



REPORT TO: MORAY INTEGRATION JOINT BOARD ON 30 SEPTEMBER 2021

SUBJECT: OUTCOME BASED CARE AT HOME

BY: CHIEF SOCIAL WORK OFFICER

1. REASON FOR REPORT

- 1.1. To provide the Board with a progress update in relation to the commissioning plans for an outcome-based Care at Home service

2. RECOMMENDATION

- 2.1. It is recommended that the Moray Integration Joint Board (MIJB) consider and note the content of this report.**

3. BACKGROUND

- 3.1 The Independent Review of Adult Social Care in Scotland recommended a range of changes needed in commissioning, the report can be found here: <https://www.gov.scot/groups/independent-review-of-adult-social-care/> A shift from competitive to collaborative commissioning must take place and alternatives to competitive tendering developed and implemented at pace is required. Decisions must focus on the person's needs, not solely driven by budget limitation.
- 3.2 Nationally and locally, the homecare sector is fragile with significant concerns in workforce and provider sustainability as well as increasing demands and costs. Demand for Care at Home in Moray has increased year on year. This is a strain on the care at home providers across Moray to deliver on increasing demand. Health and Social Care Moray (HSCM) long term contract arrangements for care at home expire on 1 November 2021 allowing for a change in commissioning, to tender for flexible and good quality outcome focused care.
- 3.3 At a meeting of the Board on 25 March 2021 (para 11 of the minutes refer), the Board agreed to note the new model of Care at Home commissioning tender, which involved HSCM working with one care at home external partner to jointly deliver an outcome based care at home service across Moray.

Tender Process

- 3.4 The care at home project team, including a Senior Commissioning Officer and Procurement Officer, led on the procurement of the new service from tender submission and evaluation, to contract award and the Commissioning Team will take on the contract management role.
- 3.5 New providers were given the opportunity to engage directly with the Commissioning Officers to fully understand the tender requirements, which involves the successful applicant working with HSCM internal homecare service as equal partners and moving away from time and task allocations.

National Flexible Framework

- 3.6 Providers were also given the opportunity and support from Commissioning Officers to join the Scotland Excel Care and Support Framework, which offers an alternative mechanism to continue to delivering care and support across Moray.
- 3.7 This flexible framework is a collaborative agreement for the provision of care and support services (care at home and supported living/housing support services) in Scotland. It is the first framework approach for Care and Support services on nationally agreed terms and conditions, service delivery and quality standards.
- 3.8 Within the national flexible framework, organisations can apply to be on the framework at set points (quarterly) during the life of the contract. Organisations can register for the services they provide and can add or remove services as their business changes; this offers flexibility to respond to market changes.
- 3.9 The overarching aim of the flexible framework is to increase choice for people using services and deliver value for money in terms of price, service and quality. It will also increase transparency in the market and an improved understanding of the cost of Care and Support services. It also seeks to drive innovation and best practice on a national level.

Service User Involvement

- 3.10 To support user involvement in commissioning the new service, in May 2021 a questionnaire was sent to all individuals in receipt of an external care at home service to help identify priority service outcomes.
- 3.11 171 service users and carers returned their questionnaire, giving a response rate of 47%.
- 3.12 In terms of assurance that the Health and Social Care Standards were being met by external services, the survey found that:
 - 83% experienced high quality care and support that was right for them.
 - 75% were involved in decisions about their care and support.
 - 90% had confidence in the people who supported and cared for them.

- 71% had confidence in the organisation providing their care and support.
 - Almost everyone (95%) indicated they were treated with dignity and respect.
 - The vast majority (95%) agreed their service helped them to feel safe at home.
 - 88% indicated they felt able to live more independently as a result of the support from their home carers.
- 3.13 Respondents to the survey were invited to indicate their interest in being involved in the procurement process to ensure it reflected the results of the wider service user and carer engagement.
- 3.14 Five people agreed to form a lived experience tender panel to support the decision making process of commissioning an outcomes focused care at home partner. The scoring from the lived experience evaluation panel contributed to the overall tender scoring process. The full engagement report can be found in **Appendix 1**.
- 3.15 In line with the Independent Review of Adult Social Care and Self Directed Support (SDS) standards, service users and carers will continue to be engaged in the ongoing monitoring of the new service.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

