MEETING	Care Scrutiny Committee
DATE	26 September 2024
TITLE	Domiciliary Care Service
REASON TO SCRUTINISE	Has been included in the annual workshop document
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CABINET MEMBER	Councillor Dilwyn Morgan

1. Why it needs scrutiny?

When reports were submitted about establishing the procedure for commissioning domiciliary care, a commitment was made to report on the arrangement within about a year of its inception to assess what has worked and to identify matters for improvement. Consequently, the matter has been included in the 2024-25 scrutiny programme.

2. What exactly needs to be scrutinised?

Committee members are keen to scrutinise information to take stock of the effectiveness of domiciliary care provision across the county, particularly in maintaining and improving services for residents. The Committee has set a series of specific questions to enable them to do this. These questions and the response to them are included in part 4 below.

3. Summary of the Key Matters

The main message of this report is that the Council has relatively recently adopted a new and ambitious domiciliary care model, which is in line with the national care commissioning principles and standards that have come into force since the start of September this year. It can be seen that there are many successes to celebrate, many areas where there is hardly any waiting list for care and there is enormous potential to improve the quality of life for residents in need of care and those of staff. Nevertheless, we cannot ignore the fact that difficulties exist in some areas of the County, and that the challenges are as numerous as the successes. Therefore, there is work ahead of the Domiciliary Care Project Board, and that work will need to be prioritised and will require adequate resources.

4. Background / Context

4.1 Changes have been made to the way the Council provides domiciliary care with the Council providing services in some areas and commissioning others to provide a service in other areas.

4.2 Contracts with external providers were signed in November 2022, when work commenced on transferring to the new model. Since then, the work has continued to try

to ensure that new ways of working develop across the County to align with these principles:

- Improved terms and working arrangements for staff.
- More flexibility for residents and a clearer focus on what is important to them.
- Collaboration between providers and health and care staff in the community, to offer better coordinated services and make more effective use of scarce resources.
- Capitalise on the strengths of local communities to reinforce the care available and improve people's quality of life.

4.3 Figures for the second week of September show that 8,800 hours of domiciliary care are provided across the County, but an additional 920 hours remain unmet which means there are 126 people on a waiting list for care. This is clearly not an acceptable situation, and significant efforts are underway to take steps such as:

- Supporting people who assess for care to consider the strengths of the individual and the community and not to commission care when it is not the best solution.
- Collaborate with community partners to develop suitable community hubs and suitable community provisions to meet people's needs.
- Refine work processes and the quality of local discussions to ensure staff resources are used in the most effective and efficient way possible.

4.4 Committee members have asked a number of specific questions, responses to which are given below:

Question 1: Does the existing way of providing domiciliary care work?

We believe that the existing way of providing domiciliary care works in part.
We have reached this conclusion based on the following main facts:

- We knew that the introduction of a new model and contract, which move away from the traditional 'task and time' model, changes mindsets and changes working methods on a large scale. As we expected, not all parts of the system are working to fit the key principles yet, and it is a process of learning and development that will likely take years. Ensuring that changes happen is incredibly challenging, particularly at a time when resources are becoming scarcer and operational pressure on front-line teams is increasing.

- Evidence remains that what happens on the front-line is, in fact, a mixture of working based on the new model and working based on the old model. In times of high pressure with staff members coming and going, it is understandable. The Ffordd Gwynedd method was used in the redesign of the model. This is an approach where teams work out what works well and get to see for themselves how change is needed. It is vitally important that anyone new to the method has the opportunity to unlearn the old way of working, and re-learn the new way, with the support of their leaders.

- While many staff have expressed a preference for the shift work patterns that have been introduced by all providers, we are yet to see a significant positive impact on the ability to recruit into the sector and are therefore unable to fully meet the need for care.

- Due to difficulties in delivering all necessary care hours in some areas, care has been commissioned on a 'spot purchase' basis and/or there have been delays in carrying out care package and staff transfers. These things have happened to try to meet people's needs and create as little uncertainty and anxiety as possible. Unfortunately, they have also meant that setting up the 1 provider per sub-area model (or 2 in a few places) has been particularly challenging and has put us under greater financial pressure than expected.

- Although everything is not perfect, the re-tendering of domiciliary care has meant that each of our external providers is either a not-for-profit third sector company, or a local private family company with a small profit level (below 5% of the service price). This means that we are contributing to the prosperity of the basic economy, and we have numerous examples of how social value is created through our commissioning practice in this area. On a strategic level, therefore, we can be confident that elements of the Council's vision are being realised even when things are not working perfectly from an operational perspective on the ground.

