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Cardiff Social Services

Appendix 5
Developing an Outcome Focused Approach to Commissioning Domiciliary Care Support in Cardiff - Current Provider Perspectives

Report

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OXFORD BROOKES UNIVERSITY

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Cardiff Social Services

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Report

1 Introduction

Cardiff City Council has commissioned the Institute of Public Care (IPC) to assist them in looking to the future commissioning of domiciliary care services with a particular focus on outcomes for customers.

The Council agreed that as part of the work Professor John Bolton should visit a sample of the providers to learn from them how they are thinking and what might help all parties in moving forward.

It is worth noting that the Providers with whom Professor Bolton met were those who had expressed an interest in being involved in planning for the future. Most of these providers were not solely operating in Cardiff and therefore had experience of other places (especially in Wales) on which to draw to shape their views. This might not be "typical" of the local market.

2 Summary

The biggest single issue cited by all the providers of services for **older** people was their **concern over the price for care** that the Council was prepared to pay.

There appears to be quite different issues for the providers of domiciliary care services for adults with **learning difficulties and it may be advisable to treat this work differently** than the support offered to older people and others.

There was a strong sense that there needed to be a **greater partnership between the Council and the providers** when it came to both **assessing people** for services and agreeing their outcomes. There also needed to be **greater flexibility allowed** for providers to **deliver the right services as agreed** with their customers.

3 Issues raised

3.1 The Cost of Care

Cardiff Council use a system called "Adam" to assist them in selecting which provider might deliver services to new customers. The system allows providers to see a list of

those seeking help and to be able to match those people to their current schedules and to see which customer best fits their worker profile. Providers place bids to undertake the work and usually the lowest bid is accepted for the provider to process. This is described by many as "*the race to the bottom"*.

There were two main criticisms of this approach. First in quite a number of situations the information about the potential customer is sparse and lack sufficient detail to enable providers to make the best decision. Second there is concern that the Council unofficially operate with a set price for some providers above which they will not contract for a service.

Providers reported that they took time to bid for work – set a price in which they believed they could deliver a service but that the work was not awarded to them – even when there were no other providers willing or able to take on the work. There were other examples of providers taking on work agreed with the Council and a price well above the "usual rate". The application of the rules appeared to be inconsistent and felt to be "unfair" by some providers.

There did not appear to be any work that had been undertaken between providers and commissioners to properly understand the cost of care and what needed to be paid to sustain local businesses. The Council claimed to be supporting the payment of a living wage, yet this is blatantly not the case for providers who were delivering domiciliary care to older people where the rates agreed by the Council only allowed the minimum wage to be paid by providers.

The recruitment of staff to work in domiciliary care for older people was cited as an issue by several providers. The reason for this was cited as the low pay and the challenging conditions.

There had been a number of cost pressures placed on providers in recent years that had not been properly recognised by the councils e.g. increases in minimum wage; pension contribution rules; travel time directives etc. Cardiff had not taken account of these in increasing annual costs using only the retail price index.

The United Kingdom Home Care Association has done a lot of work to understand the true costs of domiciliary care. Their calculation (as shown in their recent report)[1] is that domiciliary care for older people costs £18.93 to be delivered paying the minimum wage and £20.75 to be delivered paying a "living wage". Providers in Cardiff consistently reported that they could not deliver a good package of care at less than £18.00/ £18.50 per hour. They reported that regularly the Council would not accept bids for packages of care at that price. They reported that on many occasions older people were left without care because the Council would not accept the price stated by the providers.

Several providers stated that they were willing to use open book accounting to show the Council how they calculated the costs of care to demonstrate that they were being reasonable and fair about the true costs. At least two providers suggested that if the current practices persist they would eventually stop undertaking any work for Cardiff

[1] A minimum price for homecare _UKHCA Briefing 2019

Council. There is plenty of work available from neighbouring councils (most of the providers worked with three or more councils).

Providers are paid a low historic price for a number of their longer-term customers. This does not help them sustain their business.

It was noted that at least one of the providers for learning disability services were committed to paying their staff a minimum of the local living wage and that the Council met this obligation within the contract.

Recommendation:

The Council and Providers should undertake a piece of work together to come to a shared understanding of the cost of care in Cardiff.

3.2 Should all customer groups be treated in the same way?

Two of the providers specialised in delivering services for adults with a learning difficulty / autism. Both of these providers already had an outcome focused block contract to support people living in supported accommodation. This covered the larger part of their work in Cardiff. Both Providers suggested that if there were individuals living in the community in Cardiff with a learning disability, autism or other similar impairments that they could be helped under the similar terms of the block contract that already existed for those who lived in supported living. The block contracts allocate a range of hours to an agreed number of customers but the way in which the services can be delivered is determined by the provider following an agreed outcome-based plan set by the social workers (care managers), the provider and the customer.

