



## **Extra care services in Wandsworth**

### **Summary of feedback from market engagement events – 7 March 2018**

#### **1. National Context**

Demographic changes means that an increasing number of people are living longer, but with more complex conditions such as dementia and chronic illnesses. The Office for National Statistics 'Overview of the UK population: July 2017' shows that the population in the UK is getting older with 18% aged 65 and over and 2.4% aged 85 and over. By 2026, 21% of the UK population is estimated to be aged 65 and over.

There have been strategic responses put in place at both national and local levels in relation to demographic changes, managing demand and supporting vulnerable people. For a number of years local authorities across the country have increasingly been looking to extra care as a strategic response to replacing older models of residential care provision and to address issues of low demand in older traditional forms of sheltered housing.

Extra Care housing supports Government policy in terms of its aims of promoting choice, independence and wellbeing for older people across health, housing and social care. Extra care housing can provide personalised care and support services that can be tailored to the needs of individuals, with additional care being provided as and when it is required. It is a way of supporting older adults to live independently in a communal living setting with opportunities for social interaction, activities and facilitates other health and social care services that residents may use.

#### **2. Local context**

Wandsworth Borough Council currently purchases care and support services from two registered homecare agencies, who provide care and support in three extra care housing schemes. Across these three schemes approximately 2,450 hours of care and support are commissioned per week.

Services delivered is on-site 24 hour personal care and support in purpose-built housing schemes. The level of support is dependent on and adaptable to the needs of the resident, meaning that the model is more flexible than domiciliary care.

Extra Care is an important part of Wandsworth Borough Council's strategic plans to maintain people's independence in their home while providing suitable levels of care when needed. Where possible, people are encouraged to perform tasks themselves, rather than having them done for them.

In Wandsworth, the three Extra Care Housing Schemes are currently accessible to people aged 55 years and older as well as some younger working age adults who meet the eligibility criteria.

Against the backdrop of increasing demand, the Council is facing significant financial challenges, with funding from Central Government to local authorities decreasing year on year. The Revenue Support Grant from Central Government to Wandsworth Borough Council has been reduced by over 60% since 2013/14. In 2013/14 the Revenue Support Grant for Wandsworth Borough Council was £91 million and this will reduce to £31 million in 2018/19. These year on year reductions have resulted in the Council needing to make substantial savings overall in social care whilst demand for care and support services have been increasing.

There are two new Extra Care Schemes in development due to come online in 2020/2021. One scheme will be located in Roehampton and the second scheme will be located in Clapham Junction.

### **3. Background**

Wandsworth Borough Council invited care and support providers to a market engagement event held on 7 March 2018.

The Council will be re-procuring care and support in the 3 extra care housing schemes in 2018 in accordance with the Public Contracts Regulations 2015. This event was an opportunity for Council Commissioners to have an open conversation with care providers on:

- Service models
- Workforce
- Procurement and contracting, including TUPE and mobilisation
- Pricing

This event was not part of a formal procurement process; feedback shared from the event has been summarised below and will be reviewed alongside other engagement, data and information to help decide commissioning intentions, procurement and contracting solutions for a future extra care service model.

## FEEDBACK SUMMARY

REF	DISCUSSION TOPICS	FEEDBACK
1. Service Model	<p><b>1.1</b></p> <p><b>A) Care model:</b> What are your views on the strengths/ weaknesses of any of these models?:</p> <p>i) Core and Flexi ii) Block iii) Block with additional spot purchasing</p>	<ul style="list-style-type: none"> <li>• There is a trend among local authorities recently to commission the Core and Flexi model. The challenge with this model for the provider is getting the number of core hours correct to support workforce planning. There is a risk of defragmentation if the number of hours decline, for example if a resident goes into hospital or is on holiday. With regards to payment terms, there should be no difference between the core hourly rate and the flexible rate.</li> <li>• Providers were more supportive of a block contract model with additional spot purchasing as needed. LB Southwark and LB Lewisham have this model in place, as this provides a guarantee of a number of hours which enables providers to better manage their workforce/ rotas and respond to the needs of residents in a more flexible way.</li> <li>• A block model would also support where a double up is needed as it provides the flexibility to e.g. support people with mobility problems to access communal parts of the scheme, as well as other times staff availability is needed such as supporting people to eat together.</li> <li>• Clarity is needed on who is responsible for noticing there is an increase in a service users care needs. In other schemes, this happens during the shift handover period and the provider then liaises with the Council to seek agreement to increase the care provided. Whilst not specific to any particular model, providers feedback that they would welcome social services being responsive to supporting providers where a residents needs increase so that the care can be increased accordingly.</li> <li>• Providers who operate other schemes feedback that each service user has a key worker and this is important for continuity of care and noticing any changes in individuals. In addition, Providers would welcome an assessment of the care required for each scheme so that the core number of hours are assessed accordingly if this is the service model the Council pursues.</li> <li>• The 'core' should include time for the shift handover period and night cover (typically 2 members of staff per night).</li> <li>• A summary of strengths and weaknesses of each model discussed is below:</li> </ul>

