

Providing Support in People's Homes

Spot Providers

Pre-Procurement Market Engagement Event

19 & 20 October 2021

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Welcome and scene setting

Tim Parlow

Head of Integrated Community Support Commissioning Team

Agenda

- Structure of the session
- Outline of current priorities
- Detail of needs and current services
- Proposal for Spot Accreditation
- Detail on framework process
- Feedback on proposal in breakout groups

What We Will Circulate

- Slides
- Handouts
- Summary of feedback from break-out groups
- Supplier Questionnaire on intend if you want to complete (by 29th October, 12pm)

Our strategic vision

Aims

- **Supporting independence**
 - Enabling model of care so that people can remain in their own home
 - Working with and integrating the developing Assistive Technology projects, improving preventative offer, targeting support to divert and reduce demand on primary and acute health care
- **Connecting with communities**
 - Connected Lives model, building on strengths, connecting to community offer from wide range of Voluntary and Community Sector organisations
 - Moving away from 'time and task' services towards outcomes based services where people's goals and aspirations at the centre of the services they receive
- **Building an attractive offer for our care workforce**
 - Significant investment into front line care worker pay – all providers able to offer pay rates above the Living Wage
 - Attractive career development opportunities and employee benefits, working with HCPA to deliver our workforce strategy

The **ConnectedLives** Commissioning Principles



What we currently commission

Services

- **Reablement**
 - our short-term Enablement service
- **Support at Home (SAH)**
 - our Mainstream service
- **Short term: COVID-19 barrier rounds**
 - supporting people during isolation period or pending negative swab result

Hours / People Supported

Reablement

The Reablement service delivers approximately **165,000 hours** of care per year and supports **3,750 people** every year based on figures since the new contracts started

SAH

The Council commissions approximately **2 million hours** of mainstream homecare a year to support approximately **3,600 people** living in Hertfordshire at any one time.

Lead Providers are contracted to deliver an agreed level of indicative hours, they provide around 500,000 of these hours. The remainder of the market is supported by spot providers and some non-contracted providers, this making up about 1.5 million hours..

Providers

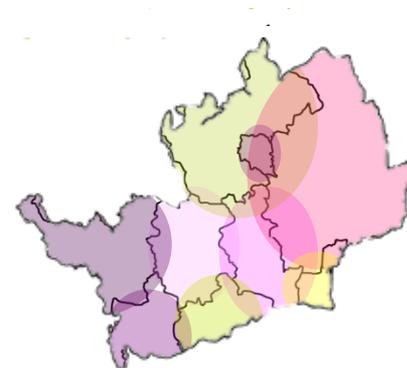
Reablement

- 3 providers

SAH

- 3 Lead Providers;
- Approx. 63 spots

Lot Areas



9 district areas:

Broxbourne
Dacorum
East Herts
Hertsmere
North Herts
St Albans
Stevenage
Watford & Three Rivers
Welwyn & Hatfield

94% of service users interviewed during Q2 21/22 confirmed that they were satisfied with their care

Current delivery Support at Home

Financial Period 2020/21	Total commissioned hours	Hours Provided by Spot	% of Total hours provided by Spots
Broxbourne	22,396	17,456	77.94%
Dacorum	26,999	21,970	81.37%
East Herts	21,075	10,227	48.52%
Hertsmere	21,702	18,515	85.31%
North Herts	26,442	20,521	77.61%
St. Albans	18,711	14,842	79.32%
Stevenage	20,291	19,337	95.30%
Watford & Three Rivers	29,110	22,064	75.80%
Welwyn & Hatfield	21,526	17,278	80.26%

