

Divisions Affected – N/A

**DELEGATED DECISIONS BY CABINET MEMBER FOR ADULT
SOCIAL CARE**

17 September 2024

Contract Extension for the Live Well at Home (Adults) Framework

Report by Director of Adult Social Care

RECOMMENDATION

The Cabinet Member is **RECOMMENDED** to:

- a) **Approve the proposal for Adult Social Care to take advantage of the opportunity to extend the current Live Well at Home (LWAH) Framework for reablement, long term home care and Extra Care Housing by a further 2 years from 1 April 2025 – 31 March 2027 (contract value £67.6m). This extension includes plans for a 1-year review to inform next steps from April 2027.**

Executive Summary

1. The Live Well at Home (LWAH) Framework is the mechanism through which Oxfordshire County Council provides the following services for our residents:
 - Lot 1A Reablement and Homecare following hospital admission
 - Lot 1B Homecare following community referral
 - Lot 2 Extra Care Housing (care provision)
2. Delivery of these services is part of the Council's statutory duty under the Care Act 2014 to provide care and support for people at home. These services also make up our 'Home First' approach which brings together the above services to support our residents to live independently at home for longer.
3. The initial 4-year term of the LWAH Framework began on 18th August 2021 and ends on 31st March 2025. The Framework can be extended for a maximum of 3 years and the Council must notify all care providers of any extension to the Framework by 30th September 2024.
4. This paper provides an overview of the Framework, the services within it and performance to date. It concludes that the Framework is increasingly meeting the growing demand for home support and is delivering positive outcomes for

our residents. It also highlights some key areas of development which could improve the effectiveness and efficiency of the Framework.

5. Our recommendation is to extend the whole LWAH Framework for a further 2 years from April 2025. This will ensure that our residents receive continuity of service, while we undertake a full 1-year review of the Framework, concluding in September 2025, to enact identified improvements and inform our next steps from April 2027. Depending on the outcome of this review, this 2-year extension could include a procurement exercise to replace the Framework from April 2027.

Decision table

Board	Date	Decision
Commercial Board	22 nd August 2024	Agreed
Adult Social Care Directorate Leadership Team	2 nd September 2024	Agreed
Joint Commissioning Executive	12 th September 2024	
Key decision at Cabinet	17 th September 2024	

Contract Details

Introduction

6. Per paragraph 3, the Council has a statutory responsibility to support people at home, following an assessment of their needs.
7. Aligned with this, the Oxfordshire Way – our vision for Adult Social Care – is to support people to live well in their community, remaining fit and healthy for as long as possible. This support should be personalised, strengths-based and community-focused.

Background

8. The LWAH Framework was developed following a comprehensive review of homecare provision in Oxfordshire in 2019/2020 and an extensive consultation with the Oxfordshire market and other stakeholders. The review and eventual LWAH model focussed on achieving three main goals: improving individual outcomes, delivering better value for money, and improving the efficiency system flow.
9. Existing long-term packages of home support were not transferred to new providers at the commencement of the LWAH Framework, meaning that individuals' continuity of care was maintained and the market share of LWAH Framework providers has grown over time (see illustration at paragraph 23).
10. The Framework also intended to develop longer term strategic relationships with providers across identified 'zones' within the county. The zonal model was

implemented to ensure coverage of providers across all areas, create more cost-effective 'care runs' and develop provider leadership to support local market oversight, development and innovation across the 3 key areas of home support, as described below.

a) Lot 1A – Reablement and Homecare

11. Reablement and Homecare are key to supporting independence in Oxfordshire. These services enable people to return home as quickly and as safely as possible following an in-patient stay. They can also prevent or delay admission or readmission to hospital, thus reducing the use of inpatient hospital care. This is aligned with our 'Home First' approach.
12. To deliver this provision, the county is divided up into 5 zones, each with an allocated Strategic Provider (SP). The SPs provide Reablement and any follow-up long-term homecare if required. This provision was built into the Framework to provide continuity and reduce the number of transitions between care which, in turn, improves people's experience and care outcomes.
13. Contractually, an SP is expected to be a leader in their zone, picking up 100% of new reablement and homecare packages and shaping the local market. Shadow providers – those who were not successful in tendering to become an SP – support delivery gaps where necessary. The zonal and provider structure for Lot 1A is as follows:

