

Report to: STRATEGIC COMMISSIONING BOARD

Date: 17 April 2018

Reporting Member / Officer of Single Commissioning Board Cllr Brenda Warrington – Executive Leader
Sandra Whitehead – Assistant Director Adults

Subject: INTRODUCTION OF AN ELECTRONIC ROSTERING AND ALLOCATION SYSTEM FOR THE REABLEMENT SERVICE, COMMUNITY RESPONSE SERVICE AND LONG TERM SUPPORT SERVICE

Report Summary: The report is seeking permission to spend for the provision of an e-rostering and allocation system and authorisation to carry out a mini tender exercise with suppliers on the existing ESPO Framework 394_15 – Elec. Homecare Monitoring & Scheduling.

Recommendations: That the Board notes the content of the report and:

- Approval to spend on an e-rostering system is given.
- Approval to carry out a procurement exercise using existing ESPO framework is given.

Financial Implications:
(Authorised by the statutory Section 151 Officer & Chief Finance Officer)

ICF Budget	£'000
TMBC - Adult Services	
Section 75	36 – Recurrent
Strategic Commissioning Board	51 – Non Recurrent

The budget for the Reablement Service forms part of the Section 75 Pooled Budget arrangement.

The initial one off system set up cost of £50,713 will be funded by the non-recurrent Improved Better Care Fund allocation of £ 3.299 million in 2018/19.

The ongoing licence and maintenance costs of £36,442 per year will be met from the net staffing cost savings of £80,000 as stated in section 2.2 of the report.

There will therefore be a residual recurrent revenue saving of £43,558 in future years (reduced for annual RPI increases of the system).

Legal Implications:
(Authorised by the Borough Solicitor)

At high level the report makes out the desirability and benefits of transitioning to a better and more economic way of delivering the present services and there are no legal issues.

On the question of implementation it is clear that the proposals rely on changes in the staffing structure and resultant savings and it is reasonably clear from the report that there is agreement as to how these can be achieved. The financial commentary is based on this.

It is clear that there is an IT solution with functionality which will achieve the implementation required.

In relation to the procurement, care must be taken to ensure that the proper procedures are carried out; and that the contract reflects the risks identified and the requirements of the project. It would be worthwhile to check again that the procurement proposals match the needs.

How do proposals align with Health & Wellbeing Strategy?

The proposals align with the Developing Well, Living Well and Working Well programmes for action.

How do proposals align with Locality Plan?

The proposals and strategic direction are consistent and aligned.

The service is consistent with the following priority transformation programmes:

- Healthy Lives (early intervention and prevention)
- Enabling self-care
- Locality-based services
- Urgent Integrated Care Services
- Planned care services

How do proposals align with the Commissioning Strategy?

The service contributes to the Commissioning Strategy by:

- Empowering citizens and communities
- Commission for the 'whole person'
- Target commissioning resources effectively

Recommendations / views of the Health and Care Advisory Group

Not Applicable

Public and Patient Implications:

Whilst there will be no impact on the quality of the service for service users, the new system will enable more hours of reablement to become available due to a more efficient rostering and allocation of the work coming into the service. This will enable more users to benefit from the service.

Quality Implications:

The Council is subject to the duty of Best Value under the Local Government Act 1999, which requires it to achieve continuous improvement in the delivery of its functions, having regard to a combination of economy, efficiency and effectiveness.

How do the proposals help to reduce health inequalities?

It is widely recognised that the social conditions in which they each live (poverty, disability, damp or overcrowded housing, poor diet and so on) all have a negative impact upon health and wellbeing. These service areas all seek to address the social conditions within which people live their lives and therefore make a key contribution to reducing health inequalities and improving social outcomes among the communities in which they work.

What are the Equality and Diversity implications?

It is not anticipated that there are any equality and diversity issues with this proposal.

The proposal will not affect protected characteristic group(s) within the Equality Act.

