Care at home Contracting

Martin Skipsey

Assistant Director - Procurement & Governance



Background

- Strategy to keep people in their own home as long as possible
- Contract for good quality and responsive services
- Previous contract 3 dominant providers quality problems –spread across whole borough – travel time considerable, placing pressure on quality, rostering and responsiveness
- 2017 review of model
- Three elements to a new approach:
 - A new Care at Home Framework Agreement (Standard, Enhanced and Complex),
 - Discharge2Access and Rapid Response Service, Reablement and
 - Brokerage



Care at Home Framework Agreement Model - Standard

- 10,350 hours of standard homecare a week personal care and domestic support
- Borough split into 5 geographical zones
- Each zone has 2 geographical areas (mapped to wards)
- Each area has a primary and secondary provider (exclusivity)
- The primary provider of any area is automatically the secondary provider of the other area in the zone and vice versa
- Aim to create concentrations of providers in tight geographic areas with resilience (primary and secondary)
- Max of 3 primary areas to any one provider to prevent over dominance
- Spot providers as further back up
- 5 year contract with 2 optional 12 month extensions



Care at Home Framework Agreement Model - Enhanced

- 1987 hours of enhanced homecare a week personal care and domestic support
- Borough split into 2 geographical zones
- Each area has a primary and secondary provider (exclusivity)
- The primary provider of any area is automatically the secondary provider of the other area in the zone and vice versa
- Spot provider as further back up
- 5 year contract with 2 optional 12 month extensions



Care at Home Framework Agreement Model - Complex

- 965 hours of complex homecare a week personal care and domestic support
- No geographical zones
- List of providers
- 5 year contract with 2 optional 12 month extensions



Care at Home Framework Agreement Tender

- Tender went out in early 2018
- 3 Lots Standard, Enhanced and Complex
- All successful bidders placed on the framework agreement
- Bidders allowed to bid for any area
- Standard and Enhanced areas 'called off' from north to south
- Different hourly rates depending on area set by us with clear uplift mechanism
- For Standard, bidders had to identify carer hourly pay rates and received scores as part of tender evaluation to incentivise higher pay.



Zone	Area	Primary Provider	Secondary Provider
Δ	Area 1 – Northern Parishes, Billingham West/ Central	Partners4Care	Green Square Accord
А	Area 2 – Billingham South/ East/ North	Green Square Accord	Partners4Care
D	Area 3 – Norton West/ South/ North	Partners4Care	Comfort Call
В	Area 4 – Hardwick & Salters Lane	Comfort Call	Partners4Care
С	Area 5 - Roseworth, Bishopsgarth & Elmtree	Comfort Call	Green Square Accord
	Area 6 - Town Centre, Newtown, Grangefield	Green Square Accord	Comfort Call
	Area 7 – Thornaby Villages, Ingleby Barwick West	Green Square Accord	Dalecare
D	Area 8 – Western Parishes, Eaglescliffe, Hartburn, Fairfield	Dalecare	Green Square Accord
Е	Area 9 – Mandale and Victoria	Five Lamps	Care Matters
	Area 10 – Parkfield & Oxbridge, Stainsby Hill, Yarm, Ingleby Barwick East	Care Matters	Five Lamps



Spot Providers - Standard

- Providers with primary areas can work in other areas as spot providers
- On framework agreement spot provider PPL (provides extra back up)
- Off framework agreement spot provider CPCS

Providers removed from the framework agreement

CRG



Zone	Primary Provider	Secondary Provider
North	Creative Support	CIC
South	CIC	Creative Support

Spot Provider – Real Life Options



Provider

Creative Support

CIC

Avalon

Pathways to Independence

Real Life Options

Care and Support solutions

Potens

St John of God



Discharge 2 Access and Rapid Response Block Contracts

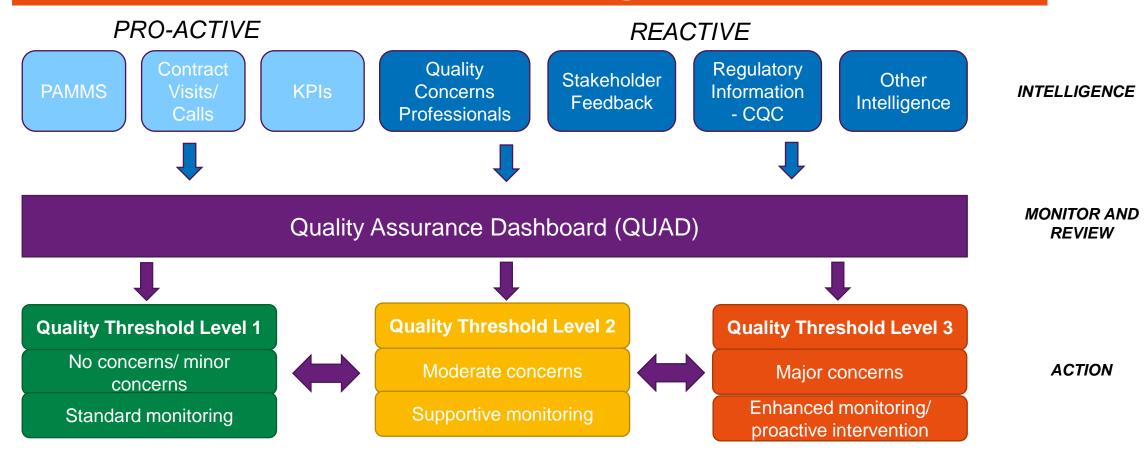
- North (Zone A,B & C) Partners4Care
- South (Zone D & E) Five Lamps
- Each have 160 hours a week providing 1.5 FTE 7am to 10pm. This can be flexed.
- Discharge 2 Access for hospital discharges max 14 days
- Rapid Response for when a primary or secondary provider cannot accept a referral max 14 days while primary or secondary mobilise, re-roster etc

Brokerage

- Arrange Rapid Response and monitor primary or secondary provider mobilisation during the 14 day period.
- Broker difficult packages and access spot providers if necessary. Access to Reablement.