Reablement Zone	Strategic Partner	Shadow Provider
1 - Cherwell	Care Outlook LTD	Shadow 1 - All Care
		Shadow 2 - Mega Resource
		Shadow 3 - N/A
2 - Oxford	Eleanor Nursing and Social Care LTD	Shadow 1 - Agincare
		Shadow 2 - Care Outlook
		Shadow 3 - All Care
3 - South Oxfordshire	All Care (GB) Ltd	Shadow 1 – N/A
4 - Vale of White Horse	Agincare UK Ltd	Shadow 1 - All Care
		Shadow 2 - N/A
5 - West Oxfordshire	Agincare UK Ltd	Shadow 1 - Care Outlook
		Shadow 2 - All Care
		Shadow 3 - N/A

b) Lot 1B Long Term Home care

14. Long-term Homecare also has a key role in enabling people to live and age well and can delay the need for residential care by providing the right level of support at the right time to keep people independent for longer.

15. For the Long-term Homecare element of the LWAH Framework, the county is divided up into 13 zones. Homecare Providers could apply to sign up to work in the different zones, and cover different elements of Homecare including Live-in Care, Waking Nights, and Sleeping Nights. Care Providers who cover the Long-term Homecare element only are referred to as Zonal Providers within the Framework.
16. The LWAH Framework for home care was designed to be 'open', meaning that care providers can apply to join at any time. However, in January 2024 the council took the decision to suspend new applications to join the Framework due to high uptake and a backlog of new applications to process. Currently there are 110 zonal providers on the LWAH Framework, in addition to the four SPs.

c) Care provision in Extra Care Housing

17. Extra Care Housing (ECH) is self-contained housing, primarily for older people, that offers care and support on site. It is intended to be the person's permanent or long-term home, offering the person their own home with personalised care on site that promotes choice and control in all aspects of daily living. The provision of care in a person's own home helps avoid more costly admissions to care homes and admissions to hospital and supports effective, appropriate and timely discharge from hospital.
18. Following the Council's tendering and procurement process, the delivery of the care element in the ECH contracts were awarded to:
 - Radis – currently delivering care at six schemes
 - All Care – currently delivering care at eight schemes
 - Additionally, six schemes provided by the Order of St John (OSJ) are included in the OCP agreement and are therefore exempt from the LWAH Framework.
19. Currently there are 14 schemes in scope of this extension, divided into 4 Oxfordshire Clusters: Oxford and Central, South and Vale, North and West.

Pricing

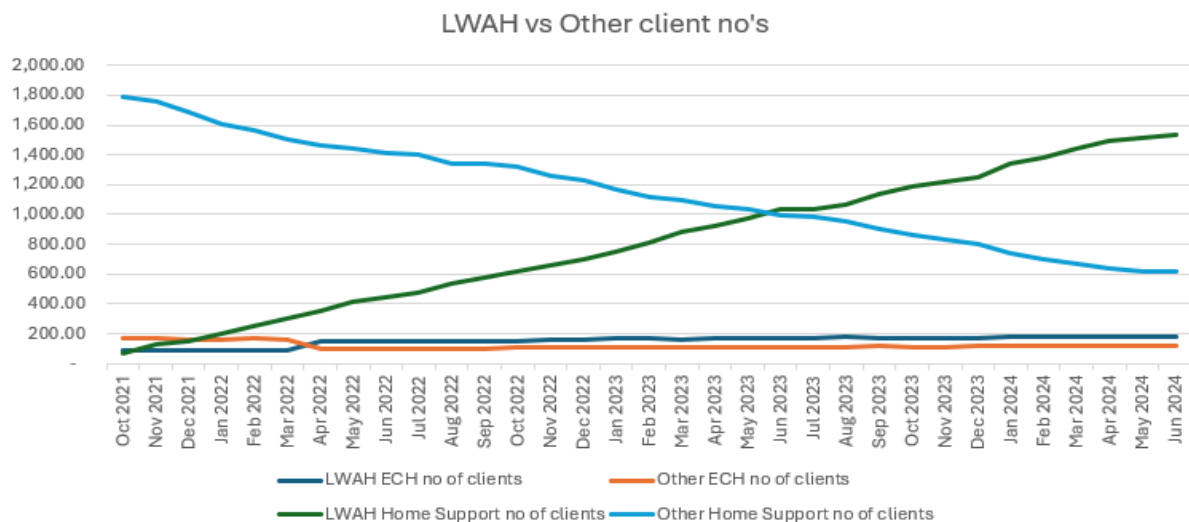
20. The Framework includes a mechanism for a fixed fee rate for each hour of home care and each episode of reablement, meaning all providers on the framework receive the same fair and transparent payment for the service they deliver. Although our hourly rate remains relatively high, it reflects budget increases from the uplift process over recent years, which has enabled us to deliver effectively. We have collaborated with providers throughout this process, and the strength of the framework allows us to mitigate demand against future costs. The current rates are as follows:

