



Author/Lead Officer of Report: Catherine Bunten,
Assistant Director Commissioning & Partnerships

Report of: Strategic Director Adult Care and Wellbeing

Report to: Adult Health and Social Care Policy Committee

Date of Decision: 19th June 2024

Subject: Home Care and Technology Enabled Commissioning Strategy and Update.

Has an Equality Impact Assessment (EIA) been undertaken?	Yes	✓	No	
If YES, what EIA reference number has it been given? 2332 reviewed				
Has appropriate consultation taken place?	Yes	✓	No	
Has a Climate Impact Assessment (CIA) been undertaken?	Yes	✓	No	
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: -				
<p><i>“The (report/appendix) is not for publication because it contains exempt information under Paragraph (insert relevant paragraph number) of Schedule 12A of the Local Government Act 1972 (as amended).”</i></p>				

Purpose of Report:

The purpose of this report is to:

1. Update Committee on the new contracts for the delivery of Care and Wellbeing Services for adults delivered within their own homes. These services are also known as ‘home care’. The report also provides an overview of the transition and mobilisation to the new contracts following ‘go live’ on 3rd June 2024.
2. Ask Adult Health and Social Care Policy Committee to approve the commissioning intentions for home care alongside the Care and Wellbeing Service contracts, which support our aims to ensure timely care for the people

we support, including as part of the Hospital Discharge and Urgent Care programme, and to ensure continuity of care.

3. Ask Adult Health and Social Care Policy Committee to approve the commissioning of a TEC Monitoring Centre with the contract from the 5 September 2024 to the 7 September 2025.

Recommendations:

It is recommended that Adult Health and Social Care Committee:

1. Notes the outcome of the tender for Sheffield's Care and Wellbeing Service Contracts and mobilisation and transition to the service, which went live on 3rd June 2024.
2. Approves the commissioning of home care provision, to run alongside the Care and Wellbeing Service contract, and to note that a tender process will follow. This will enable the Council to procure individual packages of home care for people living in Sheffield and, in the case of a provider exit, to tender for a Care and Wellbeing 'patch' in a timely way.
3. Approves the commissioning of a 12-month contract with the option to extend for an additional 12 months for the provision of 24/7 TEC Monitoring Services, and to note that a tender process will follow, and to further note that this will allow the necessary time to commission our new TEC Service Delivery Model which will be implemented subject to approval on Monday 8 September 2025.

Background Papers:

- [Transforming Home Care in Sheffield](#) Education, Health, and Care Transitional Committee – 2nd December 2021
- [Recommissioning Homecare Services](#) Adult Health and Care Policy Committee, 15th June 2022
- [Future Design of Adult Social Care](#) Adult Health and Care Policy Committee, 15th 16th November 2022
- [Hospital Discharge and Urgent Care Delivery Plan](#), Adult Health and Care Policy Committee, 14th June 2023
- [Homecare: Care and Wellbeing Service Contract & Discharge Provision](#), Adult Health and Care Policy Committee, 22nd September 2023

Appendices:

- Appendix 1 – Equalities Impact Assessment

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: Laura Foster (11/06/24)
		Legal: Sean Reynolds
		Equalities: Ed Sexton
<i>Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.</i>		
2	SLB member who approved submission:	Alexis Chappell
3	Committee Chair consulted:	Councillor Angela Argenzio
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 Committee by the SLB member indicated at 2. In addition, any additional forms have been completed and signed off as required at 1.	
	Lead Officer Name: Catherine Bunten	Job Title: Assistant Director Commissioning and Partnerships
	Date: 10th June 2024	

1. PROPOSAL

- 1.1 The Council must provide home care services, which provide support with 'activities of daily living' for adults living in their own homes.
- 1.2 The provision of outcome focused personalised and high-quality home care is one of the foundations of our approach to supporting people to live independently and well in their home and to return home from hospital.