Stockton on Tees Borough Council – Contract management





Stockton on Tees Borough Council – Ratings

Standard

Provider	CQC Rating	PAMMs Rating
Partners 4 Care	Good	Requires Improvement
Comfort Call	Good	Good
Dale Care	Good	Good
Five Lamps	Good	Good
Care Matters	Good	Requires Improvement
Green Square Accord	Good	Good
PPL (Spot)	Good	Good



Stockton on Tees Borough Council – Ratings

Enhanced

Provider	CQC Rating	PAMMs Rating
Creative Support	Good	Not yet assessed
CIC	Good	Not yet assessed
Real Life Options	Good	Not yet assessed



Stockton on Tees Borough Council – Ratings

Complex

Provider	CQC Rating	PAMMs Rating
Creative Support	Good	Not yet assessed
CIC	Good	Not yet assessed
Avalon	Good	Not yet assessed
Pathways to Independence	Good	Good
Real Life Options	Good	Not yet assessed
Care and Support Solutions	Good	Not yet assessed
Potens	Requires Improvement	Not yet assessed
St John of God	Good	Not yet assessed

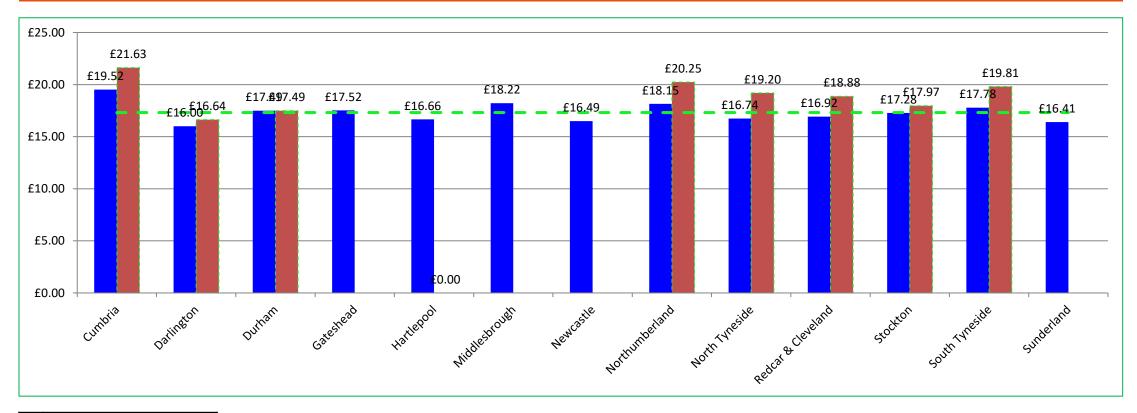


Stockton on Tees Borough Council – Hourly Rates

	Standard	Enhanced	Complex
Range	£16.63 - £18.36	£16.55 - £16.69	£18.08 - £18.76
Average	£17.28	£16.65	£18.59
Average		£17.97	



Stockton on Tees Borough Council – Hourly Rates





5/5/2022

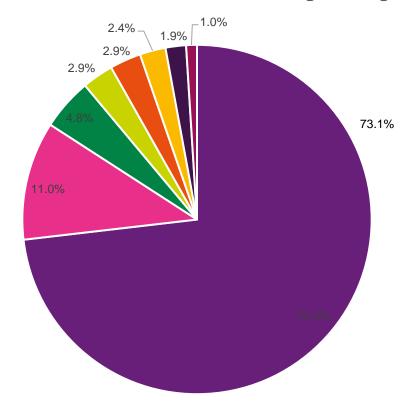
Stockton on Tees Borough Council – Impact of Covid-19

Impact of Covid

- Guidance and support (including private providers)
- PPE access and Infection Prevention Control
- Staff welfare and resilience
- Lack of recognition
- Grant funding of £2.5m
- Staff availability and absence (worse since omicron and opening up)
- Testing
- Vaccinations and loss of staff



Service usage during COVID-19 pandemic



- There was no change to the support I received from the Care at Home service
- Other
- I received more support from Care at Home staff because family/friends were not able to provide the care and support they usually provide for me
- Don't know
- I stopped using the Care at Home service because I did not want people coming into my home
- I reduced the number of hours I used Care at Home because I wanted to limit the number of people coming into my home
- I reduced the number of hours I used Care at Home because friends/family were able to provide me with more of the care and support I need
- I stopped using Care at Home service because family/friends were able to provide the support I need instead

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Stockton-on-Tees
BOROUGH COUNCIL

5/5/2022

Current Issues

- Capacity providers finding it hard to accept new packages
- Staff recruitment and retention difficulties
- Staff welfare and resilience (burn out)
- Fuel costs and other inflationary costs
- Increasing size of packages
- Increasing complexity of packages
- Managing expectations
- Geographical areas not working as well as they should
- Carers still needing to test and isolate
- IPC processes and future costs

