

TITLE OF REPORT: **Domiciliary Care - The Future Model for Enablement and the Restructuring of In-house Domiciliary Care Services**

REPORT OF: **Alison Elliott, Interim Strategic Director, Care Wellbeing and Learning**

Purpose of the Report

1. To seek Cabinet and Council approval on the proposals to retain the in-house domiciliary care service while adopting more efficient working arrangements and transfer part of it into the enhanced enablement service.

Background

2. The Council Plan 2015-2020 provides clear policy directions for the Council to follow if it is to be successful in its strategy of maximising growth, reducing costs and increasing collective responsibility. A key element is prevention and early intervention, working in partnership to make sure people are protected but also supported earlier so that they can retain their independence, remain in their own homes and be active in their community.
3. Cabinet considered a report on 23 February 2016 seeking to consult on the proposals to create an enhanced in-house enablement function. To achieve this, a recommendation was made to move resources from in-house services and commission services through the independent sector. The savings realised through the lower unit cost of independent sector provision would be re-invested into the creation of the enhanced enablement service.
4. The proposal was predicated upon possessing a sufficiently mature independent sector market to be able to accept transferred packages of care as well as continuing to provide services within the newly established domiciliary care contract.
5. The new contract for domiciliary care has proved problematic since its establishment in August 2015 for reasons beyond the remit of this report and to the extent that capacity and quality have been an issue, with one provider subject to contract suspension and Care Quality Commission (CQC) notice.
6. Market conditions are such that it would seem reasonable at this point not to de-commission existing in-house domiciliary care services but to reconfigure them in a manner that will still enable the creation of an in-house enablement function.
7. Whilst the original premise set out in the 23 February report to Cabinet was sound, the timing for the delivery of the new model within prevailing market conditions has meant it is necessary to reconsider how this will be achieved.

8. Three key factors impact upon the creation of the new model of care:
 - TUPE transfer liabilities and the logistics of accommodating these in tandem with the need to create the enablement function within reasonable timescales.
 - Market conditions and its ability to accept the increase in demand and to deliver services of an appropriate standard.
 - The funding gap of £0.6m between the cost of the existing structure and the proposed enhanced structure.

Proposal

9. In order to address the issues outlined above, the revised proposal is to create an enhanced in-house enablement service through transferring sufficient employees from the current in-house domiciliary care service and to retain the remaining workforce
10. By retaining an in-house workforce, either within the enhanced enablement function or within the restructured in-house domiciliary care provision, the issue of TUPE would not apply as individual selected packages of care could be transferred to the independent sector without TUPE liability.
11. By limiting the amount of transferred packages to the independent sector to only the number required to enable staff to transfer into the enhanced enablement service, would mean that a more manageable amount of provision would transfer to the independent sector. This will in turn enable commissioners to address capacity and quality issues within the current market.
12. By adopting more efficient and flexible working arrangements for all existing in-house staff, combined with the lower rate of externally procured services, it will be sufficient to bridge the funding gap between the existing cost of enablement and the new enhanced model without having to re-provide all current in-house provision to the independent sector. The new working arrangements will involve greater standardisation in the rotas adopted and increased flexibility in the allocation of workers; greater lone working (where it is safe to adopt) and the implementation of electronic monitoring systems.
13. Financial modelling demonstrates that 730 hours of care provision need to be transferred to the independent sector to release sufficient resources to meet the cost of the enhanced enablement service.
14. It is clear that there are a number of complexities and interdependencies which need to be recognised and accommodated to enable the new model of care to be implemented. Not least of which is the re-shaping of an external domiciliary care market which has been unable to deliver, on both volume and quality, the standards that should rightly be expected by the community of Gateshead.
15. This vulnerability has led to a reconsideration of the timescales associated with the adoption of the new model of care, and also the Council's place within the market itself and how best to establish the standards required. There is a need to take a

critical look at the market as a 'whole system economy' and the role of Council run provision within it.

16. The proposal as set out seeks to establish the implementation of an enhanced model of enablement whilst recognising that the vulnerability of current market conditions precludes the Council from realising its full potential or return on investment as quickly as had been anticipated. However, it is a pragmatic solution to ensure that the outcomes required are impacted as little as possible by factors beyond the model itself.

Recommendations

17. It is recommended that the Council be recommended to agree to continue to deliver domiciliary care services through enablement and longer term provision, and for consultations to continue with the trade unions and workforce on the application of more efficient working arrangements.

