

LONDON BOROUGH OF HAMMERSMITH & FULHAM

Report to: Cabinet

Date: 05/12/2022

Subject: Home Care and Independent Living – improving the quality of support we offer residents at home

Report of: Councillor Ben Coleman, Deputy Leader

Report author: Laura Palfreeman, Programme lead

Responsible Director: Lisa Redfern, Strategic director of social care

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SUMMARY

To ensure that cost is not a barrier to residents getting the support at home they need, since 2015 Hammersmith & Fulham has provided home care for free at the point of need, the only council in the country to do so. The council is also committed to supporting residents with independent living, enabling them to live their lives with greater choice and control to achieve their maximum potential.

This report seeks agreement for the procurement of a newly named Home Care and Independent Living service. The aim is to provide a range of care at home which supports independent living and improves on the quality of the service residents currently receive.

While much of the care the council provides is excellent, particularly around reablement, we want to improve the overall quality. The administration pledged in its 2022 election manifesto: “We will improve the quality of the home care we provide so that residents have carers who are consistent, well trained, regular, punctual and knowledgeable about individual residents’ needs.”

To ensure more flexible and resident-centred care, instead of having just three service providers for the whole borough as now, we will contract with two providers in each of six geographical locations. This is expected to ease challenges around staff recruitment as well as provide new opportunities for local smaller firms to bid. We will also make it easier for residents to take up Direct Payments and employ carers of their choice.¹ We will have a strong new focus on continuous improvement. We will continuously measure quality through direct feedback from residents and their families, and from carers, and act on what we learn.

As part of our efforts to raise quality and attract an excellent workforce, we will ensure better conditions and prospects for care staff, with good pay, paid travel time, consistent training and career progression.

RECOMMENDATIONS

1. To approve the procurement strategy set out in this report. The contracts to be awarded for five years, with the option to extend for another two years. The financial implications are set out in exempt Appendix A.
2. To note that Appendix A is not for publication on the basis that it contains information relating to the financial or business affairs of any particular person (including the authority holding that information) as set out in paragraph 3 of Schedule 12A of the Local Government Act 1972 (as amended).

¹ A Direct Payment is a monetary payment made to residents who request this to meet some or all of their eligible care and support needs. Residents can hire their carer directly and don't have to use one of the council's contracted agencies.

Wards affected: All

How this report aligns to the H&F Values

Our Values	Summary of how this report aligns
Building shared prosperity	<p>Providers will be encouraged to employ local Home Care and Independent Living staff and build connections with local services and the voluntary sector.</p> <p>We will break down the contracts into a greater number of smaller geographical locations across the borough. This will make it easier for smaller firms to bid for the work.</p>
Creating a compassionate council	<p>By improving the overall quality, our aim is for residents to report positively about being treated with compassion and dignity.</p> <p>This specification is rooted in H&F's home care standards (see Appendix 6), which are informed by what residents have told us about the support they want and how they want this to be provided.</p> <p>This supports the council's independent living vision, which is that people of all ages and (dis)ability have the same rights as everyone else to live in the community, with care and support that suit how they want to live and respond to their changing needs.</p>
Doing things with local residents, not to them	<p>Rather than being limited to schedules based on an assessment at one point in time, care staff will be expected to build relationships with residents to create care and independent living plans which are based on getting to know their needs. These plans will build on residents' strengths, work towards residents' goals and be adapted over time together with residents as needs change.</p> <p>Senior "quality lead" staff from the council will work with residents and families to identify problems with the service and get direct feedback to help drive improvements. We will also use resident surveys and discussions with resident groups to evaluate and improve quality and performance.</p>
Being ruthlessly financially efficient	<p>By enabling residents to live independently at home for as long as possible, the Home Care and Independent Living service will help keep residents out of hospital and prevent or delay the need for more expensive care settings such as residential or nursing accommodation.</p> <p>Having a therapeutic and preventative model of Home Care and Independent Living may mean that individual care</p>

	packages can be reduced over time by agreement with the resident where appropriate.
Taking pride in H&F	We know how much H&F residents appreciate not having to pay for care at home, which means they get the support they need and not just what they can afford. We will renew our focus on ensuring a high-quality service which residents are happy to recommend to friends and family.
Rising to the challenge of the climate and ecological emergency	Local care staff recruitment will reduce the need for travel to work, and staff will have a smaller local area to cover which will be easily accessible on foot or by bus. We will train care staff in spotting opportunities for residents to reduce energy use, which will save residents money as well as help the environment.

We are using the term “Home Care and Independent Living” to describe the service, rather than just “Home Care” or “Domiciliary Care”. This underscores our independent living vision of choice, control, participation and flexibility.

The focus will be on ensuring residents can get the most out of a range of support, not just from carers but also – with carers’ help – equipment, technology and the wider local support network. All this will be explored during care and support assessments. Independent living is not about care, commissioning or contracts – it is about residents living their lives with greater choice and control to achieve their maximum potential.