The rest of the report will expand on some of the above-mentioned aspects.

It should be noted that a new Project Board has been established within the Adults, Health and Well-being Department. It deals with the issues that still need to be addressed before we can say with confidence that our way of delivering domiciliary care works effectively.

In addition, it is worth noting that the Project Board receives external support to realise its objectives. We have recently received detailed reports following a supporting project from IMPACT (Improving Adults Care Together). Furthermore, an Internal Audit has been conducted which looked at relevant funding arrangements. Officers have received a draft report, and comments have been shared with the audit team. The findings will form a key part of our efforts to ensure improvements in all parts of the home care system.

There is also a project underway, with the external support of Cwmpas and a Professor from Swansea University's School of Management for evaluation, to try to learn how our domiciliary care model can be effectively embedded in one area of Gwynedd, and another area of Denbighshire. The main messages in this report are in line with the findings from the above bodies as well as reflecting the views of Council officers.

Question 2: What are the successes and challenges?

Here are the top 5 successes and top 5 challenges as we see them.

<u>Successes</u>

1. There are numerous examples that demonstrate joint working between providers, health and care teams and community groups / partners in the 3rd sector to improve people's quality of life. These include providers helping to set up a lunch club and organising support from a community transport scheme and bringing people in Extra Care Housing and the wider community together to

share resources and socialise. Recently, a provider has raised money for charity and worked with the Council's Learning Disabilities service to borrow a minibus and book a trip for people facing loneliness.

2. Across the sector, we have ensured that staff do not face a work pattern and payment arrangements which mean they are back and forth from home to work multiple times a day and working over many days a week. As expected with a workforce with hundreds of staff members, the same arrangements will not suit everyone. However, the general feedback from our providers has been positive. We have also ensured that staff are not given 'zero hours' contracts, unless they request them, and there are positive examples of people getting a first-time mortgage as a result.

3. By giving staff and families the freedom to work together more flexibly, we have seen how our domiciliary care model can make a real difference. There are examples of individuals receiving care carefully tailored to respond to what matters to them. Some providers have evidence of how they implement the flexibility, by carrying out 'value added' tasks in accordance with their contract.

4. We have managed to implement what needed to be achieved in the transitional period (moving care packages and staff between providers) in a particularly effective manner. There were very few cases of complaints or dissatisfaction among individuals, families and members of staff given the scale of the challenge. This is testament to the sensitivity and dedication of social care and domiciliary care teams in supporting vulnerable individuals through a period of change, and the ability to implement major change alongside maintaining core services.

5. Since 1 September of this year, a new national framework for commissioning care and support has come into force: National framework for commissioning care and support: code of practice (gov.wales) <https://www.llyw.cymru/sites/default/files/publications/2024-07/y-fframwaith-cenedlaethol-ar-gyfer-comisiynu-gofal-a-chymorth-cod-ymarfer.pdf> Our work to re-model and re-commission domiciliary care, undertaken following the approach and principles of Ffordd Gwynedd, is fully in line with the commissioning principles and standards within this code of practice. There is cause for celebration that Cyngor Gwynedd members have supported this movement and supported the work to try to ensure that the challenges along the way are overcome. We have been part of the technical group that developed the framework and have had a direct influence on the national direction. That is a direction we welcome and a challenge we have proven we can take on. Many local authorities in Wales and beyond are in contact with us, because of their desire to adopt a model that works on the same principles.

Challenges

1. Despite all efforts to improve the terms, working conditions and working patterns of internal and external domiciliary care staff, recruiting and retaining sufficient staff remains a huge challenge. In areas where the new model is taking root well, we see that staff are seeing personal benefits that go beyond the hourly wage. But this is only the beginning, and it will take time to change the image and understanding that exists about what exactly the nature of the job in its new form is. Furthermore, although Cyngor Gwynedd has decided to ensure wage

increases in the external sector through its contractual requirements, the money within the system is not sufficient to be able to compete with wages within other sectors. We continue to lose staff to the Health Board and to shops etc,. Also, the benefits system means that it is often not advantageous for staff to work over a certain number of hours a week. We are battling extremely difficult systemic factors but continue to try to prove to the workforce that being a domiciliary carer can bring with it satisfaction and great opportunities.