REF	DISCUSSION TOPICS	FEEDBACK		
	<p><b>B) How can the model be flexed to allow for CHC provision needs?</b></p>	<p><b>Core and Flexi</b></p>	<p><b>Strengths</b></p> <ul style="list-style-type: none"> <li>• Allows flexibility with the correct workforce</li> <li>• It enables the workforce to have fixed hours of work.</li> <li>• Can be “happy house” for both the provider and the Council</li> <li>• Ability to increase hours for the resident, which is of benefit to them</li> </ul>	<p><b>Weaknesses</b></p> <ul style="list-style-type: none"> <li>• Completing a flexi hours report can be time consuming for the management aspect.</li> <li>• Flexi hours can be a risk- if the workforce is not large or capable, they will not be able to deliver the service</li> <li>• If the number of flexi and core hours are used up, it may affect the leisure activities planned for each resident</li> </ul>
	<p><b>1.2</b></p> <p><b>A) Maximising independence:</b></p>	<p><b>Block / block with additional spot</b></p>	<ul style="list-style-type: none"> <li>• Increases the level of flexibility in case of emergencies.</li> <li>• Provides a guarantee number of hours which assists in workforce planning.</li> <li>• Provides enough hours to not only help the residents with their daily activities but to also increase their community involvement.</li> </ul>	<p>For the Council- it is more money spent.</p>
	<ul style="list-style-type: none"> <li>• The block model/ block and spot model would allow for medication administration and any continuing health care support needs to be included in the core hours. In other local authority contracts, this is mandatory.</li> <li>• Care and support providers train and upskill their staff so that they can support residents with continuing healthcare needs in other schemes; this should be taken into account in developing the service specification so that residents can have continuity of care worker. This means that additional workers would not need to be brought in.</li> <li>• Extra care is focused on the outcome of independence and re-enabling residents. Care and support providers aim to teach the residents skills such digital skills so that they can be kept engaged/ informed rather than simply completing task for them. This is the core value of the service, and staff find it more satisfying seeing the residents engaged by helping them.</li> </ul>			

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	<p>What is your experience of delivering a service which supports people in maximizing their independence and working in an enabling way?</p> <p><b>B)</b> What support would you as a provider need from the local authority to work in this way?</p>	<ul style="list-style-type: none"> <li>• Some providers feedback that they have dementia champions in schemes they operate in, particularly where there are dementia units.</li> <li>• Schemes should be seen as community hubs, so they are not isolated from the local community.</li> <li>• A proposal would be to bring in other external community groups who could provide service users with a range of other activities such as exercise which would assist in improving mobility and independence.</li> <li>• A definition of what constitutes 'activities' is needed.</li> <li>• Healthwatch feedback that it is important that individual service needs are shared with providers so communal activities can be developed.</li> <li>• Communication with the Council is key for most providers. Meetings and service updates should happen in a timely way and there be a partnership approach.</li> <li>• Staff training and induction is critical. The service should be outcomes focused and enabling. Some providers said this was the core foundation of training. This should also extend to all staff in the scheme and investment also made in managers.</li> <li>• Some care providers expressed challenges in other schemes they work in where Housing Providers</li> <li>• Providers help service users in managing their money and have clear money management procedures in place.</li> </ul> <ul style="list-style-type: none"> <li>• Working in partnership with Housing Providers is an area for improvement. Some care providers expressed challenges in running activities as the Housing Provider were not supportive of the specific activity e.g. hosting a BBQ in an outdoor space. Providers would welcome support from the Council in liaising with Housing Providers to improve services, so there is a common understanding across all agencies on what extra care housing and support is. In one local authority area, the Council Housing Provider and Care and support provider meet quarterly and this has been effective in building and maintaining relationships and expectations.</li> <li>• Support with hospital discharges and information sharing.</li> <li>• Liaison with the Council's Quality Assurance and Contracts Monitoring team to assist in developing quality and also the frequency of meetings.</li> </ul>

