# Soft Market Test

For

The New Commissioning Model for Homecare

Cambridgeshire County Council (CCC)

Ref: [CCCSEP21RM]

# Section 1: Introduction

## General Requirements

* 1. The purpose of this document is to briefly explain to providers the business and technical requirements and the expected scope of the new commissioning model for homecare, in order to seek feedback from providers.
  2. **Please note:** this market testing exercise is **not** an invitation to tender or a request for formal expressions of interest. This document does not form any part of an invitation to tender. Cambridgeshire County Council (CCC) is issuing this request for **information only**. Any supplier invited to present to CCC is doing so to support market research only and to help make any potential procurement process more focused and efficient. No supplier selection or supplier preference is implied.

## Confidentiality and Freedom of Information (FOI)

* 1. **Please note:** all information included in this Soft Market Testing is confidential and only for the recipients’ knowledge. No information included in this document or in discussions connected to it may be disclosed to any other party without prior written authorisation.
  2. All responses will be treated confidentially. However, please be aware that we are subject to the disclosure requirements of the FOI Act and that potentially any information we hold is liable to disclosure under that Act. For this reason, we strongly advise that any information you consider to be confidential is labelled as such. In the event that a request is subsequently made for disclosure under FOI the request will be dealt with in accordance with the legislation.

## Background

The current homecare commissioning model in CCC operates a Dynamic Purchasing System (DPS), that is open and closed regularly for new applicants to join. There is no limit on geographical areas. The Homecare DPS currently runs until 2027. We are undertaking market engagement and review to understand what we need to change, and where we need to focus our efforts to improve.

## Soft Market Test Timetable

* 1. Please read this document and if you feel that your organisation is able to contribute to this exercise please complete the questionnaire at the end of this document and return, via ProContract by 16:00 on the 15th October 2021.
  2. ProContract is located at <https://procontract@due-north.com/Login>

Potential providers who experience technical difficulties when using ProContract should contact the support desk Mon-Fri, 9:00 to 17:30:

Tel: 0330 005 0352

Email: [ProContractSuppliers@proactis.com](mailto:ProContractSuppliers@proactis.com)

Alternatively you may use the [electronic ticket logging system](http://proactis.kayako.com/procontractv3/Core/Default/Index).

* 1. Potential responders will not be prejudiced in any future procurement processes by either responding or not responding to this soft market test exercise.

# Section 2: Identification of Requirement

## Current Situation

As outlined in 3.1., the Council currently operates under a DPS for commissioning homecare. We are undergoing an in-depth analysis of the market’s needs, demands and how they are currently being met. With increasing pressure to supply more care, with less resource, we need to create new and innovative ways to ensure the care we commission is of the highest quality and effective for all those involved.

Recent market engagement and feedback gathering from internal and external stakeholders, as well as service users, has shown the following areas for development:

* + 1. Hard to reach areas, such as very rural areas and those on the borders of the County, can be difficult to source care for.
    2. Specialist care, such as complex care needs, mental health, learning disabilities, children and young people, can be difficult to source care for.
    3. A need for more training opportunities to support the workforce and create career pathways and specialisms within care.
    4. The high number of providers on the DPS results in less meaningful engagement with market.
    5. A need to make care more local and neighbourhood based.
    6. An increasing need to provide sustainable provisions, with consideration to its carbon impact.
  1. As a local authority, we are focusing on supporting people to remain living at home, happy and healthy, for as long as possible. Part of this is understanding how we can make homecare more local, encouraging local people to care for their local neighbourhood. This initiative is being managed through our Happy at Home project, where we are introducing more choice and control for those receiving funded care through Individual Service Funds (ISFs) and promoting local people to become their own Micro Enterprise (ME) to be paid to look after people in their local community.

## Our Requirements

We are considering the following commissioning model:

* + 1. **Lot 1:** Divide the County into zones / areas.
       1. Have multiple providers in each zone (providers may bid for multiple zones).
       2. Work is allocated to the zone providers through the use of an IT platform (such as adam, currently in use).
       3. Rural, semi rural and urban rates, differing in each zone, to support the hard to place packages.
    2. **Lot 2:** no zones, just one big framework, to cover specialist care, outlined above.
       1. Explicit and clear specifications as to what constitutes ‘specialist care’.
       2. Higher rates of pay, depending on need and care.
       3. Support for providers wishing to expand into this area.
  1. Both of these frameworks will open and close them as the need arises for new providers to join, providing the security for both providers and the local authority that a framework brings, as well as flexibility should the demand not be met.
  2. In relation to Lot 1 only, providers will be invited to tender for a zone, and we will be ultimately scoring on quality, rather than price. There will be ceiling prices stipulated, and an expectation of minimum pay rates for staff.
  3. We are looking for a solution that will:
     1. Address the areas that are hard to reach, and hard to fill packages. This may be through a sliding scale of rates or block provisions.
     2. Upskill the existing workforce to support complex care needs, as well as encourage people to join care as a career.
     3. Help support local communities, and promote local carers looking after local people.
  4. **East Cambs Pilot:** we are looking for providers to support with a pilot proposed in East Cambridgeshire, outlined below:

“As part of the Happy at Home project (outlined in 5.3.), we are offering an exciting opportunity for our Providers to support their existing Service Users in improving their quality of life. In an effort to try and enable Providers to support their Service Users with accessing the community and additional services they might need to stay at happy and healthy at home for longer, we have designed a holistic care programme.

