
DOMICILIARY CARE SERVICE PROVISION IN CARDIFF

Purpose of Report

1. To give Members background information to aid their scrutiny of domiciliary care service provision in Cardiff. This report provides an overview of the existing system for ensuring provision of domiciliary care, summaries of the recent Care and Social Services Inspectorate of Wales (CSSIW) reports on Domiciliary Care, key points made by the Older People's Commissioner for Wales regarding domiciliary care, an overview of work underway in Cardiff to improve capacity, sustainability and quality as well as on cost control, including comparator information about the cost of domiciliary care in Cardiff compared to other Welsh authorities and Core Cities.

Scope of Scrutiny

2. The scope of this scrutiny was discussed at work programming meetings earlier this year and agreed by email in October 2016. Members decided to use the evidence presented to Committee to judge whether the Council and external providers have the capacity and systems in place to provide sufficient domiciliary care, with specific focus on:
 - Review of Domiciliary Care undertaken by CSSIW (July 2016);
 - The challenges faced in the current domiciliary care market;
 - Contingency planning;
 - How the Council is working to increase capacity in the domiciliary care market;

- How Matrix is enabling quality in the process; and
- The views of providers, service users, their carers, families and advocates on this process, where available.

Domiciliary Care in Cardiff

3. 'Domiciliary care' is a generic term to cover the provision of care services in the home. Domiciliary care contributes to enabling individuals to continue to live independent lives at home within their communities, which is a key aim of this Council and the Welsh Government.
4. In Cardiff, independent domiciliary care is currently provided via agencies that are registered on the Council's Accredited Provider List (APL). The APL is a fully electronic system provided by the company *adam*; this system was previously referred to as *Matrix*. Each care package goes through a 'mini-tender' process where interested providers submit a bid containing their price and detailing how they will meet the client's outcomes. Mini-tenders are evaluated, on price and quality, which are weighted 50/50, which includes in the quality element an evaluation of how the provider states that they will meet the client's outcomes. (See breakdown in paragraph 23 of the report)
5. Cardiff has a diverse domiciliary care provider sector. There are currently 63 domiciliary care providers registered with our APL; this compares to 39 providers who were on the list when it first became active in November 2014. Cardiff spent £20 million on domiciliary care in 2015/16 on the provision of approximately 30,000 hours of domiciliary care each week. In the week commencing 18 August 2016¹, 25,608.25 hours of domiciliary care were provided across 1,813 packages of care. The average size of care package was 14 hours per week. The cost of domiciliary care for this week was £408,688.64.

¹ This week was selected by Adult Social Services as it was the first week to include this year's rate uplift and sufficient time has elapsed to ensure the vast majority providers have invoiced the Council, thus giving accurate data

6. The following key issues have appeared in the national press as causing anxiety for providers in domiciliary care on a national and local basis: introduction of the National Living Wage for over 25s; minimum wage for under 25s; payment for all work related time, including the requirement to pay staff for travelling time; and auto-enrolment in pension schemes. In recognition of financial pressures experienced by agencies providing domiciliary care, the Council awarded a 2% increase on hourly rates for those domiciliary care contracts in place on *adam* on or before 8 July 2015 and a price uplift of 3% to all of the APL individual domiciliary care contracts which were previously let under the Framework Agreement (which was concluded on 14 January 2011) for domiciliary care services; these uplifts applied from 4 April 2016.

7. The Community Resource Teams (CRTs) continue to provide reablement care for citizens requiring short term support following a period of illness or injury. The aim is to seek to maximise an individual's independence within six weeks and to prevent the need for ongoing support. In addition, a bid has been made for additional Intermediate Care Funding to establish a team to assist clients who no longer require full reablement but still need more support than is provided via domiciliary care agencies.

Care and Social Services Inspectorate Wales (CSSIW) Reports

8. In July 2016, the CSSIW published its report into domiciliary care in Cardiff, which is attached at **Appendix A**. The main findings of their review are:
 - a. Matrix has demonstrated a number of benefits, including transparent allocation of work, efficiency and timeliness in setting up package, an emphasis on quality, reduced internal costs for the Council and achieving an increase in the number of providers.

