

BRIDGEND COUNTY BOROUGH COUNCIL

REPORT TO OVERVIEW AND SCRUTINY COMMITTEE 2

23 SEPTEMBER 2021

REPORT OF THE CORPORATE DIRECTOR SOCIAL SERVICES AND WELLBEING

RE-COMMISSIONING REGULATED CARE AND SUPPORT AT HOME

1. Purpose of report

- 1.1 The purpose of this report is to provide the Committee with an update in respect of the significant pressures being experienced across care at home services, and the plans being developed and implemented in order to respond to these challenges, including the recommissioning work being undertaken for Independent Domiciliary Care (IDC) and Short Break services.

2. Connection to corporate well-being objectives / other corporate priorities

- 2.1 This report assists in the achievement of the following corporate well-being objectives under the **Well-being of Future Generations (Wales) Act 2015**:-

1. **Helping people and communities to be more healthy and resilient** - taking steps to reduce or prevent people from becoming vulnerable or dependent on the Council and its services. Supporting individuals and communities to build resilience, and enable them to develop solutions to have active, healthy and independent lives.
2. **Smarter use of resources** – ensure that all resources (financial, physical, ecological, human and technological) are used as effectively and efficiently as possible and support the creation of resources throughout the community that can help to deliver the Council's well-being objectives.

3. Background

- 3.1 Domiciliary Care can be defined as a range of services put in place to support an individual in their own home, that are given to those that require additional support with day to day household tasks, personal care or any other activity that allows them to maintain their quality of life and independent living.

Short Break services can be defined as a service which enables the carer(s) to have sufficient and regular periods away from their caring routines or responsibilities, which is provided through a regulated domiciliary care provider.

Independent Domiciliary Care (IDC)

- 3.2 In November 2014, Cabinet approved the remodelling homecare implementation plan, which set out the Council's intentions for meeting the increasing demands for internal homecare and external domiciliary care in a sustainable and managed way. This plan recommended remodelling the Council's internal homecare service into a

provider of specialist homecare services, and to commission domiciliary care services from the independent sector.

- 3.3 It was recognised that there was a need to strengthen and develop what was a fragile market, and attract new providers to support the remodelling of services. To facilitate this change, officers developed a commissioning plan, where it was proposed that a framework agreement be established for the provision of externally commissioned domiciliary care. This framework allowed the Council to test the current market, strengthen the existing contractual arrangements, and open up the market to new providers, which managed the increased challenges and demands.
- 3.4 In January 2016, Cabinet approved the award of a Framework Agreement to 13 providers for the provision of new packages of domiciliary care for the period 1st April 2016 to 31st March 2018, with an option to extend for a further period of up to 24 months.
- 3.5 Building on the success of the tender exercise, it was proposed that a new Framework be established, which covered all externally commissioned domiciliary care. i.e. both new and existing packages of care. This would allow the Council to further strengthen and enhance the service model, and also potentially open up the market to further providers in light of the planned increase in homecare hours being commissioned from the independent domiciliary care sector.
- 3.6 In January 2017, following engagement sessions undertaken with pertinent stakeholders and providers in respect of the proposed commissioning intentions, Cabinet approved the final commissioning plan for the independent domiciliary care sector in Bridgend, and approved the invitation of tenders to establish a Framework Agreement for the provision of all packages of commissioned domiciliary care.
- 3.7 In September 2017, Cabinet approved the award of a Framework Agreement to 15 providers (13 existing and 2 new providers) for the provision of domiciliary care for the period 1st January 2018 to the 31st December 2019 with an option to extend for a further period of up to 24 months.

Short Breaks service

- 3.8 A series of stakeholder engagement and consultation events took place during 2019/20 in order to co-produce the model for a new short break service. Consultation included a high-profile public event, local mapping and stakeholder meetings and follow-up focus group workshops. The public event and focus groups were independently facilitated by Swansea University and carers who use short break services were able to contribute.
- 3.9 This extensive service development with stakeholders has co-produced a new pathway for carers' services in Bridgend. A key part of that pathway is to provide appropriate short breaks for carers through flexible delivery of replacement care to individuals in need of care and support, that will provide more voice, choice and control for individuals and their carers through an ability to bank weekly assessed hours for flexible use within a 4-week window.

