

DOMICILIARY CARE – REVIEW OF USED CAPACITY

To: **Adults Committee**

Meeting Date: **18 December 2019**

From: **Will Patten, Service Director: Commissioning**

Electoral division(s): **All**

Forward Plan ref: **N/A**

Key decision: **No**

Purpose: **To consider endorsement to General Purposes Committee of £259,000 of transformation funding for resources to support a review of domiciliary packages to facilitate additional capacity**

Recommendation: **This Committee is asked to endorse this proposal to General Purposes Committee**

<i>Officer contact:</i>	<i>Member contacts:</i>
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1. BACKGROUND

- 1.1 Across Cambridgeshire, there are around 2,400 users a week receiving Domiciliary Care via services that are either directly commissioned by the County Council or through direct payments. Total expenditure for Domiciliary Care in Cambridgeshire is around £20m.
- 1.2 There is a waiting list for long term domiciliary care in Cambridgeshire, which means that people who need a long-term package are spending longer than they need to in a temporary arrangement. This arrangement varies from inappropriate settings such as an acute or community hospital, reablement bridging, short term block arrangements including interim beds and support from families which is unsustainable in the longer term.
- 1.3 Whilst interim care is a necessary step in providing long-term solutions for users of domiciliary care, time spent within interim care should be reduced as it is typically a minimum of £2/hour more expensive for private providers, and for reablement bridging, a minimum of £10per hour more than the cost of providing long-term. Furthermore, in order to manage market for domiciliary care it is essential that the flow of people transitioning to long-term care is managed effectively and that we prioritise identification of market capacity.
- 1.4 In September 2018, Peterborough City Council commenced a review and audit of domiciliary care capacity and provision that was commissioned from care providers. The information collected during the review at Peterborough City Council has increased system capacity for domiciliary care, supported prioritisation of assessments and increased independence for some service users.
- 1.5 The review at Peterborough City Council has also so far delivered £350k of savings per annum as a result of identifying prioritisation of reviews and there is now sufficient evidence to propose extending the project to cover Cambridgeshire County Council Domiciliary Care Providers.

2 Main Issue/Proposal

- 2.1 Domiciliary care is brokered for individuals as the need arises. Providers bid for care packages based on their capacity at that specific time. Care needs and capacity changes over time and this can mean that care rounds are not optimal, for example travel between calls increases thereby decreasing carers direct contact time. We have identified that several providers are delivering care in the same area, often the same street. Using a mapping tool called 'Power B.I', we are able to illustrate each service user by care provider and identify opportunities to optimise direct contact time.
- 2.2 Forecasting using evidence from the review carried out in Peterborough and adjusting to take into account different local contexts, it is expected this project will:
 - Identify clients who need assessments to be prioritised to facilitate capacity release
 - Identify provider capacity that can be used to support placement of those people waiting for care. This will also support further improvements in Delayed Transfer of Care (DToC)

- Support conversations with providers where operational opportunities are identified thus improving provider relationships, support to increase sustainability where issues with call coordination are identified, and prepare for development of place based commissioning
- Identify opportunities where providers can rationalise care calls by reviewing care provision geographically across all providers and re allocating care across to optimise care rounds.

