

# HAMPSHIRE COUNTY COUNCIL

## Decision Report

<b>Decision Maker:</b>	Executive Lead Member for Adult Social Care and Public Health
<b>Date:</b>	16 July 2024
<b>Title:</b>	Adult Community Care (including Domiciliary Care) updated Contract Arrangements
<b>Report From:</b>	Director of Adults' Health and Care

**Contact name:** Gail Kirby  
Stephen White  
[gail.kirby@hants.gov.uk](mailto:gail.kirby@hants.gov.uk)

**Email:** [Stephen.White@hants.gov.uk](mailto:Stephen.White@hants.gov.uk)

### Purpose of this Report

1. The purpose of this report is to seek permission to spend to enable contracts for care into people's own home, including domiciliary care, extra care, live-in care and reablement services to be called off under a framework by the County Council and potentially the Hampshire and Isle of Wight Integrated Care Board.

### Recommendation(s)

2. That the Executive Lead Member for Adult Social Care and Public Health approve expenditure of up to £6.2 billion under a Help 2 Live at Home framework (2024) for a period of up to 10 years commencing in 2024 to provide home-based, domiciliary care and related services, as set out in this report.

### Executive Summary

3. Remaining as independent as possible at home is one of the County Council's three priorities for Adults' Health and Care which will enable our vision for Hampshire residents to live long, healthy and happier lives. Currently, the County Council supports people to live safely and comfortably in their own home, or in community settings, by purchasing a range of regulated services through the Help to Live at Home Framework and call-off contracts.
4. The Services in scope are wide ranging and cover Domiciliary Care, Reablement, Extra Care for older adults and adults with a physical disability. The Hampshire market has developed considerably since the Framework was established six years ago, and as a result there are over 350 providers signed up to the Framework: 80% of the care delivered is with 60 providers.

5. Whilst this reflects the success of the Framework, current arrangements were not designed to work with the market conditions that have now emerged in Hampshire. The existing Help To Live at Home Framework comes to an end in August 2024, and while its call-off contracts can continue beyond that, the intention is to replace the Framework with an updated arrangement, using a similar structure, to aid continuity and market sustainability.
6. While the structure would remain largely similar, there is an opportunity for improvements to reflect the changing market conditions, and to respond to feedback from providers and individuals. In particular, the changes proposed would extend the range of services available under the Framework. This includes enabling provision for people with a learning disability or mental health condition to increase capacity and access to a wider choice of providers. The updated framework could also be used to support care purchased by, or on behalf of Hampshire and Isle of Wight Integrated Care Board (HloWICB) (see below). Improvements would also strengthen the County Council's ability to ensure quality service delivery and respond to any provider quality issues.
7. The scope of the Framework is intentionally broad to enable home-based support within any potential combination of possible arrangements with external care partners. The total value of the Framework for which approval is sought is reflective of this scope and amounts to £6.2bn - £5bn for the County Council and £1.2bn for the Hampshire and Isle of Wight Integrated Care Board. The County Council expenditure, as outlined within this report, would be funded from the recurrent annual budget for these services inclusive of an assumption of inflation for future years.

## Background

8. Supporting people with an assessed, eligible care need to remain at home is one of the County Council's three priorities for Adults' Health and Care which will enable our vision for Hampshire residents to live long, healthy and happier lives with the maximum independence possible. Currently, the County Council supports people to live safely and comfortably in their own home, or in community settings, by purchasing a range of regulated services through the Help to Live at Home Framework and several Call-Off contracts which have been made available during its life. This arrangement has served Hampshire residents well, with up over 56,000 hours of support being provided to just over 4,600 individuals every week.
9. The current framework and its Call-Off contracts cover services for older adults, defined as those over the age of 65, and adults with a physical disability. The kinds of services included are:
  - **Domiciliary care services** – a service which takes place in a person's own home, delivered a CQC registered care provider, to support people to live independently by providing care and support to meet their assessed, eligible needs.
  - **Reablement services** – a short term service to help people to retain or regain their skills and confidence so they can learn to manage again after a hospital stay or period of illness.