- 3.10 Following a successful tender exercise, approval was granted to award contracts for the provision of a regulated domiciliary Short Break Service for individuals and their carers in Bridgend. The duration of contracts entered into was 2 years commencing in July 2019 with the option to extend for up to a further 24 months.
- 3.11 During a Care Inspectorate Wales (CIW) inspection undertaken in 2019/20, the Short Break service model was commended in the verbal feedback received from regulators, where the question was also posed about why all regulated homecare services could not be commissioned in this more outcome-focused way.

4. Current situation/proposal

Context and challenges

- 4.1 Having safe, flexible and effective care at home services are an essential part of the Council's strategy to help and support individuals to maintain their independence. As can be seen from the table below, demand for these care at home services have increased by circa 8% in the last 3 years:

	Avg 17/18	Avg 18/19	Avg 19/20	May 2021
Total Hrs	8,151	8,581	8,701	8,738

- 4.2 A consequence of increasing the capacity within our care and support at home services has enabled the directorate to manage the volume of placements made into care homes which was 242 placements in 2017/18, compared to 232 in 2019/20. As a financial comparison, it currently costs £628 per week for a standard residential placement, whereas the typical care at home package of care (average hours being 10hrs/wk) costs in the region of £200 per week.
- 4.3 The demands on care and support at home services post-Covid is still yet to be fully understood, but the service is already experiencing significant increase in need, with care at home hours delivered in August 2021 being 7-8% greater than those hours provided in April 2020, before the pandemic took effect.
- 4.4 It is forecast that the long-term impact of Covid, alongside the already known pressures of an ageing population, increasing dementia rates and more complex and challenging needs is going to result in increasing demands on already pressurised services. The below is an extract taken from Welsh Government's 'Rehabilitation: a framework for continuity and recovery 2020 to 2021', which is intended to assist service planning for the anticipated increased demand for rehabilitation (and therefore social care) for people affected by Covid across four main areas:
1. people who have had COVID-19: those recovering from acute COVID-19 symptoms, including people who experienced extended time in critical care and hospital, or those whose acute care was managed in the community and those with prolonged symptoms of COVID-19 (Long COVID) recovering in the community
 2. people awaiting paused urgent and routine interventions and who have further deterioration in their function

3. people who avoided accessing services during the pandemic who are now at greater risk of disability and ill-health

4. socially isolated/shielded groups where the lockdown has led to decreased levels of activity and social connectivity, altered consumption of food; substance misuse, the loss of physical and mental wellbeing and thus increased health risk

4.5 Alongside these demand pressures, the Covid pandemic highlighted the fundamental importance of care and support at home, and the role of professional care workers, in providing essential personal care and support to highly vulnerable people to keep them safe, well and connected. Put simply, this service is the foundation of the whole health and social care system and unless there is sufficient quality and capacity of provision the whole system, and our most vulnerable people, are at risk.

4.6 There is also a fundamentally changing requirement in respect of the social care worker workforce. There are specific requirements in respect of registration and qualification which came in under the Regulation and Inspection of Social Care (Wales) Act 2016. This is a highly skilled, professional workforce working with people at the most challenging times of their lives. The learning taken from the pandemic also emphasises the absolutely essential role of care workers in keeping people safe and connected with their families and communities.

