CARDIFF COUNCIL
CYNGOR CAERDYDD

CABINET MEETING: 23 JANUARY 2020

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

SOCIAL CARE, HEALTH AND WELLBEING (COUNCILLOR SUSAN ELSMORE)
CHILDREN AND FAMILIES (COUNCILLOR GRAHAM HINCHEY)

AGENDA ITEM: 12

Reason for this Report

1. This report proposes a new approach to the commissioning arrangements for the future delivery of care at home (domiciliary care and sessional support) in Cardiff. It sets out how people who have been assessed as having care and support needs, will be supported to live as independently as possible, for as long as possible, in their own homes and communities.

2. The report sets out a clear vision for the delivery of care at home for children, young people, adults and families. It seeks Cabinet approval of a locality approach to delivery, which compliments strength-based social work practice, promotes a move away from 'time and task' to more flexible, outcome-focused care, promoting 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.

3. 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. Following completion of the procurement, it is expected that the new model will be introduced through a phased implementation, becoming fully operational over the next 2 years. The incremental approach to implementation reflects a number of inter-dependencies that will need to be managed in order for the model to be successful and achieve its desired outcomes. These inter-dependencies are set out later in the report, in paragraphs 41 – 56.

4. The 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.

5. The report seeks Cabinet's agreement to delegate authority to the Director of Social Services, in consultation with the Cabinet Member for Social Care, Health & Well-being, the Section 151 Officer and the Director of Law and Governance, for all procurement decisions related to the re-commissioning of the new arrangements.

Background & Strategic Intention

6. A report was put before Cabinet in September 2018 setting out the work that needed to be undertaken for Social Services to achieve domiciliary care provision across the city that;
   - provides a more flexible approach to support the achievement of a range of person-centred outcomes of individuals
   - is based on meaningful relationships that enables services to be developed that reflect what matters to individuals with care and support needs and their carers
   - supports personal outcomes identified through strength-based social work practice that is being rolled out across Social Services through Collaborative Conversations training in Adult Services and the Signs of Safety model in Children's Services.
   - promotes individual's resilience and the strengths they already have within their own family, or wider networks in their communities.

7. The model contributes to the delivery of the Council's **Capital Ambition** commitments to support individuals to live fulfilled, independent lives within their communities. It takes its direction from the Welsh Government's '**A Healthier Wales: our Plan for Health and Social Care**' published in July 2018. This is the first national plan for health and social care in Wales. It sets out an ambition for seamless well-being, health and social care services that are designed and delivered around the needs and preferences of individuals. The plan describes a holistic approach to keeping people as independent as possible in their own homes and communities, with providers working together to enable people to achieve their wellbeing outcomes and preventing escalation of needs. Locality approaches, which bring together primary and community well-being, social care and health services in clusters provide the foundation for seamless services. Domiciliary care is a fundamental component of care and support for people at risk of losing their independence. To enable the 'Healthier Wales' policy to be achieved in Cardiff it is important that domiciliary care commissioning reflects the holistic, locality approaches set out in the national plan. A map of the 6 Neighbourhood Localities in Cardiff, aligned to the GP Clusters, is located at **Appendix 1** of this report and the new model for locality – based care at home will mirror this arrangement.

8. 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, learning lessons from what worked well and

what worked less well. A detailed summary of the approaches along with an analysis of impact is located in **Appendix 2** of this report.

Current Arrangements for Securing Domiciliary Care in Cardiff

9. Under the current arrangements for Adult Services, 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 wished 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. However, in reality, most providers on the APL select to deliver packages in every area of the City to a variety of (or in some cases, all) client groups.

10. 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).

11. 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.

12. Domiciliary care and sessional support for children and young people is secured via spot contracts with individual providers. The children's domiciliary care market in Cardiff is very small with services currently being delivered by only 4 care providers. Consequently, there is insufficient capacity in the market to meet the current demand that the Council has for these services.

13. Current arrangements for both adults and children and young people centre around a time and task model where quality is measured on the completion of specified tasks at agreed times, rather than on the impact that the care has had on the individual and the outcomes that the care has supported the individual to achieve.

What the Data Tells Us About Market Activity and Demand

14. During the period April 2016 – March 2019 an average of **26,177** hours of domiciliary care has been delivered to adults in Cardiff at a cost of approximately **£419,447** per week, with an overall average spend of approximately **£21.8** m per annum.

15. In 2018/19 the Council issued a total of **1,228** new packages of care via ***adam***. These packages of care were issued to all domiciliary care providers on the APL. The requirements of the packages were broken down across the 6 client groups as follows:

Client Group	**Packages Issued**
OP	913
MHSOP	109
LD	64
MH	18
PSI	110
SM	14

Demands remained constant across the previous year. The fewest requirements were in April & June (*78*) and the most in July & January (*127 & 129*).

