Forward Plan reference number: FP/778/08/20

Report title: Procurement of a Framework for Live at Home (LAH) Domiciliary Support	
Report to: Cabinet	
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Date: 15 September 2020	**For:** Decision
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County Divisions affected: All Essex	

1. Purpose of Report

1.1 To approve a new Live at Home framework for the provision of long-term domiciliary care and support services, to commence in February 2021.

2. Recommendations

2.1 Agree to invite tenders to establish a new Live at Home framework for the provision of Domiciliary Care Services across Essex, for a period of 4 years on the basis set out in paragraphs 4.2-4.8 and section 5 of the report.

2.2 Agree that, subject to any change required by paragraph 2.3, the pricing matrices for the first 12 months will be based on the pricing matrices set out in Appendix C with an annual price review thereafter.

2.3 Agree to uplift the minimum hourly rate for standard domiciliary services delivered via the Live at Home Framework and spot purchasing arrangements from £16.56 to £18.04 for all new and existing packages, with the exception of 24 hour / live in care and night sleeping services, with effect from 4 April 2021.

2.4 Agree that tenders will be evaluated using the following ratios for price and quality of 60:40 with some of the quality evaluation questions focusing on social value e.g. employment of local workforce.

2.5 Note that the Cabinet Member for Health and Adult Social Care will:

(i) authorise the amended pricing matrices for each year of the framework period and any increases required to the rates paid for spot placements to correlate with the minimum price points on the matrices for the framework;

(ii) agree whether or not to open the Framework to New Entrants and undertake a full refresh of the Framework at the end of Year 2 of the framework period in the districts where (on average over the preceding

12 month period) in excess of 30% of the packages offered through the framework are being placed with providers outside of the Live at Home Framework (indicating the need for additional framework capacity); and

(iii) award the contracts to the successful providers upon completion of the procurement process and any refresh processes undertaken at the end of Year 2 of the framework period, including any changes to districts which have not been opened to New Entrants

2.6 Authorise the Executive Director for Adult Social Care, in consultation with the Cabinet Member for Health and Adult Social Care, to extend the current framework agreement by a period of up to 6 months and to review the interim price arrangements, should the Covid-19 pandemic impact on the market's ability to respond to the tender or delay the procurement process

3. Summary of Issue

3.1 The Council has a statutory duty to meet eligible needs under the Care Act 2014. Providing domiciliary care and support is one way to meet those needs. Those duties have to some extent been amended by the Coronavirus Act 2020 but the Council continues to aspire to meet those needs. Beyond its legal obligation, the Council has the ambition of optimising the quality and continuity of care within the financial envelope available.

3.2 The 2020/21 budget includes approximately £100m for long-term domiciliary care services provided for people eligible to receive adult social care services. These are classified as

- Older People (65+),
- Adults with Learning Disabilities and Autism,
- people with Mental Health Needs, Physical and Sensory Impairments; and
- Carers.

Before the Covid-19 pandemic, the Council supported approximately 6,200 people with 112,000 commissioned hours of support a week and in October 2019 the average weekly package size was just under 18 hours.

3.3 Services are currently commissioned via a Live at Home framework or where this is not possible, either because needs are too specialist or because the providers on the framework are not available, via spot purchase arrangements.

3.4 The current framework expires on 11 February 2021. Without a new framework in place or an extension to the current framework, the Council's only option would be to purchase services via 'spot' arrangements. These packages of support are negotiated individually, and there is no legal mechanism for agreeing price; which can lead to an uncontrolled increase in rates.

3.5 One issue with the current framework is that providers who meet a minimum quality threshold are ranked according to price, with the cheapest provider being offered a new package of care first. This incentivises providers to

provide low cost care with a minimum acceptable quality. This is not necessarily consistent with the aim of enabling people to live as independently as possible for a long as possible since higher quality providers may be better able to achieve this outcome, thereby reducing the long term cost of care provision.

3.6 The current framework model has been successful in increasing supply and securing capacity (e.g. of reduction in unmet need) whilst maintaining control over price. Since the implementation of the framework the number of providers on it has increased from 60 to 125 and the proportion of services sourced using the framework has increased from 40% to 70%. In addition to this the Council works with circa 180 providers who are not on the framework but whose services are 'spot' purchased.

