# CYNGOR CAERDYDD CARDIFF COUNCIL

#### **COMMUNITY & ADULT SERVICES SCRUTINY COMMITTEE**

8 January 2020

# RECOMMISSIONING OF CARE AT HOME – A 2 YEAR PLAN FOR CARDIFF CARE AT HOME

#### **Reason for the Report**

- 1. To provide the Committee with background information to enable Members to carry out pre-decision scrutiny of the draft proposals for a new approach to the commissioning arrangements for the future delivery of care at home (domiciliary care and sessional support) prior to its consideration by the Cabinet at its meeting on the 23 January 2020.
- 2. A copy of the draft cabinet report is attached at **Appendix A**, which in turn contains the following:
  - Appendix 1 Locality Map
  - Appendix 2 Domiciliary Care in Cardiff 2006 2019 (lessons learnt)
  - Appendix 3 Summary of Adult Care & Support Services Commissioned via 'ADAM'
  - Appendix 4 Graph detailing the 'whole system' transformation process
  - Appendix 5 Current Providers Perspectives
  - Appendix 6 Project Brief
  - Appendix 7 Questionnaire distributed to individuals with care and support needs
  - Appendix 8 Two Year Phased Implementation Plan
  - Appendix 9 Indicative Project Timetable 2019-2020
  - Appendix 10 Equality Impact Assessment.
- 3. The presentation which will be delivered at Committee is attached at Appendix B.

- 4. The draft cabinet report sets out an overview of:
  - Reasoning for the Report (pg1-2)
  - Background & Strategic Intention (pg2-4)
  - Current Arrangements (pg4-5)
  - What the Data Tells Us About Market Activity and Demand (pg5-8)
  - Co-production with Providers and People with Care and Support Needs (pg8-12)
  - The Vision (pg12-13)
  - The Model (pg13)
  - Locality Based Approach (pg13-14)
  - Service Requirements and Inter-dependencies (pg14-21)
  - What does this mean for How We will Commission Care at Home? (pg21-25)
  - Ongoing Consultation (pg25-26)
  - Reason for Recommendations (pg26)
  - Financial Implications (pg26-27)
  - Legal Implications (including Equality Impact Assessment) (pg27-28)
  - Equality & Diversity (pg28-29)
  - Social Services and Wellbeing (Wales) Act 2014 (pg29)
  - Wellbeing of Future Generations (Wales) Act 2015 (pg29-21)
  - General & HR Implications (pg31)
  - Recommendations (pg31)
- 5. The report seeks cabinet approval for a new vision for the provision of domiciliary care in Cardiff and the commissioning of a new locality based, outcome focused, care model which in turn will promote long-term stability of the care sector. The development of the proposed new model has been co-produced with providers and people who receive care and their families.
- Detailed information on the co-production approaches taken with providers and their feedback on areas for improvement under the current arrangements is provided in Appendix 5.
- 7. When developing the proposed model, engagement with citizens who receive care and support and their families and carers were ascertained in a number of ways. One approach was through the use of a questionnaire. This is attached at **Appendix 7**.

- 8. The report also sets out the procurement timetable for the recommissioning of services to ensure that new contracts are in place by 4th November 2020; when existing contracts expire.
- 9. It is proposed that this new model for care at home, will be less reliant on the purchase of commissioned domiciliary care and will support individuals to have their needs met through the development of support plans that access community resources within an individual's locality, alongside support from family and friends as well as commissioned care.
- 10. Detail on the two year implantation plan for the proposed model is attached at **Appendix 8.**

#### **Background**

- 11. Cardiff Council has taken a number of different approaches to securing domiciliary care over the past 14 years. These approaches have included spot and block contracting arrangements from 2006-2010, framework agreements in 2010 and an Approved Provider List (APL) from 2014 to date. A review of these approaches has been undertaken to inform arrangements going forward. A detailed summary of previous approaches along with an analysis of impact is attached at **Appendix 2**.
- 12. A report entitled, Commissioning of Domiciliary Care and procuring Care Home Services was put before Cabinet and this Committee in September 2018 which set out the work required to achieve domiciliary care provision across the city along with the strategic intention within this field of work.
- 13. The proposed model within the attached draft Cabinet Report also contributes to the council's Capital Ambition commitment to support individuals to live fulfilled, independent lives within their communities and takes direction from the Welsh Government's 'A Healthier Wales: our Plan for Health and Social Care', July 2018 which sets out ambition for seamless well-being, health and social care services that are designed and delivered around the needs and preferences of individuals. In order to assist with this policy's ambition and to ensure domiciliary care commissioning reflects the holistic, locality approaches, a map of the 6 Neighbourhood localities in Cardiff, aligned to GP Clusters is located at Appendix 1.