The service will be available to adults regardless of ethnicity, gender, sexual orientation, religious belief, gender re assignment, pregnancy/maternity, marriage / civil and partnership.

What are the safeguarding implications?

There are no anticipated safeguarding issues. Where safeguarding concerns arise as a result of the actions or inactions of the provider and their staff, or concerns are raised by staff members or other professionals or members of the public, the Safeguarding Policy will be followed.

What are the Information Governance implications? Has a privacy impact assessment been conducted?

Information governance is a core element of all contracts. The necessary protocols for the safe transfer and keeping of confidential information are maintained at all times by both purchaser and provider. Any procured service will include minimum requirements for training and qualification workers which include standards and requirements for information governance, privacy and respect.

Risk Management:

Risks to Domiciliary Care Officer posts, but have engaged ECG in December and been through a consultation period.

Data Protection risks will be mitigated with appropriate contractual and IT safeguards and continued monitoring throughout the life of the contract.

Access to Information :

The background papers relating to this report can be inspected by contacting;

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1. INTRODUCTION

- 1.1 The aim of the Reablement Service is to provide an intensive short term period of intensive rehabilitation (up to 6 weeks) when someone has had a period of ill health or trauma. It is expected that during this period the person will be able to get back to their optimum level of independence.
- 1.2 The service has delivered good outcomes for people allowing them to continue to live at home with an ongoing reduced package of home care or in many cases with no ongoing support provision at all.
- 1.3 Reablement is recognised as one of the fundamental services within an integrated health and social care system and the value of the service is widely accepted across the country.
- 1.4 Although the service in Tameside is successful, there is potential to realise greater efficiency. The current system for the deployment of staff and the matching of demand and supply within the Reablement Service is carried out manually and without the help of an electronic solution.
- 1.5 This, not surprisingly, is both laborious and time consuming. Programmes of work are developed by the operational support staff as well as the Domiciliary Care Organisers (DCO) and the physical management of this process takes up considerable time. These administrative functions include scheduling staff rotas, managing annual leave and sickness, calculating payroll payments such as overtime/bank holidays/leave, recording training records and other personnel files.
- 1.6 To operate more effectively and efficiently, the service needs to be able to accept new pieces of work, deploy staff according to the needs of the users and deal with changes which are happening at multiple times during the day, and it needs to do so accurately and in a timely manner. As a manual system, this requires intense management with other senior managers within the service often becoming drawn into this process, including Assistant Team Managers (ATM) and the Team Manager.
- 1.7 Whilst considering options for an electronic solution to the staff rostering and allocation system within Reablement it has also become apparent that other areas of Adult Services could benefit with a similar solution, particularly the Long Term Support Service which already has an electronic system staff rostering system in place that would benefit from an upgrade. The Community Response Service has also identified some potential benefits from having access to an electronic solution.

2. KEY BENEFITS

- 2.1 A report to the Employee Consultation Group in December 2017 outlined that the introduction of an electronic-rostering (e-rostering) system could impact on the three Domiciliary Care Officer (DCO) posts, and suggested that savings could be realised through reducing staffing levels. However, it is proposed that the DCOs would be replaced with an Assistant Team Manager instead that would enable other key management tasks to be maintained.
- 2.2 The annual cost saving realised from the reduction of three DCOs is £128,000, inclusive of on costs. The cost of the proposed Assistant Team Manager is £48,000 inclusive of on-costs; therefore the net staffing cost reduction would be £80,000 per year on a recurrent basis.

