

**Report To:** Corporate Governance Committee  
**Date of Meeting:** 23 November 2016  
**Lead Member / Officer:** Bobby Feeley / Phil Gilroy  
**Report Author:** Phil Gilroy  
**Title:** **CSSIW Inspection of Domiciliary Care Services**

---

## **1. What is the report about?**

This report provides Members with information in relation to an inspection of domiciliary care services for older people undertaken in Denbighshire as part of a national inspection.

## **2. What is the reason for making this report?**

To ensure that Members are aware of the issues raised in the inspection and have an opportunity to comment on the response to the points raised and actions taken to address specific concerns.

## **3. What are the Recommendations?**

That Members consider the issues identified in CSSIW's inspection report and the responses provided by Community Support Services.

## **4. Report details**

4.1 .CSSIW undertook a national review of domiciliary care provision in November 2015. As part of this review, they undertook inspections in 6 Local Authorities, including Denbighshire.

4.2 The purpose of the inspections was to assess the success of the local authority's social services in achieving outcomes for people by evaluating the efficiency and quality of the domiciliary care commissioned by the local authority. Methods used during the inspection included considering information provided by the local authority, discussion with commissioners, a focus group with care providers and examining six cases of people using domiciliary care, including discussion with individual people where appropriate.

4.3 The full national report can be found in Appendix 1 and the detailed report of Denbighshire's inspection can be found in Appendix 2. However, Members may wish to consider the following issues in reviewing the response to CSSIW.

4.3.1 A draft report was provided to officers for comment on accuracy but, despite meeting with one of the inspectors to discuss our concerns about the lack of evidence provided to support the inspector's findings, very little changed in the final report.

4.3.2 The final report was not provided to the Council by CSSIW, it was published on their website without the comments officers had made on the findings.

4.3.3 Without going over all of the detail provided in the appendices, Members are directed to a number of issues which officers believe to be inaccurate.

	<b>CSSIW Issue</b>	<b>Local Authority Response</b>
1	Denbighshire does not have a robust, detailed Market Position Statement (MPS) in relation to Domiciliary Care.	Denbighshire, alongside all other Local Authorities in North Wales, is in the process of working with the Institute of Public Care to refine our Market Position Statement. The advice from these 'experts' is to keep the MPS short and to the point, making the detail about population, etc available separately. This is the current practice in our existing MPS.
2	Denbighshire's method of mini-tendering for individual packages of care is not producing sustainable outcomes. Providers are asked to submit a rate 'equal to or lower than' our indicative rates.	The inspector did not provide evidence to support this statement. The statement about submission of rates is factually incorrect – providers are asked to tell us if they can meet the requirements of the package and how much it would cost. In line with Best Value, if there is more than one provider able to meet the requirements, the lowest bid is accepted.
3	Denbighshire funds a retainer while an individual is in hospital but stops after 2 weeks, resulting in the possibility of a new provider picking up the care on discharge.	Denbighshire is one of only a few LAs to fund a retainer of any length while an individual is in hospital and, while the report appears to criticise this practice, we believe it to be a good one. Despite the issue that any longer retainer becomes unsustainable, an individual's needs will have changed during a longer stay in hospital and a new care and support plan will be required.
4	Denbighshire commissions calls of 15 minutes which are seen to be wrong.	The new Regulation & Inspection Act details in what circumstances 15 minute calls can be commissioned. Officers have reviewed every care & support plan that includes 15 minute calls and all have been found to comply with the Act. Interestingly, the national report states that the length of time of a call is unimportant, it is the outcome that should be considered.
5	The LA should review the organisational arrangements for commissioning and contracting, as this is not widely understood and is having a considerable impact on the effectiveness of the commissioning cycle, particularly in contract monitoring	The inspector did not provide evidence to support this statement. The arrangements are not dissimilar to those in many LAs across Wales and are an accepted method of delivering across commissioning and contracting, which are 2 different parts of the Commissioning Cycle. Commissioning arrangements, although different across the 6 LAs that were inspected, were featured as a concern in 5 of the individual reports.
6	The LA doesn't meet providers regularly and relationships are strained.	The inspector did not provide evidence to support this statement. The HoS chairs quarterly meetings with Providers (previously

		chaired by Service Manager), including Care Forum Wales, and these meetings show this statement to be factually inaccurate.
7	Reviews are not always undertaken when they should be	Over 90% of reviews were completed on time last year, placing Denbighshire as one of the highest performing authorities in Wales.

4.4 The findings in Denbighshire's inspection report have fed into the national review which, in the Executive Summary, concluded the following:

- most people, most of the time, are happy and appreciative of the care they receive
- the competence in the operation of individual domiciliary care agencies is a key determinant in the quality of care people received, regardless of what rates are being paid
- despite poor pay and conditions, most care workers are motivated by a sense of altruism, naturally concerned to provide the best care for people
- the arrangements for local authorities and LHBs purchasing of care were extremely varied
- there is a general workforce shortage which result in calls being 'crammed in' and times being shortened or 'clipped'
- there can be an over-zealous application of both procurement and finance rules that drive down prices in the short term and punitive contractual terms (a need to account for every penny spent)
- there is a serious lack of capacity and the market is extremely fragile

4.5 Officers recognise that there are real risks to the domiciliary care market and have taken, or will be taking, the following actions, all but the last of which were discussed with the inspector.

- Support with advertising and recruiting staff. *Ongoing.*
- Work with regional colleagues and providers through the Commissioning Board to develop a new model for delivery based on patch-based contracts and focus on user-choice and outcomes rather than 'time & task'. *Retendering of contracts due in 2017.*
- Continued support with training staff. *Ongoing.*
- Development of in-house short term team to give providers time to recruit for new care and support plans. *Recruitment taking place now.*
- An average fee increase of 5%, in recognition of the impact of the National Living Wage and other pressures. Agreed for 2016/17 and plans being developed with providers for ongoing fee increases.
- Development of an up to date Market Position Statement, drawing from the work being undertaken in relation to the regional Population Needs Assessment. *Currently in draft.*
- A re-assessment of all individuals who receive domiciliary care to ensure that there is a focus on outcomes and that the new eligibility criteria laid down in the Social Services & Well-being Act is consistently applied and individuals are supported to use their own resources where possible, releasing capacity in the market. *This is due to begin in the next month.*

**5. How does the decision contribute to the Corporate Priorities?**

People in receipt of domiciliary care are being safeguarded and supported to live independently.

**6. What will it cost and how will it affect other services?**

There are no additional costs or implications for other services arising from this report.

**7. What are the main conclusions of the Well-being Impact Assessment?**

There is no need to produce a well-being impact assessment in relation to this report.

**8. What consultations have been carried out with Scrutiny and others?**

None.

**9. Chief Finance Officer Statement**

The risks in the domiciliary market are recognised corporately and feature in the council's medium term financial plans.

**10. What risks are there and is there anything we can do to reduce them?**

Lack of a robust and sustainable domiciliary care market places a risk to the Council in being able to deliver its stated priority to enable people to live independently. The actions detailed in the report are designed to address this risk.

**11. Power to make the Decision**

Scrutiny's powers with respect to this matter are set out in Section 21 of the Local Government Act 2000 and Section 7 of the Council's Constitution.