2. Our vision is that we offer care that supports people to live their lives as similarly as possible to the way they would live day to day if they did not need support. Traditionally, care has been fairly uniform (same number of calls, for the same number of minutes, at the same time, every day). If quality of life is to be achieved, there must be flexibility for people, including staff, and it must be recognised that not everything is predictable when planning staff rotas. The big challenge is to strike the right balance between creating flexibility in the system and achieving cost-efficiency. Our external providers are currently doing a piece of work to show how a service can be delivered in a way that aligns with our agreement (and requires flexibility to meet what matters to people) but also ensures financial viability based on the contract price. Internally, we review staff shift patterns to ensure adequate staffing at times when demand is likely to exist, and that staff are not idle.

3. An ambitious aspect of the domiciliary care model is that it is changing across the health, care and community system. It will not succeed without us having different parts of the system working the same way and with the same mindset. We found from recent self-evaluation work with local teams in each sub-area that one of our main challenges is ensuring a full and consistent understanding of the characteristics of the domiciliary care model. It is a contractual requirement for providers to be fully part of the community resource teams, but this has not been realised everywhere. Also, community resource teams (including the providers) are also expected to know their local area well and ensure strong community and third sector networks. This is to support residents to take advantage of local strengths and assets and reduce reliance on formal care. We need to try to overcome this challenge, by supporting staff to develop relationships and to have the time to air various ideas about how to meet individuals' personal outcomes.

4. Part of our future intention is to develop the skills of domiciliary care workers. We want them to be able to give people medication (currently, most cannot safely do more than remind people to take it). There has been success in piloting how this could work, with a small group of internal Council staff and the support of the Health Board. In addition, a new policy has been formulated outlining commissioning and operating responsibilities in this important area. The intention is to ensure people's safety, protect staff and ensure that the accountable body pays for the service, depending on the circumstances. The major challenge we face is finding adequate funding and time to complete the necessary training, and supervising staff as expected to ensure they remain competent over time. Another aspect of essential skills to develop is enabling skills. While the aim is for all domiciliary care to 'enable' people, we currently know that the skill level of the workforce is far too low. This means that reliance on services is higher than it should be.

5. Internally and externally, the nature of our data collection and reporting systems, the accuracy of data and our use of it has been weak in recent years. Improvement in this area is one of our priorities and is something that is being addressed. Failures in these areas place us in a vulnerable position in terms of trying to predict future demand, understand trends, manage performance, manage spending, use staff time most effectively and plan a service. We know that most IT systems on the market are not compatible with the nature of our domiciliary care model, and that this poses difficulties for providers, both internally and externally. We have been successful in applying for £0.25m of Government funding, which will enable us to pilot the use of IT systems that could better support the model.

It is worth noting that Gwynedd's domiciliary care providers have set up a forum where they come together to try to ensure continued development and improvement. We see this as a very positive move that can contribute to improving the effectiveness of the system and the quality of services for residents. They have chosen 3 priority areas for the group, namely: Financial Sustainability and Finance, Staff Recruitment and Retention and IT Systems.

Question 3: Are there problems in some areas?

Yes, unfortunately, problems exist in some areas more than others, and as noted above, we have a waiting list for domiciliary care. The waiting list is shorter than it has been over the past 12-18 months, and we are confident that working towards the new model is one of the factors that has contributed to this. As demonstrated in our external evaluation of the pilot work, if conditions are right, reliance on care can be reduced, and staff experiences improved. But, unfortunately, right now, what we see is that the market situation and the nature of demand is volatile and can change very quickly. The following information shows how things stand in mid-September:

Waiting lists

Sub-areas are generally found to have very large, or very small, waiting lists. Of the 17 sub-areas, 11 have 5 or fewer people on the waiting list. Unfortunately, there are 4 sub-areas where more than 15 people are on the waiting list (Dyffryn Nantlle, Llanberis, Pwllheli and Tywyn). There are no real patterns in terms of geographical areas or in terms of the sector – 2 of these are internal, and 2 are external.

Our greatest concern at the moment is the Tywyn area, where 24 people are waiting for care as we prepare this report. The Assistant Department Heads responsible for the Adults and In-house provider services are working very closely with the relevant teams to take appropriate steps to improve this situation promptly.

Difficulty in meeting demand in a sub-area

Since signing contracts with the external sector, the Council and the contracted provider in two patches have come to an understanding that the contract must be terminated. This is because it has not been possible for the provider to recruit and retain adequate staff levels to meet demand – in Ffestiniog and Ardudwy.

