

Future of Live at Home

Market Engagement

Please note that we are still in the design phase of the new contractual model and therefore the content shared to date may be amended following feedback from the market

December 2024

Agenda

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Objectives for the future Live at Home model



Quality - Improving the quality-of-care provision

- Increase proportion of provision commissioned through the framework, and the proportion of packages with good / outstanding providers
- Increase the skill level and range / breadth of workforce skills
- Reduce the volume of hand backs, provider failure, provider breaches and terminations
- Embedding the LAH service into the wider health and social care system



Capacity

- Ensuring surety of supply over the lifetime of the framework, particularly in hard to source locations and complex packages
- Stabilise the market and offer incentives to encourage growth in areas with capacity, workforce or demographic issues



Cost - ensuring rates are sustainable for providers and ECC



- Improve care worker retention
- Cost of Care modelling and annual price refresh to support sustainable price approach
- Encourage providers onto the framework and to take packages at framework rates, reducing reliance on spot provision



Co-production

- Improve relationships with strategic providers with greater capacity and encourage flexibility and innovation from the market
- Taking the voice of the adult, lived experience into account, with a person-centred approach



Improve Efficiency

- Streamlined and efficient Sourcing process

Procurement Act 2023 and Contract Extension

- Procurement Act 2023 regulations to be effective from Feb 2025 – the framework will be procured under the new regime.
- The current framework, due to expire Aug 2025, will be extended for up to 6 months to allow for the procurement to take place under the new regs. Currently we are planning to extend for 2/3 months and commence the new contract Oct / Nov 2025.
- A series of test and learns will be run – the procurement regs allow for learning from the test and learns to be introduced during the lifetime of the framework. Examples of potential test and learn include:
 - A call-off of Strategic Partners in an area to understand the benefits of focussed work with fewer suppliers.
 - A programme to test right-sizing, outcomes orientated, enabling practice for domiciliary care provision.
 - Forging stronger relationships across care providers, social care and the NHS. This could potentially extend to care providers taking on delegated functions for health and/or social care.
 - Delegated reviewer and possibly delegated assessment pilots.
 - Testing of new sourcing technology and approaches.
 - Exploration and linking to new practice model.
 - Use of care technology alongside care staff.

New Framework Overview

- Estimated value is £160m per annum (£1,085m – Over the life of the contract – adjusted for inflation).
- This will be a closed framework.
- There will be 12 lots in line with the districts and one ranked list of providers per district.
- The framework will be a two-tier framework - tier 1 in each district will be capped at a maximum of 10 providers. Tier 1 providers will be required to accept higher volumes of work and to work strategically in partnership with the Council.
- Tier 2 will be uncapped and have an 'Any Qualified Provider' approach to entry.
- Providers will be ranked based on total score consisting of 50% quality (including Social Value and Climate) and 50% price.
- Care packages will be sourced from the ranked lists.
- Mini competitions may be used where either no offers have been received or where specific specialist skills are needed to support an adult.
- Providers may bid for multiple lots but only one registered office per organisation will appear on any LHRL (Live at Home Ranked List).

District / Lot	Active Packages	Active Hours per week	Admissions Dec 23 – Nov 24
Basildon	1,207	16,700	9,750
Braintree	921	13,350	5,000
Brentwood	416	5,450	1,950
Castle Point	817	11,700	3,300
Chelmsford	929	12,800	5,400
Colchester	940	15,300	4,600
Epping Forest	685	9,850	3,400
Harlow	544	7,350	1,950
Maldon	414	5,000	2,450
Rochford	584	8,500	3,350
Tendring	1,240	17,350	7,150
Uttlesford	379	5,950	1,700
Countywide	9,076	129,300	50,000

Data as at November 2024

Conditions of Participation

All Providers

- Must to have a CQC registered office within 5 miles of the ECC administrative border.
- Must be registered with the CQC at time of tender close.
- Unregistered / 'Inadequate' rated providers will **not** be permitted to bid.
- Must not have delivered a LAH contract that was terminated (early) within the last 5 years or the Director (listed on Companies House) has not had responsibility at another company where a LAH contract has been terminated within the last 5 years.

Tier 1

- Providers must be CQC rated 'Good' or 'Outstanding'.
- Minimum Turnover of £290,000 per annum.
- Must be registered to personal care to adults
- Must also be registered to deliver Learning Disability / Autism services (or have evidence of registration in progress with the CQC).
- Evidence of an Electronic Homecare Monitoring contract, with sample CSV file upload. Providers with a bespoke system must upload a sample report and CSV file.
- Confirmation that when reviewing adults each assessment will include consideration / assessment of adults for care technology

