

## **Feedback from other local authorities that have had experience in outsourcing their reablement services**

A list of local authorities that had outsourced their reablement services was obtained from the Care Services Efficiency Delivery Team. All of these authorities were emailed with specific questions about the success of their service and their tendering arrangements.

There is some degree of commercial sensitivity around these issues and as a consequence a number chose not to respond at all. Of those that did reply some were comprehensive in their response and others less so.

### **1. Medway**

The actual service delivered has been very successful. Over 50% of all cases referred to our outsourced provider have not required any further intervention from social services after the reablement period. Secondly, (and this is very important to note) the average duration for each care package is roughly 3 weeks which of course is a massive success for the individual service users who are getting well a lot faster than envisaged, although our model allows for a 6-week reablement period.

No adverse comments from customers, or care managers/occupational therapists regarding the quality of outsourced service. Of course given the above 3-week average duration, systematic feedback has been limited. The provider undertakes a survey at the 2-week stage, and no major adverse feedback is received.

Advantages are the usual ones linked to the fact that the service was outsourced to an experienced homecare provider with homecare expertise, training, recruitment, office set up. Disadvantages are possibly around losing some flexibility, given that the external provider is currently not allowed to increase/decrease care packages without express authorisation from a care manager or an OT. This flexibility, built around trust, would have probably been retained by in-house team carers. Predictably, there is an expectation that care packages will increase/decrease in this initial 6-week period.

In summary, the actual outsourced reablement service delivered has been a success, but all aspects, especially if TUPE applies, have to be carefully considered by any provider taking on this work in order to ensure the project remains sustainable over the duration of the contract.

### **2. Brent**

Brent has an outsourced reablement service which was implemented in 2010. Indeed Brent has had a totally outsourced home care service for some years. The experience with providers has been a positive one with incentives being a contracting issue we dealt with. Outsourced reablement can be dealt with through effective partnerships and contracting. The main lesson has been that the blocks to an

effective reablement service are more down to the in house assessment arrangements and capacity with a slow rate of referral to the reablement service.

### **3. Essex**

As a Local Authority Trading Company (LATC), Essex Care has a block contract for services including reablement with KPIs linked to payment mechanisms. This ensures that the relationship is a commercial arrangement and is transparent in terms of interests. Indeed the basis of the LATC formation was on certain specific conditions which avoid the challenge of for example providing state aid and also having to fully tender in the first instance all the transferring services.

There are very few disadvantages of outsourcing. However, it is important that the contract does not become the sole focus of the relationship and that very much a partnership approach is taken for example in allowing for the development of reablement further.

A key benefit of being an LATC is now being able to trade outside of Essex CC and engage both with self-funders as well as other local authorities. A key challenge for Essex Care now is the role of Health in funding reablement and the 30 post discharge responsibilities. As a provider to Essex CC and health the situation is being examined to ensure that delivery is secured for the future through QIPP plans.

### **4. Hertfordshire**

Hertfordshire outsourced its directly provided home care services in the 90s so all services were then commissioned from the independent sector. This delivered cost savings and some staff transferred.

In order to implement the enablement service Hertfordshire has varied the countywide block home care contract to become the lead intake provide for enablement. This contract is based on a cost recovery basis with incentivisation provided within the profit formula.

Roll out commenced in August and is about 50% into implementation.

In order to deal with any conflict of interest the CW block will no longer hold any long term work which after enablement may be required which is transferred to other locality based block providers. There has been a 70% reduction in on-going need after enablement and the original case was based upon 40% reduction in need (and associated savings in on-going support).

The service has had some very positive feedback from service recipients who have achieved some marked shift in support required but there were some early implementation issues about not getting the message across about the service and people not wanting to take this pathway and hearts and minds of practitioners needed work.

## **5. Camden**

In terms of activity the service appears to be on target for achieving net reductions in the volume of commissioned care hours. A growing number of customers are now being supported to remain independent in their own homes, and the scope for extending these benefits to more residents remains healthy, with existing customers and specialist client groups planned for inclusion in the longer term.

The key deliverables have both been met, with baseline data available against which to measure progress and all new customers are now offered a period of reablement based on their assessed needs. The focus has now shifted towards improving service outcomes in line with the targets set by the steering group within a sustainable long-term delivery model.

## **6. Barnet**

Sent their tender specification but did not comment on the success of their service.

## **7. Poole**

The service has been provided by SCA for three years, and has a value of £150,000, shared 50/50 between the LA and the PCT. It's a small contract, and Poole is currently giving thought to how to expand their reablement service. It works well, with the staff mostly deployed by the intermediate care team, but the specification is less sophisticated than one that would be designed today. With a tighter specification, the service could be a lot more effective. The local NHS community trust is able to provide reablement homecare as part of the intermediate care service, so Poole will have to decide whether to expand through NHS staff, independent sector provision or a mixed approach.

## **8. Redbridge**

Using an independent provider, the service can be managed within a contractual framework with clear obligations set out and monitoring arrangements in place which is not case when you have an in-house service. The service is much cheaper as compared to in-house service, the hourly rate ranges between £18.30 to £17.90 depending on the volume of the providers.

The disadvantages have been creating effective working relationship between the OT/Social Work team and the provider for the service to work effectively - however, this has been now done and it is working well.

Performance relies on the provider, how well they train their staff and are committed to the reablement ethos. This is ongoing, as Redbridge is not able to give large volume of hours, the provider does not have lot of incentive to invest in the staff and training etc so we have to ensure the performance is up to the mark.

## **9. Lambeth**

With regard to contracting arrangements Lambeth currently pay £17.50 per hour for the first 1000 hours per month, all subsequent hours are charged at £14.00.

Lambeth is considering payment by results when it is re-commissioned, but this is not yet decided. Lambeth went to a national tender for enablement services, because they wanted a dedicated team of staff to provide this. Lambeth is currently developing a specification which will include an outcomes framework. This is in draft form and they are willing to share a copy once it has been agreed and signed off, which should be in the next 6-8 weeks.

## **10. Lincolnshire**

Lincolnshire plan to downsize their in-house reablement service and then develop it in the independent sector.