



**Community and Wellbeing Scrutiny
Committee**
29 April 2021

**Report from the Strategic Director
of Community Wellbeing**

Update on Home Care Commissioning

Wards Affected:	All
Key or Non-Key Decision:	Non-key
Open or Part/Fully Exempt:	Open
No. of Appendices:	2 Appendix 1 – Patch Based Providers Appendix 2 - Appendix 2 – Unison Care Charter (both appendices can be found at the end of the report)
Background Papers:	0
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1.0 Purpose of the report

- 1.1 The Community and Wellbeing Scrutiny Committee has requested an update on the implementation of the council's new homecare contracts.
- 1.2 The council has appointed new lead providers, which has enabled Brent to move to a patch-based model for older people and physical disabilities homecare, dividing the borough into 13 patches to align with proposed primary care networks, with a lead provider for each. For specialist homecare services (Learning Disabilities, Children and Young People with Disabilities and Mental Health), there are fewer patches because the lower number of homecare hours delivered does not allow for these services to be arranged in the same way as for older people/physical disabilities.
- 1.3 Officers are working with providers to begin to implement the transfer of existing care packages to the new lead providers, or if the person receiving homecare chooses, to set them up with a direct payment, so that they can commission their own homecare services. This process started on 6th April 2021. New homecare packages have been awarded to lead providers since 1st February 2021, the date that the contracts went live.

- 1.4 This report provides members with an overview of homecare services in Brent, an update on the homecare contract implementation and information on the homecare framework which will go out to tender later in 2021.

2.0 Recommendations

- 2.1 The Community and Wellbeing Scrutiny Committee is recommended to note the report and question officers on the progress of the homecare contract implementation.

3. Background

- 3.1 Members of the Community and Wellbeing Overview and Scrutiny Committee will be aware that the council awarded new homecare contracts in October 2020. Prior to the award of new contracts, Brent was commissioning homecare services from 68 providers for adults and 32 providers for children. In total, these providers delivered over 21,900 hours of homecare per week for adults for 1,700 service users. Children's providers deliver 900 hours per week for 77 service users. The combined cost of services was £18.5m per year.
- 3.2 Homecare services are delivered to a range of residents with different and distinct care needs. For reporting ease, users of the service are classified according to care need. The care need categories are; Older People, Physical Disability, Learning Disability, Mental Health and Children's Services. By far the largest group of people in receipt of homecare is older people.
- 3.3 In 2014, Brent Council entered into a framework arrangement to commission homecare through the West London Alliance (WLA). At the time, the framework arrangement allowed the participating West London councils to standardise the way that homecare was commissioned, and the cost per hour that was paid. This was important as in a relatively small geographical region, there were significant variations in both cost and quality, often with the same provider being paid vastly different hourly rates for the same service.
- 3.4 The WLA framework did not make a distinction between care for different types of care need, i.e. it was a generic framework, meaning providers were not paid according to a specialism. This was helpful in standardizing the prices paid for home care, on the basis that the skill set required to support someone with personal care needs would be broadly similar regardless of the primary care need of the individual. This helped Brent bring down the hourly cost of care for client groups such as learning disabilities significantly, and allowed us to harmonize prices across the market to a degree. However, it had the disadvantage that some providers lost the specialisms that may have had that enabled them to manage more challenging clients at home. As the client base in Brent has become more complex, and with generally higher levels of need (for example, we have an increasing number of double-handed care packages requiring two carers for each care call), it was felt that when re-commissioning services the council needed to invest some effort in supporting the market to re-establish specialisms in particular areas of care.
- 3.5 Since the expiry of the WLA framework in Sept 2018, homecare services have been commissioned on a spot purchased basis but only from those providers who had previously been part of the WLA framework.