LWAH Framework Rates as of 1st April 2024	
Home care (LWAH framework and legacy packages)	£29.07 per hour
Reablement episode	£1.174 per episode

Live-in domiciliary care (with break)	£1,507 per week
Live-in domiciliary care (without break)	£1,100 per week
Extra Care Housing (on-site care)	£68.32 per week
Extra Care Housing (care support)	£29.07 per hour

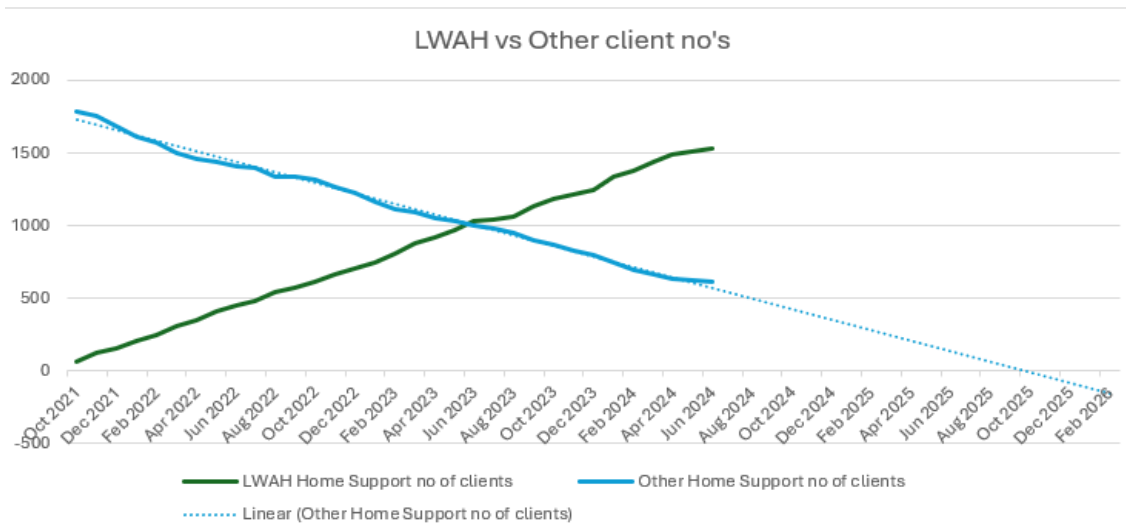
Contract Performance

21. Demand for and delivery of home support has increased throughout the duration of the LWAH Framework. We are responding to this demand and supporting approximately 16.5% more people since the Framework was implemented in 2021. We are also delivering an increased number of care hours and we are seeing an increase in the complexity of the people we are supporting, meaning some of these people require more care hours and more complex care packages.