- The care element of **Extra Care** – supporting people to live independently while being assisted with personal care tasks.
10. When the Framework was first introduced six years ago, the social care market in Hampshire was in a different position. The Framework and its Call-Off contracts were designed to bring stability to the home-based care market, alongside support and reassurance to providers in the form of regular, reliable, and sustainable payment methods, and enable the County Council to effectively manage the quality of the service provided across the 15 geographical zones into which the contracts are divided. Over the last six years, the market has continuously developed increasing the available capacity and diversity of providers. National policy has further shaped the current strength of the market, with overseas recruitment bringing further capacity across Hampshire.
  11. The current Help to Live at Home framework has enabled the County Council to navigate these market changes and ensured a legal route to procure the home care that Hampshire's residents require. It was not, however, specifically designed to work with the market conditions currently present in Hampshire. With the Framework due to end in August 2024, the County Council has opportunity to replace the Framework and put in place updated call-off contracts, considering its strengths whilst also responding to the growth and diversity within Hampshire's market.

## **Proposed strategy for renewing the Help to Live at Home Framework**

### **Key objectives**

12. It is proposed to replace the current procurement arrangements with an updated Help 2 Live at Home (H2LH) Framework. Due to the overall success of the current arrangements in terms of supporting market management and development, the replacement Framework would follow a similar structure with changes to the new arrangements minimised to help ensure continuity, and support sustainability in the current market. There are, nonetheless, opportunities to make improvements. The County Council has undertaken a range of engagement activities to seek views on what these improvements should be. This included a number of workshops and events, both run by the County Council and in partnership with the Hampshire Care Association, as well as one-to-one sessions with providers.
13. As a result of this engagement, the County Council has identified that changes to the renewed Framework should support several key objectives as follows:
  - **Promoting and ensuring the sustainability of local care markets, in line with the Local Authority's duty under the Care Act 2014.** This will be achieved, in part, through expanding the range of services to serve a wider section of residents – for example, expanding the Framework to include younger adults (those aged under 65) with a disability or mental health condition, as detailed below. Updates will also enable the County Council to remain responsive through the ability to open and close the Framework dependent on market conditions.

- **Improving the County Council's ability to ensure quality service delivery and respond to provider quality issues.** Measures are proposed which will strengthen the County Council's ability to ensure a consistent quality of provision, supporting better outcomes for people accessing services and ensuring provision is safe and appropriate whilst remaining affordable. These measures are detailed in Appendix A and include, for example, the ability for the County Council to refuse a provider's application to the Framework if they have a poor, or no, rating by the Care Quality Commission (CQC) – the independent regulator of health and social care in England.
- **Expanding the range of services available to residents across different settings and facilitate opportunities for closer joint working with the NHS.** For example, by expanding the scope of the Framework to include the ability to source care in a residential or community setting across a range of services, as detailed below.
- **Ensuring the County Council continues to meet its legal duty to return a balanced budget.**

14. A summary of the proposed updates is included in **Appendix A** and the following section provides further detail on the expanded service scope.

### **Expanding services in scope**

15. The updated H2LH Framework will enable the purchasing, delivery and management of services designed to meet Care Act eligible needs which take place in domestic or community settings. As referenced above, the intention is to expand the range of services which fall within the scope of the revised Framework. Services which may be called off from the new framework include, but are not limited to:
- **Domiciliary Care** provided for Older Adults, and Younger Adults with a physical disability, learning disability or mental health condition, delivered through contracts across 15 geographical zones.
  - The future option for **Domiciliary Care** provided for Older Adults, and Younger Adults with a physical disability, learning disability or mental health condition, delivered through geographical, zone based 'Tier 1 strategic partner' contracts.
  - Older Adult **Extra Care** contracts.
  - **Take a Break**, a service to support carers by giving them access to a number of hours of in-home support per week, or similar carers service supporting Care Act eligible needs within someone's home.
  - **Ongoing Live In Care services** – Live In Care is a service where a carer resides in the home of the person with Care Act eligible and supports them over a 24 hour, 7 day period. Live In Care is usually shorter term, and more intense in nature.
  - **Reablement**, 'step up' from the community, or 'step down' from hospital short term services delivered in a domestic or community setting.