3.7 The number of providers on the framework does not support the development of strategic supplier relationships. Despite the overall increase in capacity, there are still some areas of the county where it remains hard to source (e.g. rural West and Mid Essex). In addition to this, although the current single-tier model does achieve value for money using the ranked list approach, the current structure means that packages are not always offered first to the higher quality providers.

3.8 In partnership with stakeholders, the Council has reviewed the options for the delivery of the service. A number of models were considered, including a lead provider, with one provider responsible for the delivery of all domiciliary services within a specified geographic area, and establishment of a 'dynamic purchasing system' which is a fully electronic purchasing system where providers would be able to bid for individual packages of care being offered by the Council.

3.9 As part of this activity, a number of opportunities to undertake experimental 'test and learn' exercises were identified which we could have used to identify whether there were alternative ways to procure. More detail about these opportunities can be found in Appendix B. However, we have been unable to progress these opportunities due to the impact of the Covid-19 pandemic. This has impacted on capacity within the Council and within provider organisations and it would not have been appropriate to progress them.

3.10 The Council must have a mechanism for purchasing and ensuring the supply of domiciliary care services that complies with the Public Contracts Regulations 2015. Due to the impact on resources caused by the Covid-19 pandemic, there is now a reduced timeframe for procuring and implementing something to replace the current Live at Home Framework. Officers are now seeking to procure a new framework to commence upon expiry of the existing Live at Home Framework in February 2021, whilst continuing to progress the work on the 'test and learn' exercises.

3.11 The longer-term aim is to continue the 'test and learn' exercises and if any of them appear to be scalable and successful then a report will be brought back to the Cabinet to ask them to agree that they can be scaled. This may be done

with the new framework still in place, since the Council is not proposing to commit to use the proposed new framework for all or any packages of care.

3.12 It should also be noted that whilst we currently aim to have the new framework in place for February 2021, it is possible that the number of COVID-19 cases could impact on the capacity of the Council to run the procurement and the capacity of providers to respond.

Uplift of Existing Care Packages

3.13 Every year the Council reviews the minimum fee which it believes it should pay for domiciliary care and it increases all rates for care which are below this.

3.14 The Council's cost of care model has been updated to reflect estimated costs for 2021/22. This has resulted in an increase of 8.9% from the 2020/21 rate, with the minimum hourly price being £18.04, except for 24hr / live in care and night sleeping.

3.15 The largest factor behind the change is the anticipated rise in National Living Wage, which accounts for 5.7% of the increase when compared to the 2020/21 rate. This is because the increase impacts not only the hourly rate paid to frontline care-workers, but also other overheads incurred by care agencies.

3.16 Additionally, several other allowances have been increased, based on the UK Homecare Association's most recent cost of care model. These allowances include the costs of sick pay, regulation and registration, recruitment, training and IT.

4. New Live at Home Framework

4.1 It is proposed that the Council will procure a new Live at Home Framework which will:

4.1.1 Support the aim of the Essex Vision that people enjoy life long into old age. This will be done by using a tiered approach meaning that high quality providers are offered the work first which we believe is likely to prioritise the use of providers best placed to reduce and delay the deterioration of Adults' skills, abilities and well-being.

4.1.2 Enable the prioritisation of high quality suppliers, enabling the Council to develop stronger relationships with higher quality providers. These relationships will:

- help the Council to develop and embed initiatives that may include Trusted Assessors; increasing access to and the use of technology to support care delivery; accessing community assets and support; embedding a preventative and enabling approach to support Adults to retain skills for longer.

- give these Providers confidence to recruit greater numbers of staff to develop their business.

4.2 To achieve this, it is proposed that the framework will have the following structure:

4.2.1 There will be 27 Lots:

(i) One for each of the 12 districts for services for Older People age 65+, Mental Health and Physical / Sensory Impairments;
(ii) One for each of the 12 districts for services for individuals with Learning Disabilities or Autism;
(iii) One for 24 Hour / Live In Care for Older People aged 65+, Mental Health and Physical / Sensory Impairments;
(iv) One for 24 Hour / Live in Care for individuals with Learning Disabilities or Autism; and
(v) One for services delivered within HMP Chelmsford.