Financial impact

The full financial implications are set out in exempt Appendix A.

Home care is provided free to residents in Hammersmith & Fulham. The final hourly rates for the new contracts are uncertain and will depend on the tender exercise and successful bidders, although they are expected to be in excess of those currently paid.

There has also been an increase in the volume and acuity of resident needs that the council supports. In 2016 financial modelling prepared for the start of the existing contracts was based on residents using a total of 600,000 hours per annum. This year the modelling is based on residents using a total of 800,000 hours per annum. In addition, our residents’ needs have increased as average hours required by a resident on discharge from hospital is higher than at the start of the existing contract.

The increase in cost is also driven by the higher hourly rate. All of this will need to be mitigated through ongoing management action, additional funding and/or the council’s medium-term financial strategy.

In December 2021, the Government published an adult social care reform White Paper called *People at the Heart of Care*.² By September 2022, local authorities are expected to complete a “Fair Cost of Care” exercise by surveying local providers to determine a sustainable fee rate and submitting returns. This exercise may determine an

² [People at the Heart of Care: adult social care reform White Paper](#)

alternative, market-sustaining rate which may attract government funding, although it is not clear at this point that government funding will be sufficient to meet the required increase in costs.

The procurement strategy sets a minimum hourly rate to ensure improvements in the quality of the service. This will ensure that care staff receive a fair wage that is at least equal to the London Living Wage, plus paid travel time, ongoing training, supervision and career progression. As well as a fair wage, we will insist that care staff receive all the training and support needed to raise and maintain the quality of the service.

The procurement strategy covers both block and spot hours as the intention is to offer all residents the opportunity to move to block providers but this will be done on a phased approach. If residents do not want to transfer provider, Direct Payment options will be explored. As the new contract is implemented, the expectation is that this will phase out spot providers. As a result, costs may be lower in the first year of the contract than in future years as more hours in the first year will be on the lower spot rate. It is beneficial to have residents in contracted services rather than spot providers as the contracted providers can be held to account against the contractual terms and service specification agreed. With spot providers we will not have the same contractual levers or key performance indicators.

*Implications completed by David Hore, Finance Manager, Adult Social Care
Verified by Sukvinder Kalsi, Interim Director of Finance, October 2022*

Legal implications

The council has a statutory obligation to provide home care. The Care Act 2014 requires each local authority to establish and maintain a service for providing people in its area with services that prevent their care needs from becoming more serious, or delay the impact of their needs, and provide information and advice relating to care and support for adults and support for carers. The Care Act also requires local authorities to have a range of provision of high quality, appropriate services to choose from.

When buying and arranging services, local authorities must also consider how these might affect an individual's wellbeing and should think about whether their approaches to buying and arranging services support and promote the wellbeing of people receiving those services. This new model aims to provide high quality services that help to improve people's independence and wellbeing, whilst supporting the market to make it sustainable.

The Public Contracts Regulations 2015 (PCRs) will apply to this procurement, as will the council's Contract Standing Orders (CSOs) for High Value Contracts. The procurement will be through the Open Procedure so in compliance with the PCRs and the CSOs. The Cabinet would need to approve this procurement strategy.

Implications completed by Joginder Bola, Senior Solicitor (Contracts & Procurement), 25 June 2022

Background papers used in preparing this report

Homecare Needs Assessment 2020-21

DETAILED ANALYSIS

Background

Current situation

1. Home care has been offered free of charge to H&F residents since 2015, when the administration abolished charges. The new contracts will allow residents to continue to receive care and support at home on the basis of need rather than ability to pay, as with the National Health Service.
2. Demand for home care in LBHF is very high. In January 2022, there were 1,518 eligible residents receiving it. This is almost double the London average, which is 3.9 per 1,000 population, and is the highest in London at 7.5 per 1,000, followed by Tower Hamlets at 5.7 per 1,000. This supports our belief that, when they have to pay, people ask for less care than they actually need.
3. Our current home care model divides the borough into three geographical areas, with one provider each for the North, Central and South. These contracts cover around 47% of the total hours of care delivered, with the remainder going to spot providers. This high demand means the three providers have experienced challenges around care staff recruitment and retention.

What is changing?

4. This procurement strategy is significantly different to the current provision in several areas:
 - Focus on improving quality, on residents having choice and control and on the outcomes of care
 - Increased number of contracted providers over smaller geographical locations
 - Focus on flexible use of commissioned hours
 - Focus on a better deal for care staff, with fair pay, paid travel time, consistent training and career progression.
5. We are now aiming to spread the demand and risk by contracting more service providers who will operate over smaller **geographical locations**. The borough will be divided into six geographical areas based on ward locations and estimated volume of weekly care and support hours. The hours include block and spot provision and are based on a projected 85% of commissioned hours as of April 2022 as previous records show on average 85% of commissioned hours are used annually. At the time we go out to tender we will use the most recent hours available as these fluctuate month to month.
6. The hours are estimates and subject to change as no growth has been accounted for due to population change affecting demand, or any reduced need for care by adopting a strength-based approach and increasing reablement intervention.