- 3.6 One of the drawbacks of using a sub-regional model such as the WLA framework is that the number of providers registered on such a framework is very high. This has meant that although the framework was extremely helpful in helping Brent understand and control hourly costs, there had been less focus on quality, and on developing relationships with key providers that would allow us as a council to support better quality. Necessarily, the framework meant that there are a significant number of providers delivering homecare in Brent, and the high number of providers in turn has meant that we do not have the commissioning and contracting resources to monitor providers as closely as we would have liked.
- 3.7 Monitoring so many providers is unsustainable and to have allowed the previous approach to commissioning to continue presented too many risks in terms of quality of care and value for money from commissioned services. As a result, commissioners were clear that any re-procurement needed to reduce the overall number of providers delivering homecare in Brent in order to have more control over the quality of care provided. This aligned with feedback from the providers themselves, who told us that they would prefer to have a smaller geographic area to cover, but more certainty around the number of hours they are being asked to deliver. In essence, the preference was for smaller patches with less providers per patch.
- 3.8 As a result, Cabinet agreed in October 2019 to the introduction of a patch based approach to homecare, and the commissioning of specialist lead providers for different client groups. Nationally and regionally, there has been a shift to a patch based model, where organisations are commissioned to deliver services in a defined geographical area. This approach has been adopted by most boroughs in the WLA (with Ealing being the exception) since the end of the WLA homecare framework.
- 3.9 Brent's homecare model has split the borough into 13 patches for older people / physical disability services, and into two smaller zones for specialist services, mental health, learning disabilities and children's services.
- 3.10 The new homecare contracts have been awarded to seven new lead providers for older adults and physical disabilities homecare; two new lead providers for mental health; two for learning disabilities; and three new lead providers for children's services. Of the 14 providers appointed, only two are completely new to Brent. The other 12 were already delivering packages in the borough prior to being appointed a lead provider.
- 3.11 The homecare model agreed by the council was informed by the Community and Wellbeing Overview and Scrutiny Committee task group into homecare services, and will also be compliant with the Unison Care Charter (see appendix 2). The recommendations from the task group were –

Recommendation	Progress
That London Living Wage is introduced incrementally as part of a new commissioning model	This has been achieved through recommissioning – providers will be paid £19.50 an hour from 1 st April 2021
A minimum standard of training is incorporated into the new commissioning model which gives staff in Brent sufficient development opportunities to encourage homecare as a career within the social care sector.	This has been achieved through recommissioning. A training allowance is included in the homecare fee, training opportunities will be made available to providers by the council, as well as monitoring of in-house training offered by lead providers.
A homecare partnership forum should be set up as part of the new commissioning model to discuss issues of strategic importance to stakeholders involved in domiciliary services in Brent	This has already been delivered and has been running successfully in Brent for two years.

3.12 The Brent homecare contracts will deliver the following objectives once fully implemented –

- Delivery of a patch based model aligned to the 13 Primary Care Networks for the delivery of service for Older People and Physical Disabilities. Each patch would have a lead provider who would be required to deliver at least 80% of all of the hours in the patch. The remaining hours will be delivered by providers from a framework, allowing smaller providers who do not have the capacity to deliver the required volume of hours in any patch to also continue to deliver work for Brent.
- By giving guarantees on allocations of care to providers appointed under contracts, the council will move away from spot purchasing from providers giving greater control over spend and quality. This model has the benefit of allowing providers to develop relationships with a smaller group of GP practices, less travel time and security around the number of hours to be delivered allowing for longer term workforce planning. This will result in a smaller number of providers, allowing for better contract monitoring and better training and support for carers.
- Consistency of care worker is something that the council and care providers are committed to, and it will be included as an element in performance and contract monitoring schedules. Providers will be asked to commit to providing a small pool of named care workers for each service user, and commit to these named workers being the people who deliver care to the service user for the lifespan of the contract (wherever possible).
- Electronic Call Monitoring will allow for better real time monitoring of consistency of care worker and timeliness of calls, and will also allow contract monitoring to be evidence based.
- Providers will have to demonstrate that they will keep the use of zero hour contracts to a minimum as part of the contract monitoring process.
- The council has committed to paying an hourly rate that allows workers to be paid at the London Living Wage (LLW). This has been implemented from the start of the new contracts for all new packages. Existing packages will be paid at the LLW as new contracts are implemented on a patch by patch basis.
- Moving to a patch based model will reduce the travelling distance for care workers, because their care packages will be located in specific parts of the borough rather than having to travel across Brent to deliver care. This will

contribute to Brent's ambition to reduce the environmental impact of the council's services.

- For 'specialist' care groups, where there are a smaller number of service users it would not be possible to split the borough into 13 patches, so the following arrangements have been established. For children with disabilities services there are two patches covering the borough, with three lead providers. For learning disabilities and mental health services, there are two patches, with two lead providers for each service type.

3.13 The implementation of new homecare contracts represents a significant investment by the council. The council has a clear commitment to paying London Living Wage and the rate that will be paid to homecare providers under our new contracts will enable care workers to be paid the London Living Wage, £10.85 an hour from 1st April 2021. In order to meet the London Living Wage requirements Brent's homecare rate between 1st February 2021 (the date the new contracts went live) was £19 per hour. This increased to £19.50 an hour from 1st April 2021.

3.14 Overall the total spend on adult homecare will increase from £17.6m in 2019/20 to an estimated £29.4m by 2024/25 when spending on London Living Wage and growth in services is factored in. For Children's homecare services, spending will increase from £960,000 in 2019/20 to £1.7m in 2024/25.