- Services purchased by, or on behalf of, the NHS or **Hampshire and Isle of Wight Integrated Care Board (HloWICB)**

### **Strengthening join-up with the NHS**

16. The current Framework is set up to be used by both the County Council and its commissioning partners in the NHS. This would continue under the new Framework, which would allow for the Hampshire and Isle of Wight Integrated Care Board to call off their own contracts, and for the County Council to act as lead commissioner as appropriate, if requested. This arrangement would enable The County Council and the Hampshire and Isle of Wight Integrated Care Board to have a flexible way in which they can purchase a variety of services for both Older and Younger Adults. If it is proposed that the County Council be lead commissioner for the NHS, a further report will be brought back seeking approval from the Executive Lead Member for the County Council to enter partnership arrangements under S75 NHS Act 2006. Prior to Hampshire and Isle of Wight Integrated Care Board calling off their own contracts or for the County Council to act as lead commissioner, the ICB would seek the necessary approvals via its governance groups.
17. Ensuring an open, fair, predictable, and transparent approach to the whole market and with the public should improve relationships, provide consistency in rates and communications with the market and ensure expectations are clearly articulated to all.

### **Working with providers**

18. The Care Act 2014 places a duty on Local Authorities to help develop local care markets to deliver a wide range of Care and Support Services. The updated Help 2 Live at Home Framework (2024) will assist to ensure the County Council is meeting this duty through working more closely with providers, offering them the opportunity to work more closely with each other through and ensuring clear lines of communication are maintained.
19. The Framework would ensure consistency of approach for providers when contracting with the County Council and/or the Hampshire and Isle of Wight Integrated Care Board on any tenders drawn down through this vehicle.
20. Importantly, the Framework would afford more opportunity to work with providers to inform the development of more specialist services. The County Council and Hampshire and Isle of Wight Integrated Care Board would continue to be equipped to identify where issues are arising and be able to engage further with a wide community of providers.
21. When contracting with the County Council providers would be required to support individuals through an individualised, person-centred, strengths-based approach, that ensures positive outcomes for individuals who need our services.

## **Finance**

### **Current cost and projections**

22. According to data from the Hampshire Joint Strategic Needs Assessment the demographic trends of the population are due to both increase and age over the coming years. Hampshire has an older population structure with a higher proportion of the population aged 50 years or over with 16.6% of the population being over 70 compared to 13.4% nationally.
23. The population is predicted to increase by 6.3% over the seven-year period 2020 - 2027 with the highest predicted growth expected to be with those aged 75 or over. Given the growing and ageing population alongside increasing complexity of needs, the County Council anticipates that demand for these services will remain high and is likely to increase.
24. The upper estimate of the likely spend and overall financial approval requirement is £6.2bn over the ten years of the Framework and there is a high confidence that this would be more than sufficient. This confidence is for both the County Council value of £5bn, and the other services that may be potentially procured by, or for, the Hampshire and Isle of Wight Integrated Care Board, valued at £1.2bn. The £1.2bn would only be incurred by the County Council if there is the appropriate legally binding agreement in place that enables the County Council to enter into contracts on behalf of the other organisation and to be reimbursed.
25. The figures arrive at an overall financial approval requirement of £6.2bn over the ten years of the Framework and there is a high confidence that this would be more than sufficient. This confidence is for both the County Council value of £5bn, as outlined in Appendix B, and the other services that may be potentially procured by, or for, the Hampshire and Isle of Wight Integrated Care Board, valued at up to £1.2bn. Any procurement through HCC on behalf of HIOWICB would only be incurred once an appropriate legally binding agreement in place that enables the County Council to enter into contracts on behalf of the other organisation and to be reimbursed.
26. The County Council expenditure, as outlined within this report, is a continuation of existing spend, funded from the recurrent annual budget for these services, to enable the County Council to meet its statutory obligations under the Care Act 2014, sections 5, 8 and 18-20.

### **Performance**

27. The Directorate works collaboratively with other commissioners and partners to review available insight and intelligence to support evidence-based decision making. The Framework provides an opportunity to call-off several tenders for Home-Based care services and through this procurement process this intelligence can be utilised to ensure we are working with safe and appropriate providers.