4.2.2 Each Lot (other than those for 24 hour care) will have a separate price matrix for different services. There will be five service types: personal care, night awake, night sleep, carers break and carers support.

4.2.3 Providers will select one of five price points for in the pricing matrix for each type of work/lot they wish to provide, with the exception of Epping where there are six price points.

4.2.4 All providers meeting the minimum quality standards will be admitted to the framework for the lots where they have expressed an interest. Providers will be split into two tiers.

- There will be up to ten Tier 1 providers on each lot.
- No one will be permitted to be a Tier 1 provider unless they have, and have maintained for the previous 12 month period, a CQC Rating of either “Good” or “Outstanding” both as an overall rating, and individual for the Key Line of Enquiry (KLoE) for “Safe and Well Led”.
- Providers meeting the CQC requirement above will also be required to answer additional quality questions. If there are more than ten providers eligible for Tier 1 on a particular lot then all eligible providers will be ranked based on their quality score.
- Tier 1 providers will be demoted to Tier 2 at the end of each year unless they have accepted at least 5% of the total packages awarded under that lot. This may be difficult for some Tier 1 providers with a low ranking but in practice it is considered unlikely that any provider will take large proportions of the work offered.

4.2.5 A ranked list will be produced for each tier and each lot. The ranking will be based on Providers’ overall score for Price, Quality (weighted 60:40).

4.2.6 When the council wishes to purchase a package of care under the framework it will initially be offered to the highest ranked Tier 1 provider. If the Tier 1 provider does not accept the package, it will be offered to the Provider ranked in Position 2, and so on until the package is accepted. In the event that the package is not placed with a Tier 1 Provider, it will be offered to the Provider in Position 1 of Tier 2 for the relevant lot and so on until the package is accepted by a Tier 2 Provider.

4.2.7 In addition, the Council may designate an area as a Target Supply Area (TSA) where there are sourcing difficulties, perhaps because the area is very rural. Providers will be asked to indicate the basis on which they will accept new packages in a TSA which will either be no TSA Rate or one of two additional hourly rates (£1.40 and £2.80). The TSA Rate will only be applied to new packages in TSA areas and would remain until such time as the package ends or changes. The Council will review which wards are defined as TSAs on an annual basis and may amend TSAs in line with demand and any ward boundary changes.

4.2.8 There will be Key Performance Indicators (KPIs) which will be detailed within the Contract. The KPI data will be used to measure providers' performance and determine their position on the ranked lists. Ranked lists will be refreshed at least quarterly. The Council may amend the KPIs on an annual basis.

Refreshing the Framework

4.3 The current Live at Home Framework is 'refreshed' once every 12 months. This enables the Council to:

- re-rank existing providers based on the score achieved for Quality (measured by achievement of Key Performance Indicators for the previous 12 months) and the score attributed to the price selected by the Provider; and
- admit New Entrants to the framework in accordance with the original published criteria.

4.4 The current process has been very successful in creating market stability and an increase in supply, however it is administratively burdensome for the Council and for Providers.

4.5 The proposals for the refresh of the new Live at Home Framework are as follows:

4.5.1 At the end of every year of the framework period, the relevant pricing matrices will be reviewed. All Tier 1 and Tier 2 providers shall be permitted to select new prices from the relevant pricing matrix. The score for which shall be combined with the score achieved for Quality (based on their achievement of Key Performance Indicators for the previous year) and then re-ranked accordingly and a new ranked list will be prepared.

4.5.2 At the end of every year of the framework any Tier 1 provider which has not accepted 5% of all packages offered via the framework will be demoted to a

Tier 2 provider. In addition, any Tier 1 provider which no longer meets the CQC criteria will be demoted to Tier 2. Failure to meet the CQC criteria at any point during the framework period will lead to demotion to Tier 2 at either the next quarterly re-rank or the end of the framework year.

4.5.3 At the end of Year 2 of the Framework, lots under the framework will be re-opened to new entrants where during the previous year in excess of 30% of the packages offered through the framework in that lot has ultimately been placed with spot providers outside of the framework (indicating the need for additional framework capacity). Where this happens both Tier 1 and Tier 2 will be opened to new entrants and a new ranked list prepared.