4. Implementation Update

4.1 The new contracts started on the 1st February 2021, with all new homecare packages offered to lead providers from that date. All lead providers except Eleanor Nursing and Social Care and Dendera Care delivered services in Brent prior to the award of the new contracts. The remaining lead providers were already delivering some care packages in their patches on 1st February, and so these care packages immediately changed to the new contract terms on 1st February. The total number of packages that each lead provider for older people and physical disability services has in their patch, either packages that have been awarded to them or packages they already had in their patch, as of 7th April 2021 is –

Patch	Provider	Total POC in Patch at 7th April 2021
Patch 1 - Northwick Park & Preston	MiHomecare	8
Patch 2 - Sudbury	Active Care & Support Ltd	18
Patch 3 - Tokyngton	J.C. Michael Group Ltd	12
Patch 4 - Wembley Central & Alperton	J.C Michael Group Ltd	14
Patch 5 - Stonebridge	Eleanor Nursing and Social Care Limited Patch 5	12
Patch 6 - Queensbury & Kenton	MiHomecare	17
Patch 7 - Barnhill	Active Care	11
Patch 8 - Welsh Harp & Fryent	Dendera Ltd	12
Patch 9 - Dudden Hill & Dollis Hill	Eleanor Nursing and Social Care Limited	6
Patch 10 - Harlesden	Supreme Care Services Limited	3
Patch 11 - Willesden Green & Kensal Green	Supreme Care Services Limited	15
Patch 12 - Mapesbury & Brondesbury	Healthvision	15
Patch 13 - Queens Park & Kilburn	Healthvision UK Ltd	24

- 4.2 From Tuesday 6th April the council began transferring existing care packages to the new providers. The care package transfers will happen one patch at a time initially, so that services users are supported through the process and to limit the impact of the change, and officers can learn from this process and adapt their approach if necessary.
- 4.3 Before the council starts to transfer care packages, service users will be contacted in writing to let them know what is happening. The letter includes a named contact at the council who will support them through the process. Service users will have an opportunity to discuss their care package transfer with a named officer from the council and also with the new care provider. Proper handover arrangements will be made so that the quality of care isn't adversely impacted.

- 4.4 This is a service user led contract implementation - all service users will have the choice to move to their new provider or take a direct payment if they want to stay with their current provider or arrange for someone else to deliver their homecare service. It is important to note that nobody will be forced to change care provider as part of this process.
- 4.5 The order in which older adult and physical disability patches will be implemented has been chosen based on the size of the patch, the number of packages that the lead provider already has in the patch and whether the provider is already delivering care in Brent. Sudbury is the first patch to be implemented, followed by Queens Park and Kilburn and then Tokyngton. All providers will have at least one of their patches implemented before work starts to transfer care packages in their second patch. The indicative timetable for implementation is set out below.

	Patch Number	Provider Name	Wards	Indicative Start Date
1 st	Patch 2	Active Care	Sudbury	6 th April
2 nd	Patch 13	Healthvision	Queens Park & Kilburn	3 rd May
3 rd	Patch 3	JC Michael Group	Tokyngton	24 th May
4 th	Patch 1	MiHomecare	Northwick Park & Preston	7 th June
5 th	Patch 10	Supreme Care Services	Harlesden	21 st June
6 th	Patch 9	Eleanor Nursing & Social Care Ltd	Dudden Hill & Dollis Hill	5 th July
7 th	Patch 8	Dendera Care	Welsh Harp & Fryent	12 th July
8 th	Patch 7	Active Care	Barnhill	19 th July
9 th	Patch 12	Healthvision	Mapesbury & Brondesbury	26 th July
10 th	Patch 4	JC Michael Group	Wembley Central & Alperton	2 nd August
11 th	Patch 6	MiHomecare	Queensbury & Kenton	16 th August
12 th	Patch 11	Supreme Care Services	Willesden Green & Kensal Green	6 th September
13 th	Patch 5	Eleanor Nursing & Social Care Ltd	Stonebridge	6 th September

- 4.6 As the transfer of existing care packages has only just started at the time of writing this report, more detail on progress will be provided at the meeting to councillors.
- 4.7 Assuming the implementation timetable doesn't change, all older adult and physical disability care packages will have transferred to new providers, or have been switched to a direct payment by the middle of October 2021. Some service users will require more time to make up their mind as to what they wish to do – at this stage we are not forcing anyone to make up their mind, but we will revisit these service users throughout the year to help them to make a decision on their future care arrangements.