- 2.3 We know that in Cambridgeshire, there are issues with the availability of domiciliary care which means that people spend longer in inappropriate settings than necessary. Preliminary investigations have already taken place which has identified additional capacity could be released as well as savings through auditing existing care transactions.
- 2.4 The brokerage team in Cambridgeshire has insufficient capacity to deliver this review. Consideration has been given to the review being delivered entirely or in part by external consultants, however it was decided that the best approach would be to utilise the existing team in Peterborough as, not only was this the lowest cost option, this team is familiar with the tasks required and has a proven track record of delivery.
- 2.5 The project team in Peterborough are resourced from the Peterborough Care Placement Team with leadership from the Senior Quality Improvement resource. However, resourcing from the Care Placement (brokerage) team is not sustainable. The proposal would be to second the Senior Quality Improvement Officer who has managed the Peterborough project to lead the Cambridgeshire project with fixed term employment for 1 member of staff who has been delivering the project from an agency and then to ask for expressions of interest within CCC. Additionally we are proposing to use the project as an opportunity to upskill our internal contracts team and include this process as part of the ongoing contract management process.
- 2.6 Since September 2018, when the dedicated team at Peterborough City Council put in place, a budget contribution for 3 staff has been made by Peterborough City Council to fund the project team. In order to extend the review to Cambridgeshire it is envisaged that the following resource requirement will need to be in place from December 2019 to 31st March 2021.
- 2.7 Forecasting using evidence from the review carried out in Peterborough, it is expected this project will deliver savings, cost avoidance and realisation of capacity to the value of £600k per annum with a stretch target of £1.1million. These figures are based on the reconciliation of the Electronic Call Monitoring (ECM) and the Care Notes data. Sampling has been carried out within Cambridgeshire, which has indicated that there are savings to be achieved through this work, quantified below. The project will also be training contract management staff so that this audit function becomes a routine part of contract monitoring which may result in additional savings in future years.
- 2.8 It is proposed that the resources of £259k, as detailed in Section 3.0, are funded from Cambridgeshire's Transformation Fund. A summary of the costs and savings anticipated are described below:

	2019/20	2020/21	2021/22
Anticipated savings	£100,000	£300,000	£200,000

**It is important to recognise that this project will also deliver critical non-financial outcomes as identified in 1.3, and so this is both an invest to save and an invest to improve proposal.*

3. RESOURCE REQUIREMENTS

- 3.1 The project team in Peterborough are resourced from the Peterborough Care Placement Team with leadership from the Senior Quality Improvement resource. The project team is proposed to move wholly onto work for Cambridgeshire as funding is agreed.
- 3.2 In order to extend the review to Cambridgeshire providers it is envisaged that the following resource requirement will need to be in place from the start of the project to 31st March 2021:

	2019/20	2020/21	Totals
3 x full time project officers	38,000	92,000	130,000
1 x project analyst	13,000	31,000	44,000
1 x subject matter expert/project lead	25,000	60,000	85,000
TOTAL REQUIREMENT	76,000	183,000	259,000

4. ALIGNMENT WITH CORPORATE PRIORITIES

4.1 A good quality of life for everyone

This project will ensure vulnerable client groups are receiving care that meets their needs maximising independence and ensuring they are safe.

4.2 Thriving places for people to live

There are no significant implications for this priority.

4.3 The best start for Cambridgeshire's children

There are no significant implications for this priority.

5. SIGNIFICANT IMPLICATIONS

5.1 Resource Implications

Implications are positive and set out in section 2.

5.2 Procurement/Contractual/Council Contract Procedure Rules Implications

The project will provide training to contract monitoring officers and ensure improved assurance that funding is spent appropriately

5.3 Statutory, Legal and Risk Implications

There are no significant implications

5.4 Equality and Diversity Implications

There are no significant implications

5.5 Engagement and Communications Implications

The Cambridgeshire care market is not wholly resilient, a robust communication and engagement plan will be in place to ensure providers embrace the opportunity provided by this project to avoid adverse media

5.6 Localism and Local Member Involvement

There are no significant implications

5.7 Public Health Implications

There are no significant implications

Implications	Officer Clearance
Have the resource implications been cleared by Finance?	Yes Name of Financial Officer: Stephen Howarth
Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the LGSS Head of Procurement?	Yes/No Name of Officer:
Has the impact on statutory, legal and risk implications been cleared by LGSS Law?	Yes Name of Legal Officer: Fiona McMillian

Have the equality and diversity implications been cleared by your Service Contact?	Yes Name of Officer: Will Patten
Have any engagement and communication implications been cleared by Communications?	Yes Name of Officer: Matthew Hall
Have any localism and Local Member involvement issues been cleared by your Service Contact?	Yes Name of Officer: Will Patten
Have any Public Health implications been cleared by Public Health	Yes Name of Officer: Tess Campbell

Source Documents	Location
None	