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Aberdeen City Health & Social Care Partnership
A caring partnership

To: Members of the Integration Joint Board

Town House,
ABERDEEN 11 February 2020

INTEGRATION JOINT BOARD

The undernoted items are circulated in connection with the meeting of the **INTEGRATION JOINT BOARD** on **TUESDAY, 11 FEBRUARY 2020 at 11.30 am.**

FRASER BELL
CHIEF OFFICER - GOVERNANCE

BUSINESS

9 Care at Home and Supported Living (Pages 3 - 6)

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Agenda Item 9

This briefing note provides an update on the process for recommissioning our care at home and supported living arrangements.

We recognise the radical shift in the delivery of care and support that is being suggested. We also recognise that this process and the changes ahead have called upon all involved to demonstrate leadership, build trust and relationships and learn how to improve the way in which we communicate. Despite all of our efforts to engage, we have to recognise that this radical shift and the pending procurement process still does not sit well with all.

The paper presented to the IJB describes the processes we have undertaken to identify risks – and actions to mitigate against those risks.

This briefing serves to further inform members of the way in which we have engaged with providers and as a consequence how we have designed this future model.

Two local providers have been at the vanguard of this approach for the past year. The service level agreements with these providers have paved the way for both the financial model and most importantly for the model of meeting people's outcomes in both a care at home and supported living environment.

These models informed our early thinking – and have in turn informed our decision to engage with other providers to co-design our approach, in line with our approach to strategic commissioning.

In May 2019, we commissioned <<redacted text >> – a company which specialises in co-design and co-production – to support us in our work. They visited Aberdeen for two days to consult with a range of people involved in the delivery of care at home and supported living and asked key questions around:

- The implications of an outcome-based approach towards the delivery of care and support
- The financial model
- The opportunities for collaboration between:
 - providers
 - providers and commissioners
 - community resources
 - potential service users to improve outcomes and reduce care needs
- The scope for a greater emphasis on prevention of future social care needs on the part of those citizens not currently receiving social care.

An invitation was made specifically to providers involved in the tests of change and more widely to other providers as a drop-in session.

The responses can be summarised as follows:

1. There was overwhelming support for a shift to outcomes, with a strong appetite to work with commissioners at defining what those outcomes should be.
2. Providers, procurement and wider social care staff welcomed the opportunity for block funding arrangements and required clearer information on this.
3. Collaboration with commissioners was seen to offer opportunities to share resources, expertise, and meeting rooms, and to determine the best way of meeting outcomes for people.

A workshop was held on 5th July and well over 80 people attended, representing ACHSCP, contracts and commissioning, and provider organisations, including those commissioned to act at the interface between ACHSCP and third and Independent sectors. The key themes for discussion were:

- **Moving to an outcomes-focused approach – what will this entail?** There was overwhelming support for a shift to this approach and a request to have early identification of how this would be measured.
- **Collaboration between the partnership and providers, between providers themselves and within partnership services.** Attendees said there were indeed opportunities to benefit from greater collaboration but that a different kind of relationship would be required to do this.
- **Scope for accessing community assets.** People agreed that there is huge scope to link with local assets.

- **What key steps need to be taken?** The workshop determined the following priorities – finance, systems and resources, learning and development, technology, collaboration, community assets, and outcomes.

Task and finish groups then met throughout the summer, and in October there was one further workshop facilitated by <<redacted text >>.

At this session, the Chief Officer presented on the “conditions” for the new model for the future – trust, respect, shared risk, collaboration, and the challenging context of growing demand and diminishing resource.

Presentations were then delivered by <<redacted text >> and <<redacted text >>, and all of the task and finish groups. Included in the presentation from the systems and processes group was an opportunity to see the proposed pathway for the future delivery of care and support.

Amongst the feedback from this session was a recommendation to engage with CEOs and Board members of provider organisations about future proposals. In response to this, a session was convened on 13th January 2020.