Table 2 below shows the breakdown of the six geographical locations where services will be procured.

Table 2 – Geographical locations

Area	Wards	Estimated annual hours	Percentage of total hours
North 1	College Park and Old Oak	156,678	15%
	Wormholt		
	White City		
North 2	Wendell Park	156,678	15%
	Coningham		
	Shepherds Bush Green		
Central 1	Ravenscourt Park	177,568	17%
	Grove		
	Hammersmith Broadway		
Central 2	Addison	240,240	23%
	Avonmore		
	Brook Green		
	Fulham Reach		
	West Kensington		
South 1	Fulham Town	135,788	13%
	Munster		
	Palace & Hurlingham		
South 2	Lillie	177,568	17%
	Walham Green		
	Sands End		
	Parsons Green & Sandford		
Total	All	1,044,520	100%

7. Recruitment and retention are a concern across the whole social care market, including home care. A Skills for Care report in October 2021³ found there were 105,000 jobs advertised on any given day. Following an initial decrease in vacancies during the peak of the Covid 19 pandemic, vacancies in H&F increased in August 2021 with 8.2% of roles being unfilled.

By having **two providers** contracted to provide services in each of the six geographical locations the council will have more choice and capacity when seeking to place packages of care. If a provider in the patch is nearing capacity, or the council has quality concerns, we will have alternative provision without needing to use a spot provider. This will also give us more oversight and powers to enforce the contracted requirements of the service and ensure quality.

³ [The State of the Adult Social Care Sector and Workforce in England](#), Skills for Care, October 2021
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Another benefit is that residents will receive better continuity of support from consistent care staff. Service providers will be required to build resident and staff relationships by assigning as few carers as possible to cover the required number of hours safely. This responds to the feedback we regularly receive from residents that they would like to know and build a relationship with their care workers so that the workers develop a proper understanding of their needs.

Service providers may be allocated a maximum of two patches if they choose to bid on more than one.

8. We are also changing the way care packages are purchased, transitioning the focus to **delivering individual outcomes** in the way that best meets residents' needs. Currently, care and support plans set out fixed times for fixed activities, such as three calls a day at fixed hours for a set period of time, with certain tasks to be completed during those visits and within the time commissioned. This model does not allow any flexibility for residents to decide how their care and support needs are met and does not allow room for innovative ways of working from the service provider or care staff.
9. In future, providers and care staff will be expected to work with residents to consider their overall wellbeing, and to identify – and help residents to access – other services such as equipment, assistive technology and local community and voluntary agencies which may be better able to meet residents' needs and support them to live independently. This should improve the outcomes that residents achieve while reducing the number of commissioned care hours required.

Service providers will need to outline in their tender how they plan to ensure **residents have choice and control** over their care and support, and how they will co-produce plans with residents and their friends and families. This should include how providers will communicate with residents and those they are close to. For example, it is becoming increasingly common for service providers to use technology such as a phone app to gather feedback and keep nominated relatives informed of activity and observations.

10. We have noted above how this procurement will help deliver the council's core values. It is particularly relevant to creating a compassionate council and doing things with local residents, not to them. We are looking for organisations who want to provide a Home Care and Independent Living Service that shapes what it does together with residents, and which residents feel demonstrates kindness and makes them happier living in our borough.
11. Providers will be expected to report back to and work with the council on **improved training opportunities** for care workers at provider forums and individual provider contract monitoring meetings.

We are already working with local NHS providers to create a much stronger career structure for H&F's carers, one which makes them feel valued, has greater parity with NHS unqualified nurses and encourages them to stay in the profession.

There are also ongoing discussions within H&F's Borough-Based Partnership about how we can share existing staff training opportunities across the North-West London Integrated Care Partnership (ICP). We will extend these discussions to include care workers.

The council is already linking up its strategies to ensure the quality of our care workers improve. Discussions about sourcing accredited dementia training for care workers is underway and the training is likely to be in place early in the life of the new Home Care and Independent Living Service. This is significant because we know a large number of residents who get home care are either diagnosed or undiagnosed with dementia, and the number is estimated to increase over time.

The council's Adult Social Care and Economy departments will renew efforts to achieve their common goal of raising care workers' profile.

12. At all times, providers will need to do things with residents, not to them. This will mean providers seeking residents' feedback on their individual care and outcomes, getting their input into care and support planning, and conducting quality assurance calls at regular intervals to ensure the care and support are meeting their needs and are high quality. Providers will identify areas for improvement and act on residents' feedback. They will also need to arrange to provide feedback and updates on the residents' care and support to the nominated next of kin so as to keep carers, family or friends up to date.
13. Continuous improvement of the service will lie at the heart of the new contracts. Gathering residents' views will be of paramount importance here so we will **hear directly from residents and carers** and concentrate even more on identifying and addressing problems with the service.
14. We will get direct feedback from **all** residents and their families about service quality through meetings with them, providers and the council. Issues will be addressed by providers and monitored by all parties. Residents and families will also be invited to attend contract monitoring meetings.