Proposal

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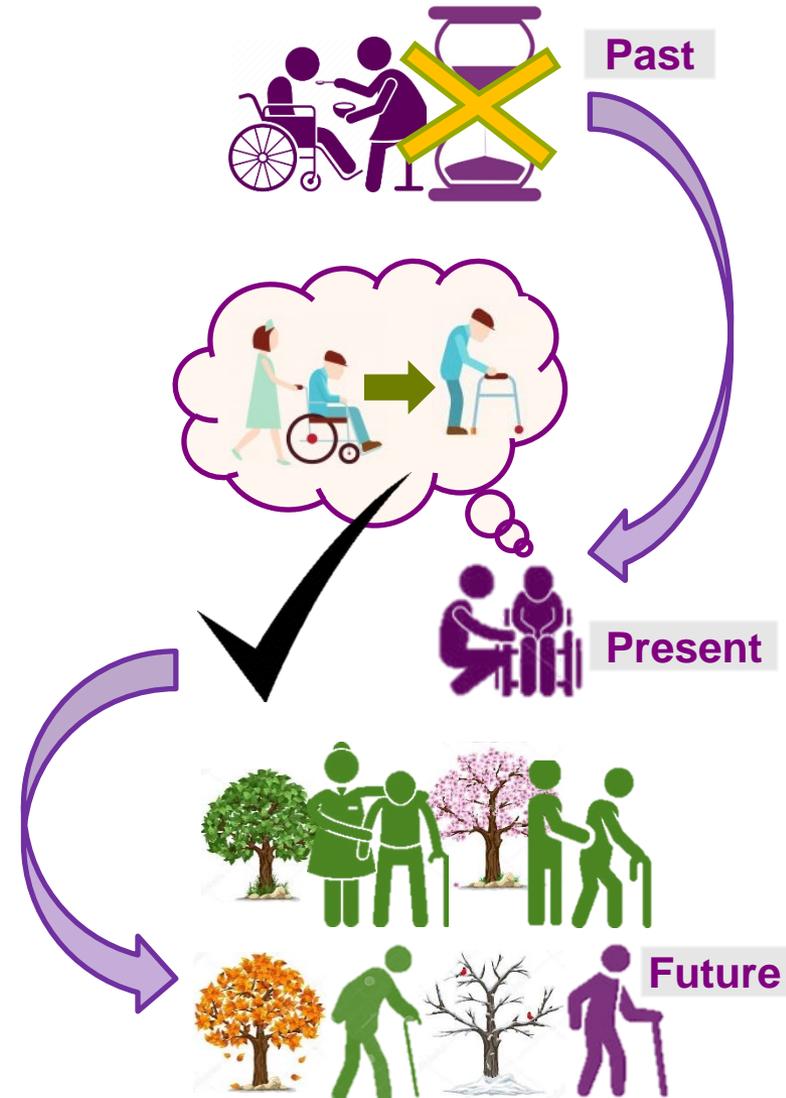
How Spot providers can support the Homecare market

- Delivering **quality care in a local area** – knowing their patch well, the professional teams who operate there and community resources available
- Identifying any **local specialisms**, e.g. language & culture to support a local community
- Supported through HCPA, CHIT team, professional colleagues to ensure people can be supported to **remain at home** as long as possible and **prevent avoidable hospital admissions**
- Working with therapy partners to ensure better outcomes for individuals
- Focus on providers with sufficient infrastructure and management in place to **support complex cases with skilled staff**.
- Arrangements regarding commissioning **Continuing Health Care** to be reviewed during the lifetime of the Framework – this can be built in so providers are aware this is a possibility and avoid contract variations.
- Current Spot contracts end 31 March 2022 new Framework to begin September 2022.



The model that we're moving towards

- Moving spot providers from “time & task” commissioning to the same **outcomes focussed model** as Lead Providers
- Supporting referrals **7 days a week**
- **Quicker response times**
 - providers responding to referrals within 2 hours
 - start date within 24 hours where the requirement is for rapid support, otherwise 48 hours
 - same day restarts where the request is made before 12pm
- **Short-term 10% flex in hours** without prior approval, to support acute episodes, e.g. prevention of admission or carer breakdown. HCC still require notification of flexing so as to maintain oversight.
- Care practitioners **staying the full duration of the planned visit** to engage in conversation, reducing loneliness and building rapport, to support with identifying wellbeing needs



Moving away from time & task to measurable goals and outcomes for service users, helping to maintain as much independence as possible

We are moving away from time and task

Outcome-based calls

- To enable providers to offer personalised care, **ACS to offer on outcomes**, and together, the **provider and service user will come to an agreement on how these outcomes will be met, and a time for the call**
- HCC would put some parameters in place re times and keeping plans flexible, to **ensure that individuals are safe** i.e. put into writing how many hours in bed is acceptable. For example if a service user had a 9pm to put them to bed, we would outline the latest possible time for a morning call, so that the service user is not left in bed for a period longer than we deem acceptable / appropriate.
- **Time for critical calls only** i.e. medication

Why we want to use them

- Produces **better outcomes**
- It's more **person-centred**
- It can increase **flexibility** in the service and improve **capacity** issues.
- Can **reduce isolation**, as providers can stay for the full allotted time, rather than rushing to next call
- Travel between calls can be **better managed** in the creation of the rotas

ConnectedLives

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How the model would work

Mr K receives **15 hours** of homecare every week. He wants to **maintain his health** and **manage his ongoing condition**. It's important to him that he's **well-presented** and that he **eats well**.