16. Requirements were issued across 30 residential wards within Cardiff. However, for the purpose of this report, the location of these packages have been collated to represent 6 Neighbourhood Localities aligned to GP Clusters. A map detailing the 6 localities is located at **Appendix 1** for information. An analysis of the data shows the following locality split in relation to the number of requirements that the Council issued to the market during this period:

Locality	**Number of Requirements**
Cardiff North	361
East	146
South East	130
City & South	107
South West	215
West	269

17. The **1,228** packages of Care issued via ***adam*** in this period were in relation to **1,228** individuals, with requirements totalling approximately **17,725** hours of care. When aligned to the 6 Localities in Cardiff, the hours of care per locality are broken down as follows:

Locality	Hours of Care
Cardiff North	5,228
East	2,215
South East	1,821
City & South	1,701
South West	3,047
West	3,712

18. The packages of care were awarded to 45 different providers. However, it should be noted that a number of providers deliver care across Client Groups and across the 6 Neighbourhood Localities.

19. It is of note that 80% of the demand for hours of care and support was met by **19** different providers across the City. Further detail of those providers awarded packages of care can be found in **Appendix 3** of this report which sets out a summary of care and support services receipted via ***adam*** and packages issued and awarded through the APL in 2018/19. A summary of the data is provided in the bullet points below;

- The figures demonstrate a significantly higher demand for services in the North and West of the City, with over 65% of the demand for the whole city originating in these areas. The remaining four localities amount to approximately 32% of the demand for this period.

- Similarly, there is far greater demand for domiciliary care for Older People (OP) in the City, with over 80% of the hours of care required by the Council supporting Older People, or providing Mental Health Services for Older People (MHSOP).

20. However, in order to consider the complete picture of care delivered during 2018-19, consideration must also be given to the packages that were commissioned prior to this time, that remained in place during the period. An average of **1,747** individuals were supported at any one time by up to **53** individual providers during 2018-19. An average of **1,210** Older People were supported each week with over **17,000** hours of domiciliary care being delivered to the Older Persons client group across Cardiff by **53** different providers.

21. Over 70% of care and support was delivered to Older People and Older People with mental health problems. Of the remaining client groups, people with learning disabilities & physical and sensory impairment account for the greatest demand. As with the new packages issued within 2018/19, demand for commissioned care and support was greatest in the North (517 packages), West (343) and South West (292) of the City, with the average weekly delivered care and support in these areas accounting for over 67% services delivered across the year.

22. During the same period, 2018-19 approximately 5,983 hours of domiciliary care and sessional support were delivered to children and young people receiving services from the Child Health and Disability Team at a cost of approximately £1.1m. These services range from long-

term care, term time support and school holiday provision. The care is delivered on a city-wide basis across all 30 residential wards.

Co-production with Providers and People with Care and Support Needs

23. A key aspect of the Social Services & Well-being Act 2014 is that services should be co-produced. This is defined as follows;

> ***"co-production refers to a way of working whereby practitioners and people work together as equal partners to plan and deliver care and support. It is fundamentally about doing things 'with' rather than to people."***

24. Understanding what is important to people who receive care at home and designing our commissioning together with people and providers is really important in shaping the future commissioning model. Paragraphs 26 – 38 describe the engagement process that underpinned the coproduction of the new model.

25. Social Services commissioned the Institute of Public Care (IPC) to support officers to work collaboratively with domiciliary care providers to co-produce the new model. IPC provide expertise in supporting Local Authorities to drive improvement and innovation in care and they have considerable experience in the field of outcome-focussed domiciliary care. They facilitated a ***Test and Learn*** approach, which enabled officers and providers to volunteer to be part of the project. They came together at regular meetings to share experiences, learn and discuss issues associated with the development and delivery of an outcomes focussed approach, both for the purpose of appropriately shaping future service delivery and in preparation for a retendering exercise.

26. Eight ***Test and Learn*** sessions were held between July and November 2019, with a total of 15 providers participating in the sessions, along with representation from Cardiff Third Sector Council. The sessions developed a vision to underpin the recommissioning and provided clarity on what was understood by the term "outcomes". Providers worked with officer to agree how individuals in receipt of care and support are defined, the desired impact that is expected to be achieved, description of what the "whole system" approach looks like and the type of relationships / trust that is required from all stakeholders to support this way of working.

27. The whole system transformation process that was adopted by the group is located at **Appendix 4**, providing examples of the contrast between the existing service-led approach with the new outcomes-led approach. For example, in the service-led approach the practitioner is viewed as the expert where as in the outcomes-led approach the practitioner is an enabler and partner.

28. Between August – December 2019, an internal Operational Group came together to steer the developments, receive information and recommendations from the ***Test and Learn*** sessions, and undertake practical work to shape the new model. The group took its membership

from representatives from Performance, Case-management, Community Resource Team (CRT), Commissioning and Contract Management, Training and Development and Brokerage, along with colleagues from IPC.

29. Additionally, officers participated in a number of internal focus groups held to undertake specific pieces of work regarding the development of a performance framework and the locality model – informed by work undertaken in the ***Test and Learn*** sessions.

