### Subject:
Consultation regarding the future of the Adults specialist dementia domiciliary care service.

### Recommendations:
Cabinet is asked to:-
1. Approve the commencement of a consultation process on the proposals set out in this report.
2. Note that a further report will be presented to cabinet containing the results of the above consultation in order to make a final decision on the future of the service.
3. Note the contents of this report.
4. Note the content of the EqIA

## 1. Purpose of report

1.1 This report seeks approval from Cabinet to commence a 10 week consultation process to consider the future of the in house specialist domiciliary care service currently operating within NASS (Northamptonshire Adults Social Services).

1.2 The areas of proposed stakeholder consultation are:
- Whether the service should continue to be provided in house by NASS,
- Whether the customers should receive these services from other commissioned providers.

## 2. How this decision contributes to the Council plan

The Council’s vision is to make Northamptonshire a great place to live and work. This is achieved through increasing the wellbeing of your county’s communities and/or safeguarding the county’s communities.

This initiative specifically delivers increased wellbeing and/or safeguarding by ensuring that:
- People of all ages are safe, protected from harm and able to live happy, healthy and independent lives in our communities.
- Resources are utilised effectively and efficiently, in coordination with partners and providers.
3. Background

3.1 The council plan (2016-2020) sets out a clear priority to ensure that ‘Resources are utilised effectively and efficiently, in co-ordination with partners and providers.’

3.2 The current business Plan for Adults, Communities and Wellbeing also highlights the need to ensure:

- There is a vibrant Market of good quality, cost effective services available to support Northamptonshire Adults in achieving their outcomes, and
- The Councils statutory needs are met using the most efficient, cost effective and high quality services.

3.3 As a council with responsibility for social care there is a requirement that those who are eligible for social care have their needs met, within the financial resources available.

3.4 Within Northamptonshire we have a wide range of providers who are commissioned to meet the wide ranging care needs of Adults across the County. Providers are contracted through a range of block and framework contractors as well as some services being provided in-house through Olympus Care Services.

3.5 Adults continually reviews these arrangements to ensure that we are achieving best value (based on benchmark data), following best practice and that we are meeting needs in the most effective way. We also continually review any areas of the market where it may make sense for us to develop in house options where there are challenges in relation to meeting demand cost effectively. Many Councils are also having to consider this to address gaps in market supply in the short or longer term.

3.6 The specialist dementia domiciliary care service has been part of Adults in-house provider services (provided by Olympus Care Services) for over 10 years and was set up to provide an enhanced domiciliary care service for customers with dementia. This includes supporting customers with personal care, medication management, attending medical appointments.

3.7 At that time dementia was less common and most domiciliary care was for low levels needs to support daily personal care tasks. Part of the reason for establishing this Olympus Care Service was therefore to address areas of the market where adults were facing challenges to meet growing needs and demand but there was limited supply and any provision was high cost specialist domiciliary care was one of those areas.

3.8 The Olympus service has seen decreasing referral numbers and customers over the last 2 years as the wider market and complexity of domiciliary care has
developed. The service has a maximum capacity to support 90 customers and currently is supporting 35, so is currently significantly underutilised. While we can redeploy these staff to support other services in the short term, a longer term decision is required, particularly as there are other services and challenges where staff could be deployed to drive efficiencies and better outcomes.

3.9 NCC introduced a new framework for domiciliary care in April 2018 allowing for varied rates of pay dependent on the complexity of need and care offered and delivered within specific zones across the county (and the area characteristics) rather than a set fixed rate for all levels of support in all areas. This means that there are now more providers who deal with a range of care and who may be able to deliver care more cost effectively as they are already operating within a fixed area and across a range of clients.

3.10 This presents potential alternative options about who delivers dementia domiciliary care support to the current customers of the service and in future and the cost that the service pays for this care. It also provides an opportunity to consider how existing staff might be better deployed to greater effect in some of our most challenging areas of cost and need.

3.11 Given that the proposals have a direct impact upon current service users in relation to who provides their care and support, it is important that the Council seeks their views and provides the opportunity for people to feedback on how the proposals could affect them and what Members should take into consideration before making their final decision on the proposals. This also addresses the legal requirement to consult on proposed changes before making any decision to change existing arrangements.

3.12 The consultation will also inform the final Equality Impact Analysis of the proposals and ensure that the Council actively seeks the views of people who share protected characteristics, as set out in the requirements of the Equality Act 2010.

4. Consultation and Scrutiny

4.1 It is now proposed that we undertake a 10 week consultation with the specific customer group affected by the proposals and other stakeholders.

This will take place via:

- 1:1 consultation meetings
- printed questionnaires on request
- on line questionnaires

4.2 There are currently 35 customers being supported by the service. 33 NCC funded customers and 2 self-funding customers.
4.3 Given that the customers supported by the Specialist Dementia would be directly affected by any changes made to the service, they will be contacted directly to inform them of the consultation and will be given the opportunity to give their views and suggest any alternative proposals.

4.4 The consultation will be publicised by the following methods:-

- Letters to existing customers informing them about the consultation, its proposals and the timescale. The letter will inform them on how they can contribute and how we will gather their feedback.

- On NCC’s online Consultation Register, which is where all NCC’s consultations are published.

