

2020/21 Summary Saving and Pressure Proposal Form

The Senior Responsible Officer (SRO) for the proposal should complete forms.

Proposal Title	Adults Service Delivery	Lead/Responsible Officer:	Eve Parkinson/Ty Stokes
Your Ref No:	CSCH002	Directorate:	SCH
Version No:	1	Section:	Adults
Date:	3/12/19		

1. Proposal Description Please include a brief description of the proposal being explored and the core objectives. Please also include supporting evidence for the identified saving and/or pressure

1. Each year we engage with the care provider market to understand their costs, margins and pressures they expect. For the past 4 years we have built in a pressure due to the rise in living wage following the then Chancellor in 2015 committing to a year on year increase until 2019/20. No further announcement has been made on how the living wage will increase past 2019/20, however CPI is running at 1.7% as at the end of September 2019 and we are contractually obliged to meet with providers and consider how cost pressures affect them in agreeing our rates of pay. The pressure amounts to £373,000.
2. Domiciliary care across the UK is mainly a traditional model of care and support; providing time allocated personal care to people unable to manage independently. There is a growing acknowledgement across the sector that the traditional model of time allocated slots to provide personal care tasks is outdated and requires remodelling. We have evidence that the current system can lead to less person centred outcomes, difficulties in carer recruitment and providers struggling to continue to operate.
Over the last year, we have seen a decrease in the level of capacity providers have to meet demand and an increase in the number of people waiting for care at home services. A number of national providers with whom we contract have pulled out of areas of the county, as they are unable to sustain sufficient levels of recruitment and retention. This position is not unique to Monmouthshire, Councils across Wales are struggling to secure sufficient care at home and many are trying to change the current task and time model to one which is person centred and consistent with the aspirations of the Social Services and Wellbeing Act 2014
To transform this traditional model we have embarked upon our programme of Turning the World Upside Down. We recognised that the Council could not and should not do this alone and needed to develop a new model with providers; requiring us to work in a fundamentally different way. We have built meaningful relationships and come together to design a genuinely co-produced model of support, which achieves better outcomes for people.
This co-produced new model of care has an agreed System Design, a set of Operating Principles and Relationship Principles, which will underpin the Turning the World Upside Down approach :
Patch based – to allow a flexible response for people
Providers integrated into Health and Social Care teams
Finding Individual Solutions Here (FISH)/Discharge Liaison Nurse agree the most appropriate expertise to send – including a provider
Providers have access to FLO, the Authority’s current care recording system.
Support is based on what matters, and builds on existing networks and community assets – not time and task
Predictable payments based on patch
Providers support each other if capacity is reached
There is a common measurement system – based on what matters to citizens
Quality assurance is based around the use of the measurement system.
We have also rigorously progressed and achieved key successes with the themes set out in the Turning the World Upside Down Design, including:
Co-producing 12 patches through the Turning the World Upside Down Leadership Group.
Using a rational approach; taking account of key factors affecting the costs of delivering care at home through the Turning the World Upside Down model, we have arrived at a price per patch and are now able to provide a price per patch based on contemporary data.
Whilst we are yet to move to formal integration, across the integrated teams, providers meet regularly with the care team in a solution-focused way to consider capacity issues and work together to address these.
The Leadership Group has also agreed an approach which, enables organisations to reduce and increase packages of care themselves if outcomes can still be met, families are willing and it is appropriate.
Providers are piloting the use of FLO. This is underpinned with a co-produced Information Sharing Protocol.
A Common Measurement System and an agreed means of measuring against this has been co-produced.

Our reflections of progress towards the implementation of Turning the World Upside Down to date gives us confidence that we are making significant progress iteratively as we develop and understand the model better. The key remaining elements to implement are:

- Working in patches,
- Making predictable payments by patch
- Supporting people with what matters.

By implementing these three elements next, we will be able to fully test the whole Turning the World Upside Down concept in real time. We will do this over a reasonable period (three years) and during this will be able to tailor and refine the model and generate high levels of engagement.

In moving towards the next stage of the implementation, we recognise that there will be a staff related cost pressure in respect of this new way of working. The pricing model takes accounts of factors including:

- National living wage levels
- NI contributions
- Pensions costs
- Rurality
- Market pressures
- Training
- Travel

This mandate relates to the pressure arising from the additional factors of the Turning the World Upside Down pricing model only. A separate pressure mandate has been produced in respect of annual uplifts for all commissioned adult services, which includes the care at home costs relating to non-staff cost increases. The associated cost pressure is £1,048,000.

To offset the above pressures we are proposing the following savings within Adult Services: -

3. Within Adult Services there has been a direction of travel for Practice Change since 2012/13. The first saving mandate was submitted in 2013/14 putting forward savings as a result of Practice Change which has continued right up to the last MTFP and resultant budget allocation of 2019/20. This mandate saving is looking at potential to push the Practice Change agenda into a further year being 2020/21 and explore the viability of further efficiencies, by capitalising on current work and direction to date, with prediction of savings totalling £150,000.
4. Additional income if the Government increased the current maximum weekly cap on non-residential charges from the current £90 per week to £100 per week from 1st April 2020. This proposal is in line with the Government pledge to increase the maximum weekly cap and Local Authorities across Wales have been contacted by Welsh Government officials to ask for data for Ministerial consideration. If the maximum weekly cap is increased to £100, our modelling suggests there will be an additional annual income stream for 2020/21 of £116,000.