30. IPC's Professor John Bolton, undertook individual interviews with a sample of providers who had expressed an interest in being actively involved in planning for the future. Most of the providers in this cohort were not solely operating in Cardiff and therefore had experience of other places (especially in Wales) on which to draw their views. Professor Bolton's findings are set out in a report entitled ***"Developing an Outcome Focused Approach to Commissioning Domiciliary Care Support in Cardiff – Current Provider Perspectives"*** which is located at **Appendix 5**. A summary of key findings set out in Professor Bolton's report is contained in the bullet points below:

- The biggest single issue cited by all the providers for services for older people was their concern over the price for care that the Council was prepared to pay.
- 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.
- Providers wished to experience greater flexibility to deliver the right services as agreed with the individuals who are in receipt of care and support.
- It was acknowledged that lessons can be learned from the way that services for adults with a learning disability are currently commissioned, as this is done via an outcome-focused contract.

31. Officers also undertook individual interviews with providers who had not been actively involved in the ***Test and Learn*** sessions. The feedback from this cohort was consistent with that received by Professor John Bolton. It was noted that;

- Many providers are already delivering services on a locality basis with local runs as it's not always cost effective from them to deliver from one side of the city to the other.
- Many providers feel that administrative time in relation to tendering for packages and invoicing was excessive and costly for them.
- Many providers are concerned about the stability of their workforce, highlighting the **Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA)** requirements as a significant risk for the future sustainability of their staff groups. The impact of RISCA is addressed in more detail in paragraphs 57 -58 of this

report in the section that considers inter-dependencies of the new model.

32. Larger provider engagement events were also held in October and November 2019, providing an opportunity for all local providers, and providers who are interested in delivering in Cardiff in the future to come together to review the work of the ***Test and Learn*** sessions and the Operational Group. Engagement at these events was good and feedback from those who participated was very positive. Many providers recognised that the joint work undertaken had facilitated a shift in relationships between Council Officers and the market and had set down the foundations for stronger, more trusting and respectful relationship to develop going forward.

33. Such was the success of the ***Test and Learn*** sessions that it was agreed that they continue beyond the original timeframe in order to pilot an outcome-focused, locality approach on a small scale whilst the procurement is underway, in order to learn valuable lessons that will inform the roll out of the new model following recommissioning. The Project Brief for the Pilot is attached at **Appendix 6** of this report for information. The pilot also provides an opportunity to test out the relationship between the proposed new model for care at home and the developments that are currently being tested in the Council's Community Resource Team. These are considered in more detail in paragraph 51 of this report.

34. All of the documents produced from the engagement activities with providers have been published on the ***Sell2Wales*** website so that those providers who have not actively participated in the sessions, are able to keep up to date with developments ahead of the commencement of the procurement.

35. Engagement with citizens who receive care and support and their families and carers will be ascertained in a number of ways so that implementation of the proposed new model is informed by their feedback. A questionnaire has been developed and will be circulated to individuals in receipt of domiciliary care, early in January, to ensure that all individuals who are currently receiving care at home have an opportunity to provide feedback. A copy of the questionnaire is located at **Appendix 7**

36. It is felt to be particularly important that engagement is undertaken with individuals within the Black, Asian and Minority Ethnic (BAME) communities in Cardiff to ensure that the proposed model is sensitive to the cultural needs of BAME individuals who receive (personal) care at home. It is also felt to be important that developments are informed by the range of community resources that are in place within BAME communities that individuals can access to support them to remain at home for longer.

37. Links are being made with existing BAME groups in order to ascertain their feedback. Contact has also been made with providers who

substantially operate within BAME communities to gather information about their experiences and the specific needs of BAME citizens who receive care. Additionally, meetings are scheduled in January with Local Members of BAME constituencies to ascertain further information.

The Vision

38. The ***Test and Lean*** participants worked together to co-produce a **Vision**, outlining what we hope to achieve through the future delivery of domiciliary care in Cardiff. The intention of the **Vision** is that all the decisions made in relation to the future commissioning of domiciliary care are properly aligned with what key stakeholders hope to achieve in the future for individuals who receive care at home. The **Vision** provides a mechanism to ensure everyone is working towards the same outcome. The Vision has been embraced by the wider provider market in Cardiff and has been agreed by the Social Services Commissioning Board. It is set out below for information;

> ***"We will identify preventative measures and where necessary develop solutions that enable those in need of care and support, and their families, to be safe and as independent as possible. This will include steps to support people to live within their local community, as close as possible to home, family and friends wherever appropriate".***

The Model

39. Whilst the new model embraces the requirements put before Cabinet in September 2018, it also seeks to take forward the changes in such a way as to reflect key messages from individuals receiving care, ensuring that the introduction of new arrangements cause them the least amount of disruption. It also takes account of the messages that providers have fed back regarding the fragility of the market and the need to ensure that future arrangements promote the longer-term stability of the sector.

Locality Based Approach

40. 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. The locality approach is described in the Vision statement below;

> ***"A seamless join-up of services which will require domiciliary care and sessional support providers to form strong links and work in partnership with third sector organisations, community health teams, social work teams and other providers of care and support, both within specific localities and across the city to help support the health and well-being of individuals.***
> ***A locality can be a place, an identity and / or a shared interest which matters to an individual, and enables them to take***

control of what, where and how they access their local community".