28. The County Council, through an updated Help 2 Live at Home (2024) framework, assess and manage the quality of providers at point of entry, both to the Framework and any call-off contracts. Continued compliance with quality requirements would be monitored through both contractual management protocols and the County Council's published Quality Outcome and Contract Management (QOCM) processes.
29. As part of the update to a new Help 2 Live at Home Framework (2024), a number of quality and performance improvements are planned, including:
- Strengthening the Councils ability to manage provider quality at application stage and beyond.
  - Poor or no CQC rating, location of registered office, known safeguarding or other statutory investigations, no existing clients prior to application will give HCC the ability to refuse their application, subject to Due Diligence discussions when appropriate.
  - Improved contract monitoring and automation of KPI data (including monitoring staffing levels, including overseas staffing)
30. As part of any Call-Off contractual arrangements' providers would be expected to participate in contractual management protocols proportionate to their service delivery. This would be supported through the County Council's Commissioning Teams. All contractual arrangements will have key performance indicators for all providers that would be monitored through automated digital functions, contract management calls and meetings, and shared knowledge with operational teams through regular Boards and Performance Dashboards.
31. Performance measures and monitoring processes would be agreed between all parties and published as part of any future tender opportunities.

## **Equalities**

32. An Equality Impact Assessment (EIA) is included examining areas of consideration for any implications. Findings show that the replacement Framework for home-based care services would not have any negative or disproportionate impacts on accessibility of services for any individual across the range of protected characteristics who needs are met through home-based care in a residential or community setting, within available resources and market capacity.
33. The Call-Off for contracts for Domiciliary Care and Live in Care would positively impact those individuals predominantly aged 65 or over who require care and support in their own home. According to the 2018 Office for National Statistics forecasts, the population of those aged 65 or over is due to increase by approximately 10% nationally by 2028, meaning that should the County Council continue to commission services at the same level, the number of individuals likely to receive services commissioned by Hampshire will increase to just over 5,000 per annum by 2028.
34. The contract stipulates that providers are expected to deliver services that are strengths- based (consideration of an individual's own strengths and

capabilities, and what support might be available from their wider support network or within the community to help meet and support their care needs) and outcomes focused (working towards an individual's goals and aspirations). Providers will be working to ensure individuals living within their own homes, reach their full potential and maximum independence. In addition, providers will be expected as part of their contractual obligations to ensure that people in receipt of care are involved with their local community through supporting access to the local area. There would be close monitoring of providers through contract management, helping to ensure that the County Council is working with good quality providers and supporting their improvement where needed.

### **Legal Implications**

35. The procurement would be conducted under the "Light Touch Regime" for 'certain social and other specific services' under the Public Contract Regulations 2015 (regulations 74 to 77). The Framework would enable call off contracts to be awarded in respect of any type of domestic, or community-based care services over the lifetime of the Framework but does not guarantee any individual provider, or commit any party to any specific level of spend.

### **Conclusions**

36. This report has summarised the background and rationale to the proposal to recommission the Help to Live at Home framework to support a range of current and planned home based services. Investing in home based services support the County Council's vision and strategy for residents to live long, healthy and happy lives.
37. The report has considered the potential financial risks and impacts to Hampshire as well as any possible legal and financial implications.
38. The report has also provided details of the Equality Impact Assessment that has been produced in respect of the proposal.



**REQUIRED CORPORATE AND LEGAL INFORMATION:**

**Links to the Strategic Plan**

<b>Hampshire maintains strong and sustainable economic growth and prosperity:</b>	Yes
<b>People in Hampshire live safe, healthy and independent lives:</b>	Yes
<b>People in Hampshire enjoy a rich and diverse environment:</b>	Yes
<b>People in Hampshire enjoy being part of strong, inclusive communities:</b>	Yes

**Section 100 D - Local Government Act 1972 - background documents**

**The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)**

Document

Location

None

## **EQUALITIES IMPACT ASSESSMENT:**

### **1. Equality Duty**

The County Council has a duty under Section 149 of the Equality Act 2010 ('the Act') to have due regard in the exercise of its functions to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited by or under the Act with regard to the protected characteristics as set out in section 4 of the Act (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation);
- Advance equality of opportunity between persons who share a relevant protected characteristic within section 149(7) of the Act (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic within section 149(7) of the Act (see above) and persons who do not share it.

Due regard in this context involves having due regard in particular to:

- The need to remove or minimise disadvantages suffered by persons sharing a relevant protected characteristic that are connected to that characteristic;
- Take steps to meet the needs of persons sharing a relevant protected characteristic that are different from the needs of persons who do not share it;
- Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

### **2. Equalities Impact Assessment:**

**Title:** Help to live at Home Framework (Domiciliary Care)

**Service affected** – Domiciliary Care and Support services procured by Hampshire County Council

**Description of the service/policy/project/project phase** - Domiciliary Care is currently delivered through the Help to Live at Home Open Framework Agreement and the Care and Support at Home call-off contracts. Should an older adult (65+) or an adult with a physical disability (PD) be determined to have eligible care and support needs that will be most appropriately met within their own home in the form a domiciliary care and support placement, then the assessment information will be used to source the most appropriate provision and provider. A high-level

anonymised care and support needs summary (Pen Picture) of the individuals will be shared with the relevant call-off contract providers.