 - b. There is little choice of provider or competition - only 38% of packages received 2 or more bids – which relates to an underlying shortage of potential

care workers and an understandable unwillingness of providers to over-commit themselves.

c. Cardiff Council has recognised that local authorities cannot rely on the system to generate capacity on its own and that there must be parallel market development and engagement with providers to shape and manage the market.

d. There are risks to the sustainability of the domiciliary care market in Cardiff. The local authority is aware that care workers tend to “drift into care work” and it is not seen as a chosen career. Terms and conditions of the workforce, zero hours contracts and a trained work force are issues that the local authority is working hard to address, although the local authority has no specific contractual requirements with providers in relation to the provider workforce. Other local authorities do and this is something for Cardiff to consider.

e. Providers find it difficult to put together ‘runs’ of packages in one area and the Council is responding by working with providers to look at ways of working in neighbourhoods (*locality working*) to reduce travel time.

9. The CSSIW report details the following as areas for consideration by Cardiff Council:

a. Providers identified a number of areas which could improve the delivery of care and which the local authority should consider. These include the lack of continuity in care workers which can result when needs change; the clarity of the original care assessments and the need to avoid misunderstandings; the transfer of unsuccessful care packages and the handover of care packages from the reablement team.

Capacity in the market remains a concern for Cardiff and the local authority will need to continue to look at ways of developing new ways of working to increase capacity. Staff retention and recruitment are critical.

- b. In addition, the local authority needs to consider the impact of UK Government initiatives such as the national living wage and the workplace pension scheme on the market to ensure both short and long term sustainability within the budget constraints facing the local authority.

10. The CSSIW also carried out Domiciliary Care Reviews in Carmarthenshire, Denbighshire, Monmouthshire, Swansea and Wrexham (all published July 2016), which have the following key lessons:

- Several Councils have developed market position statements as a tool to ensure markets evolve to meet current and projected needs; these Councils include Carmarthenshire, Denbighshire and Wrexham. However, care needs to be taken to ensure these statements contain relevant market intelligence and demographic information to enable providers to plan appropriately.
- Several councils have developed a domiciliary care strategy and/ or commissioning and contracting strategy, which set out the local authority's intentions regarding the delivery of service; these Councils include Carmarthenshire, Denbighshire, Monmouthshire and Wrexham.
- Carmarthenshire aims to move away from time and task based care towards improving the outcomes for people receiving services. In the development of the new model the local authority considered key facts that improved the outcomes for people receiving the service and these are built into the contractual arrangements. These included pay and conditions for staff, with no zero hour contracts, travel time built into cost and working collaboratively with providers to improve the recruitment, retention and skills of staff working within domiciliary care services.
- Swansea is exploring how best to utilise Unison's Ethical Charter in relation to domiciliary care and Wrexham has put in place measures to address stages one and two of the Charter (these relate to terms of employment and working conditions).

- Several of these Council areas demonstrate fragility in the domiciliary care market, particularly in relation to recruitment and retention of care workers, capacity and sustainability.
- The various commissioning and contracting mechanisms used at these Councils often had unintended consequences regarding prices, with some being pushed low to ensure work was won, affecting quality, and some rising unsustainably high.

11. For Members information, CSSIW's other Domiciliary Care Reviews for Carmarthenshire, Denbighshire, Monmouthshire, Swansea and Wrexham are attached at **Appendix B**.

Older People's Commissioner for Wales Consultation Response

12. In April 2016, the Older People's Commissioner for Wales responded to Welsh Government consultation on how to improve the recruitment and retention of domiciliary care workers in Wales; her report is attached at **Appendix C**. The report states that recruitment and retention of home care staff will have an impact on the quality of home care provided but that *'there are many other factors at play that must work together to support the best possible wellbeing and individual outcomes for individuals'* including *'market planning... position statements and steps taken by commissioners to ensure a high quality supply of home care workers in their locality.'*

13. The consultation response is split into five key areas. These are shown below along with the key messages for each area:

Calls less than 30 minutes long and call clipping

- a. Calls less than 30 minutes may not be appropriate and should not happen as a result of call clipping; care workers should not be placed in

a position of having to choose whether to provide support for an individual to wash or eat.

- b. It may be appropriate to require providers to include details of contact time and travel time in their annual returns required by the Regulation and Inspection of Social Care (Wales) Act.
- c. Welsh Government guidance should set out the need to allow enough contact time to ensure that care and support is of a high level and done in a personalised way.

Zero hour contracts

- d. Supports the proposal that CSSIW monitor the use of zero hour contracts.
- e. Important that annual returns include information on staff turnover and the use of agency staff.

