

## Bath & North East Somerset Council

MEETING:	Health & Wellbeing Select Committee	
MEETING DATE:	23 <sup>rd</sup> May, 2018	EXECUTIVE FORWARD PLAN REFERENCE:
		N/A
TITLE:	Update on Ethical Care Charter standards in home care and commissioning of homecare and reablement services.	
WARD:	All	
AN OPEN PUBLIC ITEM		
List of attachments to this report:		
Document Links:		
1. <i>Intermediate care &amp; reablement guidance</i> (National Institute for Health & Clinical Excellence) - <a href="https://www.nice.org.uk/guidance/ng74">https://www.nice.org.uk/guidance/ng74</a>		
2. <i>'Messages on the future of domiciliary care services'</i> (Oxford Brookes University) - <a href="https://ipc.brookes.ac.uk/publications.html">https://ipc.brookes.ac.uk/publications.html</a>		
3. B&NES Market Position Statement: <a href="http://www.bathnes.gov.uk/sites/default/files/sitedocuments/Social-Care-and-Health/Social-Care-Services/bnes_market_position_statement_-_consultation_draft_-_1st_march_2018_-_final.pdf">http://www.bathnes.gov.uk/sites/default/files/sitedocuments/Social-Care-and-Health/Social-Care-Services/bnes_market_position_statement_-_consultation_draft_-_1st_march_2018_-_final.pdf</a>		

## 1 THE ISSUE

- 1.1 This paper concerns the potential for the Council to become an Ethical Care Council that commissions its homecare services in a way that is consistent with the Ethical Care Charter (ECC). It follows a motion to Council in March 2017 where it was resolved that the Cabinet Member would bring forward a report to this Committee outlining the proposed standards to be specified when the home care services are commissioned in 2018, taking account of the principles proposed within the Ethical Care Charter.
- 1.2 In addition, this paper also provides an update on transformation activity to establish new homecare and reablement pathways and service models from April 2019, and in particular where the ECC standards can be incorporated within that work.

## 2 RECOMMENDATION

- 2.1 That the Committee notes and endorses the Ethical Care Charter standards to be specified in the recommissioning of home care services.
- 2.2 That the Committee also notes the update on the transformation work to establish new homecare and reablement service models set out in this report.

### **3 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)**

- 3.1 There are no direct resource implications to this report which is presented for information and endorsement. The full resource implications of home care recommissioning will be set out as part of the recommissioning process.

### **4 STATUTORY CONSIDERATIONS AND BASIS FOR PROPOSAL**

- 4.1 The Council has a statutory duty under the Care Act (2014) for market facilitation and oversight. Effectively meeting these duties puts the Council in a strong position to both influence and support the market to provide innovative, sustainable and good quality ethical care. Furthermore, the activities of the Care Quality Commission (CQC) in quality assurance are a further source of support to the Council's broader remit here.
- 4.2 A key component of the Council's Care Act duties is a Market Position Statement (MPS). An MPS outlines a Council's commissioning intentions and preferred market conditions as well as supporting business and service continuity. The current draft MPS has recently been out for market consultation and includes specific commissioning intentions for homecare and reablement. A link to the Market Position Statement is provided at the end of this report as a background paper.

### **5 THE REPORT**

#### **ECC Standards**

- 5.1 The ECC is based on national findings drawn from survey responses by frontline homecare workers in 2012. It highlights how terms & conditions for homecare staff can influence the quality of care received by service users. The ECC also identifies issues with rates of pay, working hours, staff turnover, training and isolation / lack of peer support.
- 5.2 The ECC's 12 standards are spread across 3 stages:
- *Stage 1* – Ensuring visits are client-focussed and are not rushed, pay for travel time.
  - *Stage 2* - Consistency of carers, zero-hours contracts, reporting concerns, funding for training and peer support.
  - *Stage 3* – Living wage requirement and occupational sick pay schemes
- 5.3 The Council's role in meeting ECC standards will vary depending on if it directly provides or commissions services through block contracts, as opposed to individual arrangements on the open market e.g. through direct payments and self-funded care.

- 5.4 As the Committee will be aware B&NES Council is not a direct provider of home care services. Many elements of the ECC are already in place within B&NES. For example, the Council does not commission 15 minute visits and ensures that commissioned providers pay for travel time between visits.
- 5.5 There are national concerns about the high turnover of staff in care provision and development of the social care workforce, which naturally impact on carer continuity. These are reflected in to some extent B&NES as well as other parts of the South West. The Council is actively participating in a number of initiatives in place to address these at local, sub-regional and regional level. The MPS has a dedicated chapter identifying priorities and opportunities in workforce development.