41. 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** of this report:

- **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, Health.

Service Requirements and Inter-dependencies

42. 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 and ensure that it makes a positive contribution to other developments that are key priorities in the service area's continuous improvement journey. The key requirements and interdependencies are summarised in paragraphs 44-58 below.

43. **Continuity of Care and Incremental Approach to Implementing the Locality Model** – Continuity of care for individuals is important and a key factor in the success of the delivery of services in the future. Due to the disruption, and safeguarding risks, to people if there was a requirement for all existing packages to transfer to new arrangements in November 2020, the model is underpinned by a requirement that existing packages will remain with current providers post recommissioning. It is recognised that this may pose a challenge to providers who will be required to move towards a locality-based arrangement in November whilst continuing to delivery care for some packages on a city –wide basis. The incremental approach to implementation of the new model, set out in **Appendix 8** has been developed to mitigate this. As the locality approach becomes embedded over-time, it is understood that some packages may become unsustainable for certain providers if they have chosen to substantially deliver care in other localities. An arrangement for providers to transition a small number of packages on a needs let basis for this reason, will be built into the new model with the expectation that any transition of care packages must be undertaken in the most sensitive way, with the least disruption to the individual receiving care so as not cause a safeguarding risk.

44. **Implementation of strength-based practice and outcome focussed care planning in social work teams.** Alongside the review of care at home, the Council is implementing a strength-based approach to all aspects of its social work practice and decision-making. This model of practice operates from the basis of considering what a person can do, their available networks of support and what is available to them within the community in which they live to support independence. It also considers what formal support they may need to live the lives they want to live. The outcome of this approach is one that supports and promotes resilience and avoids creating dependency. Care can support people to maintain or increase their well-being and quality of life, if it is part of an outcome focussed care plan, which understands people's strengths and specifies the care and support they need to overcome barriers to living their lives. The new model will require care providers to play an important role in delivering care plans in conjunction with community resources, early help services and family carers. Care plans will set out what outcomes a person wishes to achieve and whilst giving the provider the flexibility to agree how care will be delivered with the individual with care and support needs and their support network.

45. **Outcome Focussed Performance Framework** - Outcomes are defined as the consequences or result of a single action or set of actions. Work has been undertaken in the ***Test and Learn*** sessions to develop a draft Outcome-focussed Performance Framework that describes the well-being outcomes that people should expect in order to lead fulfilled lives. The framework will support the collaborative conversations that social workers are having with individuals as part of the role out of strength-based approaches that give people a greater voice and more control over their lives and enable them to make informed decisions to ensure they engage in their wellbeing. The framework will also provide greater transparency on whether care and support services are improving well-being outcomes. This will make clear on what needs to be done to improve individual well-being. The new model is therefore expected to deliver the following impact;

- For a person to recover from an event (e.g. hospital discharge) – through short term support (re-ablement)
- For a person to regain, where appropriate to their previous level of independence – through medium term support
- For a person to live with a long-term condition
- For a person better self-manage their needs
- For a person to remain in their own home for as long as possible
- For families to have the support they need to maintain their family unit and build on their skills and resilience
- To support a person with mental health conditions through a recovery model

46. **Flexibility** – The proposed approach seeks to develop an equal relationship between the individual and care worker. The Personal Plan will seek to identify how a bundle of hours is used flexibly to meet an individual's personal outcomes. It will describe high level outcomes

rather than specific tasks this will promote flexibility for the individual. However, the provider is able to change care hours from week to week in order to be responsive to the individual's needs, without the need for "sign off" by case-management services within the Council as long as any change is within 10% either way of the agreed care hours. This enables providers to deliver outcome focused, flexible care that is in response to the individual's personal needs.

47. **Trusted Assessment Approach** - As part of ***Test and Learn*** approach consideration has been given to what is meant by "trusted" approaches. Work was undertaken between officers and providers to consider the opportunities for providing a more effective outcome focussed approach to assessment, care and support planning and review. Participants considered how this would work in practice in Cardiff and what mechanisms needed to be put in place to make this approach successful. A trusted assessment approach does not remove or replace statutory responsibilities. It is therefore essential that those who hold statutory responsibilities related to assessment, will be a key contributor in the design of this approach. Officers will work collaboratively with providers to identify key roles within agencies that will take on this function, supported by the managed domiciliary care networks in each locality that will strengthen positive working arrangements between providers and the Council.

48. Essential to the success of this type of scheme, is local confidence in the provider of the trusted assessment. It is essential that those who are placing their trust in others to undertake assessment are confident that risks, costs and local market are sufficiently understood, and that assessors are sufficiently skilled. An assessment under this model is distinct from the determination of eligibility for adult social care services and from financial assessment to establish charges to be levied. However, the model must interface with the determination of eligibility and financial assessment, in line with statutory requirements set out in the Social Services and Well-being Act (Wales) 2016 and local policies and procedures. It is proposed that as part of the incremental implementation of the new model, a trusted assessment approach is introduced at such time in the implementation process when it is felt that relationships between providers and the Council are appropriately robust enough to support this way of working.

