or manual

Once the form including Section 10 has been completed, you should send the form to the officer you have been dealing with or: procurement@star-procurement.gov.uk

STAR Procurement may contact you to discuss the content of the form to ensure that the position is fully understood. Once this discussion is complete STAR Procurement will aim to provide its agreement within 5 days. At that time, STAR will submit the Modification to your Council's Finance and Legal Services for their comments and signatures. You will be copied into this communication and it will then be your responsibility to ensure that these comments and signatures are obtained.

CPRs specify that all approved modification requests should be stored centrally, please return the fully approved document to STAR so that we can fulfil this requirement, and can include the contract created by the modification on the Contracts Register.

Section 11: STAR Procurement Comments

Name: Michael Sellors

Date: 21 January 2019

Comment:

Standing Order Requirements

In accordance with the Standing Orders (SOs), an allowed for contract extension requires prior approvals in the form of the Waiver. Clause 5.3 of each of the 6 contracts provides for an extension of up to a further 3 years.

The value of this contract is above the EU threshold of £615,413 for these types of Light Touch Services arrangements.

Procurement Risk

There is a low procurement risk by approving this form as the extension option is contained in the original contract, and the increase in estimated value is only 7.9% (less than the 10% threshold for "significant" change).

The proposed T&Cs are an extension of those of the current service provision.

Value for Money

The price is set by the commissioners. The overriding delivery factor in this contract is quality of service.

Social Value

There has been no specific conversation with the providers about additional commitments to social value should the Council extend as opposed to re-tender these contracts.

Section 12: Finance Service Comments

Name: Stephen Wilde

Date: 22 March 2019

Comment:

The additional cost impact of the support at home model is being financed by GM Transformation funding. The funding will support the enhanced hourly rate paid to providers until 31 March 2020 (£17.60 proposed for 2019/20).

The additional recurrent cost pressure of the new model (gross before any additional client fee income) is estimated to be c £ 1.9 million from 2020/21 onwards and is currently

included with the Council's Medium Term Financial Plan. This equates to an approximate Council Tax increase of 2%.

The additional cost is contributing towards the estimated revised Council financial gap of £45.4 million by 2023/24. The estimated gap has increased to the previous gap of £ 36.1 million reported within the 2019/20 Council budget report on 26 February 2019. This is due to the inherent risk that expenditure within Children's Social Care will not reduce in line with the Medium Term Financial Plan expectations.

Members should note that this report was discussed at the Locality Executive Group meeting on 14 March 2019 to determine the economy wide savings that will be realised from the new support at home model that will resource the recurrent cost pressure from 2020/21. At this stage the related savings initiatives are yet to be confirmed so the cost pressure remains an estimated recurrent Council liability risk.

It should also be noted that the cost assumptions include a number of hours under the phased roll-out of the new model, paid at the increased hourly rate, with an estimated full roll out of the new model from 1 April 2019. This represents an estimated increase of 7.9% on the initial 3 year contract value. This is primarily due to the increase in the hourly rate paid to providers in the new model which will have increased by c £3 per hour on the rate paid to providers on the previous model, which equates to an approximate 20% increase. The increase in the hourly rate will be financed by GM Transformation Funding to the end of the current contract period.

Section 13: Legal Service Comments

Name: Aileen Johnson

Date: 23 January 2019

Comment:

This is a request to extend 6 related contracts due to expire on 30 October 2019 for 3 years under Council Procurement Standing Order F2 for which provision has already been provided within the contracts. In all such cases the written approval of the Director of Governance and Resources and the Director of Finance in consultation with the Deputy Executive Leader and the relevant Executive Member must be obtained, and must demonstrate value for money.

There is a further consideration because there is a proposed price variation of 7.9% and so the decision makers will want to scrutinise the value for money submissions to ensure continuing regard for the Council's fiduciary duty to the public purse. Any contract variation over 2.5% of a £1million contract, or 5% of a £500,000 contract requires a report to the Director, Director of Finance and the Executive Member explaining why this variation which is outside the permitted variation rules under Council Procurement Standing Order F2 is justified. This report requires further explanation and evidence as to why this is the case and still considered value for money.

Section 14: Approvals / Acknowledgements

Director of STAR Procurement to acknowledge consultation:		SRO for Finance (or their nominee in accordance with Council Scheme of Delegation):	SRO for Legal (or their nominee in accordance with Council Scheme of Delegation):
Name:		N/A	N/A
Date:		N/A	<p>N/A</p> <p>Note: Where the Contract Commencement Date precedes the above date of signature, the SRO for Legal notes the period of non-compliance and provides approval to continue to utilise the contract as detailed in this Modification from the</p>

			above date of signature
Replace with Electronic Signature or manual	N/A		N/A