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		<ul style="list-style-type: none"> <li>• Responsiveness from the Council in dealing with emergencies, with named contacts so providers know who to be communicating with in the first instance. The use of a “hot line” would assist.</li> <li>• A dedicated social worker to contact in emergencies.</li> </ul>
<p><b>2.</b> Workforce</p>	<p><b>A)</b> What are the current challenges faced in developing the skills of the workforce in an extra care setting locally?</p> <p><b>B)</b> How do you think we could make the role more appealing to retain staff?</p>	<ul style="list-style-type: none"> <li>• An attractive pay rate – other London boroughs have a contractual requirement that care providers pay their staff the London Living Wage and this is reflected in the fee rate (Brent and Southwark)</li> <li>• Recruitment and retention of care workers in extra care schemes is a lot more stable than in the community, thanks to the working environment being very much of a team oriented one than working alone in the community, more stable/ guaranteed hours of work and only operating from one site than travelling around a borough(s).</li> <li>• Annual negotiation of fee rate, recognising the national living wage and London Living Wage increase each year</li> <li>• Pay progression and career development, as there are few opportunities for staff to move into a specialist role</li> <li>• Hourly rate for any service model needs to be a fair rate</li> <li>• London Living Wage would provide staff with nearly a 25% increase in wage when compared to the National Minimum Wage.</li> </ul>
<p><b>3.</b> Procurement and Contracting.</p>	<p><b>3.1 Tender and award</b></p> <p><b>A)</b> What are your views on 30-45 days for responses to a ITT?</p> <p><b>3.1 B)</b> What are your views on a long contract length e.g.</p>	<ul style="list-style-type: none"> <li>• 30-45 days to bid for the tender was felt to be a sufficient length of time, with 45 days being the preferred option. TUPE information will need to be supplied in a timely way and be of good quality, otherwise the tender period will need to be extended.</li> <li>• A sufficient notice period ahead of the tender being issued is needed to allow providers to resource accordingly, as this will influence their being able to bid.</li> <li>• Providers would welcome having further information on the schemes, and an opportunity to visit the schemes if possible.</li> <li>• Longer term contracts were preferred; as this would allow the provider to continue to invest in and upskill their workforce as well as delivery of the service</li> </ul>

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	<p>5+2 years? / 3+3, 4+2+2 (advantages and disadvantages).</p> <p><b>C)</b> Commissioners are considering that a maximum of two out of the three schemes can be awarded to one care provider. What are your views on this?</p> <p><b>D)</b> What are your views on sub-contracting arrangements or consortia?</p>	<ul style="list-style-type: none"> <li>• A 5 year contract with extension period of 2 years was the favoured option.</li> <li>• Tender documentation needs to be transparent with regards to pricing and the pricing schedule, including the extension period and whether this is in scope.</li> <li>• Some providers expressed that they were more likely to bid should they be able to be awarded the contract to deliver care and support across all 3 schemes, rather than a maximum of 2. Any gaps in the rota would be covered by bank staff (e.g. sickness, staff training).</li> <li>• Providers recognised the Council's thinking in not awarding a contract to one provider for all 3 schemes, as this could be a risk to the Council should provider failure occur or a provider not be able to cover a scheme to sufficient staffing levels. Others felt that they would still bid should the Council only award a maximum of 2 schemes to one provider, as savings could still be achieved across 2 schemes by economies of scale (reduction in management overheads)</li> <li>• Providers are opposed to sub contracting and felt confident that as the sole provider they would be better placed to deliver a quality service.</li> </ul>
	<p><b>3.2 Mobilisation</b></p> <p><b>A)</b> How can providers and the Council work together for an effective transitional arrangement of any new contracts in relation to: TUPE; Continuity of care for service users; Business continuity;</p>	<ul style="list-style-type: none"> <li>• TUPE information should be released to bidders as soon as the invitation to tender is issued.</li> <li>• A smooth transition requires implementation time and resources to be built in prior to the contract starting to ensure the service is mobilised well and the contract begins on the required date.</li> </ul>

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	<p>Transfer of data securely</p> <p><b>B)</b> Mobilization: the Council is considering a 3-4-month mobilization period. What are your views on the length of mobilization?</p>	<ul style="list-style-type: none"> <li>Providers welcomed the proposed mobilisation period of 4 months and feedback that this would be the minimum time required for any hand over. A 6 month mobilisation period would ensure a good hand over.</li> </ul>
4. Pricing	<p><b>A)</b> Thinking through the service models discussed earlier, what are your views on a weekly block rate vs an hourly rate (whether it's core and flexi or block)?</p>	<ul style="list-style-type: none"> <li>Weekly block rate is preferred as this supports management of the scheme, invoicing and payments process. In this model, providers would submit a tender bid based on a block cost (than an hourly rate).</li> <li>For the core and flexi model, providers would submit a tender bid based again on a block cost plus an hourly rate for the flexi element. The 'flexi' rate would be the same as the 'core' rate</li> <li>The Council would need to be very clear in the service specification what components make up the 'core' so that this could be priced appropriately and the scheme staffed to a safe and appropriate level, should this be the selected service model to be procured. The core would be a block rate and the flexi would be a spot hourly rate.</li> <li>Providers queried whether the Council would let the market set the rate, or apply a ceiling price. They fed back that in recent Council tenders, they were either set a lower and upper limit (a range), and even when there was a ceiling price, were informed they could submit a bid in excess of this. It was recognised that the Council has a maximum financial envelope and cannot exceed budgets, however, this also needs to be sustainable for providers.</li> <li>Providers had bid for tenders recently with a range of price/ quality evaluations 1) 70% price and 30% quality, 65% quality and 35% price, 60% quality and 40% price.</li> </ul>

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