He needs support with medication to manage his diabetes as well as assistance with washing and dressing. **Mr K and his Care Provider develop a plan** that ensures he receives time sensitive medication but also **allows for a longer visit twice a week** where his care worker assists him to have a bath and to shave himself. He used to enjoy cooking but struggles with this now. **Once a week he has a longer mealtime visit** so that he can prepare his own meal with his care worker's support.

After a short hospital stay, Mr K receives 3 weeks of Reablement support, followed by ongoing support from his Care Provider. **His care worker and the Occupational Therapist agree a plan with Mr K**, and his care visits are arranged to ensure **he is able to keep appointments and still receive visits at home** where he is encouraged to mobilise and exercise, increasing his independence. As Mr K increases in mobility and confidence, **his care worker discusses with him a lunch club** at the local church which he is interested in. The Care Provider assists Mr K to make contact and arrange attendance and the care worker accompanies him to get to the church hall to give him additional confidence. Mr K enjoys the club and decides to attend twice a week, **enabling a reduction in Mr K's weekly sum of hours**.

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Person-focused



Co-produced



Flexibility



Independence



Personalised



Framework - Stage 1 Requirements

- CQC registration for 1 year for the location to be used to deliver the contract
- Or sufficient evidence of corporate experience if this is to be added as new location
- Delivering 200hrs care pw (minimum) – private and/or LA
- Hertfordshire Care Standard
- Price
- Compliant electronic monitoring system
- Insurance
- Financial Assessment – case by case basis to include turnover, business plan, accounts
- Ability to meet the contract requirements

Geographical Areas

Previous areas

S@H Lot areas



14 lot areas:

North Herts
Stevenage
East & North Herts Rural
East Herts
Wel Hat (1 & 2)
Broxbourne (1 & 2)
St Albans
Dacorum
Dacorum Rural
Hertsmere
Three Rivers
Watford

New areas

District areas



9 district areas:

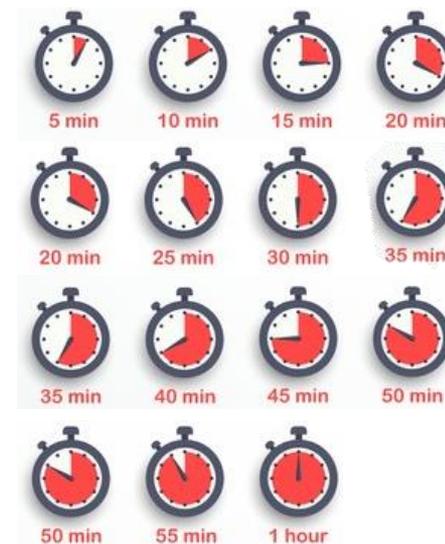
North Herts
Stevenage
East Herts
Wel Hat
Broxbourne
St Albans
Dacorum
Hertsmere
Three Rivers & Watford

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The Lot Area suggestion is more in line with the strategic lead provider contract. The District Area suggestion may encourage new providers into the market and offer a more localised community approach

Price

- £21.92ph flat rate across the county
- Average hourly rate £24.74
- Care Practitioners rate £12.58
- Investment from HCC £1.8m



Call Duration	% of rate paid	Price
0:00-20:59	40%	£8.77
21:00-35:59	60%	£13.15
36:00-50:59	80%	£17.54
51:00-60:00	100%	£21.92
60+	Pro rata of hourly rate	

 60% of care calls are commissioned at 30 minutes

Insurance

Minimum Levels of cover:

- £10m Public Liability
- £10m for Employers Liability
- £5m for Professional Liability
- £10m for Medical Malpractice



The Hertfordshire Care Standard

- Paying care practitioners a **sustainable wage**
 - **competitive** with other local service industries
 - **attracts individuals** who wish to work within the caring sector
- Offering care practitioners a **choice** about the type of contract they take
 - option to **switch contract** type upon request - e.g. zero hours, variable hours, fixed and permanent.
- Paying care practitioners sick pay and holiday pay, travel time, travel costs and other **necessary expenses** such as training, mobile phones and uniforms and DBS checks.
- Ensuring there are robust mechanisms that will **encourage and support continuing professional development** of care practitioners.
- Demonstrating support planning
 - reflects service user choice and control
 - focused on **achieving people's specified outcomes**.