4.7 In terms of having sufficient quantity and quality of capacity to meet these needs moving forward, the social care market remains fragile, with recruitment and retention posing a significant challenge for a variety of reasons, including:

- Pay and employee terms and conditions being comparably low, despite a strategic intention from Welsh Government to achieve parity of esteem between the care workforce and NHS workers, especially when considering the training and registration requirements of the Registration and Inspection of Social Care (Wales) Act 2016 (RISCA) and the responsibility of the role;
- Competition from other sectors (hospitality and retail frequently pay more) and similar roles in health pay more and often provide better terms and conditions

4.8 The impact of all the above (i.e. Increasing demands on an already fragile area where workforce capacity and recruitment and retention are significant challenges) has meant numbers of individuals awaiting packages of care from care at home services are at the highest levels encountered in Bridgend County Borough Council (BCBC).

BCBC response

4.9 A Project Group has been established tasked with developing, implementing and monitoring an Action Plan (included as **Appendix A**) to respond to these challenges with actions identified in both the shorter and longer-term.

4.10 Some of these plans and proposals are still in the early stages of development, but they will focus on:

- **managing demand** – by regularly assessing and using a risk based approach for those already receiving and those requiring packages of care, and developing fast-track options for Direct Payments

- **maximising capacity** – through effective recruitment and retention and looking into pathway options more aligned to support workers in health, and also how we can directly support those workers in commissioned homecare services (such as a recognition payment in a similar vein as the WG £500 payment), where recruitment and retention challenges are most severe. BCBC have also recently had to contract with two additional IDC providers as a matter of urgency, in order to increase capacity and help meet demands on homecare services
- **reviewing our service models** – by recommissioning our homecare services into a more outcome-focused and flexible model of delivery, aligned to National Commissioning Board rates of pay – more specific detail of which is provided below

- 4.11 The move towards a more outcome focused way of commissioning (which was approved by Cabinet in July 2021) is all about social outcomes as well as personal care outcomes and is a significant move towards a more flexible method of delivery, which is intended to help providers take on more packages of care and ease pressures on services.
- 4.12 A market testing event took place in May 2021, where existing contracted providers in attendance gave very positive feedback on how the Council's Short Break service had been commissioned in 2019. It was clear from this meeting that the preferred option for recommissioning homecare services is to use a similar model and concept for the service specification, where there will be a clear emphasis on voice, choice and control for individuals and carers, which will help BCBC meet its corporate strategy of helping to keep people resilient and live as independently as possible within their own homes.
- 4.13 As with the existing framework agreements in place, the plan is to implement a four year (2 years with the option to extend by 24 months) Framework Agreement, which will bring both service types (IDC and Short Breaks) in line with one another.
- 4.14 The recommissioning exercise is being carried out in the same way as when IDC and Short Breaks services have previously been tendered where existing packages of care will only possibly move over to a new provider at point of review. This is to minimise disruption, ensure consistent delivery of care and unrest for individuals, but also will not have too much of a destabilising impact on providers. i.e. maintain market stability.
- 4.15 Service providers on the new Framework Agreement will not be guaranteed packages of care, with each one following its own individual process which considers both quality and price as part of the evaluation, which is carried out independently by a brokerage team.
- 4.16 BCBC is committed to working with high quality and experienced service providers, and there will be a very strong emphasis on quality as part of the tender process. To enable this, the cost:quality ratio of 20:80 is strongly weighted in favour of quality which will be evaluated through the written responses from the providers, as well as presentations and/or interviews that are part of the tender process.

4.17 The table below sets out the procurement timescales officers are working towards:

	Procurement Activity	Date
1	Cabinet approval to go to tender	July 2021 – COMPLETE
2	Place tender notice for the Framework	August 2021 – COMPLETE
3	Tender returns	October 2021
4	Final tender evaluation	November 2021
5	Approval to award	December 2021
6	Contract start date for Framework	April 2022

4.18 As part of the previous IDC and Short Break tender exercises, providers were asked to submit their own rates in order to meet the requirements of the contract and no ceiling or basement amounts were provided by BCBC. The current (2021/22) rates paid for these respective services is shown below:

- **£18.65/hr** Short Break services (traditionally a lower amount due to the fact that these are longer calls – as opposed to 15/30/45 minutes)
- **£20.12/hr** IDC services – which is a ‘weighted average’ that accounts for the proportionately more expensive shorter call durations

4.19 The approach outlined above is often accused as being a ‘race to the bottom’, where those who provide the lowest rates are more likely to score highly when considering 20% of evaluation links to costs, and the lower cost is deemed more favourable. In evaluating costs, it is important to note that value for money, rather than lowest cost will be evaluated in that the ability of potential suppliers to retain and recruit a professional care workforce in the context of the current labour market challenges will be reviewed.

