

**RHONDDA CYNON TAF COUNTY BOROUGH COUNCIL
MUNICIPAL YEAR 2016/17**

**HEALTH & WELLBEING SCRUTINY
COMMITTEE**

14TH DECEMBER 2016

**REPORT OF THE GROUP DIRECTOR,
COMMUNITY & CHILDREN'S SERVICES**

Agenda Item No: 4

**DOMICILIARY HOME CARE
TENDER**

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1. PURPOSE OF THE REPORT

- 1.1. The purpose of the report is to provide the Health and Wellbeing Scrutiny Committee with an update on the domiciliary home care tender that was implemented with effect from 1st October 2016.

2. RECOMMENDATIONS

- 2.1. It is recommended that Members:
- 2.1.1. Review the information contained within this report
- 2.1.2. Scrutinise and comment on the information provided

3. BACKGROUND

- 3.1. At its meeting on 15th December 2015, Cabinet agreed to work collaboratively with Merthyr Tydfil County Borough Council to retender the Council's independent sector domiciliary care contracts, due to expire in September 2016.
- 3.2. At the time, Rhondda Cynon Taf commissioned approximately 12,300 hours of domiciliary care per week from eight providers. Merthyr Tydfil commissioned two providers to provide approximately 3,900 hours per week of domiciliary care.
- 3.3. Cabinet agreed that the new domiciliary care contracts would be awarded to five independent providers to provide a range of domiciliary home care

services across Rhondda Cynon Taf and Merthyr Tydfil to be delivered through a framework agreement split into two geographical lots:

- Lot 1 - two providers responsible for delivering services across Rhondda and Taf West
- Lot 2 - three providers responsible for delivering services across Merthyr Tydfil, Cynon and Taf East

4. RETENDER PROCESS OVERVIEW

- 4.1. A Domiciliary Home Care Project Board was set up to oversee the retender and transition to the new contracts.
- 4.2. At its meeting on 15th December 2015, Cabinet agreed that the new domiciliary care contracts will be awarded as a framework agreement for a period of six years with an option to extend on a two plus two year basis.
- 4.3. The new framework contract has been created following a two stage restricted tender process, in accordance with the Council's Contract Procedure Rules and the Ethical Procurement Policy.
- 4.4. Following advertisement, seventeen providers submitted a pre-qualification questionnaire. The pre-qualification stage tested the capacity and capability, including quality, of potential tenderers as well as potential eligibility to take part in the procurement process.
- 4.5. All providers were regulated and approved for use by the Care and Social Services Inspectorate Wales. Following pre-qualification stage thirteen providers were shortlisted.
- 4.6. Invitation to tender was issued to the thirteen pre-qualification shortlisted providers and during the tender submission period, a clarification process was put in place to deal with the questions received from providers.
- 4.7. All thirteen providers submitted tenders by the deadline of 25th April 2016. Only eleven of the thirteen providers submitted tenders for both lots; two of the providers chose to submit tenders for one lot only.
- 4.8. A tender evaluation panel was set up to assess the tender submissions received. The evaluation criteria set within the invitation to tender documentation was based on a composite mixture of quality and price: 50% for quality and 50% for price.
- 4.9. On conclusion of the tender evaluations, the quality scores and price scores were combined to provide the total overall evaluation score and consideration of the ranked preferences of the domiciliary home care area combinations was undertaken with the criteria set out in the tender instructions.

- 4.10. Cabinet approved the contract award at its meeting on 23rd June 2016 and contracts awarded effective from 1st October 2016 as follows:

| Lot | Geographical area | Provider |
|------------|-------------------------------------|--|
| 1 | Rhondda Taf West | Sevacare (UK) Ltd Radis Group |
| 2 | Cynon Taf East Merthyr Tydfil | Allied Healthcare Group Ltd Mears Care Ltd Abacare (Care Agency) Ltd |

- 4.11. Four of the five providers were already delivering services across Rhondda Cynon Taf and Merthyr Tydfil under the existing contract arrangements with the new provider (Abacare) being a well-established provider who has given a commitment to set up a new operating base in the area.
- 4.12. There have been additional costs arising from the retendering of the contracts; the average hourly rate under the new contract range is £14.38 compared to £13.78 under the old contract arrangement. This is mainly attributable to the increase in national living wage which came into force in April 2016. These cost pressures would still have arisen even if the contracts had not been retendered as providers were already in negotiations with the Council to meet this cost pressure.
- 4.13. Benchmarking with other South East Wales local authorities indicates that the new contract prices compare relatively well, indicating that the Council continues to benefit from a competitive price for these services.