Care and Wellbeing Service Contract

- 1.3 Following approval at Adult Health and Social Care Committee in June 2022, the Council began procurement for our new Care & Wellbeing Service model. The new Care and Wellbeing Service contract will run for 7 years, with an option to extend by a further 3 years.
- 1.4 This has provided an opportunity to re-model the provision of home care services in the city, seeking to mitigate issues affecting quality and efficiency, create stability of provision across Sheffield, and create the foundations for improved experience for people, families, carers, and our care workforce.
- 1.5 It is a contract based on generating greater collaboration across health and care services as well as developing career pathways for care workers in the City.
- 1.6 We had originally anticipated that our new Care and Wellbeing Service would go live early in the 2023/24 financial year. Due to the level of interest and a higher than anticipated number of tenders received from prospective providers, along with the need to ensure a safe mobilisation and transition to the new service contracts, however, the Care and Wellbeing Service went live on 3rd June 2024.
- 1.7 As the new Care and Wellbeing contract and delivery model embeds, we anticipate that we will gain improved stability and sufficiency in our home care market. The collaborative model allows the Council and providers to work in partnership to improve the quality and impact of home care services, including through the implementation of our Trusted (Care Plan) Reviewer model. The contract also places high priority on value and recognition for the workforce.
- 1.8 Section 2 provides Committee with information on the outcome of the tender process and our Care and Wellbeing Providers, a summary of our mobilisation and transition process, and our next steps in realising the vision of our commissioning strategy for home care in the City.
- 1.9 Following the successful 'go live' of the new contract on the 3rd June 2024, officers in Adult Health and Social Care will work together with our Care and Wellbeing providers to deliver the next phase of the commissioning programme. More information is provided in Section 3.
- 1.10 Whilst we expect that most of the home care will be serviced by the Care and Wellbeing Service contracts, there will, on occasion, be packages of home care for whom other (appropriately registered) providers are sought.

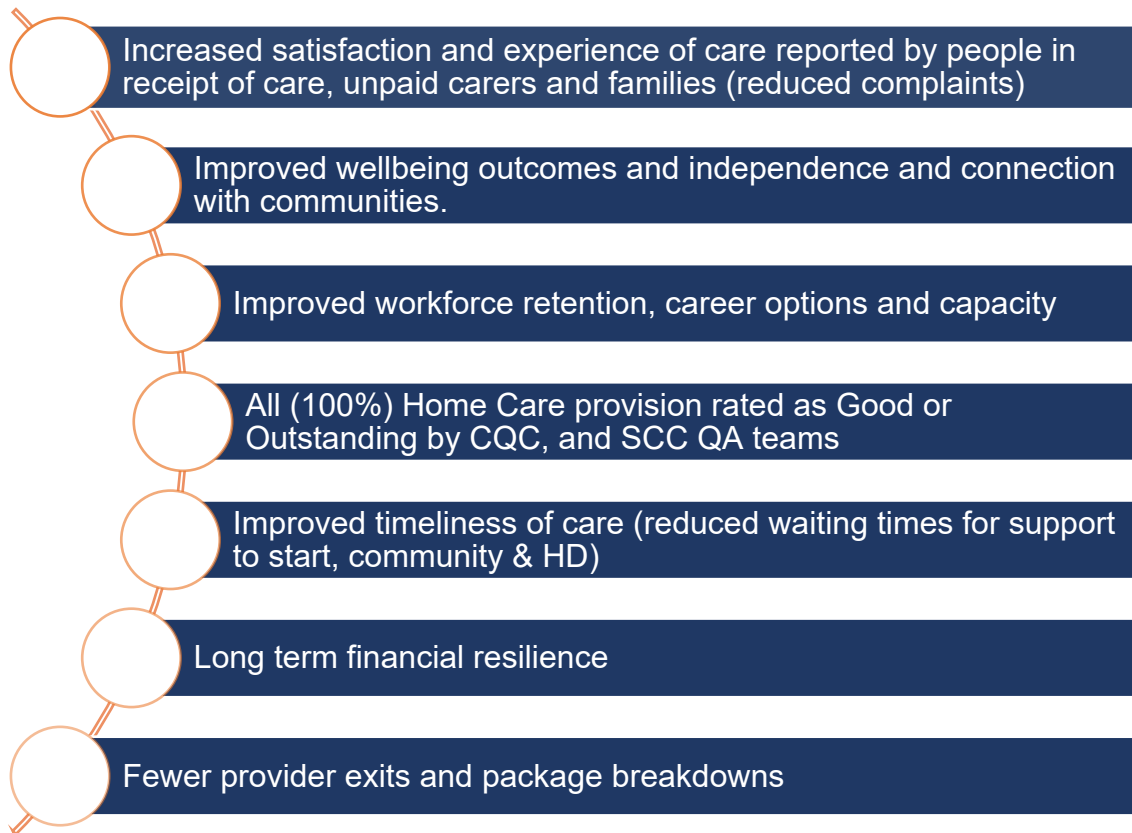
- 1.11 It is also possible that over the life of the contract (an initial seven-year term with the option to extend for a further three years) we will see a provider exit the market. In this case we will need to have a mechanism by which we can tender for a service contract to cover the patch(es) left vacant by this provider-exit.
- 1.12 Committee is therefore asked to approve the commissioning of a Dynamic Purchasing System (Light Touch) for home care to run alongside the Care and Wellbeing Contract. More information on this is provided in Section 4.