We have re-tendered in Ffestiniog and given the contract to an alternative provider. To date, that provider has been unable to recruit enough staff to meet the demand, but we

are keeping an eye on the situation. We went out to tender at the same time to try and secure an external provider to collaborate with the in-house provider in the Eifionydd area, as it is difficult to meet the demand there. Unfortunately, no external provider applied for that contract. Steps have been taken to offer work to an alternative external provider in the Ardudwy area, under a short-term contract, while we decide what steps to take for the better in that area.

Summary of findings

We know that the market is under tremendous pressure. When analysing our understanding of the market, it becomes clear that:

- Neither sector (internal / external) finds it easier than the other to maintain a service
- Difficulties are not confined to specific parts of the County (except for the Bangor area, which extends from Felinheli towards Bethesda), some part of the north, middle and south are facing problems.
- Neither sector is more likely than the other to have lengthy waiting lists
- Having a sub-area that is split between the internal provider and an external company is not a simple solution to try to alleviate the difficulties of meeting the demand for care.
- That a provider that appears successful in one sub-area is not necessarily going to be successful everywhere.
- That the clauses in our contract that providers must be prepared to operate across sub-area boundaries can be valuable at times when more capacity is needed in a particular area and/or when demand is less than the contracted hours in a particular place.

The way forward

Responding to market volatility and uncertainty about being able to meet people's domiciliary care needs is putting huge pressure on staff, social workers, commissioning and contracting officers, quality assurance officers and providers.

It is felt that it would be very beneficial to have someone responsible for managing the domiciliary care capacity in each sub-area (including taking an overview of waiting lists and demand coming from the direction of hospitals). There is potential to free up a lot of social workers' time. Because of this, we are keen to further consider the idea of having supervisors / domiciliary care managers responsible for assessing needs, prioritising resources and keeping track of the level of demand and provision.

We know that we provide more home care per 100,000 people than most counties in Wales. We are focusing on changing our practices to avoid depending on home care unless this is a fully appropriate solution. This could also lead to a much better situation in terms of the ability to meet genuine need.

Question 4: If there are issues, do you have plans to communicate with/update local members of the situations, particularly ones that result in hospital bed blocking?

When problems arise, we always try to ensure that all key stakeholders know the situation and communicate in the way that is most appropriate. Sometimes we will ask local members for a chat to brief them on a situation, other times a member comes to us with a query and we will discuss. Over the past few months, difficulties in specific

areas have led to numerous meetings between local officers and members. This working relationship and members' understanding of local feelings and circumstances has been found to be invaluable in reaching solutions.

We also share information about the domiciliary care situation, among other things, by attending Area Forum meetings in each area. The feedback from these sessions shows that this is appreciated and is often a very valuable forum for sharing information and two-way communication.

We do not have specific alternative arrangements for reporting cases where someone has to stay in hospital due to the lack of domiciliary care, but we will raise things as part of the above-mentioned discussions as necessary. Should members require information from us, we could easily identify the number of cases on the domiciliary care waiting lists involving people in hospitals.

Additional questions

In addition to the 4 main questions above, the Committee has asked us to respond to the following questions:

How does the Council ensure that the service given by the Council and the private sector is of the same quality? Can you provide a SWOT assessment to demonstrate the strengths and weaknesses of the service given by the Council and the private sector?

Cyngor Gwynedd provides more home care via its in-house provider than almost all other councils in Wales and England. This provides an opportunity to directly influence the quality of the service. One aim we had in introducing the new domiciliary care contracts was to ensure consistency across internal and external sectors. In the past, there were differences in the nature of the service (e.g. 'enablement' is only an internal service), staff terms (internal pay much higher, and travelling costs paid) and relationships with health and care teams.

Although the in-house provider has not signed a 'contract', they have agreed to work in accordance with the contract, and its developing programme of work is aiming towards that.

We have access to all external inspection reports from our internal and external providers, as well as each provider's self-evaluation reports. It is a statutory requirement that everyone provides an annual report. Furthermore, we have established a system whereby all providers, in conjunction with the health and care team locally, self-evaluate against the requirements of the contract.

An important step that needs to be taken, which is part of the Domiciliary Care Project Board's programme of work, is to establish a procedure for the collection of all the meters that are part of the domiciliary care contract. This will allow us to compare performance across sectors, and it would be easier to run a 'SWOT' exercise once that is in place.

Based on our knowledge, the nature of complaints, stakeholder comments etc., we have no room to believe that one sector is generally superior to another. What we see are pockets of good practice, and scope to learn from each provider. To this end a Provider Forum has been established, which is led by the providers, and a supportive group for sector-wide supervisors. This will enable people to support each other to continuously develop and improve.