49. **Relationship with Primary Care Clusters** – The new model will interface with the work that is currently being undertaken in primary care clusters. This involves working with other organisations to plan and provide services locally and take action together to improve health and wellbeing within the area or locality. The work in the primary care clusters also brings in the expertise and experience of patients from the cluster as well as looking at a range of community assets including social prescribing which is a non-medical / non-social care intervention. It is anticipated that the new model of domiciliary care will provide an opportunity for care providers within localities to link into multi-disciplinary teams with the locality care coordinator playing a key role in these discussions.

50. **Interface with the Community Resource Team (CRT).** The CRT is being remodelled so that it works with the maximum number of people who will benefit from the re-abling approach on discharge from hospital or directly on referral in the community. The team will undertake outcome-focused work, based on what matters to the individual, which will align with the approach in long-term care and support service. The CRT is currently piloting an approach that builds on the strengths of the current commissioning arrangements whilst developing more flexible outcome-focused care and support within a specific Cardiff locality (CF14) and there are plans for this to interface with the domiciliary locality-based pilot detailed at **Appendix 6** of this report.

51. **Meeting the Need of People with Advanced Dementia.** The model will develop links with community based dementia social care and support services both in relation to the city-wide specialist dementia centre, which is an integrated service with Cardiff & Vale UHB Mental Health Services Older People Directorate. The preventative, strengths based service model that focusses on what matters to the person living with a dementia diagnosis, will be designed to forge links with carers services, memory clinics, GP's, CPN's and domiciliary care providers will be required to work alongside this specialist provision to maximise the support available to individuals with advanced dementia. The proposed new model for the delivery of care at home will dovetail with the new Team Around the Individual (TATI) service which is part of the Council's in-house care provision. As part of the new arrangements and the implementation of TATI approach, there will be opportunities for all care providers to work with specialist providers to develop bespoke training programmes for their staff

52. **Meeting the Need of Disabled Children and Young People and Families who require Family Support to Prevent Family Breakdown.** The model seeks to develop new arrangements for children and young people in order to increase the number of providers who deliver services to this cohort of individuals. There is currently a lack of capacity in the market, which means that there are times when the right type of care at home cannot be secured in a timely way for children and their families. The Children's Commissioning Strategy recognises as one of its priorities, the need to develop a new model of short break support, including sessional support, to respond to the needs of vulnerable families and children with disabilities, linking with domiciliary models in adult social care.

53. Whilst the new arrangements will support the enhancement of domiciliary care support for disabled children and young people, it will also seek to put in place a brand new arrangement for securing domiciliary care for parents who require support with practical household tasks. This arrangement is intended to support parents who may have additional needs in their own right, to maintain appropriate standards in the home environment to prevent family breakdown and the need for their child/ children to become Looked After.

54. **Building on Successes for Younger Adults with Learning Disabilities** – Existing arrangements for the delivery of care for younger adults with a learning disability / autism already provide a strong outcome-focus that includes 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. The services commissioned for people with learning disabilities use support planners to maximise access to universal and preventative provision in addition to any care needs they may have.

55. **Building Strong Relationships with the Third Sector and Community Assets.** The model will support providers to form strong links with third sector organisations, community health teams, social work teams and other providers of care and support, in a particular area. Community development approaches maximise the impact of all the resources in a community and community connectors support everyone to benefit from the rich social capital across the city. These connections and relationships are pivotal to any locality-based approach and deliver real benefits.

56. **Understanding the Impact of Regulation and Inspection of Social Care in Wales (RISCA).** The proposals set out in this report recognise the scale of change the domiciliary care sector is currently experiencing, arising from the implementation of **RISCA**, which required all domiciliary care providers to re-register with the Care Inspectorate Wales (CIW) by 31 August 2018, and also requires that all Social Care Workers delivering domiciliary care in Wale to register with Social Care Wales by April 2020. Registration brings recognition and support. It also gives people receiving care, and their families, the confidence a worker has the skills and qualifications to do their job in a professional, compassionate manner. However, the proposals set out in this report, recognised that the new regulatory requirements are putting considerable pressure on providers at a time when it is becoming increasing challenging to recruit new Social Care Workers into the sector.

57. It is estimated that Cardiff has around 4,000 Social Care Workers who need to achieve registration by March 2020. High levels of staff turnover exist with staff moving from one agency to another, or moving to other parts of the foundation economy. Retention in the social care sector is also an issue with agencies competing for staff with better-paid employment, for example in the retail sector. Most recently morale has dropped because of increasing staff shortages and recruitment problems and pressures related with registration of the workforce.

What Does This Mean for How We Will Commission Care at Home?

58. The following paragraphs set out the requirements that will be included in the detailed specification that will underpin the way in which the new model of care at home will be delivered. The locality model means providers will work together in a managed domiciliary care network. They will be required to demonstrate how they will meet the specification

requirements as part of the assessment for them to enter the new locality APLs. The requirements are informed by feedback from providers and individuals who receive services, and lessons learned from previous and existing arrangements. Consideration has also been given to the experience of other Local Authorities that have implemented an outcome focussed, locality model, shared by IPC as part of the ***Test and Learn*** sessions.

