

PLYMOUTH CITY COUNCIL

Subject: Independence@Home contract
Committee: Cabinet
Date: 13 November 2018
Cabinet Member: Councillor Tuffin
CMT Member: Carole Burgoyne (Strategic Director for People)
Author: Helen Reid, Commissioning Officer
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Ref: Independence@Home
Key Decision: No
Part: I

Purpose of the report:

Plymouth City Council in partnership with NHS NEW Devon Clinical Commissioning Group are seeking to jointly procure a service from December 2018 that will incorporate both the current Reablement service and the Rapid Discharge service.

The service will:

- Provide an enhanced 7 day service for all hospital discharges (the earliest discharge is anticipated to be at 10 am with the latest discharge time at 8 pm)
- Support with the continuation of the Discharge to Assess Model
- Provide short term care and support in the Community for a period of up to 6 weeks or shorter period if appropriate. Where ongoing care and support is required, the service provider will facilitate a smooth transition to the new provider. Where this is not immediately possible then the provider will continue to provide care and support at a reduced standard personal care rate until a suitable provider has been identified
- Support service users to remain living in their own home as independently as possible
- Deliver positive outcomes for the service users including maximising people's and/or promote independence, choice and control

The shared aim is to support service users with:

- Understanding the remit of the service
- Timely discharges from a hospital setting as soon as the service user is fit for discharge
- The assessment being undertaken in their own home environment following discharge from a hospital setting
- Engagement in following a professionally prescribed care and support plan to support recovery, maximise and/or promote their independence
- Maximisation and/or promotion of independence to reduce or delay the need for ongoing support through traditional services
- Staying healthy and recovering quickly from illness or injury
- Exercising maximum control over their own lives and, where appropriate, the lives of their family members
- Where appropriate, sustaining a family unit which avoids children being required to take on

- inappropriate caring roles
- Participation as active and equal citizens, both economically, and socially, where appropriate
- Enjoying the best quality of life, irrespective of illness or disability
- Retaining maximum dignity and respect
- Remaining living in their own homes, or usual place of residence and as independently as possible

In September 2018 Plymouth City Council awarded a five year contract, (with an option to extend for a further two) to Gemcare Southwest. The service was due to go live on the 3rd December 2018 and the tender is in the mobilisation phase. However, we have received notification that Gemcare South West wish to withdraw from the process and no longer wish to be awarded the contract.

Given the strategic importance of the contract and the urgency of the situation the report seeks in principle approval from Cabinet to bring the service back in house.

Corporate Plan

The Independence@Home Service will support Plymouth being a Brilliant Co-operative Council through addressing three of the four key corporate objectives:

- **Growing Plymouth**

The service will support a strong economy creating job opportunities by recruiting a local workforce

- **Caring Plymouth**

The service will:

- Help people take control of their lives and communities through supporting them to live independently at home;
- Support adults to be safe and confident in their communities;
- Ensure people are treated with dignity and respect.

The Independence@Home Service is underpinned by the four key values described in the Corporate Plan and the Plymouth Plan:

- Service design was co-produced by stakeholders and so is democratic;
- reflects the City's commitment to provide high quality, safe support to some of the most vulnerable people and so reflects responsibility;
- address inequality by supporting all adults through promoting independence, where an assessed need is identified and so is fair;
- requires all stakeholders to work together and work in partnership.

Implications for Medium Term Financial Plan and Resource Implications: Including finance, human, IT and land

A process of finance due diligence is underway and so definitive costs are at this stage unknown. However, it is acknowledged that there will be set up costs involved in the transfer. These will be met from within the existing Adult Social Care Budget.

Other Implications: e.g. Child Poverty, Community Safety, Health and Safety and Risk Management:

These services will contribute towards the delivery of the Integrated Commissioning Strategies and the Ethical Care Charter.

Equality and Diversity

Has an Equality Impact Assessment been undertaken? Yes

Recommendations and Reasons for recommended action:

It is recommended that:

1. Cabinet approves the in-principle decision for the service to be brought back in-house – with day to day management support services being provided by Livewell Southwest;
2. Cabinet recommends to the Leader to make the final decision to bring the service back in-house subject to satisfactory completion of due diligence by officers.

Due to the urgency of the existing circumstances and the strategic importance of having a highly effective and efficient Reablement offer in the City, Cabinet is asked provide in principle decision for the service to be brought back in house with day to day management support being provided by Livewell Southwest, who already manage the hospital discharge pathways. Initial planning assumptions are that the staff could be based on the Mount Gould site.

