

## ELECTRONIC CALL MONITORING (ECM) FOR DOMICILIARY CARE SERVICES

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| <b>Cabinet</b>   | 11 November 2015   |
| <b>Older People</b>  | Cllr Dorcas Binns  |
| <b>Key Decision</b>  | Yes  |
| <b>Background Documents</b>                                    | Cabinet Report - Disability Services Electronic Call Monitoring (September 2013)<br>Cabinet Report - Domiciliary Care (June 2015)  |
| <b>Location/Contact for inspection of Background Documents</b> | <a href="http://www.glostext.gloucestershire.gov.uk">www.glostext.gloucestershire.gov.uk</a>   |
| <b>Main Consultees</b>   | Domiciliary Care Providers (current and wider market)<br>Internal GCC & GCS staff<br>Officers of Gloucestershire Clinical Commissioning Group  |
| <b>Planned Dates</b>   | January 2016 – Start Provider Focus Group and Pre-Implementation Group<br>February/March 2016 – Start provider Training<br>April 2016 – Implementation for providers operating in the urban zones.<br>May 2016 - Implementation for providers operating in the rural zones |
| <b>Divisional Councillor</b>                                   | All  |
| <b>Officer</b>   | Margaret Willcox<br>Commissioning Director: Adults and DASS<br>01452 328468<br><a href="mailto:margaret.willcox@gloucestershire.gov.uk">margaret.willcox@gloucestershire.gov.uk</a>  |

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| <p><b>Purpose of Report</b></p>           | <p>This report is presented in order to seek approval to introduce Electronic Call Monitoring (ECM), a record of contact time between service user and care professional, across all externally commissioned domiciliary care services.</p> <p>This will involve purchasing a number of seven year system user licences from the company known as Care Monitoring 2000 (CM2000) which will enable the council to monitor calls made by service providers under the council's proposed new domiciliary care contract.</p> <p>If approved, the purchase of the system user licences shall be made under an ESPO Procurement Framework in accordance with the rules thereof and the Public Contracts Regulations 2015 and the proposed new licences will use the existing CM2000 system procured by Disability Services in 2014.</p>   |
| <p><b>Recommendations</b></p>             | <p>That Cabinet:</p> <ol style="list-style-type: none"> <li>1) <i>Approves the introduction of Electronic Call Monitoring across externally commissioned domiciliary care services in Gloucestershire.</i></li> <li>2) <i>Authorises the Commissioning Director: Adults and DASS to conduct separate contract negotiations under the ESPO Framework (in accordance with the rules of that framework and the Public Contracts Regulations 2015) to purchase provider licences from CM2000 for a 7 year term. This will enable external domiciliary care service providers and internal GCC staff to use the Electronic Call Monitoring System for the purposes of recording actual support worker visit detail within the domiciliary care contract.</i></li> </ol>  |
| <p><b>Reasons for recommendations</b></p> | <p>The council can be certain that services are being delivered to better safeguard vulnerable service users by providing visibility of all activity undertaken.</p> <p>Quality indicators within the new domiciliary care contract will be introduced to provide information on punctuality and support worker continuity.</p> <p>The council will move to a system where it only pays for services received on all new and existing contracts, rather than current practice of paying commissioned hours. This process will reflect the payment terms required to meet council's statutory obligations.</p> <p>There will be a complete audit trail in place for all new and existing contracts from the point of commissioning to the point of payment.</p> <p>Electronic invoices will cut down on paper invoicing and provide a full audit trail of payments and potential opportunities for back office efficiencies.</p> |

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|                              | <p>CM2000 have over the last 10 years developed their product and currently work with 36 Local Authorities, this gives confidence around system and processes that are robust, and that have a proven track record of producing average savings in the region of 4% - 7% per year.</p>  |
| <b>Resource Implications</b> | <p>The cost of implementing an Electronic Call Monitoring system (over a 7 year period) is estimated at £851k. This is broken down into one-off set up costs of £63k and recurring annual costs of up to £112k (dependent on the number of service users).</p> <p>Two additional ECM Information Officers will be required to monitor the additional information that will be produced under the proposed new licences, at a cost of approximately £60k per annum. It is expected that savings from posts currently placed within the existing back office functions could be re-deployed to offset this cost.</p> <p>Throughout the life of the contract it is expected to make on-going efficiency savings of between 4% - 7% per year, in excess of costs associated with additional resources, system and internal system administration.</p> |