The council will also send surveys to **all** residents about how providers are performing. We will set this against the key performance indicators in the contract, including how providers are performing against the administration's manifesto pledge to raise quality. We will do this whilst bearing in mind the need to protect resident anonymity in order to enable residents who wish to complain to do so without fear of their service or its quality being affected.

We will hold regular forums for care staff to hear their views on how well they are being supported by providers and by the local health and social care system, and we will make improvements as a result of what they tell us.

Our existing three Quality Leads will continue to carry out quality checks in people's homes, observing carers, and will also check providers' managerial arrangements, for example their rota planning and training schedules for their carers. This will help ensure we understand what the obstacles to improving our home care are and enable us to resolve these.

Benefits of the new approach

15. This new procurement model will deliver the administration's manifesto pledge to improve the quality of home care so that carers are consistent, well trained, regular, punctual and knowledgeable about individual residents' needs. For example, having smaller groups of care workers will ensure consistency of worker, continuity of care and greater working together with residents.
16. The increased focus on measurements will mean we are poised to act on what residents have already told us and monitor progress against this going forward.
17. This will make independent living a reality for our residents so that they have choice and control around how their care and support are delivered. It will ensure more individual support shaped by residents themselves. This will require a ruthlessly person-centred approach by our social work teams in developing care and support plans, as well as by service providers in implementing the plans.
18. Providers will be expected to feed back to the council on how the plans are working and help to effect improvements to meet residents' concerns or changing needs. Social workers and providers will need to get used to a new, more effective culture and way of working.
19. The model will support care staff through adherence to UNISON's Ethical Care Charter⁴ by ensuring they receive at least the London Living Wage and are paid for their travel time – both are essential.
20. Smaller firms will have the opportunity to bid for business in the borough, where they may have been unable to bid previously due to the volume of business.
21. Overall, the model will achieve a more sustainable, higher quality home care service with greater choice for residents.

Conclusion and contract specification summary

22. We want to improve the quality of our home care and independent living services, and the outcomes that individual residents achieve. We believe the best way to do this is for residents to have greater flexibility and control over the support they get.
23. To date, our commissioned home care services have focused on completing a set of pre-defined tasks within fixed times. There are lengthy processes for implementing any changes to care and support plans. All this stifles innovation and responsiveness to changing needs.
24. Our new model will expect and enable social services staff and care workers to be more imaginative, flexible and wide-ranging around the activities and support they offer, in accordance with residents' wishes.
25. Both council and care staff will need ongoing training and support with the new approach.

⁴ [UNISON's Ethical Care Charter](#)

26. Service providers will be required to promote independent living through an enabling, strengths-based approach, with flexible care and support that is responsive to the resident's needs. They will support residents to access community resources, local health services and encourage best use of equipment and assistive technology.
27. Service providers will be required to work with residents to develop their care and support plan, agree visiting times which meet the needs of the resident (this is essential), and have regular reviews to assess the impact that the care and support is having on meeting residents' outcomes and for quality assurance purposes.
28. As few care workers as possible should be allocated to each resident to enable consistent workers who provide continuity of care and build relationships with residents so they are familiar with their needs and can implement and shape support plans accordingly.
29. Service providers will be required to accept all referrals made to them within their contracted geographical location within the timescales set in the specification.
30. Service providers will be required to pay their carers at least the London Living Wage and pay for their travel time.
31. Contracts will be awarded for five years, with the option to extend for one plus one year to a maximum of seven years.
32. Service providers must be registered to provide personal care with the regulated body, the Care Quality Commission (CQC) and have a rating of "Good" as a minimum.

Procurement route: analysis of options

33. We will procure using the Open Procedure. This will allow all appropriately registered service providers the opportunity to tender competitively whilst ensuring value for money for the council.
34. There will be a tender exercise offering service providers the opportunity to tender for a maximum of two lots across the six geographical areas. Providers will be able to state their preferred locations but must be willing to accept business in any of the patches. Successful bidders will be allocated the patch based on their score, ability to meet the estimated hours and geographically to keep the providers locations close to each other. no service provider will be awarded a contract covering more than two locations. The service provider will not be guaranteed any specific hours in their locality, placements will be based on capacity and quality.
 - Scenario 1 - If both providers in the locality have capacity and are performing as expected against the KPI's, then packages of care will be allocated on a rotational basis e.g. one to provider A, next to provider B, then back to A etc.

- Scenario 2 - If a provider says they have no capacity then all packages of care will go to the other allocated provider e.g. provider A informs brokerage they currently have no capacity, all referrals will go to provider B until provider A reports they have capacity again.
 - Scenario 3 – if a provider is not meeting the targets set out in the KPI's a performance improvement action plan will be set out. If they do not meet the targets for two consecutive periods then the council may decide to halt new packages of care to the provider until they meet the KPI's or have demonstrated sufficient improvement against the action plan.
35. The tender submissions will be evaluated with a weighting of 60% quality, 40% price to emphasise the priority we are placing on improving the quality of the service at an affordable cost.

