Capacity & Performance Workshop

Supporting Operational Pressures in Commissioning

Commissioned by PCH, delivered by ARCC Consulting

February 2024

Welcome

1. Please leave your name and council in the chat 👍

2. Please post questions / thoughts in the chat
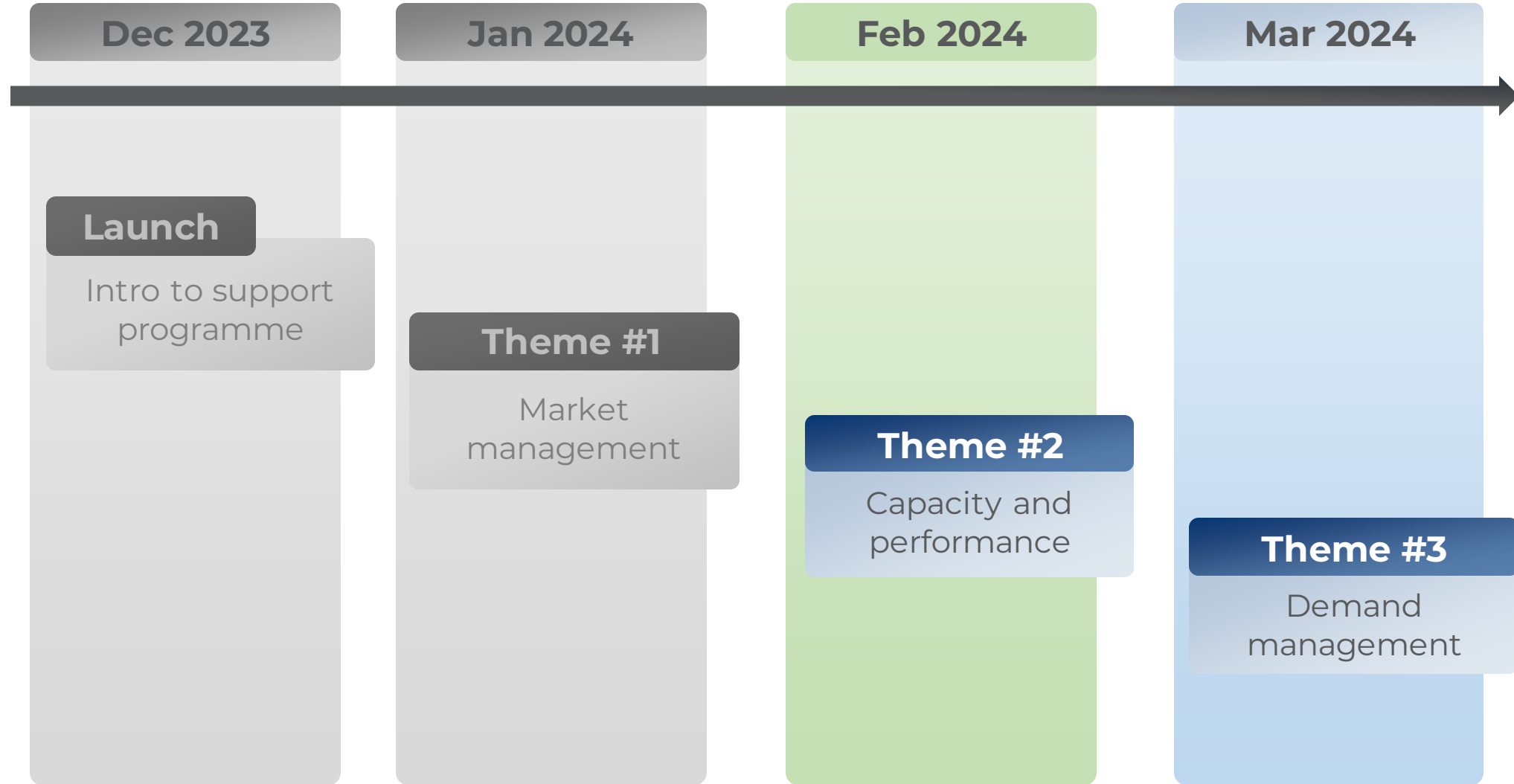
3. Slides will be shared after the session

Timeline

Dec 2023	Jan 2024	Feb 2024	Mar 2024

Launch

Intro to support programme

Theme #1

Market management

Theme #2

Capacity and performance

Theme #3

Demand management

Previous session recap...