4.20 The National Commissioning Board (NCB) (on behalf of Welsh Government) have recently undertaken and published some cost modelling work, which sets out what is deemed an ‘anticipated cost of care for 21/22’ in a variety of care settings including homecare services , with the summarised findings in this particular area being:

- **£21.43/hr** – when linked to National Living Wage (NLW)
- **£22.72/hr** – when linked to Real Living Wage (RLW)

4.21 It is anticipated that paying the RLW for care workers will form an important strand of the Wales Programme for Government. This national intention aligns with Cabinet’s expressed views regarding RLW for care workers and BCBC now have a mechanism of doing this, where as part of the tender exercise, the rates as defined by the NCB work will form the price ranges within which potential bidders can submit their rates.

4.22 A pricing schedule concept (providing price ranges linked to NCB rates) was tested with potential bidders at the market testing event where all those in attendance were unanimous in agreeing that this would be a positive step forward.

5. Effect upon policy framework and procedure rules

5.1 The tendering process is being undertaken in compliance with the Council’s Contract Procedure Rules and the Public Contracts Regulations 2015.

6. Equality Act 2010 implications

- 6.1 An initial Equality Impact Assessment (EIA) screening has identified that there would be no negative impact on those with one or more of the protected characteristics, on socio-economic disadvantage or the use of the Welsh Language. It is therefore not necessary to carry out a full EIA on this policy or proposal.

7. Well-being of Future Generations (Wales) Act 2015 implications

- 7.1 The recommissioning of IDC and Short Break services supports the five ways of working under the Well-being of Future Generations (Wales) Act 2015, as follows:

Long Term – the new service model will be a more person-centred and outcome-focused way of working, more in keeping with the requirements of the Social Services and Wellbeing (Wales) Act 2014, and more appropriate for the longer-term.

Prevention – IDC and Short Break services are essential preventative services to mitigate the need for more costly residential care placement, where individuals are supported to maintain independence and live in their own homes for as long as is possible and appropriate to do so.

Integration – the service providers will need to work with a wide range of stakeholder groups and organisations (such as health) to ensure the best possible outcomes for individuals in receipt of these services.

Collaboration – the service model is predicated on close collaboration between the service provider, social work teams, wider stakeholders and communities, and the individuals themselves.

Involvement – Key stakeholders and providers have been involved to help shape and inform the service proposal to ensure a co-productive approach to detailing the service model and specification for the new and revised service.

8. Financial implications

- 8.1 The cost implications of developing the outline plans and proposals mentioned in paragraph 4.10 of this report will be determined shortly – working alongside colleagues in Finance – where funding of £1.776M has been allocated to BCBC in 2021/22 as part of the WG Social Care Recovery Grant Funding. However, the Social Care Recovery grant is only confirmed for 2021/22, therefore additional pressure may be placed on the budget if there is no additional Welsh Government funding if the plans are to be sustainable going forward.

9. Recommendations

- 9.1 It is recommended that the Committee:

- Considers the contents of this report; and
- Provide comment on the outline plans and proposals being developed and implemented in response to the challenges being faced within the homecare sector.

Claire Marchant
Corporate Director – Social Services and Wellbeing
September 2021

Contact Officer: Jackie Davies
Head of Adult Social Care

Telephone: (01656) 642121

E-mail: jacqueline.davies@bridgend.gov.uk

Postal Address Bridgend County Borough Council, Civic Offices, Bridgend,
CF31 4WR

Background documents

None