- 4.1 There were five submissions received for the care at home contract. Following due process, the contract was awarded to Allied Healthcare with a contract start date of 1 Nov 2021. The contract has been awarded for a 3 year period with an option to extend by 2 x 12 month extensions.
- 4.2 The Regional Director for Allied Healthcare stated “this was a fantastic opportunity to work alongside HSCM as an extended arm of the Council’s care at home service”. These are exciting times for Allied Healthcare, we are entering into a partnership with a priority on providing quality outcome focused care and support for all across Moray, and I am confident that we are more than ready for this challenge”.
- 4.3 The underpinning joint transitional project plan aims to ensure collaboratively that the necessary training and the revised operational and performance management frameworks are in place by the time that the new care at home contract begins on 1 November 2021.

The transition plan includes the following joint workstreams:

- **Process and Documentation** – Develop and refine processes and associated documentation which are outcome based and co-produced with homecare staff;
- **Communication and Engagement** – Communicate and inform all internal and external stakeholders;
- **Continuous Professional Development** - Support change management and behavioural change through coaching, mentoring and supervision; and
- **Workforce Changes** – Implement workforces changes identified within the two-month development period.

- 4.4 The new model of outcome-based care at home aligns with what people are saying they want and value from a care at home service. It supports the values and principles of SDS, supports Moray's Strategic Plan whilst underpinning recommendations from the Independent Care Review for Adult Social Care Scotland.

5. **SUMMARY OF IMPLICATIONS**

(a) Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Plan "Moray Partners in Care 2019 – 2029"

Moving towards outcomes-based care has a good strategic fit with two of the three strategic drivers in the IJB Strategic Plan, namely HOME FIRST (being supported at home or in a homely setting as far as possible) and PARTNERS IN CARE (making choices and taking control over decisions affecting our care and support).

(b) Policy and Legal

There are 2 main legal reference points for this project which the MIJB are legally responsible for:

- Section 12A of the Social Work (Scotland) Act 1968 – the duty to assess adults need for care and support; and
- The Social Care (Self-Directed Support) (Scotland) Act 2013 the legal basis for choice over care and support.

(c) Financial implications

The contract was awarded to Allied who returned an hourly rate below the national average but an increase to their previous rate. The actual financial pressure arising from this contract award will be dependent on take up and the timing of individuals moving over. The Chief Financial Officer will retain close observation on how this progresses, adjusting any previous budget pressures allowed for as appropriate.

(d) Risk Implications and Mitigation

The scale of this work should not be underestimated. The risks around being unable to successfully embed an outcome-based care at home service in our culture and system will be identified through the project plan and mitigations identified accordingly. The change management required will be resource intensive and is likely to require re-prioritisation of existing resources and priorities.

There is a perceived risk that market choice will be reduced. HSCM are facilitators in the health and social care market development whilst service users are their own commissioners through SDS and the national flexible framework.

(e) Staffing Implications

The staffing implications associated with this project are still to be defined. There is a specific project workstream focusing on potential staff implications and any proposals for change will be progressed in line with respective employers agreed policies and procedures in respect of change management and organisations changes as appropriate.

(f) Property

No property issues identified at this point.

(g) Equalities/Socio Economic Impact

EIA will be further developed as the project continues, in liaison with the Equal Opportunities Officer.

(h) Consultations

Chief Social Work Officer; Chief Financial Officer MIJB, Self-Directed Support Officer; Senior Commissioning Officer; Service Manager Internal Services, Internal Home Care Managers, Equal Opportunities Officer, Corporate Manager, Tracey Sutherland, Committee Services Officer; have been consulted and comments incorporate for their areas of responsibility

6. CONCLUSION

6.1. The Board are asked to note the progress towards an outcomes-based care at home service, noting the shift in paradigm for delivering homecare from time and task to personal outcomes, whilst recognising the unique partnership to deliver care across Moray.

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Background Papers: With Author
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