- 2.3 The service would run in tandem in the early stages of a new electronic system being in place to allow the system to bed in and to iron out any technical difficulties that may arise. This will also minimise any risk to service users during the transition period.
- 2.4 A more efficiently run service will result in more support hours being made available. Currently the manual system cannot make the necessary placements in terms of geography and time that an electronic system is able to, leading to some downtime and time being unnecessarily wasted in travel due to inefficient allocations of work.
- 2.5 The Community Response Service (CRS) could also benefit from this service, as one of their priorities is also to be a paperless and more efficient service, and would only require an additional license to be procured to allow this to happen.
- 2.6 The Long Term Support Service currently operates an e-rostering solution called 'Staff Plan' from a supplier called 'Advanced Health and Care Ltd'. A system upgrade would be timely to ensure that the most up to date technology and programmes are being used.
- 2.7 There are a number of electronic solutions available and some work has been carried out over the past few months to test out the market and to try and ascertain which is most suitable.
- 2.8 There is a Framework of suppliers available under procurement rules which would enable the Council to enter into a mini tender exercise with those providers that have already demonstrated that they can meet the necessary specifications of the system that the Council is requiring.
- 2.9 It is therefore proposed to carry out a mini tender under the existing procurement rules using the ESPO Framework 394_15 – Elec. Homecare Monitoring & Scheduling (**Appendix A**).

3. CONTRACTING/PROCUREMENT PROPOSAL

- 3.1 As highlighted earlier in the report there is an existing framework on the ESPO system for Homecare Monitoring and Scheduling. There are a number of providers who have already demonstrated that they meet a required standard to be included on the framework.
- 3.2 Currently there are 8 providers who can provide the type of system that Reablement, CRS and Long Term Support Service are seeking. All offer a slightly different approach and whilst some are perhaps more basic than others, officers have taken the opportunity to either speak with some of the providers directly, visit some of the local authorities that already have systems in place or take part in email communication and determined that there are perhaps a number of the 8 who would be able to offer a reasonable solution. Some of the systems would not be compatible with the Adult Service's Care Management IT system which would mean that data would have to be duplicated rather than smoothly transferred between the two systems. Some of the systems require the use of the providers own mobile telephone handsets whereas it is felt that it would be more beneficial if staff could use TMBC mobile telephones. There are some providers on the framework who appear to be able to meet all the requirements of the service specification required.
- 3.3 The current suppliers on the framework are:
 - Advanced Health and Care Ltd;
 - Assistive Partner Ltd;
 - CACI Ltd;
 - HAS Technology Ltd t/a Care Monitoring 2000;
 - Malinko Care;
 - TotalMobile Ltd;

- UDMS Ltd;
- Webroster Ltd.

3.4 Given that there is a framework in place for this type of system it is proposed that a mini tender is followed which will allow those providers who are interested to tender for the contract and be considered against an agreed service specification and criteria.

4. FINANCE

4.1 Improved Better Care Fund (iBCF funding has been identified to introduce the e-rostering system to the Reablement Service with the Community Response Service and Long Term Support Service benefiting from the contract award. This is an allocation of £3.299 million in 2018/19.

4.2 The current revenue budget for Reablement would remain in place, to allow for the staffing to be in place to run the manual and electronic systems in parallel until there is confidence to run the electronic system alone, at which point the savings realisation would be made.

4.3 Estimated costs to be financed from the iBCF are predicated upon indicative costs provided by suppliers in the conversations with officers over the past few months.

4.4 The cost in year one takes account of initial set up costs as well as the recurrent costs that will be incurred on an annual basis thereafter

The indicative amount required from the iBCF funding for year one is:

£50,713 (non-recurrent – funded from improved Better Care Fund as stated in section 4.1)

£36,442 (recurrent – via the £ 80,000 revenue saving as stated in section 2.2)

£87,155

4.5 Year Two onwards

£36,442 plus RPI (recurrent – via the £ 80,000 revenue saving as stated in section 2.2)

4.6 Therefore, if the system proves efficiency, the ongoing net saving from staffing levels of £80,000 (stated in section 2.2) would offset the annual recurrent maintenance of £36,442 providing a recurrent saving of £43,558 in future years (reduced for annual RPI increases of the system).

4.7 There will be additional efficiency including the more efficient use of staff time enabling more hours of hands on Reablement to become available.