Low wages and national minimum wage

- f. Welcomes the proposal to increase the awareness of employers on their legal obligations in relation to the minimum wage.
- g. Cost of individual registration should fall to the employer not the individual worker, to ensure wages are not further eroded.

Staff development and training

- h. Mandatory training should be values based, including dignity and respect, attitudes and empathy and equality and human rights.
- i. Dementia care should be a core part of basic training with scope for more specialised dementia workers such as dementia champions.

Health and Safety issues

- j. Need to uphold a person's human rights and autonomy to ensure that health and safety processes do not lead to a risk-adverse culture of care, or potential breaches of human rights.
- k. The culture of care must be embedded in the commissioning and inspection processes. Therefore, the standard of care should extend beyond the policies and procedures of an organisation, it should also recognise organisational culture and the way in which the rights of the people receiving care are upheld.

Cardiff and Vale Parents Federation

14. Cardiff and Vale Parents Federation have provided a brief summary of issues relating to domiciliary care, which have been raised by several parents and via recent parental representations. This is attached at **Appendix D** and highlights the following:

- While it can be emotionally trying for parents to have their 'child' move into a new home, on the most part people report this to be a positive step. Confidence in domiciliary support settings is positive while not always an unqualified success – parents often report having to intervene to highlight an issue of concern.
- There is opposition to commissioning services based on a matrix where cost is the major factor, as quality must be prioritised – the cost of getting it wrong inevitably exceeds any 'savings' on opting for a cheap deal.
- Capacity and sustainability – this includes poor wages, insufficient numbers of staff, lack of sufficient training (sometimes due to high staff turnover) and the ability of new and existing staff (sadly to make a career or living wage, experienced staff have to leave the 'frontline')

- Monitoring of care – ‘...we need to keep a constant and vigilant eye on the care provided, due to complexity of conditions of various learning disabled adults in the house. ...’
- Challenging conditions for staff - lack of staff numbers, lack of training and lack of suitable management input.
- It has been good to see a continued move on the part of many providers to involve families and keep them informed. This must be rolled out and maintained.
- There is still a great deal of uncertainty whether a person can use direct payments to commission their own package of domiciliary support. This is especially the case where the options on offer do not meet the wishes or needs of an individual.

15. The summary also highlights wider concerns about accommodation, including: limited housing options, both in terms of numbers, locations and those with higher support needs; concerns about the dynamics in some shared accommodation; and the need for more respite options.

Key Issues

16. The key issues that Members wish to explore during this scrutiny are: capacity and sustainability, quality and cost control. Adult Social Services has provided information on the work that is taking place to address these, which is detailed below under the appropriate heading. Adult Social Services has also provided information on two bodies that look at these issues and any other concerns that arise regarding domiciliary care in Cardiff, which are: Domiciliary Care Board; and the Domiciliary Care Providers Forum.

17. The Domiciliary Care Board is an internal council group that meets to discuss issues concerning the market, looks at best practice issues and, through working in partnership with Providers, drives the continual improvement of quality in the sector. Membership includes: Assistant Director of Social Services; Assistant Director of Integrating Health & Social Care; Operational Manager for Locality