### **Homecare & Reablement recommissioning**

- 5.6 The majority of homecare in B&NES is commissioned via block contracts with four homecare agencies, known as Strategic Partners. Recently, the four agencies have been moved from historic 10 year contracts onto a one-year contract, which will allow the Council to redesign the pathway before introducing new contracts from April 2019.
- 5.7 The agencies are: Care Watch Bath, Care South, Somerset Care and Way Ahead Care. Between them they provide in the region of 140,000 hours of care each year; about 70% of the homecare commissioned by the Council. The remainder is purchased under a range of individual arrangements and Direct Payments.
- 5.8 Three of these agencies also deliver reablement through an integrated service alongside Virgin Care, who provide the core service. Reablement is aimed at supporting people to regain skills and confidence in the home, avoid unnecessary hospital admission and minimise ongoing care needs. Reablement services are provided on a short-term basis, usually up to six weeks, with a clear focus on achieving agreed outcomes for the individual.
- 5.9 The future focus of homecare commissioning is toward supporting people to achieve their assessed, eligible care outcomes rather than the traditional 'time & task' approach. This is consistent with the ECC standard of visits being led by client need. Commissioners have signalled this change in mind-set through the MPS and are reviewing emerging thinking in homecare from notable industry leaders (see link under 'background papers').
- 5.10 Commissioners are hosting workshops in partnership with Virgin Care and Strategic Partners to review current provision and establish new commissioning intentions and procurement models for homecare. Workshops will also involve key stakeholders, service user representatives and other local providers.
- 5.11 Workshop priorities include finding the right balance between block contracts and individual arrangements and so ensure sufficient stability in the market while also promoting enough choice & control for service users and effective patient flow at hospital discharge.
- 5.12 This approach is supported by parallel activity in social care to evolve social work and reablement practices. These focus on people's strengths and ways to maximise

their ability to meet their needs themselves or through a range of innovative, community-based options alongside purchased care.

- 5.13 Reablement in particular has been an area of rich collaboration between commissioners, Virgin Care and Strategic Partners. An audit of the current service model is taking place in May which, along with best practice guidelines from the National Institute of Health and Clinical Excellence, will inform service design activity (see link to guidance in 'background papers'). Key performance indicators are being refined alongside the audit to promote continuous improvement and value for money during transition to the new pathway.
- 5.14 How the Council sets the criteria for future procurement exercises can make a contribution towards achieving the ECC standards; whether for block contracts or to enable a provider to join flexible purchasing frameworks to provide individual packages. Quality management systems can be designed in such a way as to suspend providers from these frameworks if they do not continually maintain these standards.
- 5.15 However in a largely private marketplace where the demand often outstrips supply and the Council does not directly provide much care itself, it needs to exert a more subtle influence on parts of the market where it does not have the traditional levers of contractual compliance at its disposal. Commissioners need to be mindful of the financial impact of the enhanced terms and conditions driven by ECC standards and must guard against driving cost upwards without seeing an equivalent increase in quality or sustainability of provision.

## **6 RATIONALE**

- 6.1 MPS Commissioning intentions and the timeline for recommissioning homecare and reablement pathways lend themselves well to reviewing the ECC standards and working through potential implications of adopting them in B&NES.

## **7 OTHER OPTIONS CONSIDERED**

- 7.1 Recommissioning activity for homecare and reablement is currently at the *review* and *analysis* stages. Options appraisals and preferred recommendations for future services will follow.

## **8 CONSULTATION**

- 8.1 No specific consultation has been undertaken on the contents of this report. However, there has been significant engagement with providers of care in relation to a fair price for care, the MPS and future design of home care and reablement services.
- 8.2 The engagement undertaken has part of the *Your Care, Your Way* Community Services review, including with service users and carers, has significantly influenced the priorities and outcomes to be achieved, including through the redesign of home care and reablement services.

## 9 RISK MANAGEMENT

- 9.1 Risks associated with this paper are considered to be low. Providers and stakeholders have been consulted on high level commissioning intentions through the MPS consultation. Along with service users they will be able to play an active part in the shaping of new service models and the role that ECC standards can play within these.
- 9.2 This paper offers a general introduction only, so a formal risk assessment is not required at this stage. Appropriate risk assessments in compliance with the Council's decision making risk management guidance will be undertaken in support of specific proposals for homecare and reablement services which may be submitted.

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<b>Background papers</b>	Document Links:  Intermediate care & Reablement Guidance (National Institute for Health & Clinical Excellence) - <u><a href="https://www.nice.org.uk/guidance/ng74">https://www.nice.org.uk/guidance/ng74</a></u>  Messages on the future of domiciliary care services (Oxford Brookes University) - <u><a href="https://ipc.brookes.ac.uk/publications.html">https://ipc.brookes.ac.uk/publications.html</a></u>  B&NES Market Position Statement: <u><a href="http://www.bathnes.gov.uk/sites/default/files/sitedocuments/Social-Care-and-Health/Social-Care-Services/bnes_market_position_statement_-_consultation_draft_-_1st_march_2018_-_final.pdf">http://www.bathnes.gov.uk/sites/default/files/sitedocuments/Social-Care-and-Health/Social-Care-Services/bnes_market_position_statement_-_consultation_draft_-_1st_march_2018_-_final.pdf</a></u>
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