- 4.8 The arrangements for transferring care packages for people with learning disabilities and mental health issues are slightly different. Those service users will be transferred to the new provider in their area as part of the annual review process and will be supported through that process by a social worker. Annual reviews happen throughout the year, so the transfers will take longer, but given the complexity of some of these packages it is felt that this is the most appropriate way to manage these transfers. Again, a direct payment is available to any service user that chooses this option rather than have their care package transferred.
- 4.9 For learning disabilities and mental health the borough is split into two zones, North and South. One provider appointed for each of the specialist services in each zone. These are:

Services	Name of Provider	Contract Start Date
Learning Disabilities North Zone	Unique Personnel (UK) Ltd	1 st February
Learning Disabilities South Zone	Allfor Care Services Ltd	1 st February
Mental Health North Zone	Onecare-UK Ltd	1 st February
Mental Health South Zone	Bluebird Care Brent	1 st February

5. Homecare Framework

- 5.1 In the original homecare tender proposal, the council had planned to appoint lead providers and additional providers, who would be spot purchased to deliver homecare from a Brent Homecare Framework. It was envisaged that around 8 to 10 additional providers would be appointed to the framework to deliver any homecare packages that the lead providers declined. Contractually, lead providers are required to deliver a minimum of 80% of the care packages in their patch, leaving up to 20% of provision available for other providers on the framework, that they would be able to bid for. Decisions on awarding packages using the framework would be based on quality and not price, as price is fixed in order to pay care workers the London Living Wage.
- 5.2 The benefit of a Homecare Framework is that it enables the council to work with a group of providers, particularly smaller companies, that would be unable to scale up to meet the demands placed on lead providers. The council is able to support smaller businesses this way, without putting at risk the implementation of the new contracts – quickly increasing the amount of work given to a provider does add additional risk to homecare services, and this can be avoided using a framework.
- 5.3 Due to the impact of COVID-19 it was decided not to appoint providers to the Homecare Framework, but to re-run this element of the tender in 2021. Learning from Covid-19 it is felt that a larger pool of providers is required on the framework than previously anticipated. One of the reasons that Brent has been able to sustain homecare services during the pandemic is the considerable amount of capacity we have in the homecare sector. Whilst we still want to reduce the number of providers we contract with, and we have done this through the lead provider model, there is scope to ensure a wide breadth of provision through the framework.
- 5.4 With colleagues in Procurement, Adult Social Care Commissioning is also working on capacity building in the homecare sector, and supporting homecare providers in the work they need to do to help with their contract bid skills. This work is happening in

April and May 2021, with a view to running the Homecare Framework tender in August and September 2021. Providers will be appointed to the framework by November 2021.

- 5.5 Until the Homecare Framework is established, care packages that are declined by lead providers will be spot purchased from other homecare providers. Providers will be able to bid for these packages using our e-brokerage platform Care Place, which has been in use in Brent since February 2020. Using this platform bids for care packages can be evaluated based on quality and awarded to the provider with the highest quality score.

6. Conclusions

- 6.1 Although the implementation of the new homecare contracts is still in its formative stages, particularly the transfer of existing packages, it is positive that this is now underway following delays caused by the pandemic. Work on implementation will be completed by October 2021, by which time providers being appointed to the Homecare Framework will also be close to confirmation. Further updates can be reported to the Community and Wellbeing Scrutiny Committee as members require.

7.0 Financial Implications

- 7.1 Implications are included within the main body of the report.

8.0 Legal Implications

- 8.1 Implications are included within the main body of the report.

9.0 Equality Implications

- 9.1 Implications are included within the main body of the report.