59. The approach has also been informed by significant work undertaken by officers, including a detailed options appraisal for the most appropriate way to secure the care, that included the development of key business requirements and an assessment of implementation considerations. The work undertaken recognises that many of the requirements set out in paragraphs 40 – 58 of this report may not be in place or fully embedded in practice at the time that the new contracts are required to be in place. The domiciliary care market is highly fragile across Wales (and other parts of the UK) and any sudden changes to commissioning arrangements, which could destabilise, and cause providers to exit the market, cannot be recommended. A detailed 2 year implementation plan will be necessary to fully embed the new ways of working.

60. The timescale for implementation, mirrors the timescales for embedding the delivery of strength-based approaches across the whole of adult services and the strengthening of developments within the CRT, specialist dementia care and the work that the NHS are undertaking in partnership with the Local Authority regarding the accelerated GP clusters. The implementation plan is set out in **Appendix 8** of this report.

61. Long-term sustainability of both the model and of the providers delivering the care will be paramount and will provide people with the best opportunity for experiencing consistency and continuity of care. It is proposed that long-term contractual arrangements be established for 4 years with an ability to extend for a further 4 years to prevent the need for a major re-tender exercise in the near future. This will support market stability and sustainability. Other benefits of a long- term contract will allow the market to work in partnership with the Council and be creative and innovative in delivering a strengths based practice approach, focusing on well-being, assessment, care and support planning and reviews. It will also promote good employment practices where there is certainty of income from the Council as commissioner.

62. Providers have told officers that an arrangement that limits the number of providers in the market and restricts the number of localities that they can deliver in is a risky approach given the current fragility of the market. There is a risk that limiting the number of providers could result in a significant reduction of capacity if current providers seek to leave the market. There will also be a risk that there is likely to be a lack of specialist providers (e.g. those delivering service to adults with mental health issues, learning disabilities etc and children and young people) in some localities. There is also a likelihood that smaller providers who deliver to specialist client groups on a city –wide basis, may not be sustainable if their business is limited to specific localities.

63. Providers have indicted their preference to continue with an APL and it is proposed that a new APL is put in place with particular arrangements for the delivery of care to specific cohorts of individuals.

- A locality based APL for OP and MHSOP and block contracts for Extra Care and some Sheltered Housing Provision in order to ensure that the same provider delivers care within designated Extra Care accommodation across the city.
- A city-wide APL for LD, MH, SM and PSI with block contracts for Supported Living Services (consistent with the current arrangements).
- A city-wide APL for sessional support for children and young people and family support

64. The aforementioned approach will give providers an option to tender for both a block contract of specified minimum hours (e.g. in the case of Extra Care/ Sheltered Housing) or enter an APL in a locality. There will be encouragement for groups of providers to tender collectively to become a managed domiciliary care network in a locality and for tender returns to be based on collaborative arrangements.

65. The specification for the new service will require providers for OP and MHSOP at the outset, to work in a locality, outcome-focused way.

66. As part of the tender arrangements, providers will be asked to demonstrate how they will move deliver services to a locality arrangement where they will be required to have a care manager at each specified locality in which they operate and a site from which they operate. It will require providers to work with the Council to identify appropriate premises, e.g. in a day service, extra care or sheltered housing scheme or well-being hub, that enable them to develop a strong presence in the locality and build positive relationships with other services operating in the local communities that fall within the scope of the locality.

67. The providers applying to enter the city-wide APLs for children, young people and families, LD, MH, SM and PSI will also be required to demonstrate how they will deliver a locality model. This will enable individuals receiving care, to benefit form a similar approach that puts their network of family and friends, and community resources at the heart of the approach despite the care being delivered as part of a citywide APL.

68. Whilst the proposal builds on the positives of the existing APL, current arrangements let the market set the rate at which care is secured as opposed to an agreed price based on an open book approach that informs a robust understanding of what is needed to provide good quality care. As part of the engagement process, providers have been critical that the Council has not undertaken any work with them to properly understand the cost of care and what rates need to be paid to sustain local businesses. There have been a number of cost pressures placed

on providers in recent years including pension increases and the travel time directive and providers feel that the Council have not sufficiently taken account of these by increasing annual cots using the retail price index. Several providers in their feedback have indicated that they support an open book approach to inform an open and fair approach to setting a standard cost for care. A cost of care exercise will be undertaken that sets a standard cost of care that the Council will pay going forward. Therefore, cost will no longer be a factor in the future awarding of care packages. This will also be the level at which the Council's agency Direct Payment rate will be paid going forward.

69. As part of the contractual arrangements, the Council will set out its mechanisms for annual uplifts, which will also reflect the true costs of care provision including National Living Wage (NLW) costs.