Risk assessment and proposed mitigations

36. We want to ensure that this procurement attracts bids from excellent local smaller firms, who are sometimes unable to bid for contracts due to restrictive Standard Selection Questionnaires (SQQ) with minimum turnover requirements, etc. We want a stringent approach that does not exclude smaller firms while ensuring that only viable providers are awarded contracts. The council will thus review the SSQ for this procurement so that it is made easier for smaller firms to bid, including by ensuring criteria such as turnover and workforce size are proportionate to the value of the contract.
37. The SQQ will examine prospective tenderers in areas of organisational structure, financial standing, experience of delivering a quality service, insurance cover, health and safety and quality assurance procedures, contractual matters, and technical and professional ability. a Tender Appraisal Panel (TAP).
38. TUPE is likely to apply and this may have financial implications for service providers which they might not anticipate when making a bid – for example, any TUPE information that may affect terms and conditions. There are other risks with TUPE such as understanding the legal requirements and legal costs which may be especially challenging for smaller firms.
39. We will thus hold pre-bid information meetings with groups of firms interested in tendering to enable them to understand our requirements in more detail and highlight and address any potential challenges that may arise (such as TUPE).
40. Once the contracts are awarded, we will have regular implementation meetings with the service providers and residents, to monitor and review how the providers are meeting, or working towards achieving, the requirements set out in the specification and check how they are performing against what they set out in their bid.
41. To support the new way of working we will look into opportunities for a joined-up training programme through the Borough-Based Partnership with the NHS, to help embed the changes and develop skills for career progression. We will also remain focussed on working with care workers within Hammersmith and Fulham to help develop their skills and career progression that will support recruitment and retention locally.

42. The Council will conduct a Fair Cost of Care exercise, engaging local service providers and collecting data to enable us to arrive at a shared understanding of the local cost of providing care. Additional grant funding will be available from the government's Market Sustainability and Fair Cost of Care Fund in 2023/24 and confirmed for two years but it is unclear at this stage if this additional funding will be enough to fund the required increase in care provider rates. Any remaining shortfall will need to be addressed as part of the Council's medium-term financial strategy.
43. We will maintain a Risks Actions Issues and Decisions (RAID) log throughout the procurement and implementation stages.

Timetable

44. We set out at Table 3 below an estimated timetable of the competition process through to the contract commencing.

Table 3 – Estimated timetable

Action	Date
Key Decision Entry (Strategy)	21 June 2022
Cabinet Member sign off	29 July 2022
ASC DMT	15 September 2022
Contracts Assurance Board (Strategy)	21 September 2022
Business SLT	28 September 2022
Find a Tender Service Notice	06 October 2022
Pre-bid information meetings	2 November 2022
Political Cabinet	07 November 2022
Cabinet	05 December 2022
Tender opens	15 December 2022
Closing date for clarifications	06 January 2023
Closing date for submissions	27 January 2023
Evaluation of Tenders	14 March 2023
Key Decision Entry (Award)	19 April 2023
CAB (Award)	26 April 2023
SLT/Cabinet Member (Award)	03 May 2023
Find a Tender Service Contract Award Notice	18 May 2023
Contract engrossment	19 May 2023
Contract mobilisation and implementation	19 May 2023
Contract commencement date	03 October 2023

Selection and award criteria

45. A key aim of this procurement is to improve the quality of our care services. The evaluation of quality will be based on the written responses of tenderers to a series of detailed questions about the delivery of the service specification. There will be a Tender Appraisal Panel (TAP) made up of council staff and residents with lived experience of care services.

46. The service provider submitting the lowest hourly rate, which will need to include all costs such as care staff hourly pay, travel time, training costs, supervision, contribution to overheads, etc. will be awarded full points from the pricing envelope, with a declining scale of points in order of lowest to highest price.
47. There will be a number of questions in the technical envelope worth a weighted score. The questions will be based on the requirements for the service set out in the Service Specification.

Mobilisation

48. The procurement strategy covers both block and spot hours and takes a phased approach. The first phase on contract commencement will be for all the residents currently using the block provider services to transfer to the new contracted provider covering their area. As part of this phase, residents will be offered the opportunity to take a Direct Payment to manage their care if they do not wish to transfer. We assume the majority of residents will transfer to the new provider.
49. As part of our phased approach, during the first six months of the contract commencement we will contact residents who are using our spot provision and offer them the opportunity to transfer their care to the contracted provider or to take a Direct Payment. The intention is for all residents who wish to transfer to the contracted provider to do so on 1 April 2024.

Contract management

50. The contract will contain Key Performance Indicators (KPIs) based on resident outcomes and detailed and detailed continuous resident feedback about the quality of the service. The outcomes agreed will be individual to each resident, based broadly around the domains below from the national Adult Social Care Outcomes Framework (ASCOF). The provider will also need to deliver against the business critical measures set out below.