1. Market risks

2. Relationship management

3. Market intelligence

4. Market opportunities

In essence, understanding and dealing with the state of the external market as it is now...

Theme 2   Capacity & performance

1. **Analysing capacity & demand:** Identifying the levers for capacity and demand within services and assessing market capability

2. **Risks and Opportunities**: Exploring key risks and opportunities in service structure, staffing levels, early intervention and long-term prevention actions

3. **Case studies – internal and external:** Looking at building capacity internally and externally, adding value and managing relationships
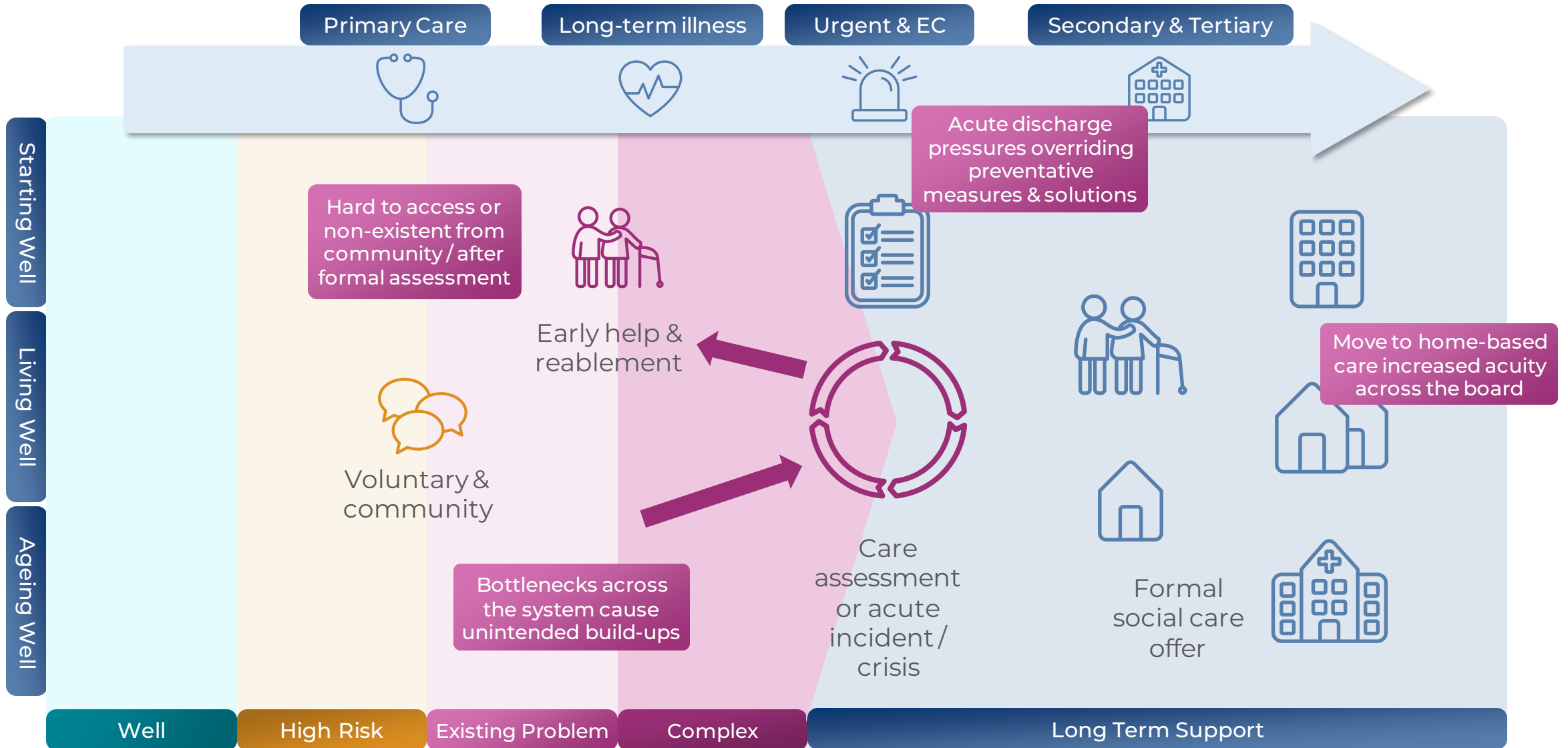
1 Analysing Capacity & Demand