This decision is subject to further due-diligence being undertaken by the Local Authority, with the final decision being delegated to the Portfolio Holder.

The present service is delivered by HSG and provides approximately 1100 hours of support each week against a contract target of 1500 hours. From the initial TUPE data provided by HSG, the service is delivered by 77 staff that may be in scope for transfer to the Local Authority. This is split between 41 originally transferred from PCC to HSG and 36 other employees.

It is recognised that the timeframes are challenging and as such if after an initial evaluation the timeframes do not appear realistic PCC should negotiate a short term extension with HSG. This would be no longer than until 31st March 2019. Should this be the case then Portfolio Holder approval will be sought.

A strategic review will be carried out at the latest within 12 months of the in-house service commencing to:

- Determine the long term future of the Independence@Home service.
 - Imbed Reablement throughout all domiciliary services.
 - Align *Maximising Independence* and the *Single-handed* programmes
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Alternative options considered and rejected:

1)	Extend Service with HSG	This option was given due consideration, however it would necessitate negotiating an extension with HSG which may lead to increased costs. During the current contract HSG have rarely been able to reach / maintain the 1500 hours per week specified in the contract. This option could only be a temporary option due to the procurement requirements of the Public Contract Regulations 2015, so would lead to further disruption and increased transfer costs
2)	Procure a new Provider	There have now been two unsuccessful procurements for this service so it is unlikely that a further procurement would secure a new supplier.
3)	Let Contract Lapse and disperse hours to Domiciliary Care Providers	Domiciliary Care Providers have expressed a desire to take on more of a Reablement focus and so may support this option. However, TUPE would still apply and likely to be more complex and problematic, including decisions as to which staff go to which domiciliary care provider
4)	Bring the service back to PCC	PCC previously managed the service and many of the staff are on old PCC Terms and Conditions. However PCC now lack the infrastructure to effectively manage a Domiciliary Care Service and would need to develop this rapidly. This is also against PCC strategic direction as they are no longer focussed on providing care directly.

Next Steps

A small project team has been assembled and are completing an initial stocktake and developing a transition plan including a due diligence process. This will determine whether the transfer is achievable within the timeframes.

Initial Project Plan

Stage	Activity	Key Dates
Stage 1 - Baseline	Agree all IT/ Accommodation Requirements	05/11/18 – 09/11/18
	Agree Employee Transfer List and Initial HR Protocols for Transfer	05/11/18 – 09/11/18
	Agree Full Project Plan	07/11/18
Stage 2 – Define Detail	Agree IT Transition and New Accommodation	12/11/18 – 16/11/18
	Agree Establishment Transition	12/11/18 – 16/11/18
	Achieve CQC/ Legal Compliance	12/11/18 – 16/11/18
Stage 3 – Implementation Preparation	IT Migration and User Accounts built	19/11/18 – 30/11/18
	Establishment set up with new system	19/11/18 – 30/11/18
	Assets moved to new Accommodation	19/11/18 – 30/11/18
Stage 4 - Launch	Official Transfer, Welcome Inductions and Service Launch	01/12/18 - 03/12/18
Stage 5 – Embedding the Service	Review of Commissioning Intentions for Reablement	December 2018 – March 2019

Published work / information:

<S:\Social Services\Community Care\Commissioning Team\PROCUREMENTS\Current tender exercises\Independence@Home - Take 2\04. Equality Impact Assessment\2018-11-05 EIA Independence@Home - Amended.doc>

Background papers:

Title	Part I	Part II	Exemption Paragraph Number							
			1	2	3	4	5	6	7	
Business case - review of personal services	x				✓					
Equality Impact assessment	x				✓					

Sign off: comment must be sought from those whose area of responsibility may be affected by the decision, as follows (insert references of Finance, Legal and Monitoring Officer reps, and of HR, Corporate Property, IT and Strat. Proc. as appropriate):

Fin		Leg		Mon Off		HR AM		Assets	n/a	IT	n/a	Strat Proc	
djn. 18.1 9.12 7		MS/2 /297 41		MS/2/ 29741		05 11 18						SA/P SF/4 83/1 118	
Originating SMT Member: Carole Burgoyne													
Has the Cabinet Member(s) agreed the contents of the report? Yes													