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Report of:	*Jayne Ludlam, Executive Director for People Services*
Report to:	*Cabinet*
Date of Decision:	*17th October 2018*
Subject:	*Integrated Commissioning of 'Care at Night' Service*

Is this a Key Decision? If Yes, reason Key Decision:-	Yes	✓	No	
- Expenditure and/or savings over £500,000		✓		
- Affects 2 or more Wards		✓		
Which Cabinet Member Portfolio does this relate to? *Adult Social Care*				
Which Scrutiny and Policy Development Committee does this relate to? *Healthier Communities & Adult Social Care*				
Has an Equality Impact Assessment (EIA) been undertaken?	Yes	✓	No	
If YES, what EIA reference number has it been given? 346				
Does the report contain confidential or exempt information?	Yes	✓	No	
If YES, give details as to whether the exemption applies to the full report / part of the report and/or appendices and complete below:-				
"The Appendices are not for publication because they contain exempt information under Paragraph 3 of Schedule 12A of the Local Government Act 1972 (as amended)."				

Purpose of Report:

This report requests authority and approval for Sheffield City Council ("**SCC**") to jointly commission with Sheffield Clinical Commissioning Group ("**SCCG**") for the provision of 'Care at Night'.

The new contract will replace the existing separate contracts to deliver care services through the night:

- the Night Care Visiting Service (commissioned by SCC); and
- the Roaming Nights Care (commissioned by SCCG).

Both services typically provide support during the night with pressure care, personal care and toileting.

Recommendations:

It is recommended that Cabinet:

1. approves the recommendations given by the Executive Management Group ("**EMG**") of the Better Care Fund, on 5th September 2018, in relation to the commissioning, contracting, financial and risk arrangements for the Care at Night service which will be, subject to approvals and agreement from both SCC and SCCG, covered and funded under the existing Framework Partnership Agreement relating to the Commissioning of Health and Social Care Services ("**S75 Agreement");**

   EMG's recommendations include:

   a. approval for a revised night visiting service (now called "**Care at Night**") to be jointly commissioned between SCC and SCCG;

   b. approval for the Care at Night service to be managed on a 'Jointly Managed Scheme – Integrated Commissioning Arrangements' basis within the S75 agreement;

   c. approval for the costs of the jointly commissioned contract for the Care at Night service to be shared between SCC and SCCG on a fixed % contribution basis which is expected to deliver a 50:50 sharing of the modelled savings. The proportionate share of costs would be split into 60% SCC and 40% SCCG. The risk-share for any future increase in costs, such as additional rounds, will be in line with the percentage splits above.

2. delegates authority to:

   a. the Executive Director of People Services Portfolio in consultation with the Director of Finance and Commercial Services and the Director of Legal and Governance to vary the S75 Agreement and any other necessary documentation that are required in order to give effect to the implementation of the EMG's recommendations as set out in the above point 2;

   b. the Director of Finance and Commercial Services in consultation with the Executive Director of People Services Portfolio to procure the proposed service and approve the procurement strategy;

   c. the Executive Director of People Services Portfolio in consultation with the Director of Finance and Commercial Services and the Director of Legal and Governance:

i. to approve the terms of the variation to the S75 Agreement and enter into all necessary documents (such as deed of variation) in order to add the Care at Night service to the S75 Agreement, in line with this report;

ii. to approve the terms and enter into the new contract for the Care at Night service; and

iii. to take all other necessary steps not covered by existing delegations to achieve the outcomes outlined in this report

Lead Officer to complete:-		
1	I have consulted the relevant departments in respect of any relevant implications indicated on the Statutory and Council Policy Checklist, and comments have been incorporated / additional forms completed / EIA completed, where required.	Finance: *Hayley Ashforth* Legal: *Rachel Ma* Equalities: *Ed Sexton*
	Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.	
2	**EMT member who approved submission:**	*Jayne Ludlam*
3	**Cabinet Member consulted:**	*Chris Peace*
4	I confirm that all necessary approval has been obtained in respect of the implications indicated on the Statutory and Council Policy Checklist and that the report has been approved for submission to the Decision Maker by the EMT member indicated at 2. In addition, any additional forms have been completed and signed off as required at 1.	
	Lead Officer Name: *Andy Hare*	**Job Title:** *Strategic Commissioning Manager*
	Date: 8th October 2018	

1. PROPOSAL

(Explain the proposal, current position and need for change, including any evidence considered, and indicate whether this is something the Council is legally required to do, or whether it is something it is choosing to do)

1.1 Sheffield Better Care Fund was established jointly by SCC and SCCG in 2015 under the S75 Agreement to support different integrated health and social care services through lead or joint commissioning arrangements. As part of the Ongoing Care Programme 2018-19 under the S75 Agreement, it is proposed that, as part of the 'Integrated Joint Commissioning Project', the 'Care at Night' service will be jointly commissioned by SCC and SCCG.