Outcomes

An outcome is:

‘the positive impact or change that occurs as a result of a particular activity or activities’

Outcomes will be **central to all our service specifications**

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Service outcomes and Monitoring

Outcomes, Outputs & Required Training

- The Service Provider will ensure that support plans for Service Users are **person-centred** and developed with **achievable outcomes** but will not be prescriptive about exactly how these should be achieved.
- Outcomes will be **delivered and measured effectively** using KPIs.
- Providers will be required to **work with the Council, health services and wider community services** to continually improve access to services and develop and maintain pathways.
- Providers will **recruit and train staff** who have the ability to **provide a range of direct personal, practical and social care** with a key focus on **enabling and maximising independence**. In all areas the Provider will demonstrate that staff meet the national standards in training and care delivery.



Service outcomes and Monitoring

KPIs to Measure Outcomes

- 100% of service users have an agreed set outcome
- 80%+ can successfully demonstrate achieving or working towards outcomes
- Missed calls/late calls, where critical
- Cross-referrals and links with other organisations/agencies
- Continuity of care practitioner
- CQC rating – ‘Good’ as a minimum
- PAMMS – ‘Good’ as a minimum
- Electronically monitored visits – 90%
- Service user satisfaction



Contract Award & The Call Off

E-Tendering portal (In-Tend) www.supplyhertfordshire.uk



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 [LOGIN or REGISTER](#)

All Opportunities

Details of current and future tender opportunities

Partners

Hertfordshire County Council
Stevenage Borough Council
Broxbourne Borough Council
Hertsmere Borough
North Herts District Council
Dacorum Borough Council
Welwyn Hatfield Borough
Lee Valley Regional Park Authority
Watford Borough Council
St Albans City & District Council
East Herts District Council
Three Rivers District Council

Welcome to Supply Hertfordshire's E-Tendering System



Supply Hertfordshire was established in 2003 by the County and District Councils in Hertfordshire to look at the potential for joint working in procurement and partnership projects. Since then a number of shared working arrangements and contracts have been developed delivering a range of benefits to the participating organisations of Supply Hertfordshire.

In particular Supply Hertfordshire is striving to :

- Manage a range of joint projects to deliver a greater understanding and improvements to the procurement processes across Hertfordshire.
- Improve information for suppliers and to streamline the tendering process through harmonising requirements and the use of a shared website.
- Improve supplier relationships and attainment of strategic service delivery outcomes across the region.
- Improve procurement service levels to the differing business areas and Councils across the region.
- Share best practice and knowledge in procurement and to mutually support the work and professional development of Buyers within Hertfordshire.
- Encourage Hertfordshire businesses to tender for public sector contracts in Hertfordshire.
- Represent procurement within Hertfordshire at local and national levels whilst maintaining close





Procurement: our likely approach

- One stage process through Intend
- Stage 1 requirements will be pass/fail
- Ensure you fully understand the Council's requirements. Use the clarification period to ask questions if in any doubt
- Have someone else review your proposal before you submit it for evaluation (to make sure it makes sense to them)
- Ensure you allow plenty of time to upload your proposal – avoid last minute submissions

Framework Length

In order to provide a sustainable footing for the care market we would want to put forward a **3 year Framework (with 2 year extension)**.

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The Call Off

- Suitability Criteria
 - 1 – Geographical Area
 - 2 – Service User group
 - 3 – Service User Choice
 - 4 – Ability to Meet Needs of the Service User
Specialisms
 - 5 – Start Date
 - 6 – Price
- Any providers who do not currently provide homecare with HCC will not be called off until a satisfactory monitoring visit has been completed
- If you are not on the Framework you will not receive any packages from HCC

Key tips when bidding for contract opportunities

Do:

- ✓ Ensure you fully **understand the Council's requirements** and the evaluation methodology (i.e. service specification, evaluation criteria and weight allocations, terms and conditions); this should influence time and effort in preparation of your responses - clarify if in doubt! **Use the clarification period wisely i.e. raise all questions no matter what nature early**
- ✓ Make sure you **answer the questions asked** and match your responses to the requirements of the service specification and pre-determined criteria
- ✓ **Be clear, compliant and concise** throughout your proposal; clearly communicate how you will meet the requirements of the services specification and perform the contract - **Evidence**
- ✓ **Proposed methodology**: clearly show who (e.g. brief CVs) does what, why, when, how and benefits from the Council's perspective – illustrate with diagrams where appropriate
- ✓ Have someone else **review your proposal before you submit it** for evaluation (to make sure it makes sense to them)
- ✓ Ensure you **allow plenty of time** to upload your proposal – avoid last minute submissions
- ✓ **Offer innovation and demonstrate added value** (e.g. identify and demonstrate clearly your capability and the innovation of your offer (USP))