2 MOBILISATION AND TRANSITION TO THE CARE AND WELLBEING SERVICE CONTRACTS

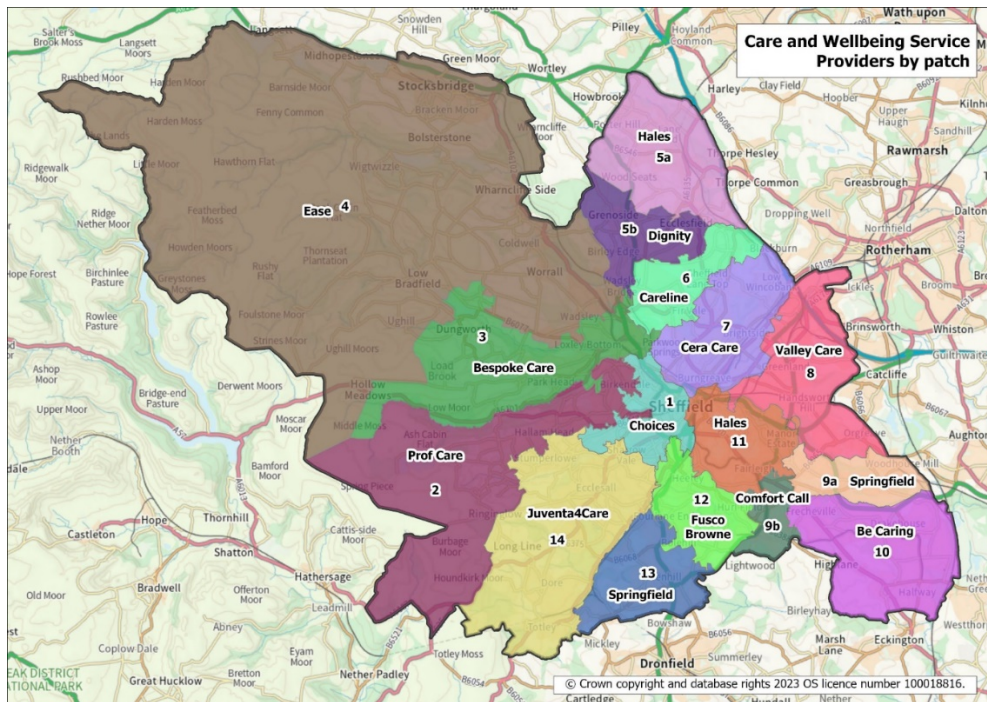
2.1 The key benefits and outcomes for the Care & Wellbeing service and procurement strategy are:

- a) **Improved outcomes for people** – a move away from time and task delivery to a more flexible and responsive outcome-based service. Neighbourhood working that connects people to their communities, increasing personalisation and greater scope for creativity to meet needs and improve outcomes.
- b) **Improved Quality of Care** – Consistent with our core value ‘together we get things done’, area-based contracts and neighbourhood working moves us from provider competition to provider collaboration. Fewer providers will allow us to develop an improved contract management and oversight approach and support a shared ambition to delivering outstanding care across the city. People in receipt of care will benefit from more timely and more reliable invoices, reducing complexity and improving efficiency.
- c) **Stability and surety of delivery** – The new contracting arrangement and commercial offer promotes market stability over the contract term in line with our responsibilities under the Care Act 2014. Improved certainty for service delivery is offered through neighbourhood-based contracts with a 7-year contract term and an option to extend by a further 3 years. This supports provider stability and continuity of services and care. This is further strengthened through the planned care payment and charging model: our commitment to paying 80% of contracted hours and move to a payment and charging model based on planned care gives providers more certainty and resilience, allowing them to make a long-term investment.
- d) **Improved staff retention and recruitment** – The specification and contract prioritise improved terms and conditions, including pay, and build on current career pathways (aligned with our Workforce Strategy). Long term contracts support job security, and neighbourhood working opens up employment opportunities. A partnership approach to workforce development and support, with learning in key areas such as advanced dementia care, falls prevention, TEC and digital skills.
- e) **Climate** – supporting the response to Sheffield’s climate emergency, the compact geographical patches will significantly reduce care workers travel