- Legal advice will be obtained to ensure that as far as is reasonably possible the Council is legally compliant with the relevant legislation in its final proposals and if necessary this will form part of the next report to Cabinet.

4.5 As this proposal, if implemented, could also represent a saving to the 2019/20 budget, it will be included in the wider budget consultation which will launch in December after the draft budget has been agreed, so that the wider public can also comment on the proposal. The full feedback (from customers and any other interested parties) will be presented to Cabinet and Council as part of the decision-making process on the budget and should be considered before the final decision on the budget is taken.

5. Equality Screening

5.1 A draft EqIA has been completed and is included as Appendix 1 and it can also be accessed via the link below.

5.2 At this stage the impact on customers who share the protected characteristics of age and disability has been assessed as unclear. This is because there is no proposed change to their level of care, which is based on their assessed social care need, and it is hard to assess if and why there would be any impact on an individual as a result of changing due to their being no proposed changes to the level of their care packages only to the provider of the care. An important outcome of the consultation will be to understand the impact that the proposals would have on customers if they are adopted.

5.3 Any change to the specialist dementia domiciliary care service will by default disproportionately affect people with disabilities and health conditions who are eligible for social care services as the services are targeted at vulnerable and mainly older people who suffer from dementia.

5.4 This is acknowledged and underlines the importance of ensuring that all customers potentially affected by the proposed changes are informed of the consultation and encouraged to share their views and how they might be affected by the proposals so that Members can make decisions at a later Cabinet date with the full understanding of the impact of the proposals.
6. **Alternative Options to Consider**
   - **Do nothing**
     
     Continue to run the service without benefitting from the wider provider market economies of scale.

7. **Financial Implications**
   7.1 The current forecast expenditure for the service for 2018-19 based on the unit costs for current clients is £522K
   7.2 Assuming that all current customers are assessed as requiring support on the highest payment level in the independent domiciliary care framework the maximum support costs for the customers will be £360K. The actual amount will depend on the specific needs of the clients and could be less.
   7.3 A full financial business case will be prepared following the completion of the consultation and taking into account the view of clients, employees and wider stakeholders.

8. **Risk and Business Continuity Management**
   1. **Risk(s) associated with the proposal**
      
      | Risk                                                                 | Mitigation                                                                 | Residual Risk |
      |---------------------------------------------------------------------|---------------------------------------------------------------------------|---------------|
      | There is a lack of capacity in the provider market to meet the needs of the service | Engagement with the provider market. Customers to be transferred in a planned way over a set period of time so that the market can absorb the additional capacity | Amber         |
      | Increased complaints                                                 | Active engagement with customers and all stakeholders Legal support to decrease risk if legal challenge | Amber         |

   2. **Risk(s) associated with not undertaking the proposal**
      
      | Risk                                                                 | Risk Rating |
      |---------------------------------------------------------------------|-------------|
      | Opportunities to increase potential savings will not be realised    | Red         |

9. **List of Appendices**
   - Appendix 1 – EqIA
| **Author:** | **Name:** Katie Brown  
**Team:** NASS |
|------------------|------------------|
| **Contact details:** | **Tel:** 01604 361884  
**Email:** Katie.brown@nass.uk.net |
| **Background Papers:** | **NO** |
| **Does the report propose a key decision is taken?** | **YES** |
| **If yes, is the decision in the Forward Plan?** | **YES** |
| **Will further decisions be required? If so please outline the timetable here** | **YES – February 18 cabinet** |
| **Does the report include delegated decisions? If so, please outline the timetable here** | **NO** |
| **Is this report proposing an amendment to the budget and/or policy framework?** | **YES – Budget for 19/20** |
| **Have the financial implications been cleared by the Strategic Finance Manager (SFM)?** | **YES**  
**Name of SFM:** Mark Walker  
**N/A** |
| **Have any capital spend implications been cleared by the Capital Investment Board (CIB)?** | **YES** |
| **Has the report been cleared by the relevant Director?** | **YES**  
**Name of Director:** Anna Earnshaw |
| **Has the relevant Cabinet Member been consulted?** | **YES**  
**Cabinet Member:** Cllr Naden-Horley |
| **Has the relevant scrutiny committee been consulted?** | **NO**  
**Scrutiny Committee:** |
| **Has the report been cleared by Legal Services?** | **YES**  
**Name of solicitor:** Tolani Baciu |
| **Have any communications issues been cleared by Communications and Marketing?** | **YES**  
**Name of officer:** Simon Deacon/Liz Fitzgerald |
| **Have any property Issues been cleared by Property and Asset Management?** | **N/A**  
**Name of officer:** |
| **Procurement/ Contractual Implications:** | **n/a** |
| |  
- Have you evidenced compliance with the Council’s Contract Procedures Rules?  
- Have you identified where you are seeking Cabinet to approve an exemption from the Contract Procedure Rules and detailed the risks and mitigations?  
- Have you identified any EU or UK legislative risks associated with the exemption process |
such as non-compliance with the Public Contract Regulations Act 2015, transparency and open competition?

- Have you identified the procurement or contractual risks associated with a contract?
- Has the contract/procurement been subjected to the Council’s Commercial Board?

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<th>Question</th>
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<td>Are there any community safety implications?</td>
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<td><em>Are there any environmental implications?</em></td>
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<td>Are there any Health and Safety Implications?</td>
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<td>Are there any human rights implications?</td>
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