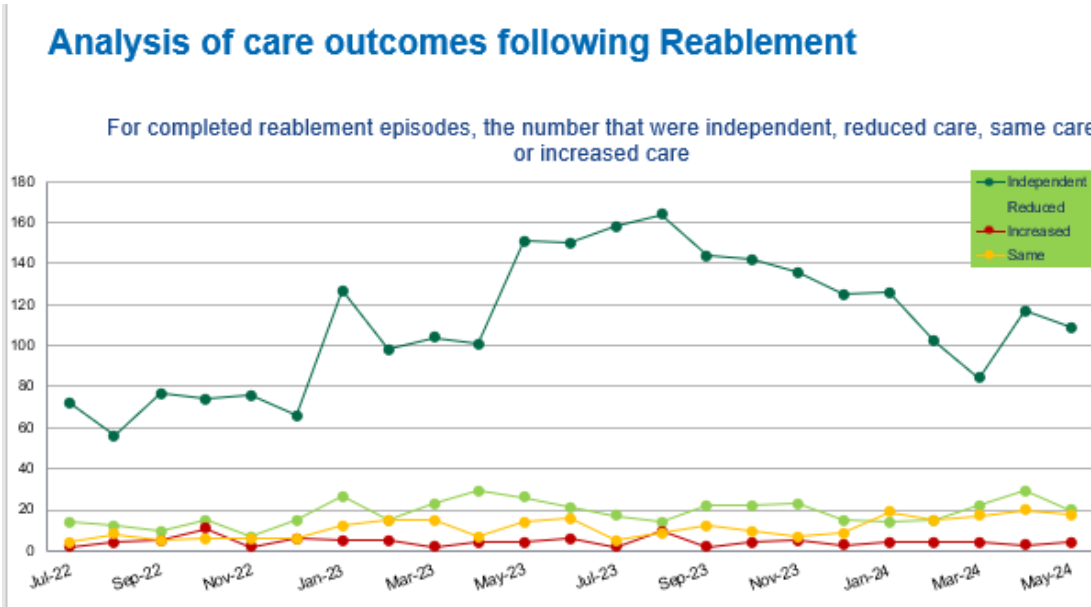
NOTE: 96% of the care entries for the data shown are for individuals over 65.

22. As we would expect, the number of people receiving care through legacy packages outside of the LWAH Framework is decreasing. We are forecasting that all home support will be delivered through the LWAH Framework by October 2025 (see graph below).