time between visits and allow for the introduction of new care workers operating on foot. This new approach will help build capacity, and support care delivery during periods of extreme weather.



- 2.2 The Invitation to Tender closed on 15th November 2022. The Council received over 45 tender submissions.
- 2.3 To support an efficient evaluation process, the following elements were included in the selection process:
- Turnover Test: Bidders were required to have a minimum turnover of £1m per annum. This is to ensure that only bidders with the necessary economic and financial capacity to deliver the contract be considered for the opportunity. This is in line with PRC regulation 58.9 (Economic and Financial Standing)
 - Knock out questions: Bidders were required to benchmark against a limited number of “knockout questions” that tested technical and professional experience. Bidders that failed to benchmark in the selection questions did not have their full tenders evaluated. This is in line with PCR Regulation 57.15 (Technical and professional ability)
- 2.4 27 bidders were evaluation in full. The evaluation process concluded on 21st September 2023, and formal award letters were issued to successful providers in December 2023.
- 2.5 The successful providers are shown in the map below, with their contract area.



2.6 The transition to the new contract involved managing and supporting continuity of home care to approximately 2,500 people in the City. Sheffield commissions over 38,000 care hours each week, which had been delivered by over 30 providers, who employ approximately 1,800 care workers completing more than 1 million visits to people's homes each year.

2.7 Sheffield City Council have been committed to our organisational values in the transition of these care packages:

2.8 *People at the heart of what we do:*

- As part of our commitment to ensure that people in receipt of home care have choice and decisions are taken in their best interest, we have considered over 850 requests for service exemptions (people for whom it would not be in their best interests to change provider) and completed over 1,000 social work led conversations with people in relation to Direct Payments.
- At the time of writing, we have identified 274 people who will remain with their current provider, and 141 people have decided to have a Direct Payment
- Approximately 1,600 people transferred to their new Care and Wellbeing Service on the 3rd June.
- A dedicated social work team was established to support the service transition, and they continue to support people in receipt of care, their families and carers with a telephone number and email address communicated via letters sent to people in receipt of care at the beginning of April.
- 15 Care and Wellbeing Service Drop in Events took place at local venues across the city in April and May, where we were able to share the new service developments with people in receipt of care and family, care staff, and health and social care practitioners.

2.9 *Together we get things done:*

- The message from the outset was that we work collaboratively to safely support the continuity of care for people in the City, valuing all providers (both inbound and outbound) with many of the outbound providers continuing to operate in Sheffield going forwards, delivering care services through Independent Service Funds, Direct Payments, and Private Pay arrangements.

2.10 *Openness and honesty are important to us:*

- Fortnightly meetings took place from the beginning of April with both groups of providers separately and most recently have moved to weekly meetings, recognising the importance of communication and effective collaboration in contributing to a safe transfer of care on the 3 June.
- All communications have been published on the Sheffield Council website.

3 DEVELOPMENT OF THE CARE AND WELLBEING SERVICE AND NEXT STEPS

3.1 The transfer to the new contract has now been completed, and the Care and Wellbeing (at Home) transformation programme will continue through 24/25 and beyond with the following key areas:

3.2 *Outcome focused service delivery*

3.2.1 Working as a system, Adult Social Care and providers will work together to move away from time and task model of delivery to one that is more flexible and responsive to people's individual needs and outcomes. The neighbourhood delivery will also support us to connect people to their communities, increasing personalisation and offering greater scope for creativity to meet needs and improve outcomes.