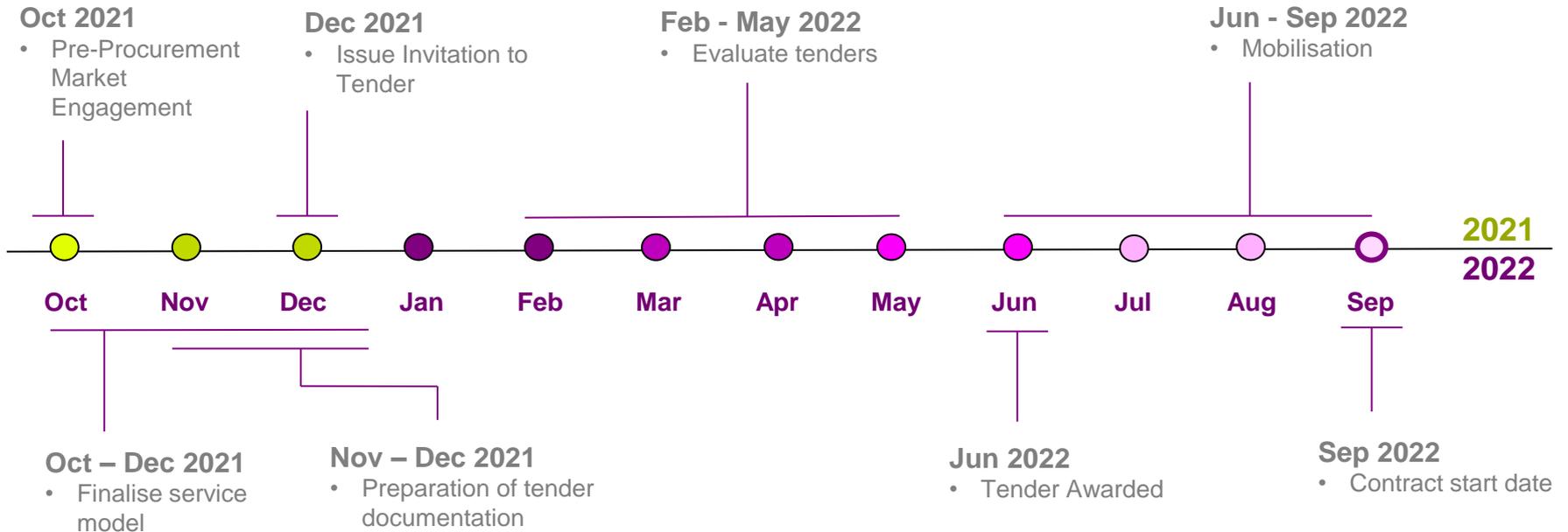
Key tips when bidding for contract opportunities

Don't:

- × Fail to provide the requisite information or to **follow the instructions contained within the Instructions to Tenderers and supporting documentation**
- × Fail to **answer the question asked**, whereby a poorly constructed or generic response fails to address the technical specification and relative award criteria
- × Understate your unique or key selling points (even if we are aware of what you do) – **avoid complacency**
- × Be **inward focused** (know your market - form partnerships, supply chains or consortia where appropriate)
- × Make **assumptions, or promises/claims that you can't deliver** – don't tell us what you will 'consider' providing
- × **Exceed page/word limits**, or submit in alternative formats - be compliant!
- × **Submit a qualified offer**, i.e. subject to agreement to terms and conditions not raised in the clarification period, or changes to the specification

Score	Rating	Criteria for awarding points
0	Unacceptable	Does not meet any of the Council's requirements
1	Weak	Falls significantly short of meeting the Council's requirements
2	Poor	Falls slightly short of meeting the Council's requirements
3	Satisfactory	Satisfactorily meets the Council's requirements and is supported by clear evidence
4	Good	Slightly exceeds requirements and will bring some added value/benefit to the Council
5	Outstanding	Considerably exceeds requirements and will bring significant added value/ benefit to the Council

Timeline



Tender Bid Writing Training
through HCPA:
15th November 2021
25th November 2021
Book via HCPA website

Questions in groups

What do you think about the changes that we are suggesting?



To support the connected Lives model, we suggest...

Moving away from time and task

1. What challenges do you foresee with this model?
2. How will this model support you to deliver personalisation?
3. Do you think this new model will help make rotas more efficient?

To create a more sustainable care model and resilience in the market, we suggest...

Banded rates

1. What do you think about a flat banded rates?
2. What are the main benefits?
3. What are the main drawbacks?

To have quality care providers, we suggest...

Framework

1. What do you think of the proposed duration of the framework (3 years +2)?
2. Is there anything we have discussed today that would prevent you from applying?

thank you

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