



# Presentation For CASSC Scrutiny Committee

## 2 Year Plan for Cardiff Care At Home

8<sup>th</sup> January 2020



Gweithio dros Gaerdydd, gweithio gyda'n gilydd  
Working for Cardiff, working together



# Care At Home

## Overview of Report

- The report sets out a new approach to the commissioning arrangements for the future delivery of care at home (domiciliary care and sessional support).
- 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.
- The report also sets out the procurement timetable for the recommissioning of services to ensure that new contracts are in place by 4<sup>th</sup> November 2020 when existing contracts expire.



# Strategic Intention (set by Cabinet Sept 2018)

- Locality Based
- Compliment strength based SW practice
- Flexible – move from task and time
- Meet the needs of people with advanced dementia
- Co-produced with people with care and providers
- Promote long-term stability of the sector



# Current Arrangements

- City –Wide Accredited Provider List (APL)
- Packages awarding using evaluation criteria made up of quality and price.
- 85 providers accredited on the APL with 53 currently delivering care.
- Care is split across 6 client groups – older people / mental health/physical, Sensory impairment / Substance Misuse.
- IT solution provides and end to end IT system
- Children’s Dom Care – spot purchased – 4 providers
- Adults & Children’s provision centre around time and task
- 2018/19 – 1,228 new packages issued – awarded to 45 different providers



# The Vision

**Co-produced by Officers and Providers -**

*“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”.*

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# Inter-dependencies

- Implementation of strength based practice – outcome focussed care planning
- Implementation of advanced cluster model
- CRT operating in outcomes focussed way
- Investment available for specialist dementia through TAtI
- RISCA registration requirements for the sector
- Re-modelling of commissioning and brokerage
- Transparency about costs of care
- No Transition of care packages from November 2020



# Locality Approach - Definition

*“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”.*





# Locality Requirements

- CRT to be remodelled into community teams
- Dom care provision to be based on 6 GP cluster localities
- Dom care local authority 'locality managers' to develop managed networks to manage flows of work and capacity building in each cluster
- Dom care providers to have a base in each locality
- 'Managed network' of care providers who share runs, data and training
- Safe transition of packages when they become unsustainable





# Strength based practice

- Care plans based on hierarchy of support and care providers to play a role in delivering care plans in conjunction with community resources, early help services and family carers
- Care plans to set out what outcomes providers need to deliver and give the provider the flexibility to agree how care will be delivered with the person with care and support needs and their support network
- Trusted Assessment Model to be implemented over time.



# Flexible



- Personal plan of care to be agreed with the person, giving flexibility to the provider to agree with the person and their carer how they wish to receive the service
- *Trusted assessor model in order to assess the impact of the care and support*
- *The flexibility for the provider to utilise the 10% increase /decrease*
- *Working with planned and actual hours and reconciliation process*
- *Banking of hours*



# Meets the need of people with advanced dementia



- Team Around The Individual ( TATI) money to be used to develop specialist in-house dementia team
- Work with specialist provider to develop training programme
- Service linked to specialist day services



# Co-produced



- Extensive engagement with providers in the development of the model
- Community engagement underway
- Need to understand specific needs of BAME communities and potentially commission / develop specialist service to meet needs
- Relationship based commissioning models through dom care networks will continue involvement under new commissioned arrangements



# Promote the long-term stability of the sector



- Commissioning arrangements need to be based on a cost of care exercise with mechanisms for annual uplifts agreed over the life of the contract
- Providers will be able to develop their businesses with a clear understanding of the need within a locality
- The market in localities will be actively managed
- Long term contractual arrangements will be established to prevent the need for a major re-tender exercise



# Way forward ( 1)



- A managed domiciliary care network to operate in each locality - an approved provider list (APL) for each locality to be put in place
- A clear specification, with specific requirements as set out in these slides, will be put out to tender to enter the APL
- Cost of Care exercise to develop a standard rate ahead of the procurement commencing
- The Council must set out its mechanisms on an annual basis for cost uplifts which will reflect the true cost of care provision, including NLW costs