1.2 **Existing services provided under two separate contracts**

1.3 The new contract will replace the existing separate contracts to deliver care services through the night; the Night Care Visiting Service (commissioned by SCC) and Roaming Nights Care (commissioned by SCCG). Both services typically provide support during the night with pressure care, personal care and toileting.

1.4 Both services are commissioned on a block contract basis and are delivered in 'rounds' of two care workers travelling together to care visits and are provided citywide; the providers group the rounds geographically. A summary of the current service is provided in Appendix 2.

1.5 The key performance indicators detailed in Table 1 below have been analysed for both services for the financial year 2017-18 to assess quality versus cost, being mindful of the current variance in costs for the SCCG and SCC-commissioned services. This analysis implies that SCCG is currently paying a significant premium for a service which appears comparable in terms of the quality of the service to the SCC night service, with only a 2% differential in the hourly rate of pay received by care workers, and only 5% of the care activities delivered by the SCCG service being defined as 'delegated health activities'.

1.6 **Table 1: Comparison of Key Performance Indicators**

Key Performance Indicators	**Night Care Visiting Service (SCC)**	**Roaming Nights Care (SCCG)**
Care worker annual turnover	0%	25% (2 staff out of a team of 8)
Care worker satisfaction levels	83% (staff survey)	85% (staff survey)
% of healthcare related activities delivered v/s social care	100% social care	5% (95% social care activities)
Individual/family satisfaction levels	68% (annual survey)	70% (annual survey)
No. of complaints in past 12 months	0	0
Number of safeguarding incidents	0	0
Number of compliments	Not officially recorded	Not officially recorded

City Wide Alarm usage	60%	46%

1.7 Both contracts have been extended to the end of March 2019 and officers from the SCCG and SCC are collaborating on the recommissioning process.

1.8 **New integrated service in a jointly commissioning contract**

1.10 As part of the commissioning process, electronic call monitoring records supplied by the incumbent providers have been analysed for a 4-week period in March/April 2018. Analysed against a number of criteria, the data enabled comparison of the two services and supported conclusions about the shape of the service to be commissioned in the future. The following conclusions can be drawn:

- Both services are very similar across most metrics.
- The services are not particularly efficient, with the SCCG service falling below their contractual requirement, influenced by a number of reasons including; demand from referrals received through STH not matching the supply in terms of the number of rounds, inability of fast track domiciliary care providers to pick up end of life cases and ineffective provider practices in optimising the care worker resource available.
- The two services experience downtime/lower demand at different times of the night providing opportunities to deliver economies of scale through one integrated service.
- Both services experience limited demand overall after 5 am.
- The available activity data strongly suggests that the service can be delivered with 5 rounds per night (the current combined contracts operate 6 rounds, 4 for the Night Care Visiting Service and 2 for Roaming Nights).

1.11 Any potential savings associated with economies of scale and the resulting reduction from 6 to 5 rounds will be placed in reserve, as a contingency to provide future investment should an additional round be required. Close monitoring of supply and demand will take place for the initial 12 weeks to ensure that the service is able to meet demand.

1.12 The service will be flexible and responsive, with the emphasis on maximising independence, with the provider empowered to take proactive measures to ensure individual's desired outcomes are achieved. The contracted provider will be accountable for ensuring capacity is utilised effectively at all times.

1.13 The new service will commence in April 2019, with the contract awarded for 5 years, with regular contract reviews and break clauses that can be exercised at any time.

2. HOW DOES THIS DECISION CONTRIBUTE?

(Explain how this proposal will contribute to the ambitions within the Corporate Plan and what it will mean for people who live, work, learn in or visit the City. For example, does it increase or reduce inequalities and is the decision inclusive?; does it have an impact on climate change?; does it improve the customer experience?; is there an economic impact?)

2.1 The proposal, which is aligned with the CQC action plan in terms of moving towards person-centred integrated service provision, is aimed at supporting the vision of 'Why not home? Why not today?' when someone is ready to be discharged from hospital, through the delivery of consistently high quality services which represent value for money, to achieve the below outcomes:

- Individuals benefit from services which promote their independence and quality of life and are least intrusive, with care managers and providers trained to assess if the latest technology could be deployed such as: automated bed turning, continence management and assistive living technologies, which potentially reduce the number of visits required.

- Individuals benefit from continuity of care without the need to change care provider should their eligibility for CHC services change.