## **MAIN REPORT CONTENTS**

### **1. Background**

- 1.1** The current domiciliary care contract is being re-tendered through autumn 2015 and will be awarded from April 2016. The new contract will give the council an opportunity to extend the scope of the existing Electronic Call Monitoring (ECM) system which is currently used to monitor disability services, so that it will also monitor services provided under the new domiciliary care contract.
- 1.2** Current spend across care at home services is circa £18m per year, including circa £3m of services commissioned on behalf of the Gloucestershire Clinical Commissioning Group (GCCG). Services are currently delivered by 13 contracted framework providers plus an additional 70+ spot purchase providers.
- 1.3** At any one time, there are around 1,600 service users receiving domiciliary care, which equates to almost 20,000 hours per week, via services that are either directly commissioned by the council or through individual budgets.
- 1.4** At the present time the council pays for the number of service hours it has commissioned rather than the actual number of service hours delivered by the provider.
- 1.5** It is recognised that some providers have difficulty delivering the number of service hours they have been commissioned to provide, and currently there is no way to accurately capture any under (or over) delivery of service hours. An Electronic Call Monitoring (ECM) system is a way of identifying actual under delivery and ensuring payments to providers reflect this.
- 1.6** The current use of the existing ECM system by the council in disability services has been shown to work effectively and provide additional benefits to the council and service users by:
  - 1.6.1** Supporting the council in making efficiency savings by paying only for the care actually delivered, rather than hours that have been commissioned. The Disabilities ECM project and its preceding pilot schemes have clearly demonstrated that the overall level of commissioned hours usually exceeds the number of hours that are actually provided.
  - 1.6.2** Providing immediate safeguarding benefits through real time visibility that service users receive the care that is commissioned.
  - 1.6.3** Supporting quality of service improvements through greater visibility of carer continuity, punctuality and visit compliance.
  - 1.6.4** Ensuring the care detailed in the service users' care plans is being delivered.

## 2. Services within the scope of this proposal

- 2.1 The proposed purchase of the provider licences will also permit the council to monitor existing domiciliary care delivered through framework and spot purchased contracts commissioned by the council, including 24 hour provision.
- 2.2 In addition to older people, it is anticipated that services will continue to be delivered to people under 65 years of age, mostly those with physical disability, for whom this is the agreed appropriate service response.
- 2.3 Electronic Call Monitoring is to be introduced to cover home based care. This will allow the council to exercise greater control over costs of care delivered as well as supporting the monitoring of working practices including consistency of carer and timeliness of visits.

## 3. Options

### 3.1 **Option 1 - Continue existing processes for commissioning, monitoring and invoicing for domiciliary care services.**

#### 3.1.1 Advantages

- No implementation of new process, no training requirements for providers.
- Service providers will not have to alter their existing, long-established pattern of working and invoicing.
- Service users will not have to come to terms with the minor change of working practice for support staff.

#### 3.1.2 Disadvantages/Risks

- No effective 'real time' monitoring of the level and type of support being delivered to service users.
- No effective means of highlighting in 'real time' where visits have not taken place on time or where visits have been missed.
- No efficiency savings because of payment on commissioned rather than actual support delivery.
- No efficiency savings through the automation of the council back office functions.
- Reduced ability to measure inputs against related outcomes.

- Reduced ability to more effectively manage aspects of safeguarding and carer continuity.
- Commissioning and Finance processes will remain more onerous and paper driven than would be possible using the electronic system.
- Continuation of a reconciliation process with numerous outstanding invoice queries awaiting resolution with some bridging two financial years

### 3.1.3 Costs

- There are no additional costs associated with this option. However, efficiencies will be lost if this option is chosen.

