

Cabinet – 14 December 2022

Approval to extend the Electronic Call Monitoring Contract with Access UK limited

Portfolio: Councillor Keir Pedley – Adult Social Care

Related portfolios:

Service: Adult Social Care

Wards: All

Key decision: Yes

Forward plan: Yes

1. Aim

- 1.1 To extend the existing contract a further 6 months from 26 April 2023 to 25 October 2023 and have the option of extending the same contract a further 12 months if required to 25 October 2024, pending the outcome of an options appraisal.

2. Summary

- 2.1 This is a key decision because it exceeds the threshold for “significant” expenditure of £500,000.
- 2.2 The current service was contracted for an initial 2 year term from 26 October 2020 to 25 October 2022 with the options for the Council to extend by two consecutive periods of up to 12 months each. The initial cost of the contract was £198,420 per annum, however from March 2021 the number of providers and service users on the Electronic Call Monitoring contract was increased in order to increase capacity to meet demand and in accordance with the contract the annual cost was increased to £219,780 per annum.
- 2.3 To provide continuity of service the contract has been extended 6 months from 26 October 2022 to 25 April 2023 at the cost of £109,890. However to extend a further 6 months and have the option to use the fourth one year extension term if required, Cabinet approval is required for the full lifetime value of £872,000.

3. Recommendations

- 3.1 That Cabinet approves the request to extend the existing Electronic Call Monitoring contract with Access UK Limited a further 6 months from 26 April 2023 to 25 October 2023.
- 3.2 That Cabinet delegate authority to the Executive Director of Adults, Public Health and Hub, in consultation with the Portfolio Holder for Adult Social Care, to extend the Electronic Call Monitoring contract with Access UK Limited for further periods, as may be required pending the outcome of an options appraisal, up to a maximum of 12 months ending 25 October 2024.
- 3.3 That Cabinet delegate authority to the Executive Director of Adults, Public Health and Hub, to subsequently authorise the sealing or signing of any associated contracts, deeds or other related documents for such services as identified above.
- 3.4 That Cabinet delegate authority to the Executive Director of Adults, Public Health and Hub, in consultation with the Portfolio Holder for Adult Social Care to subsequently authorise any variations to the contractual arrangements or other related documents for such services should this be required throughout the duration of the contract and provided they are in line with the Council's Contract Rules and any relevant legislation, including Public Contracts Regulations 2015.

4. Report detail - know

Context

Background

- 4.1 Walsall Council's Cabinet previously approved the implementation of an electronic call monitoring solution across the domiciliary care market during 2015, as part of an 'invest to save' initiative. The ambition was to ensure the Council had greater oversight; control of spend and a fuller understanding of the quality of community-based care services delivered across the borough (particularly as Adult Social Care service users contribute to the costs of their care). CM is an Electronic Call Monitoring solution (ECM) designed to improve efficiency, transparency and quality across community based services (CBS) domiciliary care provision. CM consists of:
 - Call Confirm Live (CCL) – this is the carer electronic call logging system, principled on replacing care workers' manual time sheets using a mobile work solution (MWS) and software entries within the system.
 - Broadcasting Portal – a module where brokering requirements for a new package of care are offered to providers to take up. The broadcasting functionality is aligned to the CBS contract specification requirements.
 - Finance Manager (FM) – is an electronic tool for arbitrating and automating care payments. Finance Manager applies the results from CCL (the care times delivered) with contract rates set within CM for individual providers in

order to produce invoices based on actual care delivery as detailed in the contract.

- Reporting – There are an existing suite of reports accessible to providers via CM solution to support business management. A suite of reports are also available and published on a monthly basis, for Council monitoring purposes.

Current Position

- 4.2 CCL - 20 of the 36 (56%) CBS domiciliary care providers use CM. 16 (44%) don't, as CM was not suitable for flexible care delivery and with the need to increase the number of providers during the Covid-19 pandemic, a decision was taken not to put them on CM as there was no budget or capacity to train these providers and the ongoing use of CM was under review. This has resulted inequity with some providers having to use CM and others not.
- 4.3 Broadcasting Portal -20 of the 36 (56%) CBS domiciliary care providers that use CM are able to use the broadcast portal to accept/reject packages of care. The 16 (44%) that aren't on CM receive referrals via email; resulting in the Council having to operate 2 brokerage systems which is inefficient and inequitable.
- 4.4 FM - Not used. It was stepped down during April 2020 due to Covid-19 and with the exception of a short period from 12/7/21 to 5/09/21 and providers have been paid to plan to support with the flexible delivery of care during the ongoing pandemic and to support with market sustainability. Providers are currently paid to support plan value, using the CCL logins for validation which confirms that providers have delivered care. If CM is ceased, then an alternative level of validation will be agreed.
- 20 CBS CM providers (56%) are currently paid to plan using CCL to validate payments and the 16 CBS non CM providers (44%) are paid on invoice with no CCL validation, resulting in the Council operating 2 payment systems, which is inefficient and inequitable.
- 4.5 Reporting – these are currently used by the Council and providers to monitor CM compliance which are based on time and task compliance. With the move to outcomes based commissioning, these will be replaced a new model of outcomes based monitoring.
- 4.6 The CM system underpins a critical set of processes in Adult Social Care. However, time and task systems like CM are becoming less popular in commissioning and with providers as the move to an outcomes-based focus on commissioning increases and our customers want tailored/flexible services to meet their changing needs.
- 4.7 A move to outcomes based commissioning will require a change in relationship with providers. With a moved away from 'time and task' support planning and a move to providers working innovatively and in partnership with service users and their families. This will require trust, autonomy and confidence to deliver

the outcomes outlined in each service user's support plan to meet their assessed needs.