- Individuals and their families have a strong voice through regular provider-led quality-check surveys to monitor service quality and inform continual service improvement.

2.2 An improved service with a broader scope will:

- Support people to get home more quickly from hospital by providing short-term support, including wraparound care as required.

- Reduce systemic pressures and achieve better outcomes for people, for example, by enabling a family carer to have a short break or get a good night's sleep, without the cost and upheaval associated with admitting the cared for person to a care home.

- Represent value for money with service costs reflective of both the market value and the health and social care activities being delivered.

- Achieve potential savings for SCC and SCCG (see Appendix 3)

- Test out new ways of joint working between SCC and SCCG and be a staging post on the journey to fully integrated commissioning, by working through the challenges and capturing the lessons learnt on a relatively small project, informing future developments.

- Deliver a unified, consistent approach to pricing and contract management for night care.

- Create a platform for further developments, incorporating the overnight

elements of the City Wide Care Alarms and Intensive Home Nursing Service, which may realise additional structural benefits and citywide savings in future, which deliver a better service experience for users.

2.3 The new service will not simply be an aggregation of the two existing services:

- It will be a more responsive, flexible service which moves away from a task and time model and instead focuses on delivering pre-agreed service outcomes, by allowing the provider to flex call times and frequencies according to their and individuals/families judgement, without the need to refer back to assessors.

- There will be a greater focus on proactive care management with more emphasis placed on short term intervention, with regular reviews that ensure the appropriate level of services are being delivered. Individuals in receipt of care and their families will receive clear communication both verbally and through service literature clearly managing their expectations (where appropriate) that services will be provided for a short period of time during which time individuals will be enabled to regain their independence. The use of equipment will be assessed to reduce the need for face to face services at night.

- The Service Specification (see Appendix 1) will provide clarity around the specific workforce development requirements ensuring that carers achieve and maintain the necessary competencies covering both social care and delegated health activities.

- The provider will ensure that all available equipment and technology is in place to maximise individual's independence and optimise care interventions. This will include making referrals to the Community Equipment Service, Tissue Viability specialists and City Wide Care Alarms.

- The successful provider will be required to demonstrate how they will ensure that the budgeted care hours will be optimised to minimise downtime by fully utilising the available hours. Stringent contract monitoring arrangements complemented by quarterly contract review meetings will monitor performance, with the contract enabling the budgeted care hours to be flexed up (subject to approvals) or down to meet seasonal demand, ensuring the contract represents value for money.

- The pooled budget will remove the distinction between a "health" and "social care" night visit (except for charging purposes; CHC packages don't attract a contribution). People will be dealt with as people; priorities will be determined collectively, rather than from within SCC/CCG silos. The budget will be actively managed to prevent increasing costs through the lack of appropriate case management or oversight of health or social care clients.

- The service will be able to deliver night sitting as well as visiting services. To manage cost pressures, night sitting will be utilised by exception only, with authorisation required through the Head of Localities.

3. HAS THERE BEEN ANY CONSULTATION?

(Refer to the Consultation Principles and Involvement Guide. Indicate whether the Council is required to consult on the proposal, and provide details of any consultation activities undertaken and their outcomes.)

3.1 Extensive consultation with stakeholders has taken place throughout the recommissioning process, including the following specific activities:

- Written contact with all current Council service users, resulting in further telephone conversations, emails and letters discussing the existing service with around 25% of the users of the service and their carers and relatives.
- Attendance at meetings with relatives of individuals residing at care homes to share their experiences, supported by additional feedback from care home staff and managers.
- Workshops with frontline workers.
- Workshops with a range of other professionals and stakeholders, including specialists in tissue viability, continence and equipment and adaptations.
- Attendance at team meetings and on an individual basis with officers at all levels of the Assessment & Care Management service.
- Meetings and information sharing with other authorities in the Yorkshire & Humber region.
- Market engagement event, attended by 23 prospective providers.

3.2 In addition officers from the Commissioning service had engaged with Co:Create, a subsidiary of South Yorkshire Housing Association focussed upon supporting local authorities to use a co-production methodology in their commissioning processes. Unfortunately however Co:Create withdrew due to a strategic decision in relation to the domiciliary care arm of SYHA's business, and the plans developed were not able to come to fruition.

3.3 Commissioners have also worked with the incumbent providers throughout the recommissioning process, meeting regularly, and they are fully briefed on the timescales for, and potential outcome of, the tender process. The providers will communicate with any affected workers on an individual basis regarding TUPE rights and details of the transfer of business to the new provider once the outcome of the tender is known.