## 3.2 **Option 2 - Full roll out of ECM across all externally commissioned domiciliary care services**

### 3.2.1 Advantages

- An easily accessible audit trail of all care delivered within the new domiciliary care contracts.
- Providers will be paid on the basis of actual support delivery data rather than the value of work commissioned. The council should realise efficiency savings throughout the life of this contract.
- Providers would be paid automatically using actual delivery data, via an interface directly between ERIC and SAP, reducing the volume of paperwork both for the council and providers leading to reduced administration costs for both parties.
- The implementation of ECM would enable an audit of all services to ensure providers are delivering in line with the most recent support plan – the disability ECM pilots raised a number of instances where several providers had out of date support information and were delivering care contrary to the latest support plans which had been in place for over 12 months, and we would anticipate this being replicated in older people services.
- It will be mandatory<sup>1</sup> for providers to utilise an electronic scheduling system of their choice and interface this software with the ECM system. This scheduling software enables providers to most effectively plan visit schedules and routes. It will enable real-time alerts to be set for those visits that are

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<sup>1</sup> Exceptions will be made for some providers operating in the rural zones where it is not commercially viable to implement this software.

critical for service users e.g. medication visits, and are overdue. It allows providers to dispense with time-sheets as well as other back office functions should they wish.

- Provides effective lone working safeguards to ensure workers who support people with more complex needs remain safe.
- ECM supports personal budgets enabling service users and their family to be reassured there is full transparency of care delivered and they receive the care they are paying for.
- The appointment of the ECM Officers will enable robust partnership working so that any implementation issues are resolved and a high level of contract compliance is achieved.

### 3.2.2 Disadvantages/Risks

- Implementing ECM will involve business and cultural change, IT configuration and resource. There are risks when delivering this type of project, but they can be mitigated by using an effective implementation programme. The Disabilities ECM project has managed a successful implementation programme and lessons learned in that process will be transferred to this project.
- ECM may be perceived by support workers to be adding extra tasks to their workload. However, the time taken to log in and out is very brief (less than 8 seconds) and with proper communication and training, this perception can be addressed. The Disabilities ECM project has proven this to be the case.

### 3.2.3 Costs

- The overall 7 year cost is for the provider licences for which authorisation is sought under this Cabinet report and is estimated to be £851k. This is broken down into one-off set up costs of £63k and recurring annual costs to a maximum of £112k (dependent on the number of service users), providing a cost neutral position through expected efficiency savings within the first 3 years.
- The expected savings would fund the total on-going cost of the ECM system, and deliver a surplus cashable efficiency, whilst providing benefits to on-going service improvement and safeguarding.
- Two ECM Information Officers will be required to monitor the information produced by the ECM system, the intention is to cover the costs of these

posts (£60k) from internal redeployment. The posts will initially sit alongside the Disability ECM Officer within the current Disability Commissioning Team

### **3.3 Risk Assessment**

- The commitment of providers – both existing and potential – will be important in having an ECM system that is both effective and efficient. Ongoing engagement with providers is a key part of the proposed model.
- The absence of this commitment from providers would challenge the system delivery and may not result in the savings or outcomes that we need to achieve. This risk will be mitigated by the investment in two Electronic Call Monitoring Officers, and the proposed four GCC Commissioning Contract Officers who will be working with the providers and the market.

## **4 Officer Advice**

It is recommended that Cabinet approves Option 2 because:

- the full roll out of Electronic Call Monitoring to externally commissioned domiciliary care services in 2016-17 will maximise available efficiencies and provide a solid audit trail of support delivered.
- it will improve the quality of the service by providing the council with information on missed visits, continuity of support worker etc.
- it will allow the council to utilise the current interface specification between the existing ECM system and both the council's Adult Social Care System (ERIC) and financial system (SAP) in order that commissioning, monitoring, invoicing and charging are transformed from manual processing (delivering further potential savings not quantified) to automatic processing.

## **5 Equalities considerations**

- The equalities considerations for ECM have been incorporated within the Due Regard Statement written for the overall Domiciliary Care Contract and submitted to Cabinet in June 2015, this has been reviewed in light of this new decision and no new material impact has been identified.