Resident outcome domains	Examples of what might help deliver this outcome
Enhancing quality of life for people with care and support needs	<p>Listen to residents and support them in the way they want their identified needs to be met.</p> <p>Dignity – The way residents are supported and treated makes them feel respected and valued.</p> <p>Control – Residents manage their own support as much as they wish, so they are in control of what, how and when support is delivered to match their needs.</p> <p>Personal care – Residents are satisfied with their personal care and feel supported to do as much as they can.</p> <p>Food and nutrition – Residents are satisfied with how their food and nutritional needs are</p>

	<p>met. They have enough of the right sort of food and drink when they want it.</p> <p>Accommodation – Residents are satisfied with the cleanliness of their home and feel comfortable in their home.</p> <p>Safety – Residents feel safe and secure in their own environment.</p> <p>Social participation – Residents are satisfied with their level of social participation and social contact. They feel that their support enables them to continue living as part of a community.</p> <p>Occupation – Residents are satisfied with how they spend their time.</p>
Delaying and reducing the need for care and support	<p>The support offered reduces residents’ need for ongoing care, long term, or increased care.</p> <p>By using equipment, technology and community connections and by providing the right support at the right time, the care prevents or delays the need for residents to move from their home.</p> <p>There is a high number of residents still at home more than 91 days following hospital discharge or reablement.</p> <p>There are fewer or no unnecessary hospital admissions.</p>
Ensuring that people have a positive experience of care and support	<p>High satisfaction amongst residents using the services and reporting positive experiences.</p> <p>Family / friends / support network of residents report positive experiences and have high satisfaction.</p> <p>Carers feel respected as equal partners.</p> <p>Residents say they would recommend the service to others.</p>
Ensuring residents’ health needs are met	<p>Residents are taking dispensed and prescribed medication in a safe way.</p> <p>There is good work with health partners to support and promote residents’ wellbeing.</p>
Safeguarding adults	<p>Residents are protected from avoidable harm, and they report that the service makes them feel safe and secure.</p> <p>Residents keep safe indoors and outdoors. The can use stairs and/or go for short walks safely.</p>

	Residents are able to summon help in an emergency (e.g. via telecare or other assisted technology).
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Business critical measures		
Measure	Target and method	Impact / default
1. The service provider will maintain a minimum CQC rating of 'good'	Good rating. CQC report.	Failure to meet this minimum standard will result in the council introducing an action plan for performance improvement. <ul style="list-style-type: none"> • The council may not give any further business to the service provider until they are satisfied the provider is meeting the requirements of the action plan • Without improvement from the action plan, the council may issue a default to the service provider
2.1 The service provider will inform the brokerage team of their total capacity and available hours	One week's notice of availability for new packages of care. Written confirmation every Tuesday.	Failure to do so will result in the council issuing a warning notice and suspending new packages of care being requested until resolved Failure to improve following the warning letter will result in the council issuing a default.
2.2 The service provider will accept 100% of referrals made to them that fall within the capacity they confirmed in advance	No refusals within stated capacity. Monitoring report.	Failure to meet the target will be reviewed on a case-by-case basis to ensure the service provider is not picking and choosing desirable packages of care only. If the provider is found to be acting unfairly the

		<p>council will issue a warning letter.</p> <p>Failure to improve following the warning letter will result in the council issuing a default</p>
<p>3. Percentage of residents responding that visits are made at times that meet their needs</p>	<p>85% positive response.</p>	<p>Failure to meet the target will result in an action plan / performance improvement plan.</p> <p>Failure to meet the target for two consecutive quarters will result in the council issuing a default.</p>
<p>4. Residents experience continuity of care with as few carers as possible working with them</p>	<p>90% of residents are satisfied with the number of carers that visit them</p> <p>Monitoring report (to include discussions with friends and relatives).</p>	<p>Failure to meet the target will result in an action plan / performance improvement plan.</p> <p>Failure to meet the target for two consecutive quarters will result in the council issuing a default.</p>
<p>5. Percentage of residents having a review within 6 weeks of starting with the service provider</p>	<p>85% of residents have a review within 6 weeks of starting the service</p> <p>95% of residents have a review within 8 weeks of starting the service report.</p> <p>Monitoring report (to include discussions with friends and relatives).</p>	<p>Failure to meet the target will result in an action plan / performance improvement plan.</p> <p>Failure to meet the target for two consecutive quarters will result in the council issuing a default</p>