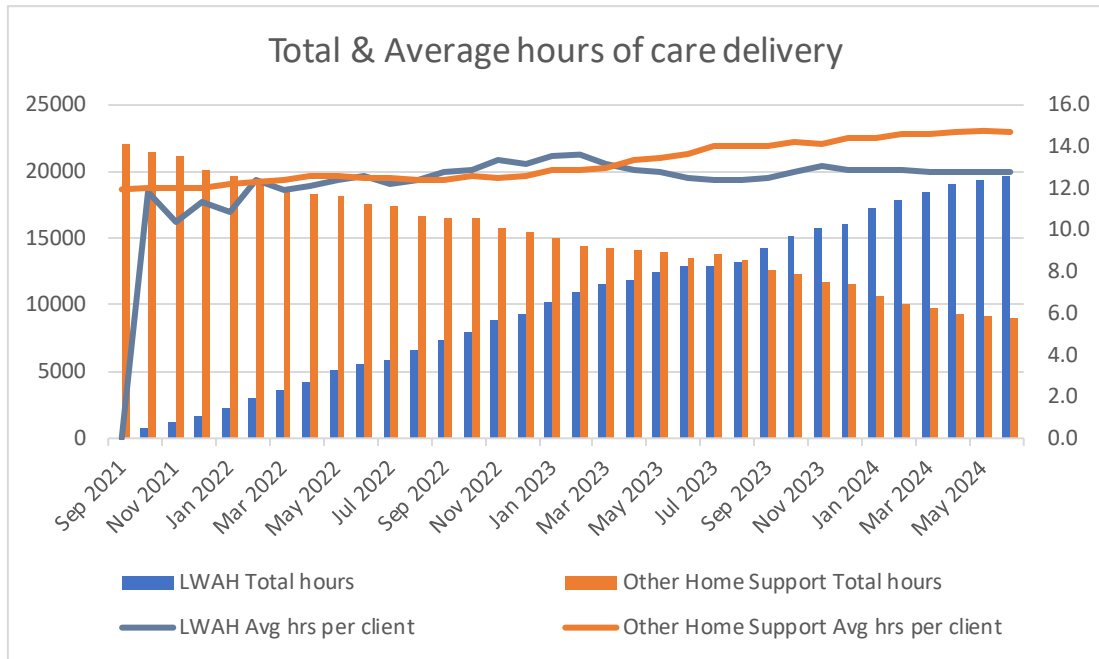


NOTE: Extra Care Housing not included

23. The Framework is also delivering on its aim to support Oxfordshire residents to live independently at home. Aligned with the intentions of the LWAH Framework, the majority of reablement cases achieve independence or a reduction in care needs. At the time of writing, across all 5 zones, an average of 76.3% of reablement cases are discharged independent, exceeding the 65% KPI target. For independence and reduced care needs combined across all 5 zones, the average is 88.76%, exceeding the 75% KPI target.



24. The majority of people who are identified as requiring long-term care after a Reablement episode have a reduction in their care needs. Since September 2022, there has been an average of a 60% reduction in the average number of care hours following reablement across all 5 zones. This indicates that we are using council resources to better support our residents.



25. The D2A (Discharge to Assess) model was rolled out across Oxfordshire from January 2024 and has seen a high number of referrals per month since. The model has significantly improved flow through reducing the number of pathway 2 beds and length of stay in hospital for people medically optimised for discharge (MOFD).
26. However, despite its successful outcomes, there are some areas regarding the mechanics of the Framework that need to be addressed as part of the extension period.
27. **Lot 1 A** - The number of pick-ups by SPs per zone remains lower than intended in the Framework. Further development to enact the full potential of the SP model is required. To enable this, the Council will continue working in partnership with SPs to support them to build their overall capacity to meet the intended pick-up targets and develop their roles as leaders in their zones. This will be monitored during existing contract management meetings which are held monthly with each of the strategic providers and attended by representatives Commissioning, Quality Improvement, Procurement and the Home First operational team.
28. **Lot 1 B** - As mentioned in paragraph 17, the Framework is currently closed due to oversubscription. There currently over 100 zonal providers on the Framework, which requires a significant amount of council resource to effectively manage the relationship with each provider and the quality of their service. The Council's Legal team have approved our intention for the Framework to remain closed and to review again in January 2025.
29. In the meantime, during the extension, we will enact the Zonal provider model within the contract and begin accrediting our highest performing zonal providers. This will form a smaller group of Zonal providers and work similarly to the Strategic Provider model wherein the Zonal providers have first access to care

package provision within their allocated zones. If none of the Zonal providers has capacity to pick up the package, the work is then offered to the other providers within the zone.

30. Initial modelling suggests that the implementation of the Zonal provider model will streamline care provision and significantly reduce the resourcing impact on our Quality Improvement and Brokerage teams.
31. This will also enable us to focus more attention on supporting our highest quality providers, becoming more proactive around emerging issues and encouraging high performance.
32. **Lot 2** - There are also challenges with Extra Care Housing, in particular the low numbers of Social Care nominations to ECH settings, lack of public understanding and awareness of ECH, and the need to fully explore the opportunities for people with more complex needs to be supported in ECH settings.
33. The work to address the above has already started. The main goals are to understand and stimulate demand for ECH within Oxfordshire, educate people and partners on what ECH offers and how it can creatively support people, and to improve the alignment of housing allocation and care delivery.
34. During our interim review to inform this extension, it was identified that improving our internal infrastructure is necessary to address process inefficiencies within the Framework. As outlined above, managing the Framework requires extensive internal resource from Council colleagues, particularly regarding payment processes, sourcing care through online e-brokerage systems and the quality and relationship management of our many providers. The improvements outlined above will increase the Framework's efficiency and release internal resources within the Council.