The current Help to Live at Home Open Framework Agreement ends on 8 August 2024, with no further extension available. It is proposed that the replacement framework and the related call-off contracts will run for 10 years, until 2034.

The framework allows us to:

- To meet our Care Act duty of managing the market and ensuring it is sustainable.
- To ensure individuals receive the right service at the right time and that a strength-based approach is employed in sourcing provision.
- To ensure that all individuals, who require a domiciliary care provision through Hampshire County Council, are offered an appropriate to need and best value placement.
- That Hampshire residents are supported with individualised, person-centred care, that is provided through recognising the individual's strength but also where the individual needs support to thrive.
- To work with a proportionate and sufficient group of Providers who we have positive and consistent relationships with.
- To secure competitive costings within the market and to support the market in a constructive and positive way.
- To offer a standardised, fair, supportive and transparent offer to the market.

**New/Changed service/policy/project** - There is currently in place an existing framework, through which the provision of Older Adult and Physical Disabilities domiciliary care is procured. The current framework works well and allows HCC to make relevant referrals to providers of Domiciliary Care. However, the renewal presents an opportunity for a review and to make amendments and improvements. To ensure a smooth transition between contractual arrangements, and to minimise any disruption to either delivery partners or individuals, arrangements will be put in place to ensure providers that meet specific, quality related, criteria can be passported onto the new framework. A review of processes involved with onboarding, provider quality monitoring and management, due diligence, uplifts and rate increases, as well as strengthening of KPIs (improved contract management) will form part of the project delivery. The new arrangements will also include the ability to source care for a wider range of needs, including adults with a Learning Disability, Physical Disability or Mental Health concern, alongside a wider range of types of service, including domiciliary care, Extra Care, Live-In care and short term respite and reablement services. Requirements identified within the wider SP25 programme will form part of the project to allow the framework to act as an enabler for any changes.

The aim of the improvement work being undertaken is to:

- Strengthen/enhance the Council's ability to continuously manage quality, both at the application stage and during the life of the Framework.
- Ensure the new Framework is future proof and has the right mechanisms to respond to changing market conditions.

- Improve internal processes and flow of information between teams.
- Allow additional care types to be called off. Live-in-Care, Learning Disabilities and Mental Health to be included from launch. Scope will be added for ICB work to be included in the future if agreement is reached.

**Engagement** - Engagement with Hampshire Care Association (HCA), existing providers, HQ teams, operational teams, Integrated Care Board (ICB) commissioners/procurement, and other Local Authority commissioners is ongoing. A series of events and workshops have taken place to engage with all key stakeholders to seek their input into the design of the replacement framework and call-off contracts.

## **Equalities considerations – Impact Assessment**

### **Age**

**Public Impact:** Positive

**Staff Impact:** Neutral

**Decision Rationale:** The replacement framework will not disproportionately impact those who are older and will have a neutral impact on both staff and individuals. However, the call-off for contracts for Domiciliary Care and Live in Care will positively impact those individuals predominantly aged 65 or over who require care and support in their own home. According to the 2018 Office for National statistics forecasts, the population of those aged 65 or over is due to increase by approximately 10% by 2028, meaning that should we continue to commission services at the same level, the number of individuals likely to receive services commissioned by Hampshire will increase to just over 5000 per annum by 2028. The contract stipulates that providers are expected to deliver services that are strengths-based (consideration of an individual's own strengths and capabilities, and what support might be available from their wider support network or within the community to help meet and support their care needs) and outcomes focused (working towards an individual's goals and aspirations). Providers will be working to ensure individuals living within their own homes, reach their full potential and maximum personal level of independence. In addition, providers will be expected as part of their contractual obligations to ensure that people in receipt of care are involved with their local community through supporting access to the local area. There will be close monitoring of providers through contract management, helping to ensure Hampshire are working with good quality providers and supporting their improvement where needed.