Providers will complete a holistic care assessment with the Service User, having built up trust and rapport with the Care Workers. They will ask the Service Users questions about their life, hobbies and interests, things they used to be able to do but no longer can due to health, current social interaction and engagement with their local community. The assessment will identify any unmet needs in helping the person connect with their community and fulfil their wishes to live the best possible quality of life. It will also idenfity any unmet needs in the home, in terms of tech Enabled Care (TEC), equipment and possible arising falls risks. The Provider will liaise with the Council’s Community Navigators to source the support and third sector organisations in the local area. They will also liaise with the OT Teams, fall prevention and specifically consider TEC. The Community Navigators will also be working alongside a bank of Wellbeing Volunteers, who will be able to support the Service Users in accessing the community.

At the beginning of the assessment, the Provider will complete an outcome star with the Service User to gain an understanding of their current quality of life. 12 weeks post assessment, a review will be completed for the Service User, explaining what was identified and how the Provider ensured the need was met. It will also include an update on how the additional support is going. After six months, the outcome star is repeated, to understand the impact of the holistic assessment. The process will be repeated annually (assessment, outcome star, review, outcome star).

The cost per Service User receiving a holistic care assessment will be £90pp. This is roughly five hours work, to include the initial assessment and outcome star (can be completed alongside their usual regular review), sourcing the support, the 12 week review and six month repeated outcome star. The pilot will involve 300 Service Users, 200 to receive the Holistic Care, 100 to act as a control.”

# Section 3: Supporting information

Please note: you do not need to resize the table; it will automatically adjust to fit your response.

## Section A: Organisation and Contact Details

|  |  |
| --- | --- |
| **Question** | **Response** |
| Name of your organisation |  |
| Registered office (if applicable) |  |
| Trading address (if different from office) |  |
| What if any local connections do you have with the authority? |  |
| Name of person whom an queries relating to this questionnaire should be addressed |  |
| Telephone Number(s) |  |
| Email |  |
| Address if different to above |  |

## Section B: Questions

Please note: you do not need to resize the table; it will automatically adjust to fit your response.

|  |  |
| --- | --- |
| **Question** | **Response** |
| 1. How do you propose we meet the needs and market gaps identified in section 5.2.1-5.2.6 and meet sections 6.4.1-6.4.3? |  |
| 1. If your proposal is already in use elsewhere: please give an example of your proposed solution in use and state how it has met the requirements of the customer. |  |
| 1. Would you be interested in bidding for the zoned model described in 6.1.1 Lot 1? What are your thoughts on this? |  |
| 1. Would you be interested in bidding for the zoned model described in 6.1.2 Lot 2? What are your thoughts on this? |  |
| 1. If you don’t already provide specialist care, but want to expand your existing provision into Lot 2, what would you like to see from us as a local authority to support you? |  |
| 1. If you are already an existing provider who supplies specialist care, how much would you expect to be paid per hour to ensure your staff are fully qualified and trained to meet demand effectively? |  |
| 1. How do you suggest we divide the County into zones and how many zones do you think we should have? For example, by value, hours, districts? |  |
| 1. How would you like to see the work allocated to the providers within the zones? For example, first come first served, tiers, quality score at tender, etc. |  |
| 1. In section 6.3, it’s suggested we might wish providers to pay a minimum hourly rate to their carers. How much would you need to be paid per hour by us, to pay your carers a minimum of £10 per hour? |  |
| 1. How much would you need to be paid per hour by us, to pay your carers travel time? |  |
| 1. Have you got any thoughts on how we might achieve 5.2.5 (local based care) and 6.4.3 (lower the carbon impact of homecare) in particular? |  |
| 1. Do you have any ideas to support 5.3. (homecare moving to more localised / place-based models of home care with reduced travel time)? |  |
| 1. Do you have any other comments? |  |
| **East Cambs Pilot Question (6.5.)** |  |
| 1. Do you think this project will be useful in supporting service users and improve their quality of life? |  |
| 1. Do you think the costings are accurate? What alternative would you consider? |  |
| 1. Would you be interested in providing a quote for this pilot? |  |
| 1. Do you have any other comments? |  |