Understanding system flow
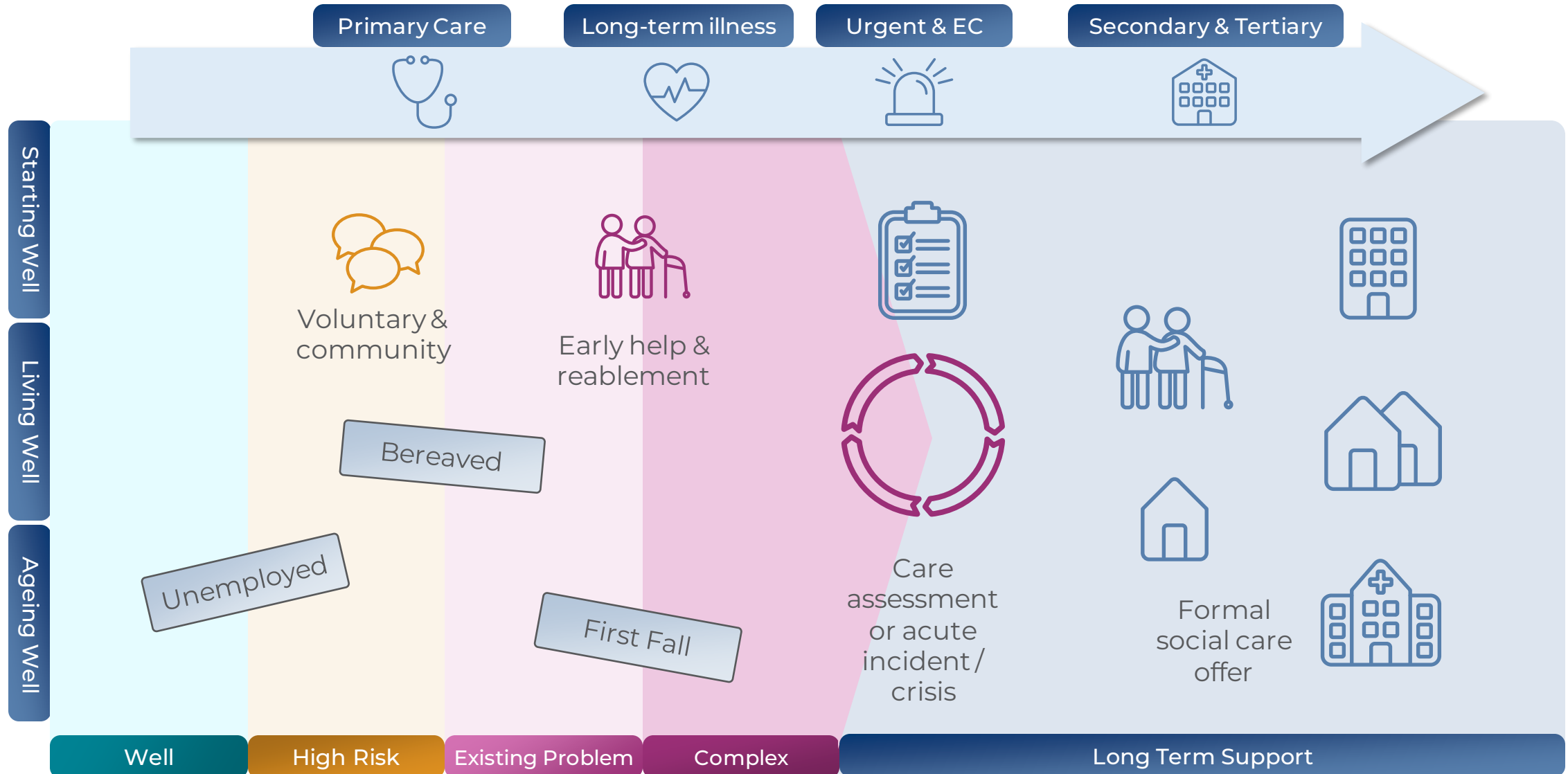
Understanding system flow

