



## INTEGRATION JOINT BOARD

<b>Date of Meeting</b>	11 February 2020
<b>Report Title</b>	Care at Home and Supported Living
<b>Report Number</b>	HSCP.19.095
<b>Lead Officer</b>	Sandra MacLeod, Chief Officer
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<b>Consultation Checklist Completed</b>	Yes
<b>Directions Required</b>	No
<b>Appendices</b>	<ol style="list-style-type: none"><li>1. Supported Living and Care at Home Risk Log</li><li>2. Financial Arrangements for Care at Home and Supported Living</li></ol>

### 1. Purpose of the Report

- 1.1. The purpose of this report is to inform the Board of the progress made with the commissioning of care at home and supported living services in Aberdeen City, and of the model for future delivery.

### 2. Recommendations

- 2.1. It is recommended that the Integration Joint Board
  - a) Notes the progress made and the model for future delivery

### 3. Summary of Key Information

- 3.1. The current arrangements for the provision of care at home and supported living have been under review since April 2019. The full term date for the current arrangements was December 2019, and the IJB agreed to extend the



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current arrangements in November 2019 to allow for the conclusion of the service review.

- 3.2. The review process has adhered to the strategic commissioning approach approved by the IJB in September 2019, analysing the needs of the population, the demands placed upon current care at home and supported living services, considering the current means of providing services and future requirements, exploring the evidence taken from other models of provision and making recommendations for a change in provision which offers the best opportunity to meet key outcomes.
- 3.3. Our approach also demands that our approach is collaborative, there have been several opportunities for collaborative design and consultation sessions between Aberdeen City Health and Social Care Partnership teams and provider services.
- 3.4. The output of our data gathering, consideration of current and future model and collaborative workshops was the establishment of clear outcomes to be achieved through our commissioning process, and four different delivery options for appraisal.
- 3.5. The outcomes can be divided into organisational and individual level. At an organisational level we identified the following outcomes:
  - Market stability (linked to strategic risk number 1)
  - Efficient and effective delivery
  - Financial sustainability
  - Social value and cohesion with communities (linked to strategic risk number 8)At an individual level we identified the following
  - Meeting individual outcomes
  - Linked to our strategic plan, linking people back to their communities through an asset based approach
- 3.6. The three options are listed below:
  - Do nothing – continue with a 2 separate frameworks for care at home and supported living, based upon time and task related delivery
  - Move to a single framework arrangement to include both care at home and supported living with 3 locality primary providers based on outcomes focussed delivery and away from time and task
  - Move to three locality primary provider contracts for care at home with immediate effect, and a transition to the same arrangements for supported living providers, based on outcomes focussed delivery and away from time and task



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- Continue with 2 separate frameworks for care at home and supported living but aligned to localities, and based on outcomes focussed delivery
- 3.7. The options were appraised by a working group which was inclusive of nominated provider service representation (third and independent sector). The preferred option was identified as:  
Move to three locality primary provider contracts for care at home with immediate effect, and a transition to the same arrangements for supported living providers, based on outcomes focussed delivery and away from time and task.
- 3.8. The preferred option was approved by the Executive Programme Board in December 2019 and a recommendation made to take this to the Integration Joint Board meeting on the 11<sup>th</sup> February 2020, to inform Board members of the future plan for the provision of Care at Home and Supported Living.
- 3.9. It is acknowledged that this plan will see a radical departure from our current provision, for provider organisations, for staff working across the whole system and for the people who receive care. Based upon this understanding, we have committed to continue to work with all of these groups over the duration of the contract.
- 3.10. Market sustainability is a key consideration in this design. We recognise that the Care at Home market in the current arrangement is unstable, with three examples of provider failure in the last eighteen months. Market sustainability is particularly compromised in smaller organisations and this model affords an opportunity for greater collaboration between large and small organisations, should providers choose to take this opportunity.
- 3.11. The funding arrangements for the contract also present a radical shift from the current arrangement –see appendix 2. Both Provider and ACHSCP will be assured of the financial arrangements for the duration of the contract. There is the opportunity within these arrangements for investment, agreed in partnership between provider and ACHSCP and based upon available data. Examples of such investment could be technology – to use appropriately to support efficient delivery, or training and support for care staff to allow them to deliver care based upon outcomes.
- 3.12. The Supported Living market is more currently more stable. A collaborative approach between ACHSCP and supported living providers will be taken to determine the means of transitioning current arrangements to a locality based primary provider model over the next two years.