### **Disability**

**Public Impact:** Positive

**Staff Impact:** Neutral

**Decision Rationale:** The replacement framework and call-off contracts will continue to purchase care for adults with a physical disability, it will also include the possibility to purchase care for those with a learning disability or mental health concern. The framework will not disproportionately impact those individuals who have a disability and will have a neutral impact. However, the call-off contracts for Domiciliary Care and Live in Care provisions for adults will positively impact those individuals with a disability who require care and support in their own home.

Through the contracts providers will be expected to ensure that services delivered are person centred and outcomes focused, working to ensure individuals reach their full potential and maximum personal level of independence. In addition, providers will be expected as part of their contractual obligations to ensure that individuals are involved with their local community through supporting access to the local area. There will be close monitoring of providers through contract management, helping to ensure Hampshire are working with good quality providers and supporting their improvement where needed.

Improvements to the Pen Picture (an anonymised Care Needs summary that assists with sourcing provisions), will help to ensure equality of access to quality providers for individuals with a disability. The 2021 Census data shows that the likelihood of someone declaring a disability increases with age, with over 50% of the Hampshire population aged 65 or over declaring a disability. Therefore, as a large part of these services are aimed at those over 65, and those under 65 must have a disability to be eligible, it is likely that many individuals receiving a service will have a disability. The framework and associated call-off contracts will ensure equality of access to quality providers for individuals, therefore having a positive impact on those with a disability.

### **Gender Reassignment**

**Public Impact:** Neutral

**Staff Impact:** Neutral

**Decision Rationale:** No anticipated changes to current position expected through programme delivery.

### **Pregnancy & Maternity**

**Public Impact:** Neutral

**Staff Impact:** Neutral

**Decision Rationale:** No anticipated changes to current position expected through programme delivery.

### **Race**

**Public Impact:** Positive

**Staff Impact:** Neutral

**Decision Rationale:** The Hampshire population is less diverse than England as a whole, with 92.6% of residents describing themselves as belonging to White ethnic groups compared to the national average of 81%. However, the diversity of the area's population is increasing, 7.4% of the population described themselves as of an ethnic background other than White in 2021, up from 5% in the previous census conducted in 2011. The replacement framework will not disproportionately impact individuals due to their race. However, the call-off contracts for domiciliary and live in care will continue to have a positive impact, as contractually providers will need to ensure that services delivered are person centred and outcomes focused, working to ensure individuals living within their own home reach their full potential and maximum personal level of independence. In addition, providers will be expected as part of their contractual obligations to ensure individuals are involved with their local community through supporting access to the local area. This may include but is not limited to ensuring individuals have access to local

cultural events or gatherings as required. Providers of these services should also ensure they are delivering culturally appropriate care for individuals through person centred approaches. This may include consideration of food and drink, including in its preparation, handling and eating, their clothes and personal presentation, their religious or spiritual practices or the activities they participate in. This also applies to information about the service and what it offers, being made available in such a way that promotes equality of access. There will be close monitoring of providers through contract management, helping to ensure Hampshire are working with good quality providers and supporting their improvement where needed. Case studies will be requested to provide assurances as to the person-centred care being delivered and outcomes being achieved for individuals.

### **Religion or Belief**

**Public Impact:** Positive

**Staff Impact:** Neutral

**Decision Rationale:** The 2021 Census data shows that 51.5% of the Hampshire population considers themselves to have a religion. There is high religious diversity in some areas, in Rushmoor for example 5.7% identify as Hindu and 4.7% as Buddhist. The replacement framework will not disproportionately impact individuals due to their Religion. However, the call-off contracts for domiciliary and live in care will have a positive impact. Contractually providers will need to ensure that services delivered are person centred and outcomes focused, working to ensure individuals living in their own home reach their full potential and maximum personal level of independence. Providers will be expected as part of their contractual obligations to ensure their individuals are involved with their local community through supporting access to the local area. This may include but is not limited to ensuring individuals have access to be able to worship in a way of their choosing as appropriate. Or facilitating access to religious events/ occasions in line with an individual's wishes. There may need to be considerations in relation to someone's nutritional intake or clothes/ presentation, due to their beliefs. This also includes access to information about the service and what it offers, being made available in such a way that promotes equality of access. There will be close monitoring of providers through contract management, helping to ensure Hampshire are working with good quality providers and supporting their improvement where needed. Case studies will be requested to provide assurances as to the person-centred care being delivered and outcomes being achieved for individuals.