A simple capacity model

1 | Calculate your throughput / unit cost

Total Budget ÷ Activity = Unit Cost
e.g. a £3m-per-year service which delivers 50,000 contacts a year =
£60 per contact activity

2 | Benchmarking

- Managerial & professional expectations
- Comparator costs from similar services commissioned externally? Target unit cost = **£40 / £45?**
- NHS Digital (ASC Finance Return)

3 | Determine your Target Capacity

1 FTE = **210 working days** (nominal) (30x holiday; 10x training/sickness)
5 contacts / day = **1,050 contacts / per FTE year** (30x holiday; 10x training/sickness)
60 FTE x 1,050 = 63,000 contacts

4 | Conduct your Gap Analysis

Opportunity cost 63,000 (target) – 50,000 (current) =
13,000 contacts / year (26%)

5 | Find / reduce / eliminate waste

You must define your **core activity** (activity/travel/record): You will have at most 2 or 3 – if you are not at your target, everything else should be reduced or eliminated...

Leveraging a better understanding

Some helpful tips…

- **All businesses have similar features:**   Cost = 70/30 for people-based services
  ~up to 85% in homecare
  >60% in buildings-based services

- **Management overhead:**   Be careful that this is not hidden within the cost breakdown (*typically* no more than 10%!)

- **Look under the sofa for bottlenecks:**   the staff "delivering" the activity are not solely responsible for performance, it is likely due to management/scheduling/assessment or other issues…

- **5.2 FTE** = 24-hour service! £260,000 (at £50k per FTE)

Leveraging a better understanding

An atypical approach…

- **Monitoring throughput is critical:** If your current population are long-term service users, this becomes the driving force of sustained high costs (rather than new demand)

- **Behaviours driving demand:** Bottlenecks in our process increase demand pressures in other areas, do we know what these are?

- **Activity or resource-based?** Your unit of measure is important!

- **Behaviours driving capacity:** Commissioning shift-based or block services vs. time-and-task based resources

- **We need to understand customer flow to get this right**

Discussion

- How do we know what services we need?

- Do we understand the customer flow?

- What is your unit of measure?

- Demand profiles throughout the year – dealing with peaks and troughs

2 Risks and Opportunities

Risks and opportunities

- Managing geographic coverage for community-based services can be closely controlled/aligned with commissioning priorities (i.e. GIS mapping)

- If you have shift- or block-based services, managing productivity should be a key priority

- Identify early warning signs where services are becoming a one-stop shop for hard-to-place individuals

- Similarly, where services are blurring the lines between short and long-term delivery