3.4 No individuals will have their existing service reduced or ended due to the new contract. The service provider for at least some individuals may change, depending on the outcome of the tender, however it is deemed preferable to communicate any changes once a conclusive outcome is known, rather than create any unnecessary concern or distress by sharing partial information.

4. RISK ANALYSIS AND IMPLICATIONS OF THE DECISION

4.1 Equality of Opportunity Implications

4.1.1 There is no anticipated overall negative impact on the population in the long term. There may be some short term disruption to individuals should their care company not be successful in the tender, however in such circumstances, it is normal for workers to transfer to work for the new provider under TUPE regulations; so for the majority of people, the same person will continue to deliver the care and support regardless of who wins the contract. Overall though it is expected the service will have a positive impact on the people who receive the service as well as their carers now and in the future.

4.1.2 The contract will be monitored very closely during the first few months to be sure that the capacity is adequate and that the new service is meeting contractual expectations including delivering highly flexible and personalised support which changes according to the person's needs on any particular night.

4.2 Financial and Commercial Implications

4.2.1 Please refer to Appendix 3.

4.3 Legal Implications

4.3.1 Under the Care Act 2014 a local authority must exercise its functions with a view to ensuring the integration of care and support provision with health provision and health-related provision where it considers that this would:

(a) promote the well-being of adults in its area with needs for care and support and the well-being of carers in its area;

(b) contribute to the prevention or delay of the development by adults in its area of needs for care and support or the development by carers in its area of needs for support, or;

(c) improve the quality of care and support for adults, and of support for carers, provided in its area (including the outcomes that are achieved from such provision.

4.3.2 In accordance with the National Health Service Act 2006 ("NHSA 2006"), local authorities and NHS bodies (such as SCCG) can enter into partnership arrangements to provide a more streamlined service and to pool resources, if such arrangements are likely to lead to an improvement in the way their functions are exercised.

4.3.3 In 2015, SCC and SCCG both entered into the S75 Agreement. The purpose of the S75 Agreement is to set out the terms on which SCC and SCCG have agreed to collaborate and establish a framework through which they can secure the future position of health and social care services through lead or joint commissioning arrangements.

4.3.4 The proposed commissioning and contracting arrangements for the provision of the Care at Night Service have been agreed by EMG of the Better Care Fund, subject to the respective approval from SCC Cabinet and SCCG decision maker. A summary of the proposal is as follows:

- It is proposed that the new Care at Night Service sits within the Ongoing Care service scheme (Scheme 4) of the S75 Agreement.

- The commissioning arrangement will be based on 'Jointly Managed Scheme – Integrated Commissioning Arrangements' (i.e. the scheme is funded by contributions from both partners, whilst one partner might take the lead in commissioning services). In this case, SCCG will take the lead in the procurement and SCC will lead on contract and performance management once the contract has been let.

- Both SCC and SCCG will be signatories to the service contract; CCG procurement will draft a tripartite agreement between SCC, SCCG and the new provider which SCC are to review and approve. This is consistent with the approach being adopted by the Accountable Care Partnership[1]:

    - A pooled budget will be created to sit as a separate budget line in the S75 agreement.
    - The risk arrangement will be jointly managed as detailed in Paragraph 3 of Part 3 of Schedule 3 of the Section 75 Agreement.
    - The specification and other terms in relation to the service will be pursuant to the provisions of the existing Scheme 4.
    - Each organisation will need to secure authority via their own governance and legal routes.

4.3.5 Subject to the respective approval from the Cabinet and CCG, variations to the S75 Agreement will be arranged in order to incorporate the Care at Night service into the existing Ongoing Care Scheme under the S75 Agreement; and the Council's responsible officer for the service shall ensure the Council's Contracts Standing Orders are complied with during the contracting process for the service.

4.3.6 The proposed arrangements have no employment implications for Council employees.

4.4 Other Implications

(Refer to the Executive decision making guidance and provide details of all relevant implications, e.g. HR, property, public health).

4.4.1 Please refer to Table 2 for details of the additional risks considered:

[1] An Accountable Care Partnership (ACP) is a group of organisations working in partnership to share responsibility for planning and delivering all health, care and wellbeing services and outcomes for a specific population.