A recent outcome-based contract for six plus two years had been awarded to three providers to cover four districts of the city to manage the care and support for "supported living accommodation". The contracts are to become fully operational from November 2019. These contracts build on work that has been developed across the City over a number of years. The providers have worked in the City for over three decades each. It seemed a simple solution to extend these contracts with a focus on outcomes to help any individual in the community to get the care and support they need including building links with a range of community activities and building sustainable links between individuals and their communities.

For younger adults with a learning disability/ autism the outcomes they expected to achieve included gaining employment or protected employment; being able to actively take part in community events; socialise with limited support; live as independently as they are able; and engage in meaningful activities. These might be similar aspirations for older people, but the services specifically commissioned for these younger adults were making very good progress in this area and they should be encouraged to develop this further.

Recommendation

The Council might consider looking at how to develop domiciliary services for people with learning difficulties and with autism with a different approach than they might take for older people.

3.3 Is there a better way of sharing assessments?

The providers in Cardiff were generally satisfied with what they described as the low levels of "interference" that they received from the Council when they were delivering services. One provider only identified the price the Council paid for care as a challenge to them. However, several of the providers of care for older people wanted to explore an approach that developed a much closer working relationship between the providers and the Council.

Some of the providers wanted to develop an approach to outcomes that was being pioneered in The Vale. This allowed the social worker (care manager) undertaking the assessment on behalf of the authority to have a three-way meeting with the customer and the provider to enable a discussion to take place with all parties present on what outcomes the customer was looking to achieve and how these might be addressed in the delivery of a care package. The Council would still complete their assessment and agree the sum of money to be allocated for the customer's care. The Customer could say how they wanted the care to be delivered and what they were seeking in the longer term. The Provider could explore with the customers the options open to them in relation to how the care is provided.

The approach allowed flexibility so that if the customer wanted to change the way in which care was being undertaken or to ask for a different set of tasks to be completed this was perfectly reasonable within the contract. The provider was allowed (in discussion with the customer) to adjust the spend on the package by + or – 8% in a given period.

This approach appeared to build in a number of benefits. It allowed the customer and the provider to develop a good relationship based on the agreed outcomes. It allowed for flexibility all round – often leading to customers not using all of the budget that had been allocated (with monies returned to the council). It focused on outcomes. It encouraged customers and providers to be creative about how things might be achieved. It linked strongly to the legislation – the Social Services and Well Being Act 2014 looking clearly at the overall well-being of the customer and linking the service provided to the customers stated outcomes.

Recommendation

The Council and Providers should consider a combined way of undertaking joint assessments and allowing flexibility between the customer and the provider to develop the service to focus on outcomes over time. There would need to be further consideration of which provider took each customer.

3.4 Other considerations

1. There is a national push to increase the qualifications for domiciliary care staff with an expectation that this will increase what staff are paid. This is not backed up by increases in monies from councils.
2. Cardiff has a checkered history with its work with providers introducing some unpopular processes over the years. Providers are really looking for a closer partnership with the Council which demonstrates trust and quality services on both sides.
3. The option of developing an apprenticeship scheme for providers of domiciliary care was discussed with a couple of the providers to ease their recruitment challenges.
4. There is a shortage of District Nurses in Cardiff. This has led to more work being procured by the Health Board – who are prepared to pay much more for the care services. Many providers relied on this higher rate from the Health Board to sustain their business. Sometimes the work is of a much more straight forward nature e.g. checking medications and ensuring they are being taken correctly.
5. Some providers are beginning to consider how assistive technology can play an important part in helping people to regain/gain greater independence.
6. The private home care market in Wales is substantially smaller than in parts of England (mostly related to the local charging policies). This means that providers do not have the flexibility or the option of subsidising costs between different customers.
7. Providers were content to consider an outcome-based approach, but they wanted this to be part of a partnership. They often found that the health and care system were looking for scapegoats to blame when problems occurred (particularly in safeguarding) rather than understanding the problems and finding shared solutions. They didn't want any new system to replicate the blame culture from elsewhere.
8. Some providers thought that Adam was an efficient system (despite their protests about the costing tool within it) others wanted to develop a more personal relationship with brokerage/commissioning/care management and their experiences from elsewhere showed that the system worked best when it was based on personal relationships not on technology!
9. Some providers talked about the large number of changes in staff within the Council. This ranged from senior managers, commissioners, and front-line staff. They said they were challenged by the Council to provide more consistency – they would challenge back the Council to offer them the same.

4 Conclusion

Most of the providers were happy to move to a more outcome focused set of care principles. They wanted a much stronger flexibility in the way in which they could deliver services alongside an outcomes-based approach. All providers accepted that progression was importance and that the single outcome to which all providers of domiciliary care aspired was to ensure that those people being helped remained in their own homes. Providers wanted stability in the market, so they hoped that there wasn't going to be further radical change leading to upheaval for providers. If the latter did happen some providers would close down completely their operations in Cardiff.

Professor John Bolton

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