- Have performance flags for "blockers" which prevent throughput (customers unable to move on the pathway)
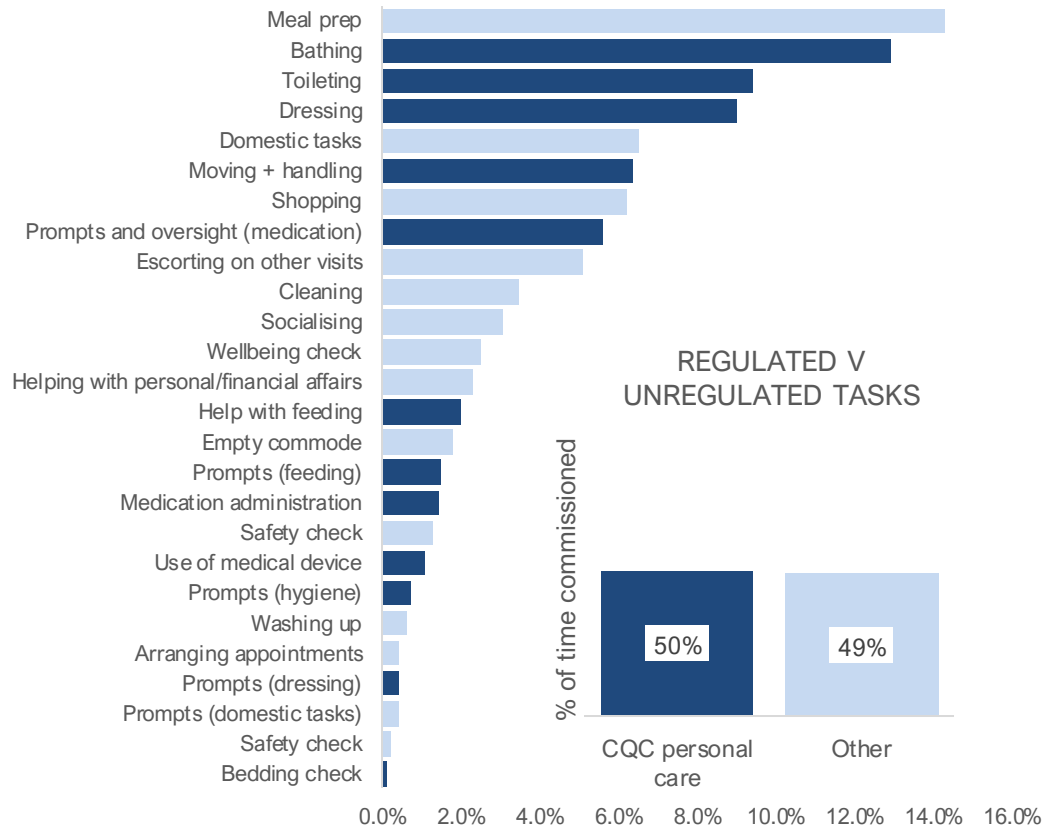
Discussion

- Do we monitor any of the previous examples?

- How can we ensure we are maximising the use of these services?

- What other risks/opportunities are there?

3 Case Studies & Example Projects

Use analytics to identify alternatives to regulated 1-2-1 care

TASKS UNDERTAKEN BY REGULATED HOMECARE PROVIDERS

Meal prep
Bathing
Toileting
Dressing
Domestic tasks
Moving + handling
Shopping
Prompts and oversight (medication)
Escorting on other visits
Cleaning
Socialising
Wellbeing check
Helping with personal/financial affairs
Help with feeding
Empty commode
Prompts (feeding)
Medication administration
Safety check
Use of medical device
Prompts (hygiene)
Washing up
Arranging appointments
Prompts (dressing)
Prompts (domestic tasks)
Safety check
Bedding check

0.0% 2.0% 4.0% 6.0% 8.0% 10.0% 12.0% 14.0% 16.0%

REGULATED V UNREGULATED TASKS

% of time commissioned

CQC personal care: 50%
Other: 49%

- The graphic opposite shows the proportion of commissioned homecare spent on common tasks in a local authority area

- Regulated care requiring a homecare provider is highlighted in dark blue

- Unregulated tasks that could be undertaken by an alternative provider are in light blue and represent almost half of all care commissioned

- Alternative provision can be sourced from informal community assets, the Voluntary and Community sector and alternative commercial providers

Source: Meta data; Glenesk research 2023

Use existing capacity more intensely
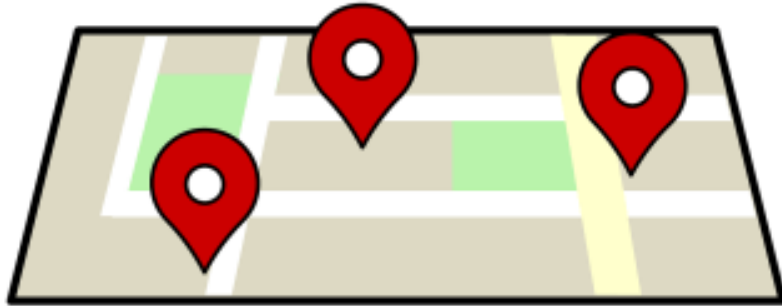
BENEFITS

