

Appendix 2:

Domiciliary Care In Cardiff 2006 - 2019

Approaches Taken & Lessons Learnt



Summary of Previous Arrangements

2006-2010

Spot & Block Contracting Arrangements

- Block contract arrangements in place for OP & PD client groups
- 4 providers on the block contract
- Block contract weekly returns submitted via Excel Document
- Packages of care allocated on a Spot Contract basis for LD, MH & MHSOP client groups
- Paper invoicing for spot arrangements

2010 – 2014

Framework Agreement & Spot Contract Arrangements

- Framework for OP/ PD/ MHSOP Client Groups Only
- Cardiff Split into 4 zones
- 3 awarded providers per zone
- Each provider allocated a mix of 1000 / 500 hour Framework blocks
- MH/ LD/ SM Packages continued to be allocated on a Spot Contract Basis City-wide
- Introduction of Electronic Call Monitoring for framework providers only

2014 – 2020

Accredited Provider List (APL)

- City-wide electronic APL in place for all client groups hosted by *adam* via *sproc.net*
- Improved visibility of Council demand for providers
- Fully auditable, end to end process
- All Service receipting/ invoicing & payments made via *sproc.net*
- Mini-competition for each opportunity issued open to all accredited providers
- Quality/ Price Evaluation for each submission
- Introduction of Provider Quality Score



Spot & Block Contracting Arrangements 2006 - 2010

Key drivers for change

- Block contracts provided selected providers with assurance of business
- Gain some control over rates paid to block contract providers
- Focus on rationalising the market

Summary of approach

- 1200 weekly hours allocated to each Block Contract Provider
- Block contracts generally offered lowest hourly rate
- Nothing done on regional basis
- Bank of four providers on Block Contract
- Block contract providers approached first prior to approaching Spot Provider market



Spot & Block Contracting Arrangements 2006 - 2010

Pros

- Hourly rates known with Block Providers for three year term

Cons

- Problems with SU's being transferred from one provider to the other
- Lack of Capacity among Block Providers – Spot arrangements in place for OP & PD
- Insufficient amount of providers with Block arrangements in place
- Large amount of paper invoicing
- Block Providers never paid on a Block basis – paid on Spot Basis
- Block arrangement more akin to a framework agreement
- Team of staff making phonecalls to providers to secure packages



Framework Arrangements 2010 - 2014

Key drivers for change

- More manageable number of providers (between 8-20 anticipated)
- Improved contract monitoring arrangements
- Reduction of transaction & Management costs
- 4 Geographical zones aligned with 6 'Neighbourhood Areas'
- Implementation of Electronic Time Management System (ETMS)
- Capacity to award large blocks of work (1000hrs) intended to 'incentivise' providers & offer assurance of supply
- Closer relationships with Framework providers
- Pricing Envelope for duration of contract for Framework providers

Summary of approach

- Framework in place for OP/ PD/ MHSOP
- All other client groups on Spot Contract basis
- 20,000 hours of weekly care awarded via the framework
- Two 'sub lots' awarded within each zone (1000hrs & 500hrs) to encourage SMEs
- Simplified pricing model for Framework providers
- Framework contract awarded for 3 years with option to extend for 1 year
- Implementation of ETMS for all framework providers to assist contract monitoring & quality of service delivery



Framework Arrangements 2010 - 2014

Pros

- Pricing envelope for Framework Providers – budget set for duration of framework
- ETMS identified safeguarding concerns where regular calls being missed (quality assurance)
- Guarantee of work for framework providers
- Zoning of contracts allowed for better workforce planning/ reduction in travel time for providers
- Back office efficiencies identified
- Establishment of brokerage team, creating single point of contact for providers and improved management of packages
- Improved relationships with framework providers

Cons

- Framework providers unable to meet ongoing demand – therefore OP/ PD/ MHSOP packages also awarded on a spot basis
- Problems with SU transition arrangements
- ETMS requirements not clearly defined – suppliers using ETMS software not compatible with Council monitoring requirements
- No real reduction to overall no. of suppliers in market
- Framework providers delivering care outside framework arrangements, at inflated rates
- Number of different rates paid to suppliers both on and off framework
- Complex process to follow when allocating packages of care once framework provider capacity reached
- No Real efficiencies made as still fragmented supply



Accredited Provider List (APL) 2014 - 2020

Key drivers for change

- One system approach for all client groups
- Framework arrangements incapable of meeting demand
- Legislation: Social Services & Well Being Act (Wales) 2014 / EU Procurement Regulations
- Recommendations in Fairer Deal Task Force
- Improved transparency for providers
- Increasing diversity of supplier base
- Potential to reduce spot rates through competition
- Further back office efficiencies
- Electronic invoicing & automated payments
- Improved Quality monitoring via introduction of Provider Quality Score
- Intention to move from measuring performance on 'Time & Task' to focus on outcomes for individuals
- Reduction in Case Manager Time

Summary of approach

- Use of electronic APL for all 35,000 weekly hours of commissioned Domiciliary care
- APL utilised by providers for all client groups
- APL remained open, allowing providers to join/ leave at any time
- Providers invited to bid on all opportunities issued
- Providers able to submit a blended hourly rate appropriate to the requirements issued for individuals needs
- Providers choice whether to bid for packages of care based on their workforce location & capacity
- Enrolment & accreditation process to gain access to APL
- Price/Quality Split



Accredited Provider List (APL) 2014 - 2020

Pros

Improved visibility for providers
sproc.net reduced back office requirements
Providers able to bid on packages of care in line with their capacity & workforce
No geographical restrictions for providers
Fully auditable, end to end process
Providers able to submit cost for packages based on needs/ outcomes for individual
Improved Management Information Data
Compliance with GDPR & EU regulations
No issue with transition of care packages – all providers retained existing individuals
Increased focus on Direct Payments as first offer
Variable turnaround time for submission of offer from providers
Provider Quality Score developed in partnership with Providers

Cons

- No control over prices submitted by Providers
- Some providers struggled to utilise new technology
- Use of 'blended hourly rate' has caused confusion in relation to 'actual' hourly rates – prevents comparative benchmarking with local authorities
- Use of Outcomes as a Quality measure never truly implemented and eventually removed
- Lack of pricing envelope – rates submitted in excess of what we can afford to pay
- Number of opportunities re-issued through the system due to no bids/ bids outside affordability threshold
- No guarantee of business for providers
- Additional requirement for approval level via Operational Managers