4.5.4 At the end of Year 2 and Year 3 of the framework period, Tier 1 will be opened up to existing Tier 2 providers to fully refresh all of Tier 1 for Lots where the average price of packages submitted by Tier 1 providers for that year in a district is greater than the second highest price point for that year. The criteria for admission to Tier 1 will remain as originally proposed.

4.5.5 At the end of Year 2 and/or Year 3 of the framework period, those Lots where there are one or more vacancies in Tier 1 and more than 51% of the packages in that district are being not being accepted by Tier 1 suppliers.

4.6 This enables the Council to refresh the framework in a more targeted way and to increase supply and competition where it is needed, rather than using a blanket approach across the County which is time consuming and burdensome for both the Council and the Providers.

4.7 The Council may, subject to the restrictions and requirements within the Public Contracts Regulations 2015 amend or update the framework and any elements in accordance with market intelligence, legislative changes, KPIs or organisational intelligence to ensure market stability, the Council's statutory duties or affordability.

4.8 In addition to the Ranked Lists, the new framework will contain provisions which enable the Council to undertake a Mini-Competition process to place packages with providers individually or in groups outside the Ranked List Process. This might be used if, for example, there is provider failure or where the needs of the Adult(s) require additional considerations outside of the criteria used to create the Ranked Lists.

5. Other Considerations

5.1 All providers will be required to use an Electronic Homecare Monitoring (EHM) system as a mandatory requirement for all framework providers, although an implementation period will be allowed during the early months from the commencement date. A digital application database is being developed by the Council. Once this system is ready, providers will be required to upload monitoring information to the system. This will enable the Council to collect data for KPI reporting and have oversight of a range of metrics linked to the

quality and safety of care delivered by providers. Pending the success of this solution, the Council reserves the right to require the framework providers to implement EHM upon provision of reasonable notice by the Council.

5.2 The Council may seek to introduce other digital solutions to support sourcing and market oversight and management such as an e-procurement tool.

5.3 The Council reserves the right to include and use the Accelerate (Oxygen) scheme to speed up the payment process times for providers in return for a small discount on the total invoice cost.

5.4 The Council may seek to introduce the use of Trusted Assessors utilising a toolkit to enable delegation of responsibility, to complete Care Act assessments and/or reviews on the Council's behalf. This will be introduced in a transparent and fair way.

6. Options

A number of options have been considered:

6.1 **Option 1: Do nothing and leave the current Live at Home Framework to expire**
Upon expiry of the current Live at Home Framework on 11 February 2021, the Council's only mechanism for placement of new packages would be via 'spot' arrangements. Historically, average spot contract rates are higher than the average rate of packages procured through other arrangements e.g. the framework and block contracts. Therefore, this would be an expensive option with no agreed sourcing mechanism to ensure best value and no control over prices submitted by providers.

6.2 **Option 2: Lead provider / guaranteed hours model**
Under this option a lead provider is appointed for a defined geographical area to deliver, either wholly by themselves or via subcontracting arrangements, a specified volume of work at an agreed price. There are providers in the market that have the appetite, maturity and digital capability to deliver this option, but at present this may not be possible across the county and could lead to a reduction in competition. This option is being explored more fully in the 'test and learn' exercise.

6.3 **Option 3: Re-procure framework in its current form**
This would not address the issues within the current contract which are that lower quality providers can be offered work ahead of higher quality providers if they have submitted lower prices. Also, market and internal stakeholder feedback is that administration is overly complex due to the numerous pricing points and ranked lists.

6.4 **Option 4: New framework using a tiered supplier approach (Recommended option)**
To procure a new two-tier framework, whilst completing test and learn

exercises to highlight new ways of working and the trial of digital technology solutions enables the Council to continue to do business with a stable market, whilst investigating ways of commissioning domiciliary care services differently; acknowledging that 'one size fits all' may not be the most appropriate approach. A two-tier framework requires a higher quality standard to be a Tier 1 provider which enables the Council to establish strategic relationships with providers that will have the confidence to expand as they have more assurance of being offered a higher volume of work. A result of which is that a greater proportion of packages will be placed with good quality suppliers.

6. Issues for Consideration

7.1 Financial Implications

7.1.1 The budget for 2020/21 includes c£100m for long term domiciliary care packages (excluding Supported Living and Extra Care schemes). This was based on packages in October 2019 and assumptions around growth in both spot packages and those on the Live at Home Framework at that time.