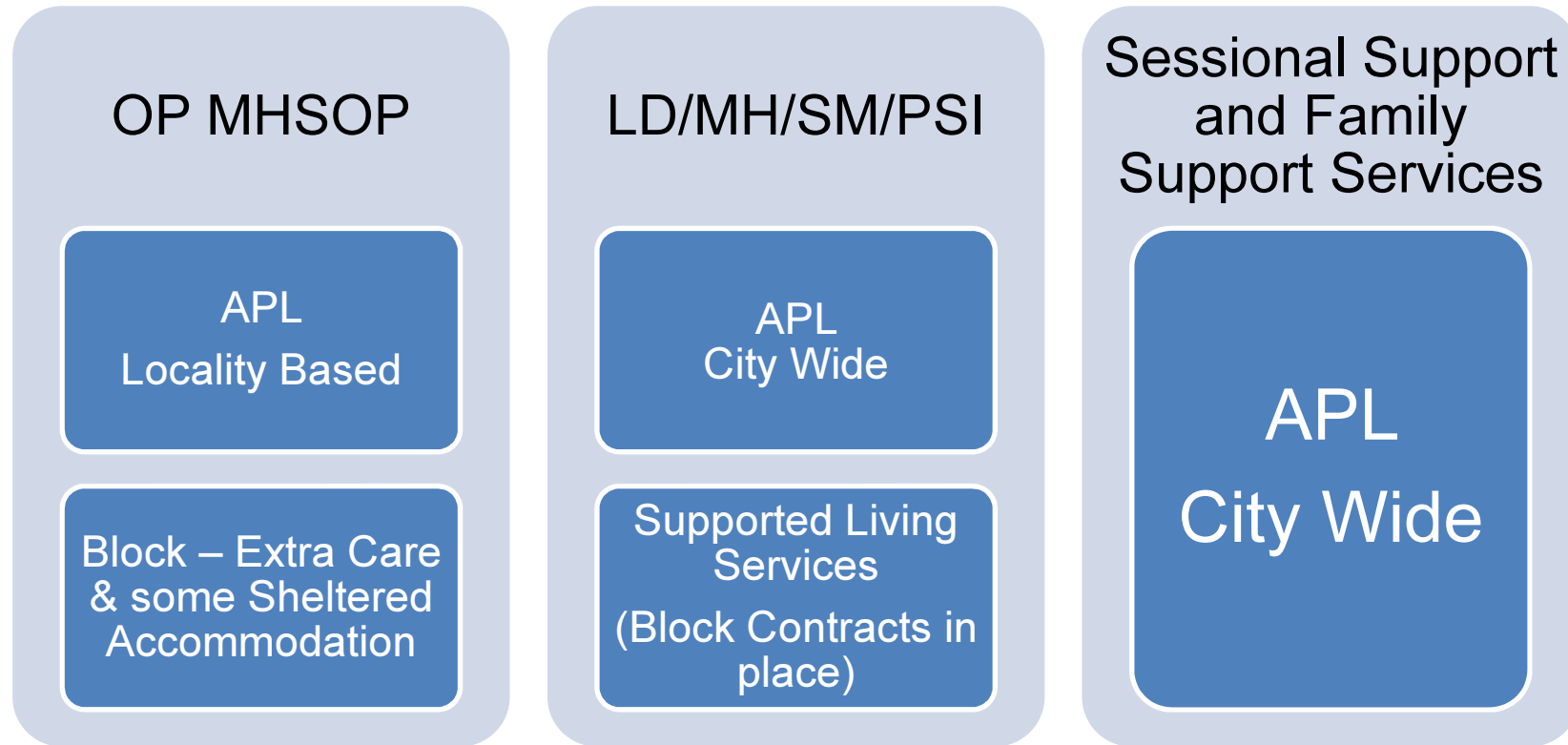
# Way forward ( 2)

- There will be an option for providers to apply to enter an APL based in locality/ localities with city wide and open to specialist including children
- There will be incentives for groups of providers to tender collectively e.g. as a consortium/partnership etc.
- There will be specific block contracts linked to designated OP accommodation and other services (e.g. Extra Care and some Sheltered accommodation)
- Cabinet will receive a domiciliary care commissioning strategy which will set this out in January 2020
- An plan will be put in place form Jan 2020 to support a 2 year incremental implication of the new model





## Recommendation of Model



# Cost of Care Exercise

- This will enable the Council to properly understand the cost of care and the rates that need to be paid to sustain local businesses.
- The exercise will require an open book discussion with providers that will set a standard cost that the Council will pay going forward.
- Cost will no longer be a factor in the future awarding of care packages.
- As part of the contractual arrangements the Council will set out its mechanisms for annual uplifts, reflecting the true cost of care provision including NLW costs.