For the following reasons:

- (i) To facilitate the implementation of the new model of Adult Social Care and achieve the required budget savings.
- (ii) To ensure that the Council is able to meet its legal requirement to provide services to vulnerable people in the community whilst developing the independent sector market to deliver services of the necessary volume and quality required.

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APPENDIX 1

Policy Context

1. The Council is operating in a challenging national policy context which has been compounded by Government funding reductions and announcements that indicate further significant, but as yet, unquantified reductions in resources available for local government.
2. The Council has approached the budget consultation for 2016-18 based on the Council Plan for 2015-2020 to:
 - Meet the needs of Gateshead based on a Strategic Needs Assessment
 - Sustain Vision 2030 and uphold the Council's values
 - Reach decisions and manage change in a principled way.
3. The Care Act places new duties on local authorities to facilitate and shape their market for adult care and support as a whole, so that it meets the needs of all people in their area who need care and support, whether arranged or funded by the state, by the individual themselves, or in other ways. The ambition is for local authorities to influence and drive the pace of change for their whole market, leading to a sustainable and diverse range of care and support providers, continuously improving quality and choice, and delivering better, innovative and cost-effective outcomes that promote the wellbeing of people who need care and support.

Background

4. Cabinet received a report on the 23February 2016, seeking approval to consult on proposals to create an enhanced in-house enablement function as part of the redesign of Adult Social Care. It stated that in order to create an enablement function that was effective in maximising independence there would need to be consultation and consideration of moving budget and resource from in-house domiciliary care. The proposal formed part of the redesign of Care Wellbeing and Learning budget savings for 2016/17.

Consultation

5. Provisional consultations have been held with the Trades Unions on these proposals. If Cabinet and Council agrees, further more detailed discussions will be held on the changes to working arrangements required to deliver the efficiencies required.

Alternative Options

6. The Council could retain the current service delivery model but this would not enable resources to be released to enhance the current enablement service and support the new model of service delivery.

Implications of Recommended Option

7. Resources:

- a) **Financial Implications** – The Strategic Director, Corporate Resources confirms that the proposals outlined in this report will enable resources to be released to deliver the new enhanced enablement service. The enablement service is an integral part to the transformation of adult social care, which has a budget saving of £3.3m for 2016/17.
- b) **Human Resources Implications** – It is proposed to make changes to working arrangements including: the adoption of standardised rotas across a 7 day week; greater flexibility in the allocation of workers; the increase in lone working (where safe to do so) and the implementation of an electronic monitoring system. Only a small number of employees will see a reduction in their working week (7 employees having a reduction in their working week from 37 to 30 hours). They will be compensated in line with the Council's compensatory payments formula.

Employees will be invited to apply for roles in the enablement service. Full training and support will be given for those employees wishing to move into an enablement role. There are no redundancy implications arising out of these proposals as there are sufficient posts for the entire workforce – either within enablement or the retained long term service.

- c) **Property Implications** - There are no direct property implications arising from this report, any property implications arising from the outcome of the consultation will be the subject of a further report.

8. **Risk Management Implication** - There may be issues of phasing the transfer of packages of care from current in-house provision with the geographical availability and staff capacity/capability of the independent provider. Comprehensive reviews and risk assessments will be undertaken to ensure that any risk associated with transfer will be understood and accommodated in full consultation with service users, their current in-house carer and their own relative/carer where this applies.
9. **Equality and Diversity Implications** - The Equality Impact Assessment will be used to inform the decision making process by identifying unforeseen adverse impacts from the proposal and use that evidence; if these are sufficiently severe it would be appropriate to re-design the proposal. If re-design is not appropriate the information will be used to mitigate adverse effects.
10. **Crime and Disorder Implications** – The draft proposal put forward do not have any direct crime and disorder implications.
11. **Health Implications** - The draft proposal put forward do not have any health implications.
12. **Sustainability Implications** - The draft proposals put forward do not have any sustainability implications.

13. **Human Rights Implications** - The implications of the Human Rights Act will be identified through consultation with service users and staff and a decision taken on the proportionality and necessity of any such proposal before it is implemented. The proposal supports a person's rights to respect for their private and family life by offering enhanced opportunities to remain independent in their own homes which, research indicates, is the first preference for most individuals.
14. **Area and Ward Implications** - The recommendations apply to all Areas and Wards.