2. **Budget Impact** In this section please include the savings and pressures identified and the overall budget impact resulting from this proposal. This must cover each year implicated.

Service area	Current Budget £	Proposed Cash Pressure £	Proposed Cash Efficiencies £	Target year				Total Budget Change Proposed
				20/21	21/22	22/23	23/24	
Adult	32,512,293	373,000		373,000				
		1,048,000		1,048,000				
			(150,000)	(150,000)				1,155,000
			(116,000)	(116,000)				

3. **External Funding:** Has this proposal considered the opportunities for external funding? If yes, what funding avenues have been identified?

Funding Identified	Source	Current status (i.e. confirmed, in application, etc)

4. Corporate Alignment: How does this proposal contribute and align with the current Corporate Plan objectives and have the relevant evaluations been considered and completed? Please consider any implications this proposal may have on our current policies.

Question	Y/N	Comments/Impact
Does this proposal align with the MCC Corporate Plan ?	Y	
Has this proposal been included in your current Service/Business Improvement Plans?	Y	
Has a Future Generation Evaluation been commenced?	Y	
How will this proposal address MCC's Climate Emergency commitment.?	N	
Is an Option Appraisal required? (Please refer to MCC Standard Option Appraisal Process/Template)	N	
Will this proposal require any amendments to MCC policy?	N	

5. Additional Impacts What are the expected impacts of implementing this proposal? Please include the potential impact on other service areas

Description	Who is effected?	Is this impact positive or negative?
1. Provider fee uplifts	Care providers and the clients they support	Positive
2. Turning the World Upside Down	Care providers and the clients they support	Positive
3. Practice Change	Service users	Both
4. Increase in non-residential maximum weekly charge cap	Service users	Can be both

6. Additional Considerations:

Question	Y/N	Comments/Impact
Will this proposal have any staffing implications?	N	
Will this project have any legal implication for the authority?	N	

7. Key actions required to deliver this proposal

Describe the key activities that will be undertaken to deliver the proposal and the responsible action holders. This includes any actions contributed to by other services (i.e. Finance/HR/DPO/Procurement/Legal etc.). Give the timescales to complete the work. This must also factor in any business activities that will need to be done differently or cease in order to achieve the proposal.

Action	Officer/ Service responsible	Timescale
Engage with providers to understand the market cost pressures	Ceri York/Nicola Venus Gabolin/Ty Stokes	January 2020
Engage with providers re plans to implement TWUD prototype over 3 years	Ceri York/ Shelley Welton	Dec 19-March 2020
Implement 2 stage plan	Ceri York/ Shelley Welton/ Jill Jones /Annette Brady/ Coli Richings/Nikki Needle	April 2020 – March 2023

5. Additional skills/ business needs

Describe any additional skills, resource and capability needed in order to carry out the proposal successfully. For example new expertise that will require additional investment etc.

Any additional capability required	Where will this come from	Any other resource/ business need (non-financial)
Support to implement Common Measurement System and on –going management and monitoring within Integrated Services	TBA	

6. Consultation Describe any initial consultation that has been undertaken in order to inform this proposal and any further consultation that will be required throughout proposal delivery

Consultee	Description	Date (delivered/planned)
DMT	SC&H	02/10/19 and 4/12/19

7. Key Risks and Issues

Are there any potential barriers and risks that will need to be managed in delivering the outcomes expected from investing in the pressure identified, including any negative impacts identified in section 3 that need to be accounted for. Also, set out the steps that will be taken to mitigate these risks.

Barrier or Risk	Strategic/ Operational	Reason why identified (evidence)	Risk Level (High, Medium or Low) Based on a score assessing the probability & impact	Mitigating Actions
Providers reluctant to adopt new model of care at home	Strategic & Operational	Totally new way of working which will require organisational and cultural change	Low	Continue co-production ethos and on-going engagement with providers to implement TWUD prototyping
Predicable pricing model not attractive	Operational	Provisional rate is less than some providers spot purchase rate	Low	New model fundamentally more attractive and offsets some of the risks currently reflected in higher spot rates. Predicable payments brings longer term financial security.

8. Assumptions

Describe any assumptions made that underpin the justification for the option.

Assumption	Reason why assumption is being made (evidence)	Decision Maker
Maximum weekly cap will be increased	In line with Government pledge and current engagement by Welsh Government officials	Minister for Social Care and Health

9. Measuring and monitoring performance

How do you intend to measure the impact of this proposal? This will include budget measures and further possible measures that cover process, staff and customers. Targets need to be set over the duration of the proposal where appropriate.

Focus - Budget/Process/Staff/Customer	Indicator	Target 2020/21	Target 2021/22	Target 2022/23	Target 2023/24

The proposal will be monitored through directorate budget monitoring. This will lead into corporate budget monitoring. In addition, the action plan, performance measures and the risk assessment must be transferred into the service plans for the business area in order to monitor and challenge the delivery of the pressure proposal, including the performance being achieved and the level of impact.

10. Additional considerations:

Question	Y/N	Comments/Impact
Will this proposal require procurement of goods, services or works?	N	
Will this proposal impact on the authorities built assets?	N	
Will this proposal present any collaboration opportunities?	N	
Will this project benefit from digital intervention?	Y	The present digital care prototype may present opportunities than can assist to deliver practice change