7.1.2 Post Covid-19 volume and activity is uncertain at this time: future demand modelling is currently being undertaken to enable forecasting of future activity levels and for assumptions around this to be built into our Medium-Term Resource Strategy (MTRS). Initial expectations are that volumes of home care will increase as a result of the pandemic, with a likely downturn in residential placements, however, this will be impacted by other factors, such as complexity of need, all of which are being considered.

7.1.3 For financial modelling purposes, the data from October 2019, which was used to build the current budget and MTRS, has been used to establish the estimated impact of the LAH proposals on the price assumed in future years. This means that the price impact estimated in this document will not be the actual pressure because any price increase will be exacerbated by the expected volume issues set out above. The final 2021/22 budget will be based on revised volume data from Autumn 2020, which will adjust the volume assumptions and therefore the total budget.

7.1.4 The MTRS assumes an annual price increase of 8.5% for new packages in all care types, apart from 24-hour care and night sleeping. After considering the impact of packages being uplifted to the minimum rate and applying churn estimates, the blended inflationary growth applied in the budget was 5.5% per year to cover annual uplifts.

7.1.5 The recommendation (set out in section 2) is to increase the price on the LAH matrix by 8.9% for new or changes to packages across all care types, excluding night sleep and 24-hour live-in care, which will remain at the current rate. The recommended increase is the result of a review to the Council's Cost of Care model, as described in paragraphs 3.13 to 3.16 of this report. The blended inflationary growth after considering churn and minimum price uplifts is

therefore 5.9%. This equates to an expected financial pressure of **£444,000** on price compared to that set out in the current MTRS.

7.1.6 Consideration must be given to the impact of churn within the market as existing packages expire, and new packages are contracted either at the new framework rates or at spot. At this stage, the financial modelling assumes that the churn rates will not change radically between 2019/20 and 2021/22. There is a risk that Tier 1 providers could drive up the average price due to higher quality, however, this may be mitigated by competition between the providers to reach Tier 1 and the provision set out in paragraph 4.5.4 whereby Tier 1 will be opened up at the end of Year 2 and Year 3 of the framework period if the average price for that tier is higher than the second highest price point.

7.1.7 The modelling also assumes that the Live at Home framework and spot arrangements will be maintained at the current proportional split. It should be noted that the cost of domiciliary care activity covered by this report will depend on the actual split of framework and spot provision. Estimates in this report are based on current market insight from Procurement but there is a risk that prices may be higher as spot prices are inherently volatile and the balance of spot to framework packages could change. The spend and package types will be regularly reviewed during the year to ensure any issues are identified and to ensure timely and appropriate mitigations can be put in place and any change in costs are forecast appropriately.

Financial Risks:

7.1.8 At present it is not clear how the Covid-19 crisis will impact on price, volumes and average length of care packages in the longer term, so bidder pricing behaviour has been modelled based on previous experience. There are potential risks, arising since the pandemic, which could include the threat of carers leaving the workforce, increased costs of PPE and possibly the introduction of new guidance. There is a further risk that the exit from the European Union could also increase prices.

7.1.9 For the period 19th March 2020 to 30th September 2020, home care providers are able to access grant funding for additional expenditure incurred as a result of Covid-19. It is likely that home care providers will face ongoing marginal costs relating to Covid-19, in particular for increased PPE requirements, beyond the current period of financial support.

7.1.10 There is a risk that homecare rates will escalate as a result of ongoing Covid-related pressures and form a new burden for the Council that could cost in excess of £4m per year. The Council will continue to make the case for additional emergency funding from Government if this situation arose.

7.2 Legal implications

7.2.1 Officers have recommended that the current Live at Home Framework is extended by up to 6 months in the event of instability in the market, or delays to

the procurement process as a result of implications caused by COVID 19. It is the Council's intention to procure the new Live at Home Framework in order that it may commence upon expiry of the current framework. However, the current COVID-19 pandemic may have implications for both the Council and the market which are unforeseeable at this time. In the event of unforeseen circumstances, which cause a delay to the procurement process, the Council is likely to be entitled to rely on the provisions of Regulation 72 (1)(b) or (c) subject to satisfaction of the requirements with regard to value.