Contract Value

35. The LWAH Framework is mostly funded through Council funding, with contributions from the Better Care Fund and Additional Discharge Fund. Buckinghamshire, Oxfordshire and Berkshire West ICB also contributes c.£1.5m per year to the costs of the contract to support system flow.
36. In response to the growing demand for home support, the total spend and cost of delivering care has increased throughout the duration of the Framework. Finance project that the total annual spend for the Framework will reach £33.6m by the end of 2026/2027. This is based on current 24/25 activity with a 2.3% (25/26) & 2.5% (26/27) growth element built in each year. This excludes any inflationary uplifts & any potential movements between legacy to LWAH providers.

37. Overall, the LWAH Framework is delivering system savings through reducing the average Length of Stay in hospitals and increasing the number of avoided hospital admissions. The Reablement model has also delivered a significant reduction in care hours following reablement across all zones (as stated in paragraph 25) which has delivered further savings to the Council.
38. Further work to ascertain the full value and affordability of the Framework in our health and care system will be completed as part of the 1-year review. The findings from this process will inform next steps beyond April 2027.

Options Analysis

39. **Option 1 - Let the Framework contract expire**
This would mean the Council would have to source all care for our population on a SPOT basis and risk leaving our residents with care gaps and the associated efficiency and reputational risks. It would also mean a return to variable fees for these services and requirement to negotiate the rate for every package of care. This is therefore not a viable option.
40. **Option 2A (Preferred) – Extend the Framework for 2 years**
Please refer to paragraph 47.
41. **Option 2B - Go to the market for procurement of specific parts of the Framework, i.e. Strategic Providers or Extra Care Housing**
We are satisfied with the current model but could seek to replace specific providers where necessary, for example if performance fell below the acceptable level or a provider chose to exit the Oxfordshire market. This can be done within our recommendation to extend the Framework (Option 2A).
42. **Option C - Procure a new model**
This is not realistic or preferable given the requirement that the Council delivers the Home First and Discharge to Assess (D2A) models in partnership with the wider health and care system. There would be substantial risk of disruption from a procurement at this point, with no significant benefits to the Council.
43. We have achieved strong engagement from the provider market around our LWAH Framework model and believe that it will be more efficient and effective at this point to work collaboratively with the existing providers on a model of continuous improvement within the current Framework.
44. Additional resources, such as the Better Care Fund, are planned into the ongoing development and associated costs of D2A.
45. This option would also necessitate a time consuming and resource-heavy process to prepare and undertake the procurement process at a time when it is not necessary and cannot guarantee the desired take-up from suitably qualified alternative providers.

46. **Preferred option – Option 2A**

Our recommendation is to extend the whole LWAH Framework for a further 2 years from April 2025.

47. This will ensure that our residents receive continuity of service while we undertake a full 1-year review of the Framework, concluding in September 2025, to enact identified improvements and inform our next steps from April 2027. Depending on the outcome of this review, this 2-year extension would allow sufficient time for a procurement exercise to replace the Framework from April 2027.

48. This option will also give our Strategic Providers assurance and opportunity to further develop their capacity to deliver the intended target of 100% pick-ups of the reablement packages across all 5 zones. It also retains the contract flexibility to serve notice on any provider which does not meet our requirements or to be given notice by a provider which decides to exit the framework.

Corporate Policies and Priorities

49. By grouping the county into zones to reduce carbon emissions, providing support to vulnerable people and developing partnerships with local providers, the LWAH Framework aligns with the council's Strategic Plan 2023-2025 to make our county a greener, fairer and healthier county.

50. Per paragraph 8, the Framework also aligns with the Oxfordshire Way by focusing on giving people the support they need to continue living independently at home for as long as possible.

51. There is an opportunity to develop the Framework in line with the developing strategy for Technology Enabled Care (TEC). This will enable our residents to use technology in their homes to support independence. This strategy will also enable our care providers to incorporate the use of technology to improve the efficiency of their service.