3.3 *Equalities*

3.3.1 Our EIA sets out the positive impact that we believe the Care and Wellbeing Service contract will have on equalities outcomes.

3.3.2 In the development of the commissioning strategy, specification and procurement of the Care & Wellbeing Service, the Council also worked with SACHMA who undertook a consultation with people from the African Caribbean community on their experience of home care. This resulted in a summary report with 15 recommendations. These recommendations are including in the [Adults Equality, Diversity, Inclusion and Social Justice Plan approved at Committee in December 2023](#) and progress to date will be provided as a dedicated update in September 2024.

3.3.3 The actions from both these documents will be monitored through a dedicated workstream in the ongoing Care & Wellbeing service transformation programme.

3.4 *Trusted (care plan) Reviewer model*

3.4.1 The Care and Wellbeing Service promotes our strength-based approach through assessments, reviews, and care delivery to support people's potential for independent living, improving their quality of life and optimising care costs. Providers and care staff will be empowered as "trusted reviewers" to be responsive to changes in people's needs and circumstances. Providers can make person-led changes to care plans to support this way of working, with closer relationships with social care and contract teams supporting this process.

3.5 *Workforce Development*

3.5.1 The Care and Wellbeing Service specification and contract prioritises the quality and value of the care workforce as one of the main influences on the quality-of-care people receive, and the experience people have of care.

3.5.2 The programme of change will now focus on implementing and monitoring the delivery of the contractual terms through a partnership approach to workforce development and support, with learning in key areas such as advanced dementia care, falls prevention, TEC and digital skills.

3.5.3 We will also be working closely with providers to improve terms and conditions, including pay, and build on current career pathways with the aim of supporting retention and recruitment.

The contract promotes better terms and conditions for staff in the following ways:

- Providing a long-term contract means that providers can invest in recruitment and staffing passing this benefit on to care workers through longer term job security, and different shift patterns and contract terms to suit individual preference
- The terms and conditions in the contract make it clear that as providers benefit from payment on planned care hours, this must be passed on to staff, including payment for travel time.
- Neighbourhood based care delivery opens recruitment to local workers on foot.

3.5.4 We will continue to work with providers, aligned with the ASC [Care Sector Workforce Development Strategy](#) and [Delivery Plan](#), so that care staff are able to benefit from our planned Care Academy and training offer, and we will monitor the extent to which we meet the commitment in the Ethical Care Charter.

3.6 *TEC (Technology Enabled Care) Contract*

3.6.1 The new contract asks providers to collaborate in our work to embed TEC services aimed at supporting independent living, right sizing care packages, and enabling proactive and preventative care which delivers the best possible outcomes for people.

3.6.2 TEC Service Delivery will be embedded as part of the new service model. The current 24/7 TEC Monitoring service, contracted to and operated by Tunstall Healthcare expires on the 4 September 2024, with the option to extend the contract by 12 months already actioned in September 2023. The service is an essential

offer for people's independence at home and Committee are asked to approve the re-commissioning of the service.

3.7 *Hospital Discharge*

3.7.1 The provision of home care is critical to support effective hospital discharge. Improvements have been made over the last year in our pathways and the timeliness of package pick up, but we are keen to do more.

3.7.2 Following the transition to the Care and Wellbeing Service on 3rd June 24, over the next three months, officers will be working in partnership with Care and Wellbeing providers to test and develop the ways of working needed for the independent sector to provide support within timescales needed to support our Hospital Discharge ambitions.

3.7.3 We will also work with providers to contribute to developments for a 7-day discharge model.

3.7.4 The Care and Wellbeing contract requires providers to deliver care for up to 110% of their contracted hours, and this is reviewed quarterly to ensure accuracy and enable providers to plan for demand. Further, the recommendation in this report to develop alternative procurement routes for some home care packages will widen the available market and capacity to support Hospital Discharge.

3.8 *Contract Management & High-Quality Care*

3.8.1 Consistent with our core value 'together we get things done', area-based contracts and neighbourhood working moves us from provider competition to provider collaboration. Providers and operational teams will meet regularly, supporting person-led conversations and early identification of any changes or needs preventing escalation and ensuring people's care is responsive and appropriate. Further, we will support local area MDTs, improving the experience of people when they access the health and care system.