#### **Current Arrangements**

- 14. Under current arrangements, all providers accredited and enrolled on the Council's Accredited Provider List (APL) are able to select the localities (based on residential wards) that they wish to deliver services in and the client groups they wish to support. Packages are issued electronically to all APL providers who have chosen to support the relevant client group and provide services in that particular area.
- 15. There are currently 85 care providers accredited on the APL, with care currently being delivered by approximately 53 providers
- 16. Packages are awarded using an evaluation criteria that is made up of quality and price. The APL operates as a Dynamic Purchasing System (DPS) to support and develop an active market of quality providers. There are currently 85 care providers accredited on the APL, with care currently being delivered by approximately 53 providers. The care is split across 6 client groups; Older People (OP), Mental Health Services for Older People (MHSOP), Learning Disability (LD), Mental Health (MH), Physical, Sensory Impairment (PSI), Substance Misuse (SM).
- 17 .An IT solution called *adam* provides the end to end IT system that underpins the processes of procuring and managing domiciliary care packages. The specific contractual arrangements the Council currently has in place are:
  - An APL agreement that accredited providers must be part of in order to be considered to deliver domiciliary care on behalf of Cardiff Council.
  - Individual contracts with providers for the delivery of domiciliary care to individual people
  - A contract with adam for the delivery of the IT system that supports the APL.
- 18. **Appendix 3** provides a summary of care and support services progressed via adam and packages issued and awarded through the APL in 2018/19.

#### The Proposed Model – Locality Based, Outcome Focused Approach

- 19. The vision for a locality approach is based on the benefits of care at home services working closely with preventative services, community health and social work teams, community hubs and primary care clusters to achieve the best preventative and care outcomes for people.
- 20. It is proposed that the model reflects the 6 Neighbourhood Localities (made up of the 30 Residential Wards) that mirror the primary care clusters. These are set out below and are detailed in the Neighbourhood Locality Map located at **Appendix 1**.
  - Cardiff West (Pentyrch, Whitchurch & Tongwynlais, Radyr & Morganstown, Llandaff, Llandaff North, Fairwater, Cragiau & St Fagans)
  - Cardiff South West (Ely, Caerau, Canton, Riverside)
  - Cardiff City and South (Grangetown, Cardiff Central, Butetown)
  - Cardiff South East (Gabalfa, Cathays, Pllasnewydd, Adamsdown, Splott)
  - Cardiff East (Rumney, Llanrumney, Trowbridge)
  - Cardiff North (Rhiwbina, Llanishen, Lisvane, Pontprennau & Old St Mellons, Pentwyn, Penylan, Cyncoed, Heath)
- 21. In order to achieve a locality based approach, the following requirements have been identified:
  - CRT to be remodelled into community teams;
  - Domiciliary care provision to be based on 6 cluster localities;
  - Domiciliary care local authority 'locality manager' to develop managed networks to manage flow of works and capacity;
  - Domiciliary care providers to have a base in each locality;
  - 'Managed network; of care providers working collaboratively, sharing runs, data and training.
  - Safe transition of packages if they become unsuitable.

## **Service Requirements and Inter-dependencies**

- 22. There are a number of service requirements that have shaped the development of the proposed new model. There are also a number of inter-dependencies that have been identified and these need to be addressed in order to maximise the success of the model.
- 23: Inter-dependencies identified by the service area are:
  - Implementation of strength based practice;
  - Implementation of advance cluster model;
  - CRT operating in an outcome focused way;
  - Investment available for specialist dementia;
  - RISCA registration requirements;
  - Re-modelling of commissioning and brokerage;
  - Transparency around cost of care;
  - No transition of care packages from November 2020

# **Scope of Scrutiny**

- 24. At this meeting, Councillor Susan Elsmore, (Cabinet Member Social Care, Health & Well-Being) along with relevant officers from the Social Services Directorate will be in attendance to give a presentation and answer Members' questions. The presentation, attached at **Appendix B**, will provide Members with an overview of:
  - The background;
  - The current arrangements;
  - The proposed vision & model;
  - Inter-dependencies and requirements for addressing and,
  - The way forward.
  - 25. Pre-decision scrutiny aims to inform Cabinet's decisions by making evidence based recommendations. Scrutiny Members are advised to:
    - a. Look at the information provided in the report to Cabinet to see if this is sufficient to enable the Cabinet to make an informed decision:
    - b. Check the financial implications section of the Cabinet report to be aware of the advice given;

- c. Check the legal implications section of the Cabinet report to be aware of the advice given;
- d. Check the recommendations to Cabinet to see if these are appropriate.
- 26. Members will then be able to decide what comments, observations or recommendations they wish to pass on to the Cabinet for their consideration prior to making their decisions on the 23 January 2020.

### **Legal Implications**

27. 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 the Cabinet/Council will set out any legal implications arising from those recommendations. All decision taken by or on behalf of the Council must (a) be within the legal powers of the Council; (b) comply with any procedural requirements 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 taken having regard to the Council's fiduciary duty to its taxpayers; and (he) be reasonable and proper in all the circumstances.

# **Financial Implications**

28. 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 Cabinet/Council will set out any financial implications arising from those recommendations.

#### **RECOMMENDATIONS**

- 29. The Committee is recommended to:
  - a. Consider the information provided in the draft cabinet report and its subsequent appendices;
  - b. consider the information provided in the presentation to this meeting; and
  - c. determine whether it wishes to relay any comments or observations to the Cabinet for consideration at its meeting on the 23 January 2020.

Davina Fiore
Director of Governance & Legal Services
2 January 2020