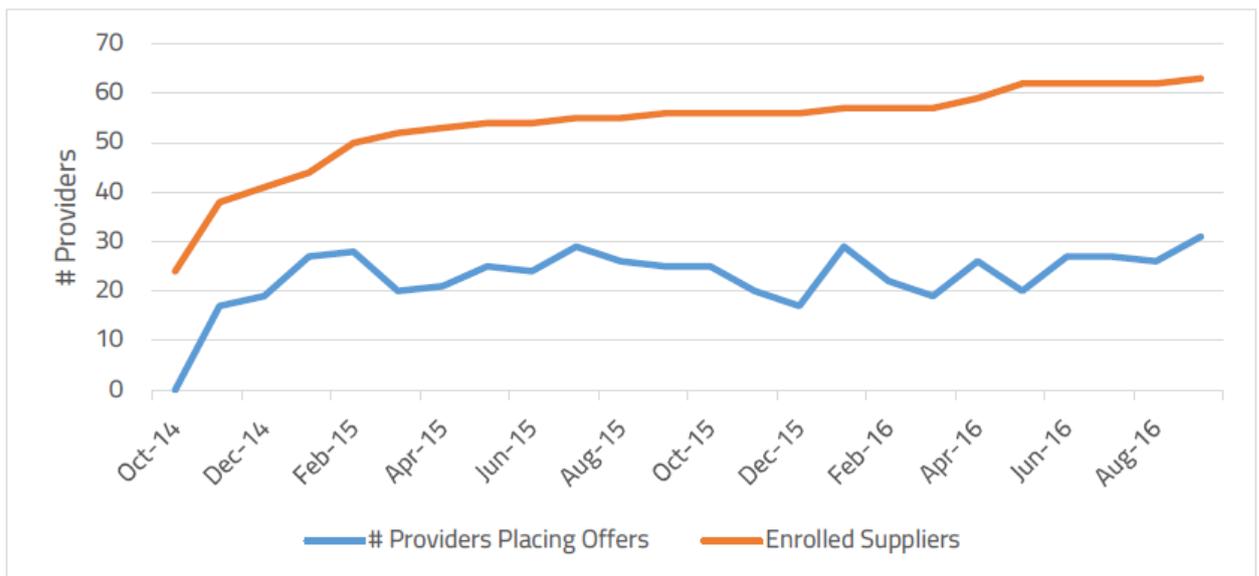
Services Long Term Care; officers from Contracts & Service Development; and officers from Finance, Commissioning & Procurement, Audit, Improvement & Information and Communities, Housing and Customer Services.

18. The Domiciliary Care Providers Forum meets quarterly with the Council to discuss issues concerning the market, to look at best practice and, through working in partnership, to drive the continual improvement of quality in the sector. The Council is also looking to develop themed meetings where speakers will be introduced to improve the Forum.

Capacity & Sustainability

19. The Council has facilitated two recent engagement sessions with all Providers to attract them into the City. The latest engagement event was held on 18 August 2016 with 34 attendees. There has been an increase in providers registered on the APL from 39 in November 2014 to 63 in September 2016; the graph below shows the upward trend in providers enrolling and placing offers:

Supplier Activity each month: October 2014 – Aug 2016



20. Seventeen of the 63 providers have never submitted an offer via *adam*; 25 providers actively place offers each month and 43 providers in total have submitted an offer in 2016.²
21. The Council has also held a number of drop-in sessions where providers are presented with a number of care packages that are awaiting allocation. This enables providers to more accurately plan the business that they are interested in taking up and assists with the general take up of capacity in the market. The last of these sessions was held on 6 October 2016. The Council also sometimes organises care packages awaiting allocation into 'runs' to make the packages more attractive to providers.
22. The Council is working to promote the positive aspects of the role of the paid carer to try and increase interest in the sector and draw new people into the Care sector to work. This is in response to the increasing difficulties experienced by providers in Cardiff in recruiting and retaining members of care staff. The campaign will run from October 2016- March 2017 using a range of media, including: bus side adverts, bus shelters, The Hayes digital screen, the Council's website, posters in Council and Health locations, social media and press releases and internal Council communications channels. The aim is to raise awareness and promote the benefits of working in the social care profession. Both students and local residents will be targeted, encouraging them to think about working in social care and the opportunities this brings with other professions in health, social care, third sector, youth work and social work.

Quality

23. The Council aims to promote quality in domiciliary care services by having 50% of the criteria used to award packages of care based on assessment of the quality of providers. The quality element of the overall score is made up of sub criteria of 25% provider quality score (PQS), 15% from attributes e.g. call time availability, mandatory and non-mandatory requirements and 10% for the scoring of the

² *Adam* Management Information report (September 2016) supplied by Adult Social Services

outcomes for the individual requirements. The Provider Quality Score was constructed in conjunction with providers to provide a robust quality aspect and includes self-assessment and feedback from service users, families and contract management as well as Inspection reports.

24. Adult Social Services logs all issues reported by care managers, service users, their carers and families. Quality performance issues are addressed directly with the providers and appropriate action taken; where necessary issues will be put through the Council's "Escalating Concerns" process. This sets out the steps involved where concerns regarding providers are raised and the reporting mechanism that has been agreed by Senior Management in Adult Social Services.