REPORT SIGN-OFF

Phil Porter

Strategic Director of Community Wellbeing

Appendix 1 – Patch Based Providers

Map 1 – Homecare Patches

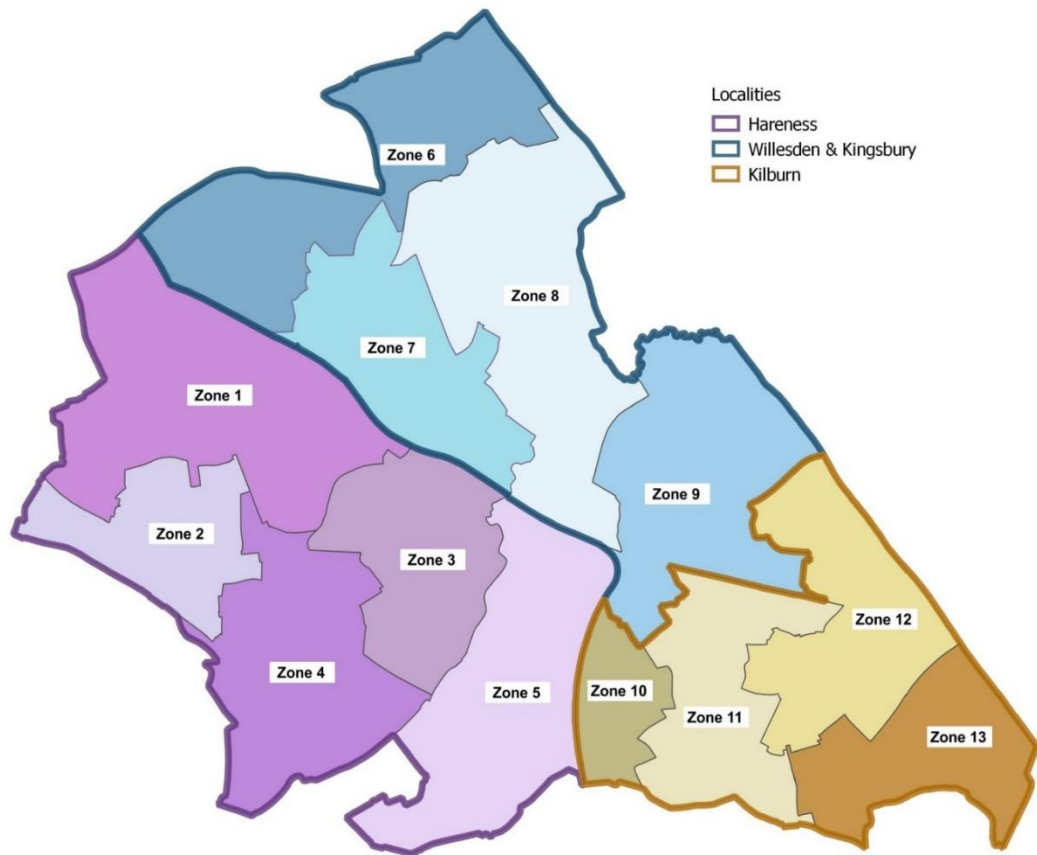


Table 1 – Older People / Physical Disability Homecare Localities

Locality	Zone		Provider
Hareness	1	Northwick Park and Preston	Mi Homecare
	2	Sudbury	Active Care
	3	Tokynghon	JC Michael Group
	4	Wembley Central and Alperton	JC Michael Group
	5	Stonebridge	Eleanor Nursing & Social Care Ltd
Willesden and Kingsbury	6	Queensbury and Kenton	Mi Homecare
	7	Barnhill	Active Care
	8	Welsh Harp and Frynt	Dendera Care
	9	Dudden Hill and Dollis Hill	Eleanor Nursing & Social Care Ltd
	10	Harlesden	Supreme Care Services
	11	Willessden Green and Kensal Green	Supreme Care Services

Kilburn	12	Mapesbury and Brondesbury	Health Vision
	13	Queens Park and Kilburn	Health Vision

Appendix 2 – Unison Care Charter

Ethical care charter for the commissioning of homecare services

Stage 1	Stage 2	Stage 3
<p>The starting point for commissioning of visits will be client need and not minutes or tasks. Workers will have the freedom to provide appropriate care and will be given time to talk to their clients</p> <p>The time allocated to visits will match the needs of the clients. In general, 15-minute visits will not be used as they undermine the dignity of the clients</p> <p>Homecare workers will be paid for their travel time, their travel costs and other necessary expenses such as mobile phones</p> <p>Visits will be scheduled so that homecare workers are not forced to rush their time with clients or leave their clients early to get to the next one on time</p> <p>Those homecare workers who are eligible must be paid statutory sick pay</p>	<p>Clients will be allocated the same homecare worker(s) wherever possible</p> <p>Zero hour contracts will not be used in place of permanent contracts</p> <p>Providers will have a clear and accountable procedure for following up staff concerns about their clients' wellbeing</p> <p>All homecare workers will be regularly trained to the necessary standard to provide a good service (at no cost to themselves and in work time)</p> <p>Homecare workers will be given the opportunity to regularly meet co-workers to share best practice and limit their isolation</p>	<p>All homecare workers will be paid at least the Living Wage (as of November 2013 it is currently £7.65 an hour for the whole of the UK apart from London. For London it is £8.80 an hour. The Living Wage will be calculated again in November 2014 and in each subsequent November).</p> <p>If council employed homecare workers paid above this rate are outsourced it should be on the basis that the provider is required, and is funded, to maintain these pay levels throughout the contract</p> <p>All homecare workers will be covered by an occupational sick pay scheme to ensure that staff do not feel pressurised to work when they are ill in order to protect the welfare of their vulnerable clients.</p>