### **Sex**

**Public Impact:** Neutral

**Staff Impact:** Neutral

**Decision Rationale:** No anticipated changes to current position expected through programme delivery.

### **Sexual Orientation**

**Public Impact:** Neutral

**Staff Impact:** Neutral

**Decision Rationale:** No anticipated changes to current position expected through programme delivery.

### **Marriage & Civil Partnership**

**Public Impact:** Neutral

**Staff Impact:** Neutral

**Decision Rationale:** No anticipated changes to current position expected through programme delivery.

### **Poverty**

**Public Impact:** Neutral

**Staff Impact:** Neutral

**Decision Rationale:** The replacement framework will not disproportionately impact individuals due to Poverty. Domiciliary and live in care and support services will be available to self-funders as well as those who require Local Authority financial support. The Joint Strategic Needs Assessment Demography data shows 9% of residents aged 60 or over experience income deprivation. The Income Deprivation Affecting Older People Index (IDAOP) ranks 14 areas in Hampshire in the most deprived decile nationally, 12 of these are in Rushmoor where over 23% of the population are from non-white British ethnic groups. However, due to access to services being through business-as-usual routes following a care act assessment and subsequent financial assessment, the recording of such impact and data related to how many individuals accessing services are living in poverty is not specifically part of the framework programme.

### **Rurality**

**Public Impact:** Neutral

**Staff Impact:** Neutral

**Decision Rationale:** The replacement framework will not disproportionately impact individuals due to living rurally. The framework has a large number of providers signed up, who cover the whole of the county. Enhanced rates are available to providers to make it financially viable for them to bid on packages in hard-to-reach areas. This means that those living rurally will have equal access to care and support at home in both rural and urban areas based on their assessed needs.

## APPENDIX A

Summary of Proposed changes to the existing Help to Live at Home framework arrangements, to be implemented within the new Help 2 Live at Home Framework (2024) arrangements, subject to feasibility and appropriate implementation timescales.

### **Quality Improvement & Market Management Changes**

The majority of changes proposed are designed to improve the quality of services delivered and improve the County Council's ability to effectively manage the sustainability of the market. Changes will include:

- Strengthening the Councils ability to manage provider quality at application stage and beyond.
- Poor or no CQC rating, location of registered office, known safeguarding or other statutory investigations, no existing clients prior to application will give HCC the ability to refuse their application.
- Improved contract monitoring and automation of KPI data (including monitoring staffing levels, including overseas staffing)
- Improved internal information sharing arrangements.
- Providers rated as Inadequate by CQC will have immediate No New Purchase status applied.
- Reconfirming business continuity plans and having a named business continuity person for each provider.
- Improved information and arrangements for frustrated and cancelled calls where appropriate to the circumstance.
- The ability to open and close the Framework dependant on market conditions.
- Widening the scope of the Framework to support better, more joined up market management.
- The inclusion of live-in care, and the ability to source Younger Adult contracts and packages of care with suitable providers.
- Allowing the ability to call off care purchased by, or on behalf of the ICB, subject to further approvals and agreements.
- Ensure continuity of care for individuals.
- Aligning uplifts with NHS Continuing Healthcare Funding arrangements.
- The ability to remove inactive providers.
- Reconfirming rules around payments and maximum and minimum rates.

### **Legal / Regulatory Changes**

- Increase the scope of the Framework to include the ability to source care in a residential or community setting across a range of services, including domiciliary care for all client groups, extra care, short term services, ongoing live-in care, take a break and services purchased by, or on behalf of the Integrated Care Board.
- A process to passport existing framework providers who meet increased quality criteria.
- Improve business rules and processes around innovation, working with providers who do not submit invoices, and clarify requirements regarding back-dating variation changes beyond a reasonable period of time.



- Changes aimed at improving transition from Children's to Adults' services.

### **Other updates and changes**

Several changes will be made as enablers to other programmes as follows:

- Improved information sharing between reablement and the long-term provider.
- Updating the service specification to allow providers to take account of smart goals for individuals if provided by the County Council.
- Improve and clarify the process for providers to notify the County Council of changes in need.
- Develop and introduce changes to standardised provider training and education around delivering a more enabling service.
- Involvement from providers in reviews as part of a multi-disciplinary team.
- Improve information on single handed care within the service specification.