3.8.2 Fewer providers will allow us to develop an improved contract management and oversight approach and support a shared ambition to delivering outstanding care across the city. People in receipt of care will benefit from more timely and more reliable invoices, reducing complexity and improving efficiency. Contract areas provide certainty and better planning.

4 COMMISSIONING INTENTIONS FOR HOME CARE

4.1 The Care and Wellbeing service contracts will provide the delivery of most of the home care in the City. However, the Council will need to ensure that additional contractual arrangements are in place for the following:

- A small number of individual packages where a different provider is appropriate.

- People whose care package did not transfer to a Care and Wellbeing provider
- 4.2 It is also important that the Council has a mechanism by which to rapidly tender for a patch within the Care & Wellbeing service model should any provider exit the market.
- 4.3 To support our duties under the Care Act 2014 to have a sufficient and stable market offering continuity of care, and to allow us to maintain strong market oversight and deliver within best practice, the Council will need to have a readily available procurement route should any of the above situations arise.
- 4.4 The Council also has several people who are receiving home care via a spot purchase arrangement with a provider who does not have a contract with the Council for the provision of home care. We will work with these providers to strengthen the contractual arrangements in place.
- 4.5 Committee are asked to approve this commissioning intention, and officers will begin working on this immediately.

5 HOW DOES THIS DECISION CONTRIBUTE?

- 5.1 The Care and Wellbeing Services contract for the provision of home care will contribute to the Adult Social Care Strategy, 'Living the Life You Want to Live'¹.
- 5.2 The delivery of home care through our new Care and Wellbeing Services contract aims to improve quality and impact, establish a more sustainable social care market, and improve our workforce offer. The contribution made is set out more fully in the report to Adults Health and Care Policy Committee on 15th June 2022: [Recommissioning Homecare Services](#).
- 5.3 The proposal supports the delivery of our key performance indicators, including ASCOF measures, local outcomes and the 'I statements' signifying success of our ASC Strategy. These are provided in the Adult Care and Wellbeing Governance, Assurance and Performance Framework report, 19th June 2024.
- 5.4 The proposals in the report contribute to Adult Social Care performance against the CQC Assessment Framework for Local Authorities, specifically Theme 2: Providing support
- 5.5 The contract also supports a broad range of strategic objectives for the Council and city, and is aligned with existing policies, commitments and needs analyses, including:
- *ASC Workforce Development Strategy*
 - *Safeguarding Delivery Plan*
 - *Joint Strategic Needs Assessment (JSNA) which highlights both an ageing population and an increasingly diverse population*

¹ <https://www.sheffield.gov.uk/home/social-care/our-vision>

- *Race Equality Commission*, with providers expected to support all recommendations and actions, including, for example, contributing to the Council's equality dataset for workforce, staff networks, and anti-racism training. The proposal additionally specifically contributes to Recommendation 3: Inclusive Healthy Communities: Wellbeing and Longevity for All.
- *Unison Ethical Care Charter*²: signed up to by the Council in 2017³, the Charter 'establishes a minimum baseline for the safety, quality and dignity of care' & *GMB Ethical Home Care Commissioning Charter 2022*⁴
- *Ethical Procurement Policy*⁵: driving ethical standards and increasing social value for the city through procurement.
- The contribution made to Sheffield's Climate Emergency can be found in the *Climate Impact Assessment*.

6 HAS THERE BEEN ANY CONSULTATION?

- 6.1 Extensive market and citizen engagement has been conducted in the development of the service, as set out in the Background papers to this report.

7 RISK ANALYSIS AND IMPLICATIONS OF THE DECISION

7.1 Equality of Opportunity Implications

- 7.1.1 Decisions need to consider the requirements of the Public Sector Equality Duty contained in Section 149 of the Equality Act 2010. This is the duty to have due regard to the need to:

- eliminate discrimination, harassment, victimisation, and any other conduct that is prohibited by or under the Act
- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it

- 7.1.2 The Equality Act 2010 identifies the following groups as a protected characteristic: age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex and sexual orientation.