70. The market in localities will be actively managed through a remodelling of the internal brokerage functions as we move away from an approach that requires providers to bid for care packages on a city-wide basis in relation to price, towards a relationship management approach within the 6 Neighbourhood, Localities. This will enable the Council to manage and develop the market at a locality level, supporting providers to develop local relationships with community resources and facilitating the delivery of care through securing packages in 'runs' and 'blocks' of provision unless it is not feasible or appropriate to do so for specific individuals.

71. It is proposed that care will continue to be secured via ***adam*** as this provides opportunities for monitoring of outcomes and quality and making payments to providers. ***adam*** has been engaged through the process and are committed to work with officers to better understand how the system can be used to support new arrangements going forward including contract management.. Furthermore, the benefit of the model being supported by ***adam*** minimises the requirement for additional resources within the Brokerage Team.

72. Procurement will commence no later than June 2020, with new contracts awarded in mid-October and a contract start date of 4th November 2020. Between January – June, the service specification and tender documents will be developed, informed by further consultation with providers and individuals in receipt of care at home and the lessons learned from the pilot. The Procurement Timetable is located at **Appendix 9**.

Ongoing Consultation

73. A detailed communication plan will be put in place to ensure that all partners are informed of decisions and progress. The communication plan will seek to manage potential concerns raised by citizens, their families and stakeholders throughout this procurement process.

Scrutiny Consideration

74. The Community & Adult Services Scrutiny Committee considered this issue on 8 January 2020. The letter from the Chair is attached at Appendix 11

Reason for Recommendations

75. The reason for the recommendations is;

- To obtain agreement for the commissioning of a new model for the delivery of locality based, outcome focussed domiciliary care for all cohorts of individuals with care and support needs who require care at home, in order to promote their independence and well-being and enable them to remain at home for longer

- To obtain the necessary approval in order to commence the procurement process to invite tender from the market.

Financial Implications

76. The report seeks agreement for a new vision for the provision of domiciliary care in Cardiff and the commissioning of a new locality based, outcome focused, care model. Approval is also sought for the commencement of a procurement process for the new arrangements, with authorised delegation to the Direct of Social Services, in consultation with the Cabinet Member and Sec 151 and Monitoring officers, to determine all relevant aspects of the process.

77. In 2018/19 the Council incurred expenditure of £22.6m in relation to commissioned domiciliary care for adults and £0.5m for children. Changes to the commissioning arrangements in these areas could therefore have a significant financial impact on the Council. Separate financial and procurement advice should therefore be sought in relation to all aspects of the commissioning process. Due consideration must be paid to achieving best value under the new proposed arrangements. Notably, the potential impact of restricting the number of providers in each locality will need to be assessed and monitored. The report notes that existing packages will remain with current providers post commissioning and an incremental approach, over 2 years, to implementing the new model will be adopted.

78. Providing packages transfer at existing rates and conditions the immediate financial impact should, therefore, be limited. However, proposals to allow providers discretion to vary the number of care hours delivered could have a significant financial impact in the longer term. Also, under current arrangements, payment to providers is made on the basis of the actual number of care hours delivered, rather than on the basis of the number of hours contained in the care plan, which are typically higher. The proposed change in approach to allow more flexible use of the bundle of hours contained in the care plan could also therefore have a significant financial impact.

79. Reference is made in the report to a proposal to undertake a cost of care exercise that sets a standard cost of care that the Council would pay going forward. Whilst the outcome of such an exercise cannot be prejudged, it may have significant financial implications, which are not currently built in to the medium term financial plan. In particular, the proposal to link annual uplifts, once a cost of care rate has been established, to NLW increases could have a significant impact, potentially c£500,000, that is also not reflected in the MTFP. This proposal will therefore need careful consideration. Any costs associated with the conduct of the cost of care exercise itself would have to be met from within the existing resources of the Directorate.

Legal Implications

80. The proposed recommendation is to put simply ask Cabinet to approve the Vision to put in place a new APL arrangement on a locality based approach and to delegate authority to the Director to determine and put in place the arrangements for recommissioning the domiciliary care arrangements.

81. Full legal advice should be sought on the proposals, the procurement process and in relation to the drafting of the draft terms and conditions of contract, as the same are developed.

82. It is noted from the body of the report that the Director intends to undertake a "cost of care" exercise. Legal advice should be sought in relation to this exercise also.

Equality and Diversity

83. A full Equality Impact Assessment (EIA) and action plan has been developed for the recommissioning of domiciliary care. This is attached at **Appendix 10**. It is not expected that the new arrangements will have a negative differential on any of the equalities groups. It is however, anticipated that the new model will have a positive differential as it builds on an individual's strengths and provides robust mechanisms to ensure that an individual is supported to achieve their desired outcomes and what matters to them.

Equality Duty

84. The Council has to satisfy its public sector duties under the Equalities Act 2010 (including specific Welsh public sector duties) – the Public Sector Equality Duties (PSED). These duties require the Council to have due regard to the need to (1) eliminate unlawful discrimination, (2) advance equality of opportunity and (3) foster good relations on the basis of 'protected characteristics'. The 'Protected characteristics' are: • Age • Gender reassignment • Sex • Race – including ethnic or national origin, colour or nationality • Disability • Pregnancy and maternity • Marriage and civil partnership • Sexual orientation • Religion or belief – including lack of belief.