## **5 Consultation**

- Consultation regarding ECM has been included in the main domiciliary care contract consultations with providers. The detail of this was presented to Cabinet in June 2015.
- Following Cabinet agreement, further consultation, in association with GCC's Consultation Team, will take place with providers and service users.
- Following Cabinet agreement, the communication work with providers will be primarily through a Provider Focus Group to engage and promote active involvement in the implementation process.

## **6 Performance Management/Follow-up**

- The new domiciliary care contracts include a dedicated Electronic Call Monitoring schedule detailing the expectations of providers. This schedule sets out clear Key Performance Indicators (KPIs) by which providers will be monitored, these include but are not limited to, system compliance, carer continuity and carer punctuality.
- The performance management of the domiciliary care contracts will be undertaken by 2 Electronic Call Monitoring Officers, and the 4 proposed Commissioning Contract Officers who will ensure contract compliance of providers. Monitoring and inspection programmes will be in place to ensure financial contract compliance.
- The newly appointed ECM Officers will be responsible for the day to day administration of the system and system compliance monitoring as well as providing support to the dedicated contract managers (Commissioning Officers).

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| <b>Report Title</b>                   | <b>Electronic Call Monitoring for Domiciliary Care Services</b>  |
| <b>Statutory Authority</b>            | Care Act 2014  |
| <b>Relevant County Council policy</b> | Growing Older in Gloucestershire   |
| <b>Resource Implications</b>          | <p>Implementation of an Electronic Call Monitoring system (over a 7 year period) is estimated at £851k. This is broken down into one-off set up costs of £63k and recurring annual costs to a maximum of £112k (dependent on the number of Service Users).</p> <p>Two ECM Information Officers will be required to monitor the information produced at a cost of approximately £60k per annum. It is expected that savings from posts currently placed within the Care Invoice Team can be used to offset this cost.</p> <p>Within the life of the contract it is expected to yield an efficiency saving of between 5% - 7% per year based on data from the Disabilities ECM project, other Local Authority performance data and Internal Audit reviews.</p> |
| <b>Sustainability checklist:</b>      |  |
| Partnerships                          | <p>Joint Commissioning Partnership Executive and Board<br/> Better Care Fund Forum<br/> Gloucestershire Care Providers Association</p>   |
| Decision Making and Involvement       | <p>Joint Commissioning Partnership Executive and Board (JCPE)</p>  |
| Economy and Employment                | <p>The proposed model supports the development of improved working conditions through lone working safeguards for people employed as carers.</p>   |
| Caring for people                     | <p>The proposed model will focus on achieving people receive the support commissioned for them, whilst enabling people to remain in their own neighbourhoods and communities. Consistency of Support Worker can be monitored and missed visits flagged.</p>  |
| Social Value                          | N/A  |
| Built Environment                     | N/A  |

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| Natural Environment' including Ecology (Biodiversity) | N/A  |
| Education and Information                             | Better information will be available to both Providers and Commissioners on commissioned services.   |
| <b>Tackling Climate Change</b>                        | Carbon Emissions Implications? Neutral<br>Vulnerable to climate change? No   |
| <b>Due Regard Statement</b>                           | Has a Due Regard Statement been completed? Yes<br>Yes - considerations included in main body of report<br><br>A copy of the full Due Regard Statement can be accessed on GLOSTEXT via <a href="http://glostext.gloucestershire.gov.uk/uuCoverPage.aspx?bcr=1">http://glostext.gloucestershire.gov.uk/uuCoverPage.aspx?bcr=1</a><br><br>Alternatively a hard copy is available for inspection from Jo Moore, Democratic Services Unit, e-mail: <a href="mailto:jo.moore@gloucestershire.gov.uk">jo.moore@gloucestershire.gov.uk</a> . |
| <b>Human rights Implications</b>                      | N/A  |
| <b>Consultation Arrangements</b>                      | Following Cabinet agreement, further consultation, in association with GCC's Consultation Team, will take place with providers and service users.<br><br>Further communication work with providers will be primarily through a Provider Focus Group to engage and promote active involvement in the implementation process.  |