<p>6. Percentage of residents having a 3-monthly review. The service provider must keep track of resident review dates and when the 3-month review is due. They will need to report the number of reviews due monthly, and how many took place</p>	<p>85% of residents to receive a review every 3 months (95 days)</p> <p>95% of residents to receive a review no later than every four months.</p> <p>Monitoring report (to include discussions with friends and relatives).</p>	<p>Failure to meet the target will result in an action plan / performance improvement plan.</p> <p>Failure to meet the target for two consecutive quarters will result in the council issuing a default</p>
<p>7. Resident survey responses show they are satisfied with the service and have been supported to meet their outcomes against several domains to be developed throughout the contract, but including</p> <p>7.1 Residents satisfied with their care service</p> <p>7.2 Resident are supported by their care provider to live the life they want</p> <p>7.3 Residents are satisfied with their personal care</p> <p>7.4 Residents are supported by their care provider to be able to manage their health needs</p> <p>7.5 Residents feel safe and secure</p>	<p>85% positive responses</p> <p>Surveys at three points each year (one postal, one online and one in-person meeting) of all residents using the service, to include discussions with friends and relatives.</p>	<p>Failure to meet the target will result in an action plan / performance improvement plan.</p> <p>Failure to meet the target for two consecutive quarters will result in the council issuing a default</p>

<p>7.6 Residents are supported by their service provider to be able to eat and drink what they want</p> <p>7.7 Residents are supported by their service provider to make decisions and live the life they want</p> <p>7.8 Residents are satisfied with their level of social participation</p> <p>7.9 Residents are satisfied with the cleanliness of their home and feel comfortable at home</p>		
<p>8. Care workers take part in continual, high quality training and support for which their time is paid</p>	<p>85% staff survey plus focus groups.</p>	<p>Failure to meet the target will result in an action plan / performance improvement plan.</p> <p>Failure to meet the target for two consecutive quarters will result in the council issuing a default.</p>
<p>9. Family / friends / support network of resident with care and support needs report positive experiences and have high satisfaction.</p>	<p>85% positive responses.</p> <p>Resident survey plus individual conversations.</p>	

51. Annual uplifts will be reviewed and agreed by and at the discretion of the local authority.

Equality implications

52. The council's free Home Care and Independent Living service is available to all residents who have assessed need, irrespective of age, gender, religion, ethnicity or any other protected characteristic. As the service is provided free of charge, there is no economic barrier to residents getting the care they need and want. This supports residents to live in their home independently for as long as possible, with access to their community.

53. Older people are the largest group accessing the Home Care and Independent Living service in the borough. The Census 2021⁵ revealed the overall borough population grew by 0.4%, but there was a 15.2% increase in the people aged 65 and over living in Hammersmith and Fulham since the previous Census in 2011. The Hammersmith and Fulham Borough Profile 2018⁶ projected a 24% increase in residents aged 65-74, and 40% increase in residents aged 75+ by 2031. These statistics suggest the need for the service is therefore likely to increase.
54. From the council's Dementia Strategy 2021, dementia diagnoses in the borough are expected to rise by 42% by 2030 to 1,900 people living with dementia in H&F. It is reasonable to expect the demand for Home Care and Independent Living services to rise for this need group.
55. People with learning disabilities and mental health issues make up the larger portion of younger residents who use Home Care and Independent Living services. Further consultation with these groups is needed to understand the issues they face when using the service and what good looks like for them.
56. A completed Equality Impact Assessment is at Appendix 2. It highlights neutral/positive impact on protected characteristics as a result of this proposed procurement strategy

Risk management implications

57. The report recommends an open tender procedure to set up Care from Home contracts across six geographical areas in the borough, with two providers per area. This is in line with the Council's objective of being ruthlessly financially efficient and will support the mitigation of risk of supplier failure, by using a larger pool of providers.
58. The report identifies a number of risks which will need to be closely managed and monitored through the procurement process and in the ongoing management of the contracts. This includes the shortage of available staff in the care sector, inflationary pressures which may translate into higher than expected increases in rates of pay, the Fair Cost of Care exercise which could also increase the hourly rate payable for services, the need to change the culture and approach of social work teams in implementing and embedding the proposed approach for the benefit of residents receiving Care from Home. The service will ensure that these and other risks are recorded, tracked and monitored, with appropriate actions being put in place as required.

Implications completed by David Hughes, Director of Audit, Fraud, Risk and Insurance, 20 May 2022

Climate and ecological emergency implications

59. Home Care and Independent Living services provide care and support to residents in their own home. Staff are usually rostered to a small local area to

⁵ [How the population changed in Hammersmith and Fulham, Census 2021 - ONS](#)

⁶ [Hammersmith & Fulham Borough Profile 2018 \(lbhf.gov.uk\)](#)

cover visits, so there will be no or very limited need for the use of private vehicles to get to visits. Local buses and other available transport options across the borough can be used, such as scooter and bicycle hire stations.