25. When applying for individual packages of care through the system, providers must state how they will meet the desired outcomes for the individual. The outcomes are scored by senior Social Work Team Managers. During recent discussions with providers, suggestions have been received to change the way in which the outcomes element of the individual packages of care is calculated. These changes are still in the process of being taken forward with providers' agreement but centre on using past performance of providers to calculate the outcomes element of the award and then assessing the performance of the providers against outcomes as part of the case review process at six weeks and the annual review. This would focus on ensuring the provider has a credible plan for meeting the needs of the service user and delivering against their outcomes.

Cost Control

26. The current process of awarding domiciliary care packages via *adam* was anticipated to help with budget control. Management reports indicate that savings of between 2-4% have been achieved; this increased to 6% in September 2016 due to the new approach being taken by Adult Social Services with regard to authorisation of high cost packages.

27. However, the volume of packages caused by growing demographic pressures, coupled with the complexity of more care packages, has increased the pressure on budgets. The recent Month 4 Budget Monitoring Report stated '*Domiciliary care costs for older people and people with a physical disability have increased by 7% in the past 12 months resulting in additional costs of £1.25 million.*'³ Overall, commissioning budgets at Month 4 were reporting a '*projected overspend of £2.733 million in Adult Social Services, with projected overspends of £2.631 million on Services for Older People, £576,000 on People with a Physical Disability including alcohol and drugs and £8,000 on People with Learning Disabilities. The projected overspends include both shortfalls against savings targets and demographic and cost pressures particularly in relation to domiciliary and nursing care*'⁴.

28. Adult Social Services are looking to see if there are other improvements that can be made to the way in which *adam* operates in Cardiff. The current system allows for providers to resubmit an offer within the window of opportunity that the package of care is published on *adam*. This has resulted in some providers initially submitting high prices and then monitoring their ranking and lowering their price if needed. Discussions are underway to amend the system so that providers could only submit a single bid. This would make the system more efficient and reduce the workload for providers. A possible risk is that it could result in an increase in prices; this would need to be carefully monitored and reviewed on a regular basis in order to further amend the system as required.

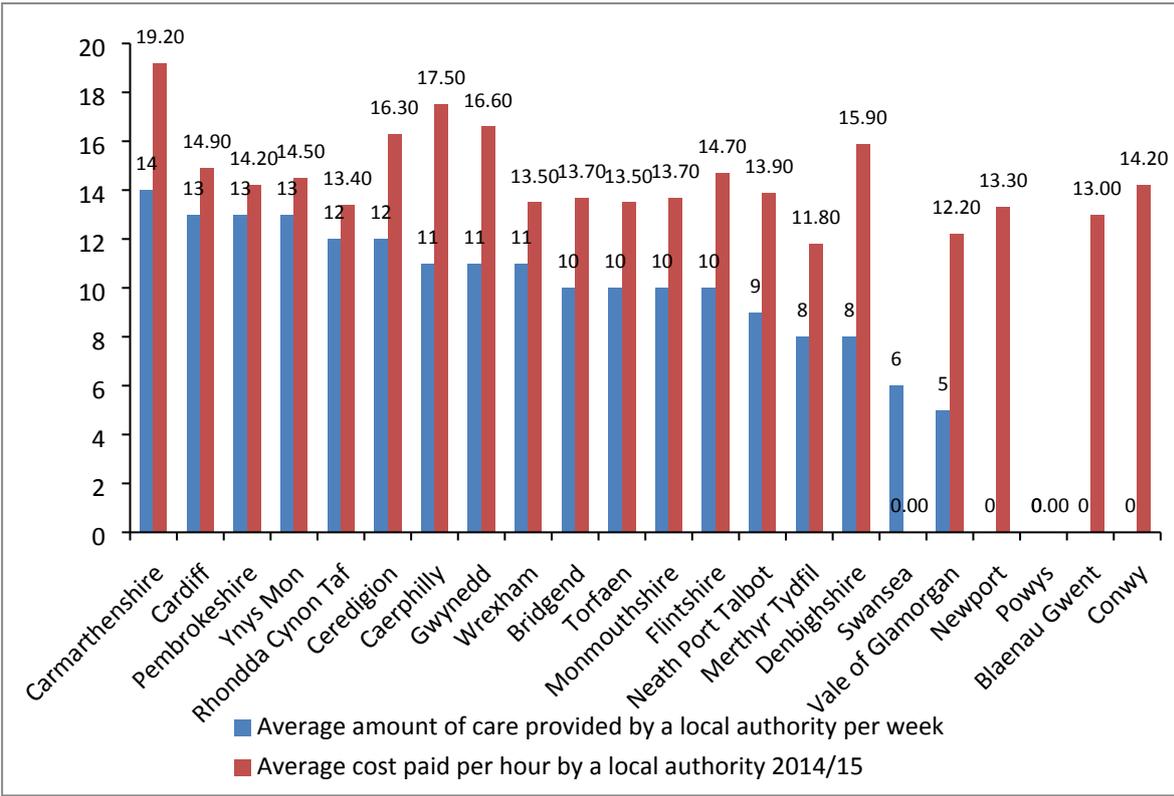
29. The BBC recently published information on its website⁵ regarding domiciliary care, showing the average amount of care provided by a local authority per week, the average cost per hour paid by a local authority 2014/15 and the average cost per hour paid by a local authority 2016/17. This information has been used to compile the following tables, providing a comparison of Cardiff with other Welsh local authorities and the Core Cities.