In the meantime, all of the work done throughout the co-design process was taken into consideration, as was our knowledge of the current market and our current capacity to meet people’s needs. Added to this was our knowledge of other commissioning activity and the redesign of locality empowerment groups and partnership team arrangements.

Options were considered by a group representing the Third and Independent sectors, contracts and procurement and ACHSCP teams, and the preferred option was presented to and approved at the Executive Programme Board in December 2019.

The session on 13th January was very well attended with over 80 representatives from provider organisations. The group learned more about our strategic commissioning approach, and more detailed plans of the contract were delivered:

- Outcomes focused – shifting away from time-and-task
- A financial model which offers stability of income and opportunities for investment
- A locality model which offers a better opportunity for system-wide collaboration and asset-based approaches.

Invited to this meeting was a representative considered to be a leader in third sector market stability. He was able to offer impartial feedback.

He suggests:

- The ‘what and the ‘how’ are clear – and the message around the ‘why’ needs to be consistent.
- Providers appeared to feel involved and valued as we seek a collective, collaborative response to a shared problem.
- Innovation will not happen if there is insufficient time, headspace or resource. Our investment fund will allow for innovation.
- Trust needs time to develop, especially within procurement processes.

This feedback has been shared with members of the care at home and supported living board.

It was also recognised that further engagement was needed and so the following sessions have taken place:

- 23rd January – Lead Commissioner and Independent sector – the session was organised by Scottish Care with an open invitation to providers who were interested.
- 28th January – utilisation of the provider network as a question and answer session. Over 65 people attended. The programme further expanded on the pathway and delegates were given as much time as they needed to identify questions for the panel. Over 60 questions were responded to on the day.
- 6th February – The Lead Commissioner met a group of providers at their request, along with an ACVO representative.

What follows is a summary of common themes and responses:

- **The financial model: flat cash arrangement, provision for Scottish living wage and on-costs etc** – Our response has been: to confirm the model; to confirm the uplift will be made available for the Scottish living wage for year 1 of the contract; from year 2 there will be an investment fund, with the spend determined in partnership between providers and the partnership.
- **Assurance around process** – We have assured providers that this is a light-touch procurement approach, demonstrated by the level of engagement right up to the design of the specification. We need to do more to reassure some providers.
- **Timelines** – Providers have had the opportunity to engage with this process all along. We have to have new arrangements in place before 31st December. We also know that other local commissioning processes are ongoing and we have tried to work this in a way which means that providers are not completing several submissions at the same time. We acknowledge that providers should not be expected to make secure plans for collaboration until they know the outcome of the tender process. We also recognise that our timelines need to do more to accommodate organisations who wish to enter into a new legal entity. We have said that in this instance we would expect a group to have secured the legal entity arrangements by 1st September and be working with the Care Inspectorate to have registration complete by 1st March 2021, operating under individual organisation registration until that time.
- **Data to be made available on numbers of clients etc** – We will make this available on 1st March.
- **Primary provider model: protection for sub-contracted providers** – We have learnt through our research that this relationship falls down either when the primary provider takes all of the best packages or when the sub-contractor holds out for more money. We have assured that we will ensure that we mitigate against this in our contract design.
- **TUPE** – We would hope that providers arrange themselves in such a way that minimises the need for this to happen. However, we understand that this may not happen and will need to establish contingency planning discussions between 1st June and 1st September to mitigate against staff transition and loss of capacity. Locality providers will be included in this planning and we will work with them to understand and mitigate against any identified risk
- **Work “delegated” to providers** – We have assured that the statutory responsibilities remain with ACC to assess care needs and ensure they are met. However, we have also confirmed that providers can and will add to the information within an assessment as part of a multi-disciplinary locality approach.

The next step, subject to approval, is for the contract to be published on 1st March on Public Contracts Scotland. I have been advised by colleagues in contracts and procurement that I am no longer in a position to engage with providers. I can reassure providers that all responses to questions from all sessions will be placed on PCS.

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