- 7.1.3 An Equality Impact Assessment has been completed and is summarised the report to Adults Health and Care Policy Committee on 15th June 2022: [Recommissioning Homecare Services](#). This EIA has been reviewed and refreshed and is attached at Appendix 1. There is expected to be an overall positive impact through new model of care

² [On-line-Catalogue220142.pdf \(unison.org.uk\)](#)

³ <https://www.unison.org.uk/news/article/2017/10/sheffield-charter/>

⁴ <https://www.gmb.org.uk/sites/default/files/2022%20Care%20Commissioning%20Charter.pdf>

⁵ [Ethical Procurement Policy.pdf \(sheffield.gov.uk\)](#)

- 7.1.4 Continued review of the EIA to inform future updates and decisions is needed. Central to this is the need to measure and monitor the experience of users of home care across different protected characteristics and equality groups.

7.2 Financial and Commercial Implications

- 7.2.1 For 24/25, the available budget for Home Care is c. £45.5m.

- 7.2.2 Contracts have been awarded for 37,600 hours.

- 7.2.3 The recommendations within this report to procure a framework or dynamic purchasing system (DPS) do not commit to any minimum volume of work or payment from the council. All packages of care must be delivered within the available budget.

- 7.2.4

For 24/25, the available budget for TEC Monitoring Services is £327,000, funded through fees and charges. The procurement of a new contract must be within existing resources. Any increase in contract value beyond the available budget will need to be mitigated in year and addressed through review of fees as part of the Business Planning process. Any decrease in income received will be a cost pressure that will also need addressing through Business Planning.

7.3 Legal Implications

- 7.3.1 Under the Care Act 2014, the Council has a duty to assess and then meet the eligible needs of those in its area and it may do this directly or through Council-arranged services. The nature of this duty means that the service is reactive and demand-led, as the Council's obligations are based upon individual need irrespective of overall volume. However, the Council can manage the resulting cost pressures through the procurement and contracting processes, and through the management of the resulting contracts.

- 7.3.2 The Provision of the Care and Wellbeing Service and the home care services that can be made available under them will supply a considerable proportion of the Council's Care Act services. Given that these are individual obligations owed to each service user, the provision of ancillary services in the form of TEC support and a flexible and responsive light-touch dynamic purchasing system for tailored care packages will ensure that the Council can continue to meet all its obligations. The exact terms of the chosen procurement system will need to be tailored to the service requirements, as is permitted under the light touch regime.

- 7.3.3 The scale of the Care and Wellbeing provision brings with it the need to consider the Council's obligations to manage the local care economy to ensure that there is always diversity within the care market to enable the specific requirements of service users to be matched to a suitable provider. The TEC and Light-touch Dynamic Purchasing System (often called a pseudo-DPS) will further enhance diversity and so will meet that obligation. A practical issue for the pseudo-DPS will be the intervals at which new providers may join the system upon demonstrating that they meet the entry requirements. Here it must be noted that if the entry criteria are complex, then assessment for suitability can be administratively burdensome

for the Council and use disproportionate officer time. Simplicity is therefore most desirable when setting the entry criteria.

7.3.4

The duration and scope of the various arrangements for care provision will inevitably lead to a combined provider workforce of considerable size, and contract management activity should consider this not only in terms of efficiency of service provision but also impact on the local employment market. In addition, there may be a need to monitor the internal arrangements of employers to ensure that such issues as TUPE obligations and equal pay arrangements are well-understood and minimised as a barrier to any future service reconfiguration.

7.3.5

The proposals for the procurement of the proposed TEC contract appear to meet the requirements of the Public Contract Regulations, although it is unclear whether this should be regarded as a light touch exercise (conferring greater flexibility upon the procurement and the final service structure). In general, technical services are not light touch, and this should be the starting point pending clarification of this issue.

7.4 **Climate Implications**

7.4.1 The contribution made to Sheffield's Climate Emergency can be found in the Climate Impact Assessment to the report to Adults Health and Care Policy Committee on 15th June 2022: [Recommissioning Homecare Services](#).

7.5 **Other Implications**

7.5.1 The wider implications noted in the report to Adults Health and Care Policy Committee on 15th June 2022: [Recommissioning Homecare Services](#) remain unchanged.

8 **ALTERNATIVE OPTIONS CONSIDERED**

8.1 If the Council did not pursue alternative contractual arrangements of packages of home care falling outside of the Care and Wellbeing Service contract, we would find ourselves having to use spot purchase arrangements. These present a higher risk to the council both in terms of cost and quality.