³ Point 48, Month 4 Budget Monitoring Report to Cabinet 15 September 2016

⁴ As above

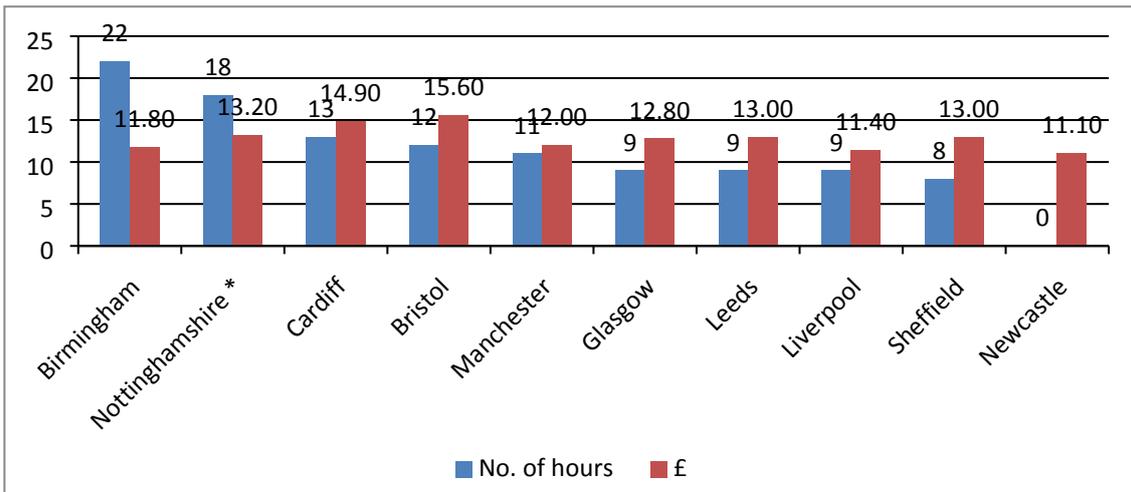
⁵ 13 September 2016 'What's the cost of home care in your area?' available at <http://www.bbc.co.uk/news/health-37307856#gssid=W06000015>

Welsh Local Authorities – average amount of care provided and average cost per hour by local authority 2014/15 (some data not available for Newport, Powys, Blaenau Gwent and Conwy)



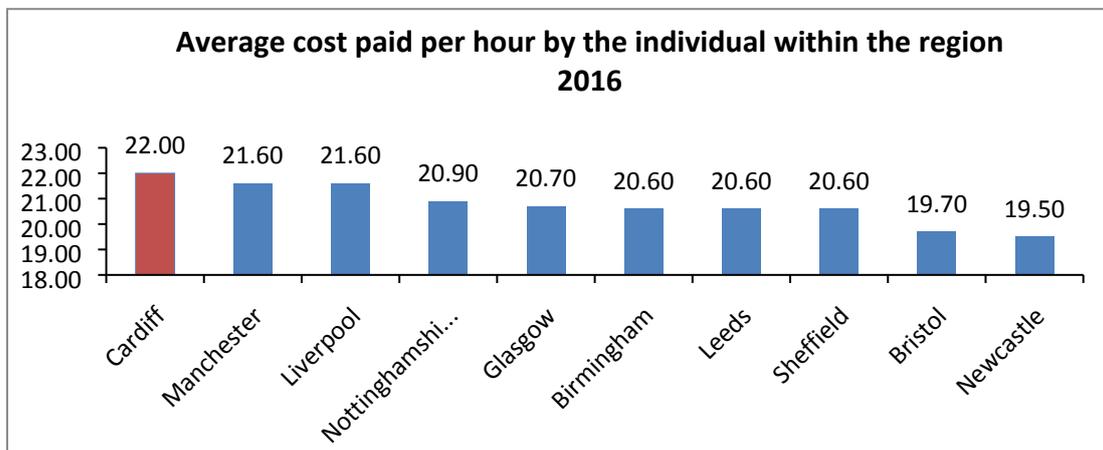
30. The above table shows, that in 2014/15, Cardiff provided the second highest average amount of care per week at 13 hours, and was ranked sixth highest in the average cost paid per hour at £14.90 per hour. The table below provides the same comparator information for 2014/15 for the Core Cities and shows that Cardiff provided the third highest average amount of care per week and was ranked second highest in the average cost paid per hour.