5. EQUALITIES

5.1 The Reablement Service works with people recovering after a period of ill health or trauma that has resulted in the loss of some of the skills and abilities of independent and everyday living. The Service is available to anyone over the age of 18 and although it does work successfully with younger adults between 18 and 64 it is predominantly utilised by older people.

5.2 The introduction of an electronic rostering and allocation system will not affect the groups who currently use Reablement. It will result in more care hours becoming available due to the more efficient allocation of work reducing travel and downtime. This will result in more people being able to access the Service or for more hours to be available to improve outcomes for people even further.

6. RISK MANAGEMENT

- 6.1 The introduction of an electronic rostering and allocation system will improve the efficiency of the Reablement Service, as well as Community Response and Long Terms Support Services. It has already been recognised that in looking for an electronic solution that certain roles within the Reablement Team will no longer be needed, most notable the role of Domiciliary Care Officer. A report has already been submitted to the Employee Consultation Group and consultation has been undertaken with the three members of staff who would be affected and their union representatives. Assurances have been given that any reduction in staffing will not take place until the new electronic system is in place and has been fully tested.
- 6.2 Any risks of poor service delivery will be mitigated by close monitoring of the new system as it is introduced and becomes embedded. The ceasing of the current manual system will not happen until there is absolute confidence in the new system.
- 6.3 With the introduction of any new electronic system there are potential risks around the use of data and the need to ensure as much protection as possible. Officers have worked closely with colleagues in the Council's IT Service to ensure that all necessary data management is in place and meets the necessary regulations and specifications.
- 6.4 The risk of not introducing an electronic system would leave the current services being dependent upon manual systems which in themselves offer a higher degree of risk due to human error. Most local authorities have either introduced or are in the process of introducing an electronic staff rostering system in much the same way as is being suggested for Tameside. The system will aid greater integration with other services most notably the Integrated Care Foundation Trust as the Council moves closer to that organisation.

7. CONCLUSION

- 7.1 The importance of the Reablement Service in the ongoing work of the health and social care economy in Tameside is well established and has been in operation for nearly 10 years. Equally so is the service provided by the Community Response Service and the Long Term Support Service. The services are constantly reviewing their ongoing effectiveness and regularly have regard for new developments in the social care system.
- 7.2 The introduction of a number of electronic staff rostering and work allocation systems over the past few years has led to greater efficiencies in this area of the market. After reviewing many of the systems that are on the market it is felt by officers working closely with these services that purchasing and procuring an effective system would enhance the current services and result in better outcomes for users of the services as well as opportunities to realise possible budget savings.

8. RECOMMENDATIONS

- 8.1 As stated on the report cover.

APPENDIX A

Framework 394_15 – Elec. Homecare Monitoring & Scheduling Issue 7

ESPO, Barnsdale Way Grove Park, Enderby, Leicester, LE19 1ES

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Suppliers

- **Advanced Health and Care Ltd**
- **Assistive Partner Ltd**
- **CACI Ltd**
- **HAS Technology Ltd t/a Care Monitoring 2000**
- **Malinko Care**
- **TotalMobile Ltd**
- **UDMS Ltd**
- **Webroster Ltd**

A full list with contact details can be found in Section 3 of the full User Guide.

How to use this Framework

Step 1 - Complete the Customer Access Agreement (Appendix 1 of the User Guide) and return it to ESPO.

Step 2 - Review the User Guide to establish whether your needs can be met by a single supplier or whether you need to conduct a Further Competition. Section 5 contains more information on how to place an order. Typically smaller, more straightforward requirements can be met by one supplier, larger, more complex requirements will require a Further Competition to achieve the best supply solution. If you decide that a single supplier can meet your requirements based on the pricing and/or other information provided in the User Guide simply place an order with that supplier. A template order form is available for you to use at Appendix 3 of the User Guide.

If you decide you need to conduct a Further Competition you may do so by seeking quotations from **all** of the suppliers that are able to meet your requirements. More specific details on how to conduct a further competition can be found in Section 5 of the User Guide.

Please quote ESPO framework reference 394_15 on all correspondence.