60. A Climate Implications Toolkit is at Appendix 3.

Implications completed by Hinesh Mehta, Strategic Lead – Climate Emergency, 23 May 2022

Market, local economy and social value implications

61. There are 23 CQC registered providers located in the borough and many more with offices in nearby boroughs.
62. The main challenge for the market is the recruitment and retention of staff as Home Care and Independent Living requires a large workforce to meet local demands. Following Brexit and the Covid-19 pandemic, there has been an increasing number of vacancies across the sector, with fewer posts being filled from residents born overseas and shortages of staff in the hospitality industry, leading to increasing wages or incentives in other sectors attracting candidates. The Homecare Association has said that low wages and staff feeling undervalued are key factors leading care staff to quit the sector.
63. Under the council's Social Value Strategy⁷, the service provider will also be required to deliver a social value amounting to 10% of the estimated value of the contract for the geographical area they are awarded, and they will need to state how they will achieve this in their bid. Social value key performance indicators will be part of the contract terms. Responses should demonstrate a measurable impact on social, economic, and environmental outcomes.
64. Home care typically attracts a local workforce and offers flexible working hours. This can help support economic growth for residents who would otherwise find it difficult to find employment with fixed hours. It is also likely to benefit local shops and other local businesses if the carer lives and works locally.
65. It should be possible for providers to demonstrate social value by improving skills and training opportunities for the workforce. They can increase opportunities for career development by offering to support staff through apprenticeships or accredited qualifications such as the Level 2 Diploma in Health and Social Care.
66. With the new Health & Social Care Act 2022 there is a requirement for health and care organisations to work together to deliver integrated care, which will require sustained investment, excellent leadership and a much stronger focus on the health and care workforce. It would be good for providers to show how they can support the council in meeting this through partnership working and upskilling the workforce.
67. Our Social Value Strategy recognises the importance of the local supply chain in delivering local economic value. We will be using this procurement to support the

⁷ [Social Value Strategy.pdf \(lbhf.gov.uk\)](#)

local economy by having more, smaller contracts and making it easier for local smaller firms to bid.

68. Contracts will be broken down into six geographical locations (lots), with two providers awarded a contract to each locality which will encourage participation from local small and medium-sized enterprises (SMEs). We recognise that if smaller companies are awarded contracts, their abilities to deliver additional social value may be limited and they may require extra support from the council with this. We will work with SMEs to support and enable them to deliver social value, including by offering advice from our talent and resourcing team.
69. Our new procurement model expects service providers to work with residents and identify community assets (charities, networks or services) which could support residents to meet their desired outcomes. Service providers can add social value by training care staff to be aware of community assets in H&F which may benefit their residents. Care staff could make referrals to community assets and support residents to engage with these to improve their wellbeing.
70. The council may consider mitigating the risks identified (e.g. shortage of care workers, travel time expenses, lack of training and career development) by using proactive methods to support social value, for example, by using the council's unspent Apprenticeship Levy on its supply chain or by co-ordinating contractors to assign care staff locally to reduce travel costs and associated carbon emissions.
71. It is recommended that the project lead for each contract works closely with H&F's Social Value Officer and the contractor to agree a delivery plan soon after the award.
72. Bidders will be required to register on the Social Value Portal to enter social value quantitative responses. The successful bidder for each contract is responsible for paying the Social Value Portal management fee for the term of the contract.
73. It is advisable that the commissioner works closely with Legal Services to ensure appropriate social value clauses are included in the contract, so that the council can enforce its right to compensation if social value commitments are not delivered.

Implications completed by Paul Clarke, Economic Development Officer, 1 June 2022

Consultation

74. We hosted nine events with residents to hear from them what works well in homecare, what requires improvement and what they want from homecare services. There were some clear themes which emerged as summarised below.

What good looks like

- Having a relationship with the carer
- Continuity of care to get to know each other and build trust
- Bright, cheerful attitude, friendly
- Carers should talk to residents, greet them – “A chat can really lift spirits”

- Staff should wear a clean uniform and be wearing ID
- Staff should have a good command of English
- Care should be around residents' needs, not the carer's timetable
- Personalised care – “She takes me to the shops I want, not just what's most convenient”
- More choice and splitting the care as residents want it.

What does not work so well

- Punctuality
 - Carers being rushed, not staying commissioned time, short visits – “There's a feeling the carer is always on the clock”
 - Quality fluctuates
 - Not asking residents what they want
 - Carers not always respecting residents' home, e.g. sitting around “killing time”, using residents' facilities without asking, taking personal calls during their visit
 - Too much time spent on phones
 - Lack of caring attitude – “Just doing a job”.
75. In addition to the events, Homecare Quality Leads conducted phone reviews and had discussions with residents about the quality of their service.
76. We hosted a virtual meeting for residents and interested groups to discuss the specification and what we should be measuring in regard to quality and performance.
77. There will be further co-production opportunities for residents throughout the development and implementation of the service, including:
- Opportunity for a group of residents to join the Tender Evaluation Panel .
 - Peer review groups to help us monitor the implementation of the specification.
 - Peer review groups to help monitor quality and performance of service providers, including developing a survey and quality assurance processes.

LIST OF APPENDICES

- Appendix 1 – Homecare Association Minimum Hourly Rate for Homecare 2022-2023
- Appendix 2 – Equality Impact Assessment
- Appendix 3 – Climate Implications Toolkit
- Appendix 4 – Service specification
- Appendix 5 – Manifesto pledge 2022
- Appendix 6 – H&F home care standards

Exempt appendix

Exempt appendix A – Financial implications