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- 3.13. Identified risks have been considered, and mitigation is in place for all identified risks. We acknowledge that this radical change could present risks that we have not considered, our approach is one of shared risk, working closely with providers to identify risk early and work together to identify a means of mitigation.
- 3.14. Whilst the number of providers may reduce as a consequence of this model, we do not anticipate that there will be any reduction in the capacity to deliver care. There will be a requirement from any submission made as part of the procurement process to assure the evaluation panel of sufficient capacity to meet the needs of the population within a particular locality.
- 3.15. The timeline for the procurement process has taken many different factors into consideration – avoidance of entering into a new system at a time when we know there is a likelihood of reduced capacity (summer holidays) and increased demand (later in 2020). We are also aware that neighbouring partnerships are also commissioning Care at Home and Supported living services and have taken their dates into consideration. Our plan is for the tender to be published on Public Contracts Scotland on the 1<sup>st</sup> March 2020, with a submission date of 31<sup>st</sup> March 2020 and contract award date of 1<sup>st</sup> June 2020. The new arrangements will be operational on the 1<sup>st</sup> September 2020

### 4. Implications for IJB

#### 4.1. Equalities

An equalities assessment has been completed and there is no anticipated negative impact on equality or human rights with the redesign of this contract. It is anticipated that the design of this contract focusses on an individual's personal outcomes and therefore we would anticipate that this will have a positive impact for the future.

#### 4.2. Fairer Scotland Duty

Our strategic plan states that all commissioning activity will be mindful of the Ethical Care Charter. The Ethical Care Charter can be found at:  
<https://unison-scotland.org/wp-content/uploads/Final-Ethical-Care-Charter-PDF-1.pdf>



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### 4.3. Financial

There are no direct financial implications arising from the recommendations of this report. The future financial model affords both ACHSP and providers with an assurance of spend / income for the next 4 years and the opportunity to work together to invest in the best means of delivering the model and meeting the expected outcomes

### 4.4. Workforce

There are no direct implications on workforce numbers from the recommendations of this report. Delivering for outcomes will require the whole workforce to work more flexibly, and in a more integrated way. This redesign allows us to redesign some of the processes currently undertaken and in reducing the number of processes release vital capacity for face to face contact with clients.

### 4.5. Legal

There are no direct legal implications arising from the recommendations of this report.

### 4.6. Other

## 5. Links to ACHSCP Strategic Plan

- 5.1 The ambition of adopting an asset based, outcome focussed approach to care at home and supported living links directly to the key aims of the ACHSCP strategic plan. Notably, prevention and resilience – an outcomes focussed approach could lessen the requirement for support through recovery of skills and function; enabling – a review of our systems ensuring that we are as responsive as we can be when people are identified as requiring care and support; finally, reconnecting people to their local communities wherever possible.

## 6. Management of Risk

### 6.1. Identified risks(s)

**See appendix 1**

### 6.2. Link to risks on strategic or operational risk register:





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This option links directly to strategic risk 1 –market sustainability, and to strategic risk 8 – localities.

### 6.3. How might the content of this report impact or mitigate these risks:

This model has the best potential to further strengthen market resilience and sustainability.

By commissioning in localities we hope to ensure that care is provided based upon the knowledge and understanding of the needs of the local population and of the local assets available for connecting people back in to their communities – an asset based approach.

Approvals	
	Sandra Macleod (Chief Officer)
	Alex Stephen (Chief Finance Officer)