5. ADVANTAGES OF THE NEW CONTRACTS

- 5.1. Advantages of the new joint contract include:
- i. Greater focus on promoting people's independence, reablement and assist us to move away from a more traditional approach to home care which may have promoted increased dependency.
 - ii. Greater resilience of the domiciliary care sector to respond to changing requirements.
 - iii. Shared skill set of officers across both local authorities to support a more robust approach to the process.
 - iv. Strengthening of service monitoring arrangements by taking a joint approach.
 - v. Reshaping of domiciliary care services to support the implementation requirements of the Social Services and Wellbeing (Wales) Act and which can be taken forward on a regional basis.

- vi. Greater value for money could be achieved through shared management and agency facilities for the Providers.
- vii. Delivery of the commitment in the Joint Commissioning Statement for Older People to commission services collaboratively where feasible.
- viii. Providing a more stable market of domiciliary care providers who are able to deliver affordable, consistent, high quality services.
- ix. Ensuring there is sufficient capacity within the market, with a stable, competent and well trained workforce, to deliver services to people who have multiple or complex social care needs including dementia care.
- x. Clearer and evidence based contract monitoring

5.2. Advantages of the new contracts for providers also include:

- i. Increased certainty about the services they will be expected to deliver.
- ii. Ability to focus all their resources in a particular area, building a presence in, and strong links with, the local community.
- iii. Opportunity to improve the quality of services, with greater reliability and better use of other resources in the local community.
- iv. Opportunity to improve the staff terms and conditions, by offering greater certainty and less "downtime" (e.g. through less travel).

6. TRANSITION TO THE NEW CONTRACTS

- 6.1. Information regarding the new contract arrangements was shared with service users and, where applicable, their carers and a range of stakeholders including CSSIW and Elected Members.
- 6.2. A dedicated team was established to manage the transition period of the contracts to provide a consistent and accessible point of contact for service users, and their families to raise any queries or concerns arising from any change in service provider.
- 6.3. At the beginning of the transfer process, many service users raised concerns relating to the change of provider and these service users were provided with support and additional information from staff through the change. In addition, staff worked closely with incoming and outgoing providers to ensure stability and continuity (as far as possible) of support and staffing.
- 6.4. In total, just under 600 service users have been transferred to a new provider and on review this has gone relatively smoothly. In addition, some service users in receipt of a specialist mental health care package from outgoing provider Celtic Care have been given direct payments instead, at their request, to remain with them.

- 6.5. During the transition period, some concerns were raised regarding service provision in relation to late calls, missed calls, medication issues and home care worker behaviour. All concerns have been investigated and appropriate action taken.

7. MONITORING AND MANAGEMENT OF THE CONTRACTS

- 7.1. Electronic monitoring has been brought in as a requirement for the contracts and this will provide accurate information about the delivery of the home care services, so that invoicing closely relates to actual care provided. This will also help guide care managers and social workers to ensure packages are appropriate to the service users needs. It will also mitigate against the risk of late/missed calls and where this should happen, allow providers to put safeguards in for those individuals whose call maybe late or missed. Reporting on late/missed calls is a core part of our contracting monitoring regime.
- 7.2. A key aspect of the ongoing performance monitoring arrangements will be the intelligence gathered from our assessment and care management staff and contract monitoring staff. Staff have already started developing strong relationships with the providers in their new areas, to ensure that we can give direct and local feedback to the providers.
- 7.3. Contract monitoring meetings have also began and will continue to be undertaken on quarterly basis. Providers are also required to attend quarterly Provider Forums and regular locality Team Meetings in order to strengthen relationships and share intelligence.