What are the negative effects of using the private sector to provide a service rather than providing it in-house?
As noted above, we are not aware of any noticeable negative impacts attributable to the sector of the service provided. We believe that having a mixed market has its own benefits. Some of the providers offer valuable specialist skills, with a contractual nature providing a clear focus on financial viability as it is not as easy for an external provider to receive additional funding if they overspend. We must remember that the cost of a Local Government pension scheme means that the price of providing in-house domiciliary care is considerably higher than the external sector, even if the cost of all other aspects is the same.
That said, one can think of advantages to having only an internal market:

- Moving away from the mindset that care is something that is part of a buying and selling process and seeing it as a core component within public services and communities.
- Avoid costs and bureaucracy involved in commissioning, procurement and payment processes.
- Easier to overcome practical issues such as information governance requirements, access to buildings and alignment of practice or policy.
- Greater assurance that an appropriate % of the workforce are Welsh speakers and can meet the requirements of a More than Words strategy.
- Internal control therefore potential to implement changes sooner.
- Potential to consider changes in roles and the dissolution of boundaries between functions, to improve the experience of residents and strengthen collaboration.

What exactly does "commissioning others to provide a service" mean - does this mean commissioning the private sector? If so, what are the implications of that for the quality of care and workers' rights?
'Others' means a combination of 3rd sector and private providers. Following a tender process for 10 sub-areas, 3rd sector providers were awarded 3 of the 10 contracts. We have no evidence that the quality of care is better or worse dependent on the sector (internal, 3rd sector, private). Each provider's service is registered with Care Inspectorate Wales and is inspected regularly. In addition, the same safeguarding processes are followed for all providers, and we ask everyone to implement the same self-evaluation arrangements. Recently, the working arrangements of our Internal Quality Assurance team have been modified to strengthen the level of resource given to seek to ensure the quality of domiciliary care across sectors.

One of our main aims in preparing the new contract was to ensure greater consistency of workers' rights, and to improve them in general. At the time contracts were signed, hourly pay for external domiciliary care workers was expected to be at least equal to the Council's domiciliary care workers (and that level aligned with the Real Living Wage). Since then, the Council has increased staff salaries which means external staff earn less than internal staff (but still earn the Real Living Wage). The current external provider contract gives very specific expectations for staff rights (aspects such as minimum annual leave, an obligation to pay for uniforms and registration with Social Care Wales and paying for training and travel). There is evidence that staff rights in the sector have improved immensely since we adopted the new model.

The new Commissioning Framework puts the onus on us to:

- Arrange our services in a straightforward way
- Focus more on quality rather than cost

- Better manage services to ensure we prevent problems before they arise or worsen
- Collaborate more with the NHS and other organisations
- Give greater consideration to what exactly we want to achieve for people.

Our efforts to develop the way we provide home care are aligned with these principles, and this is conveyed in the contract we and the health board jointly have with our providers.

Do 'time and a half' payments still exist on weekends? Can you give an approximation of normal/weekend payments as well as comparing them to private sector payments?
Staff working for the Council no longer receive enhanced payments for working weekends. Some believe that changing this policy could have a positive impact on our ability to recruit and therefore reduce waiting lists and meet demand. As noted above, external providers are obligated to pay staff a minimum hourly wage under their contract. We know that many them offer staff extra pay for working on bank holidays or weekends, but we have no evidence of the impact of this on recruitment and retention success.

5. Consultation

In preparing this report we have consulted with the internal teams involved in the provision and development of domiciliary care and taken into account the perspectives of our external providers.

An element that we are keen to strengthen is the way we go about hearing the voices of people receiving our domiciliary care service. We are considering introducing the use of the PERCCI recognised questionnaire to gather information on the impact of our services and establish a user and family group.

6. The Well-being of Future Generations (Wales) Act 2015

All relevant well-being goals under this act were considered when developing and commissioning our new domiciliary care model. Please note that we are co-commissioning with the Betsi Cadwaladr University Health Board, which is an example of working together for the benefit of the community to try to ensure the well-being of communities in the present and into the future.

7. Impact on Equality Characteristics, the Welsh Language and the Socio-Economic Duty

Please note that statutory / appropriate impact assessments have been prepared in making a business case to Cabinet and ensuring the right to move forward with the commissioning of the domiciliary care model in question. This was done in conjunction with the Health Board and can be sent to anyone wishing to see these.