Tier 2

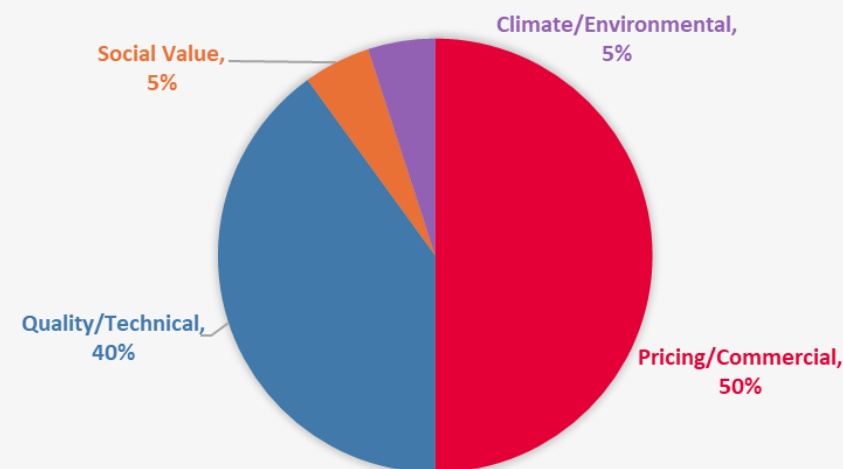
- No minimum turnover required
- Providers CQC rated Outstanding / Good / Requires Improvement.
- Unrated Providers may bid but will only become active on framework once their CQC rating is published.

Approach to evaluating bids and ranking providers

Providers will be ranked in order of their total score from the tender, with tier 1 ranked above tier 2.

Tier 1

Measure	Weighting
Pricing/Commercial	50%
Quality/Technical	40%
Social Value	5%
Climate/Environmental	5%
Total	100%



Tier 2

Measures	Weighting
CQC rating - KLOES	35%
Registered Manager in post (at close of tender) – either published on the CQC website or evidence of an application to the CQC	2.5%
Evidence of Electronic Homecare Management system in use (contract submitted as evidence, bespoke system: reports)	5%
Digital Social Care Record system in use (contract submitted as evidence, bespoke system: reports)	3.8%
Electronic Medicines Administration Records system in use (contract submitted as evidence)	3.8%
Pricing / Commercial	50%
Total	100%

KPI reporting and Re-ranking

- Tier 1 will report on KPI performance and will be re-ranked on a 6 monthly basis from September 2026 (therefore the ranking from the tender will apply for the first 11 months of the contract, at which point providers will be re-ranked using performance data from the first 9 months of the contract)
- Tier 2 will report and be re-ranked annually from April 2027 (therefore the ranking from the tender will apply for the first 17 months of the contract)
- Any tier 1 provider that fails to meet the minimum quality requirements during the contract will be demoted to tier 2 as soon after the CQC rating change as is practically possible (i.e. not waiting for the tier 1 review point)

Tier 1 Review

- Triggered where there is one or more vacancies on a Tier 1 lot e.g. because a Tier 1 Provider has been demoted to Tier 2; AND an average 51% or more of the packages are being referred to Tier 2 in that district during the preceding 12 month period.
- Tier 2 providers will have the opportunity to join Tier 1
- Incumbent tier 1 providers that meet the quality requirements will remain
- Providers will be positioned based on their overall score from price and quality – they will be ranked in descending order and the highest scoring providers will be slotted into tier 1 in the relevant position

KPIs

Tier 1

	Measure	Weighting
KPI 1	CQC Rating	10%
KPI 2	PAMMS Rating	10%
KPI 3	Time critical visits missed or late	5%
KPI 4	Non-time critical visits - Missed or late	5%
KPI 5	EHM Data submission	5%
KPI 6	Service User feedback	7.5%
KPI 7	Handbacks	2.5%
KPI 8	Social Value	2.5%
KPI 9	Climate (Carbon Calculator)	2.5%
	Price	50%
	Total	100%

Tier 2

	Measure	Weighting
KPI 1	CQC Rating	20%
KPI 2	Time critical visits missed or late	5%
KPI 3	Non-time critical visits - Missed or late	5%
KPI 4	EHM Data submission	5%
KPI 5	Service User feedback	7.5%
KPI 6	Handbacks	2.5%
KPI 7	Social Value	2.5%
KPI 8	Climate (Carbon Calculator)	2.5%
	Price	50%
	Total	100%

Key changes compared to current framework

	Change
1	All providers will be required to have a CQC registered office within 5 miles of the ECC administrative border.
2	Tier 1 minimum quality criteria - providers will no longer be required to have maintained a CQC rating of at least 'Good' overall and for KLOEs 'Safe' and 'Well-led' for 12 months prior to the close of the tender (however, tier 1 providers will be required to have a CQC registered office with a published rating of at least 'Good' overall).
3	Duration – 6 years, with no opportunity to open, meaning providers will not have an opportunity to join during the life of the framework.
4	Merging of the ranked lists for 'Older People / Physical Sensory Impairment / Mental Health' and 'Learning Disability & Autism'. Tier 1 providers will be expected to be able to deliver care to adults from all cohorts.
5	Removal of 24hr / live in care ranked list – to be sourced via the OP / MH / PSI / LD&A list.
6	Removal of Target Supply Area rates
7	Financial Standing - Providers bidding for a place on a tier 1 ranked list are expected to be able to demonstrate sufficient experience and capacity in delivering the required volumes for tier 1 by submitting evidence to demonstrate that the registered company has a turnover of at least £290,000 per annum.

High-Level Timelines

December 2024 – Market Engagement on design / model

December 2024 – Submission of Governance

January 2025 – Cabinet approval to proceed to tender

March 2025 – Publish tender

April (end) – Close of tender submission

July 2025 – Conclusion of tender evaluation process

July / August 2025 – Post-tender governance and award of contracts (inc. standstill)

August 2025 – Extension of current framework

August - October 2025 – Contract mobilisation

October 2025 – Commencement of new framework

Discussion