- 4.8 While there are benefits of knowing exactly the quantum of care delivered, especially when it comes to charging clients for their care by paying an assessed weekly contribution, it is considered to be a restrictive practice and very input focussed and volume based, rather than outcomes focussed and trust based, to retain such systems.
- 4.9 Furthermore there are limitations with the current CM system. It is unpopular with providers as they see it as an administrative burden compared to the way it is administered by other Councils. CM is time and task focused and will become obsolete with a move to outcomes based commissioning as it cannot accommodate flexible delivery.
- 4.10 Despite compliance monitoring, the level of software entries means that the Council cannot rely on CM data for accuracy as software entries often mirror support plan times and poor Wi-Fi connectivity across the borough together with staff mobile phone issues increase the level of software entries. In addition to this many of our providers have introduced their own electronic software systems and as a result CM is creating a duplication resulting in further bureaucracy. Currently 20 CBS CM providers (56%) are monitored for CM compliance against the KPI's set out in their contract; 16 CBS non CM providers (44%) aren't, which is inequitable and inconsistent contract management.
- 4.11 Walsall Council has already made a move away from time and task practice by paying providers on planned hours since April 2020 i.e. hours specified in support plans. Finance have also built payment to plan into the Medium Term Financial Plan (MTFP) to support with the move away from CM. Furthermore care and support plans are now outcomes focussed and permanent decommissioning of CM is a first step in a progressive journey towards an outcomes focussed model for homecare.
- 4.12 However, in order to allow this contract to expire, Adult Social Care need to ensure that they have alternative arrangements in place which introduces:
- One payment system for all providers
 - One brokerage system for all providers
 - A level of compliance monitoring to enable the Council to validate both service delivery and quality of service

To allow for a transition from CM to the new arrangement.

Council Plan priorities

- 4.13 This service meets the Council Corporate priority of 'People' - Encourage our residents to lead active, fulfilling and independent lives to maintain or improve their health and wellbeing.

Outcomes	Markers of Success
3. People can access support in their community to keep safe and well and remain independent at home	5. People are supported to build on their strengths and those in their communities to maintain and/or maximise their independence. 6. People feel safe in their home and community.
4. People are supported to maintain or improve their health, wellbeing and quality of life	7. People know how to maintain or improve their health and wellbeing and get timely support for this, where required. 8. People can access timely social care support and reablement to prevent a hospital admission or facilitate a timely discharge

Risk management

- 4.14 The original contract was awarded for an initial term of 2 years from 26 October 2020 to 25 October 2022 with the option to extend for 2 periods of up to 12 months each. Using the extension options will enable the Council to maintain continuity of service pending Adult Social Care putting alternative arrangements in place at the end of the 2nd extension period.

Financial implications

- 4.15 The costs of extending the contract at the existing annual contract value of £219,780 will be funded from within the existing budget.

Legal implications

- 4.16 The Council must comply with the relevant contractual provisions in order to validly exercise the Council's respective options to extend the CM contract. The Council must also comply with its Contract Rules as summarised in section 4.17.below. The proposed modification to the contract, by extending its term, fall within those which are permitted by regulation 72 of the Public Contracts Regulations 2015.

Procurement Implications/Social Value -

- 4.17 The contract has been extended for 6 months which is in accordance with the Council's Contract Rules. However to make use of the remaining extension periods Cabinet approval is required as it will take the life time value of this contract above the £500,000.00 threshold that applies in section 12 of the Council's Contract Rules.

Property implications

- 4.18 There are no property implications arising out of this report.

Health and wellbeing implications

- 4.19 Continuing to commission the existing electronic CM system will enable the Council to commission and pay for domiciliary care services to promote independence, choice and control for adults and their families. It also links and contributes to the Council's corporate priorities referred to in section 4.13 of this report.
- 4.20 The principles and actions contained within this report are in full accordance with the Marmot objectives because clients will have increased independence, improved health and can positively contribute to their communities in a safe and healthy way.

Reducing Inequalities

- 4.21 This will not affect Walsall Citizens, but by having one process for all CBS providers, they will be treated fairly and consistently and removed the current risk of challenge.
- 4.22 An Equality Impact Assessment (EqIA) is not required because there is no change to the current service.

Staffing implications

- 4.23 There are no staffing implications arising out of this report.

Climate Impact

- 4.24 This is not applicable for this service.

Consultation

- 4.25 A public consultation was not undertaken, as there is no change to the current service.

5. Decide

Cabinet is requested to consider the content of this report and to agree the recommendations as outlined in section 3.

6. Respond

Subject to Cabinet approval of the recommendations, Adult Social Care will work with corporate colleagues to:

- a. Progress extension of this contract
- b. Effectively manage this contract during its lifetime and put alternative arrangements in place at the end of the extension periods.

7. Review

Once extended, the contract will be reviewed in line with the outcome of Adult Social care options appraisal and the plan to put alternative arrangements in place prior to contract expiry.

Appendices

Background papers

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Kerrie Allward
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5 December 2022



Councillor Pedley
Portfolio holder

5 December 2022