Financial Implications

52. Extending the Framework for a further 2 years is forecasted to cost £67.6m. This is assumed within the current budget.

53. As outlined above, this spend delivers cost savings in relation to care hours and inpatient hospital costs. Per paragraph 29, the 60% reduction in care hours since September 2022 equates to £682,573.60 worth of care hours saved for the Council.

54. As part of the Better Care Fund (BCF), the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (ICB) contributes c.£1.5m per annum for Lot 1A – reablement and homecare – to support hospital flow. The ICB is currently in Turnaround, but we have received confirmation that, subject to

usual BCF planning and approval processes, this contribution to the framework will continue into 2025/26. Our Finance teams continue to monitor this.

Comments checked by:

**Stephen Rowles, Strategic Finance Business Partner,
stephen.rowles@oxfordshire.gov.uk**

Legal Implications

55. Paragraph 3 details the statutory duty of the council to provide care and support for people at home.
56. The current contract for the LWAH Framework expires on 31 March 2025 and contains the option for the Council to unilaterally extend for up to three further years until 31 March 2028. The Council must notify providers in writing of any extension by 30th September 2024.
57. New applications to join the LWAH Framework have been suspended since January 2024. If challenged by an aggrieved provider, then the Council will need to re-open the framework and permit the challenging provider to apply to join the framework. Legal services has recommended that the suspension to the LWAH Framework for zonal providers must be for a limited period only and must not continue beyond January 2025.

Comments checked by:

**Jonathan Pool, Solicitor – contracts (Legal Services),
Jonathan.pool@oxfordshire.gov.uk**

Staff Implications

58. Per paragraph 35, enacting the Framework requires extensive internal resource from Council colleagues. Thus, staffing implications have been thoroughly considered as part of this initial review of the Framework. By increasing efficiency of our current processes, the Framework review and extension delivery will be mobilizable within existing resources.
59. There are no new or additional staffing implications on the Council's workforce.

Equality & Inclusion Implications

- 60. The equality and inclusion implications have been considered. The LWAH Framework model supports the strategic priority to tackle inequalities in Oxfordshire, delivers services which support vulnerable groups and helps them lead a better quality of life.
- 61. Our providers submit surveys to us as part of the LWAH Framework contract. As part of the review, we will seek direct feedback from service users to assess the impact the services have had on their lives.

Sustainability Implications

- 62. The LWAH zonal model has been designed to contribute to the reduction of the Council's carbon footprint by dividing the county into smaller zones and therefore limiting the travel. The council supported the pilot of e-bikes for care workers and promotes use of public transport for care rounds where possible.
- 63. There are opportunities to develop this further by reviewing the award criteria on the E-brokerage system and consider utilising GIS mapping software to support with more efficient care package allocation and reducing the number of care runs.

Risk Management

- 64. The LWAH Framework contract includes an agreed specification for the delivery and expectations of the services which includes statutory requirements. Any changes to the service delivery within the specification would need to be agreed between the individual provider(s) and the Council.

Risk	Mitigation
ICB Funding – current funding agreed until March 2025.	We have received agreement in principle from the ICB that their funding contribution to the Framework will continue, as the Framework is fundamental to system flow and aligns with their strategic priorities to support more people to live independently at home and reduce delays in hospitals. We will formalise this agreement in writing over the next couple of weeks.
Resourcing / Staff implications – currently the Framework requires extensive internal resource from the Council	By increasing efficiency of our current processes, the Framework review and extension delivery will be mobilizable within existing resources.

Consultations

65. We have engaged with our strategic and zonal providers about their experiences of the Framework. These conversations have informed our delivery plan for the 2-year extension and will also feed into the full 1-year review of the Framework.
66. Healthwatch Oxfordshire have completed a report on the experiences of Oxfordshire residents going home following admission to hospital. We have supported this process, and the findings of the report will also be used in our fuller review of the Framework. This report is scheduled to be published in the Autumn.

Karen Fuller
Director of Adult Social Care

Annex: Nil.

Background papers: Nil.

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September 2024