- Able to place 9% more packages of care without additional provider capacity
- Reduced off-framework provision from 28-15%
- This saved 3.5% of the Homecare budget

- NOTE: The impacts of delayed packages of care also include:
  - Excess costs providing intermediate tier services to those whose episode has finished and await provision of long-term homecare
  - Excess costs from people accessing the wrong discharge pathway because of lack of intermediate tier service capacity that results from delayed packages of long-term homecare

IMPACT AT SCALE

- 56% of councils surveyed reported having problems sourcing homecare from local markets. Nationally ADASS surveys have reported that the number of Service Users waiting to receive a package of long-term care for which they have been assessed has been up to 5% of the total number of Service Users. Locally, for the most challenged councils we have measured this figure at up to 13% of total demand for long-term homecare unprovided

- If the results in Dorset were replicated in other councils, they have potential to eliminate the challenge in all but the worst effected areas. From the impacts modelled from Glenesk data the net savings would approach seven-figures for even the smallest authorities but this needs to be validated using current figures from a wider range of councils using the Homecare Pressures Diagnostic Tool created for this project.

Description	Homecare packages are allocated to providers and swapped in order to maintain geographically concentrated rounds using Geospatial Information System (GIS) mapping technology. Also maps and manages unmet demand and inappropriately met demand.
Where	Dorset Council
Maturity rating	Deployed at scale for Older Adults and some benefits demonstrated at scale
Challenges and disbenefits	• Need to delegate authority to providers to make changes to packages and providers • Time required to set up and maintain maps (5-10 days) More id map coords are used instead of postcode • Ongoing review meetings with providers
Technology provider challenges	None required. Existing GIS licenses were used for the project

Demand management

Description	Remote monitoring through multiple devices in the home analysed by machine learning to identify pattern of life and significant variations
Where	North Tyneside, Medway, Oxford, Reading, Nottingham
Maturity rating	Deployed in isolation at scale and benefits demonstrated in pilot
Challenges and disbenefits	• Resources to deploy • Change management expertise to encourage uptake • Off-boarding
Technology provider challenges	• Commissioners don't have clarity on what they need and want to commission • Reliant on available tech budgets but this should really be part of core commissioning budgets

BENEFITS

- Replaces small packages of homecare focused on wellbeing checks and managing risk. This saves money and also releases homecare provider capacity for more significant need: £33,500 for 10 SU's
- Decreases homecare packages: £41,900 for 7 SU's
- Residential and Extra Care avoidance: £21,700 for 9 SU's

- NOTE: The technology provider also states that the solution can spot and help prevent UTI related admissions, prevent crisis with a related reduction in SW workload and urgent calls with GP's as well as support PW0 and PW1 discharge from hospital. There is only anecdotal evidence to substantiate these claims currently

IMPACT AT SCALE

- Benefits for other councils will vary based on relative numbers of people in homecare, practice, local policy and levels of need

- Based on scaling the pilot across Older People SU's in North Tyneside (pilot site) to 33% of the 965 OP SU's in receipt of Homecare and £7.9M LT Gross homecare costs would result in a £780k saving (10% of OP LT homecare costs)

Concluding thoughts

Key takeaways

Key takeaways from today's session...

Takeaway 1

Investigate any system flow issues and identify the intended and unintended consequences of current processes and decision-making, particularly to see where bottlenecks appear.

Takeaway 2

Review regulated vs. unregulated activity as well as geographic spread of provision – manage allocations of activity & providers to release capacity in community-based care.

Takeaway 3

Ensure you have adequate (and different) key performance measures for shift- and block-based services, which track activity & derived unit cost.

Takeaway 4

Develop an early warning system for blocked flows, increased complexity or changes to underlying service delivery (such as moves from short to long-term support).

Contact

- Information about the content of this session or further sessions:

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Future dates for your diary

Theme 3

Demand
management

15th
March
13:00 – 14:30

19th
March
10:30 – 12:00

Slides and further information will be e-mailed
to all attendees

Thank you for your time