7.2.2 Live at Home (Domiciliary Care Services) fall within "social and other specific services" within Schedule 3 of the Regulations and the total contract value is estimated to exceed the threshold of £663,540. As a result, the procurement of a new Ranked List is subject to the "light touch regime" of section 7 of Chapter 3 of the Regulations.

7.2.3 Section 7 of Chapter 3 of the Regulations requires the Council to publish its intention to award a contract for "social and other specific services by either a Contract Notice or a Prior Information Notice (subject to conditions relating to the contents of both the Contract Notice and Prior Information Notice, please see paragraph 7.2.5 below).

7.2.4 Regulation 76 of the Regulations states that Contracting Authorities will determine the procedure to be followed to award the contract, but that such process must at least be sufficient to ensure compliance with the principles of transparency and equal treatment of economic operators.

7.2.5 As detailed above, the Council is required to publish its intention to award a contract by publication of either a Contract Notice or a Prior Information Notice. Whichever form of notice is used, it must contain the following information:

a) Conditions for participation;

b) Time limits for contacting ECC; and

c) The award procedure to be applied.

7.2.6 The Council has a duty under the Care Act 2014 to meet an Adult's eligible care and support needs, one of the ways the Council is able to do this is by way of provision of domiciliary care services.

7.2.7 The Council may choose to implement "Trusted Assessors" which enables third parties to undertake an assessment of an Adults eligible care and support needs on the Council's behalf. There are a number of ways to do this, including the formal delegation of duties under the Care Act 2014.

7.2.8 Where the Council formally delegates its duties to a third party, this will need to be by way of a written contract.

7.2.9 The formal delegation of Care Act duties to a third party, does not absolve the Council of the ultimate responsibility of ensuring that these functions are carried out appropriately and correctly.

7.2.10 The Council has a duty under section 5 of the Care Act 2014 to promote the efficient and effective operation of a market in services for meeting care and support needs, with a view to ensuring that any person in its area wishing to access services in its area has a variety of providers to choose from. More detail about this is given in section 5 of this report. In discharging this duty the Council must have regard to ensuring the sustainability of the market.

7.2.11 With respect to the specific requirements of section 5:

a) The Council makes available, information about the providers of services for meeting care and support needs and the types of services they provide.
b) The Council regularly reviews demographic information about needs and likely future needs.
c) The Council encourages providers to provide opportunities to participate in education or training although participation in work is less relevant for those older people who need residential accommodation;
d) the importance of ensuring the sustainability of the market – the Council does this by monitoring the performance of providers.
e) the importance of fostering continuous improvement in the quality of such services and the efficiency and effectiveness with which such services are provided and of encouraging innovation in their provision;
f) the Council works hard to ensure that there is a high quality work force by training and recruitment initiatives as outlined above.

7.2.12 Paragraph 4.5.4 states that Tier 1 may be reopened to New Entrants in the event that the the average price submitted by Tier 1 providers for years 2 and 3 in a district is greater than the second highest price point for that year. It is possible that reopening Tier 1 for this reason, exposes the Council to increased financial risk as new Entrants may select higher rates therefore creating a more expensive position than that which triggered the refresh.

8. Equality and Diversity implications

8.1 The Public Sector Equality Duty applies to the Council when it makes decisions. The duty requires us to have regard to the need to:

(a) Eliminate unlawful discrimination, harassment and victimisation and other behaviour prohibited by the Act. In summary, the Act makes discrimination etc. on the grounds of a protected characteristic unlawful
(b) Advance equality of opportunity between people who share a protected characteristic and those who do not.
(c) Foster good relations between people who share a protected characteristic and those who do not including tackling prejudice and promoting understanding.

8.2 The protected characteristics are age, disability, gender reassignment, pregnancy and maternity, marriage and civil partnership, race, religion or belief, gender, and sexual orientation. The Act states that 'marriage and civil partnership' is not a relevant protected characteristic for (b) or (c) although it is relevant for (a).

8.3 The Equality Impact Assessment (EqIA) indicates that the proposals in this report will not have a disproportionately adverse impact on any people with a particular characteristic.

10. List of appendices

Appendix A – Equality impact assessment

Appendix B – Proposed opportunities for Test and Learns

Appendix C – Proposed Live at Home Price Matrices 2021-22

11. List of Background papers

None