85. The report identifies that an Equality Impact Assessment has been carried and is attached at Appendix 10. The purpose of the Equality Impact Assessment is to ensure that the Council has understood the potential impacts of the proposal in terms of equality so that it can ensure that it is making proportionate and rational decisions having due regard to its public sector equality duty. The decision maker must have due regard to the Equality Impact Assessment that has been carried out in making its decision.

86. Where a decision is likely to result in a detrimental impact on any group sharing a Protected Characteristic, consideration must be given to possible ways to mitigate the harm. If the harm cannot be avoided, the decision maker must balance the detrimental impact against the strength of the legitimate public need to pursue the recommended approach. The decision maker must be satisfied that having regard to all the relevant circumstances and the public sector equality duties, that the proposals can be justified, and that all reasonable efforts have been made to mitigate the harm.

Social Services and Wellbeing (Wales) Act 2014

87. In considering this matter, the decision maker must have regard to the Council's duties pursuant to the Social Services and Well Being (Wales) Act 2014 ("the 2014 Act") and associated regulations. The 2014 Act provides the statutory legal framework for social services in Wales. In brief, the 2014 Act places a responsibility on local authorities, and other public bodies, exercising functions under the 2014 Act to meet any eligible needs of people who need care and support, and carers who need support, and delivering outcomes."

Wellbeing of Future Generations (Wales) Act 2015

88. The Well-Being of Future Generations (Wales) Act 2015 ('the Act') places a 'well-being duty' on public bodies aimed at achieving 7 national well-being goals for Wales - a Wales that is prosperous, resilient, healthier, more equal, has cohesive communities, a vibrant culture and thriving Welsh language, and is globally responsible.

89. In discharging its duties under the Act, the Council has set and published well-being objectives designed to maximise its contribution to achieving the national well-being goals. The well-being objectives are set out in Cardiff's Corporate Plan 2019-22. When exercising its functions, the Council is required to take all reasonable steps to meet its well-being objectives. This means that the decision makers should consider how the proposed decision will contribute towards meeting the well-being objectives and must be satisfied that all reasonable steps have been taken to meet those objectives.

90. The well-being duty also requires the Council to act in accordance with a 'sustainable development principle'. This principle requires the Council to act in a way which seeks to ensure that the needs of the present are met without compromising the ability of future generations to meet their

own needs. Put simply, this means that Council decision makers must take account of the impact of their decisions on people living their lives in Wales in the future. In doing so, the Council must:

- Look to the long term
- Focus on prevention by understanding the root causes of problems
- Deliver an integrated approach to achieving the 7 national well-being goals
- Work in collaboration with others to find shared sustainable solutions
- Involve people from all sections of the community in the decisions which affect them

The decision maker must be satisfied that the proposed decision accords with the principles above; and due regard must be given to the Statutory Guidance issued by the Welsh Ministers, which is accessible using the link below:http://gov.wales/topics/people-and-communities/people/future-generations-act/statutory-guidance/?lang=en

General

91. The decision maker should also have regard to, when making its decision, to the Council's wider obligations under the Welsh Language (Wales) Measure 2011 and the Welsh Language Standards.

HR Implications

92. There are no HR implications relating to this report.

RECOMMENDATIONS

Cabinet is recommended to agree

1. Cabinet is recommended to: agree the vision for the provision of domiciliary care in Cardiff and the proposed new model for a locality-based, outcome focused approach, along with the 2 year implementation plan.

2. Cabinet is asked to authorise the delegation and authority to the Director of Social Services in consultation with the Cabinet Member, Social Care, Health and Well-Being and the Cabinet Member Children and Families , the Council's Section 151 Officer and the Council's Monitoring Officer, to determine all aspects of the procurement process or the recommissioning of domiciliary care services (including decision-making around the Cost of Care Exercise, approving the evaluation criteria to be used, and authorising the award of the contracts) and all ancillary matters pertaining to the procurement and proposals above.

SENIOR RESPONSIBLE OFFICER	**Claire Marchant** **Director of Social Services**
	17 January 2020

The following appendices are attached:

Appendix 1 - Locality Map

Appendix 2 - Domiciliary Care in Cardiff 2006-2019 – Approaches Taken and Lessons Learnt
Appendix 3 -Summary of Adult Care & Support Services Commissioned via *adam*
Appendix 4 - Whole System Transformation Process
Appendix 5 - Developing an Outcome Focused Approach to Commissioning Domiciliary Care Support in Cardiff - Current Provider Perspectives
Appendix 6 - Project Brief for Outcome Focused Domiciliary Care Pilot
Appendix 7 - Questionnaire for Individuals with Care and Support Needs Currently in receipt of Domiciliary Care
Appendix 8 - Two Year Phased Implementation Plan
Appendix 9 - Procurement Timetable
Appendix 10 - Equality Impact Assessment
Appendix 11 – Letter from Chair of Community & Adult Services Scrutiny Committee