Table 2: Additional Risks & Mitigation

Risk	Mitigation
Insufficient interest from the market?	There is potential that the SCCG's existing provider will not bid, given the reduction in comparison to their existing rate. However, the proposed hourly rate is an uplift to the current SCC night service rate, and appears to be a reasonable adjustment, taking into account that less than 5% of SCCG's night care is delegated health activity. Furthermore, the current rate of pay for SCCG's commissioned night service care worker's is only 2% higher than that of the SCC's night service, indicating that the small percentage of delegated health activity can be delivered in a sustainable manner at the proposed new hourly rate.
Risk to quality of service	None of the comparative analysis would indicate this to be a risk. While a change of provider (as is inevitable for at least some service users if there is a move to a single provider) may create a small degree of short-term upheaval, the stable and relatively small nature of the staff team, plus the fact care workers are keen to undertake night work, makes any required training and assessment of competence more straightforward. The service specification is robust and has been strengthened to provide greater clarity in respect of workforce development requirements to ensure that care workers are well trained having the necessary competencies to deliver both health and social care activities. Performance management arrangements will be more rigorous. Separate workshops were undertaken with health and social care managers and frontline care workers from both services to identify opportunities to improve quality against the outcomes incorporated within the specification.
Does having a single provider limit contingency arrangements, for instance in the event of provider failure?	At present the Council and CCG have a single provider; there is no link between the two separate contractual arrangements. The contingency plans under the new single contract are as per any situation of provider failure i.e. seeking to maintain continuity for service users and acting upon the legal guidance received. In addition, the 'Care at Night' service is relatively small compared with the average domiciliary care service provision, with KPI analysis indicating night services attract a stable workforce with relatively static service demand. A larger service delivered by a single provider may well be more resistant to capacity issues, for instance staff sickness, and able to draw upon a larger pool of staff. A robust Service Resilience Plan will be a requirement of the Service Specification.

What happens if there is a change in demand and 5 rounds isn't enough?	The new contract will require the provider to be increasingly flexible and responsive with the terms of the contract enabling the budgeted care hours to be flexed up and down to accurately reflect any changes in service demand. While it is reasonable that providers need notice to recruit staff, over the past year the SCC's night service was expanded to 4 rounds at short notice in response to increased demand from the 5Q pilot. The savings relating to the reduction in rounds will be allocated as a 'reserve' should an additional round be required, with close monitoring of service activities to assess the supply against the demand for the initial 12 weeks.
Efficiencies/savings not achieved?	What is effectively a very similar service being split between two providers creates some inherent inefficiencies and therefore reduces capacity. However the greater efficiency of the service will depend on a number of factors, not least the competence of the successful bidder. Similarly it is difficult to accurately gauge potential savings at present; as happened in response to 5Q, demand may change between now and next year for example. In addition, this is not a savings-led project. There is potential to broaden the scope of the service, for instance to prevent family carers reaching crisis-point, which may use some of the savings made through greater efficiency, but ultimately derive better outcomes and make savings for the wider health and social care system.

5. ALTERNATIVE OPTIONS CONSIDERED

(Outline any alternative options which were considered but rejected in the course of developing the proposal.)

5.1 The alternative options are as follows:

1) Do not provide a night care service after the existing contract is due to expire at the end of March 2019: This is not a viable option. The individuals requiring care and support during the night are often among our most vulnerable citizens. While opportunities to increase independence and reduce the amount of care required will be actively explored as part of the new arrangement, not having any night care in place is likely to result in individuals being placed in residential settings or being admitted to hospital, which is not acceptable from an operational perspective, nor a reasonable or desirable outcome for individuals and their families.

2) Procure contracts separately from the CCG: For the reasons outlined elsewhere in the report, to continue to procure contracts separately removes the opportunity to make collective savings and deliver a more efficient service which is better for individual users, and contradicts the

national direction of greater integration of health and social care services.

6. REASONS FOR RECOMMENDATIONS

(Explain why this is the preferred option and outline the intended outcomes.)

6.1 The proposed jointly commissioned Care at Night service will aim to achieve the following outcomes:

- Individuals benefit from continuity of care without the need to change care provider should their eligibility for CHC services change.

- Individuals and their families have a strong voice enabled through provider-led regular quality check surveys which helps to monitor service quality and inform continual service improvement.

- People are supported to get home more quickly from hospital by providing short-term support, including wraparound care as required.

- Systemic pressures are reduced and better outcomes for people achieved, for example, by enabling a family carer to have a short break or get a good night's sleep, without the cost and upheaval associated with admitting the cared for person to a care home.

- The service represents value for money with service costs reflective of both the market value and the health and social care activities being delivered.

- Savings for SCC and SCCG are potentially achieved.

- New ways of joint working are tested as a staging post on the journey to fully integrated commissioning, by working through the challenges and capturing the lessons learned on a relatively small project.

- A unified, consistent approach to pricing and contract management for night care is implemented.

- A platform for further potential developments is created, for example incorporating the overnight elements of the CWCA and Intensive Home Nursing Service, which may realise additional structural benefits and citywide savings in future, and deliver a better experience for users.

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