The average amount of care provided per week and the average cost paid per hour by local authority 2014/15⁶



31. The BBC website also provided data for the average cost paid per hour for 2016, which shows Cardiff as having the highest average cost at £22 per hour. Members are requested to note that the £22 per hour figure is the average figure for the region, which covers the whole of Wales.

Average cost paid per hour by the individual within the region 2016



⁶ Please note figures provided for Nottinghamshire County rather than Nottingham

Way Forward

32. At the meeting, Councillor Susan Elsmore, (Cabinet Member Health, Housing & Wellbeing), will be in attendance and may wish to make a statement.

Accompanying her, to also contribute to the discussion and answer Members' questions, will be a panel of witnesses, including:

- Tony Young, (Director of Social Services);
- Amanda Phillips (Assistant Director of Adult Social Services);
- Denise Moultrie (Regional Director, Care and Social Services Inspectorate for Wales);
- Bernard McDonald (Area Manager Cardiff, Care and Social Services Inspectorate for Wales);
- Domiciliary Care Agency representatives have been invited from – Chair of Domiciliary Care Providers Association Cardiff, Absolute Care, Heritage, Bluebirds Cardiff South and Cardiff North have been invited; and
- Carers and Advocate organisation representatives have been invited from Age Connects, Cardiff and Vale Parents Federation and Carers Trust Wales.

33. As part of the scoping exercise for this scrutiny, Members identified that they particularly wished to ask questions on the following areas:

- How are the Council addressing the issues raised in the CSSIW Inspection?
 - Capacity and sustainability
 - Suggested improvements in delivery of care
 - Impact of initiatives such as national living wage and workplace pensions.
- What are the challenges in the current domiciliary care market?
- How is the Council working to increase capacity to ensure risks are minimised?

- What contingency plans are in place should providers no longer be in a position to offer care – both to individuals re continuity of care and across the board?
- How is *adam* enabling quality in the process?
- What are the plans for the future regarding recommissioning of domiciliary care?

Legal Implications

34. The Scrutiny Committee is empowered to enquire, consider, review and recommend but not to make policy decisions. As the recommendations in this report are to consider and review matters there are no direct legal implications. However, legal implications may arise if and when the matters under review are implemented with or without any modifications. Any report with recommendations for decision that goes to Executive/Council will set out any legal implications arising from those recommendations. All decisions taken by or on behalf the Council must (a) be within the legal powers of the Council; (b) comply with any procedural requirement imposed by law; (c) be within the powers of the body or person exercising powers on behalf of the Council; (d) be undertaken in accordance with the procedural requirements imposed by the Council e.g. Scrutiny Procedure Rules; (e) be fully and properly informed; (f) be properly motivated; (g) be taken having regard to the Council's fiduciary duty to its taxpayers; and (h) be reasonable and proper in all the circumstances

Financial Implications

35. The Scrutiny Committee is empowered to enquire, consider, review and recommend but not to make policy decisions. As the recommendations in this report are to consider and review matters there are no direct financial implications at this stage in relation to any of the work programme. However, financial implications may arise if and when the matters under review are implemented with or without any modifications. Any report with recommendations for decision

that goes to Executive/Council will set out any financial implications arising from those recommendations.

RECOMMENDATIONS

36. The Committee is recommended to:

- a. consider the information in the report , appendices and presentations and
- b. decide the way forward for any future scrutiny of the issues discussed.

DAVINA FIORE
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27 October 2016