# National review of domiciliary care in Wales

## Denbighshire County Council

**1. Background to the local authority inspection of domiciliary care**

1.1. This inspection took place over five days in November 2015 as part of a larger national review of domiciliary care.

1.2. The purpose of the inspection is 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

1.3. The larger national review of domiciliary care in Wales will draw upon a wide range of information including discussion with commissioners, providers, staff and people using services and their carers, gathered during detailed fieldwork in six local authorities, and enhanced inspections of selected domiciliary care agencies. A national survey of all local authorities was undertaken along with questionnaires for provider agencies who organise domiciliary care, questionnaires for care workers who directly provide care and questionnaires for people who receive care and their carers. Discussion took place with care providers and commissioners during three regional workshops and during meetings with representative groups including the Welsh Senate of Older People, Age Connects and Cymru Older People Alliance (COPA).

**2. Introduction: The approach to commissioning, procurement and brokerage taken by the local authority**

2.1. Commissioning is a key social care activity that has a significant impact upon the quality of people's lives. Local authorities increasingly work within a mixed economy framework that works with private and third party organisations to procure and deliver care that supports independence, meets identified need and complements the support provided by carers and families. The ability to influence and shape the range of local services is a crucial component of commissioning and, when done effectively, will result in far reaching decisions that secure sustainable care through good planning, design and procurement.

2.2. The local authority faces significant challenges in determining how best to meet growing demand for domiciliary care services, particularly for people with more complex care needs. Its recent approach to commissioning and procurement is underpinned by an

adult social care market position statement and commissioning intentions document produced in 2014. It links to a range of strategic documents - such as the corporate plan, the adult services plan, the modernising social services plan and the supporting people plan. There are no service specific commissioning plans that provide a detailed and measureable means of assessing and determining progress.

2.3. A market position statement is an important tool in ensuring the market evolves to meet current and projected need. Providers have a right to expect a local authority to be proactive in facilitating a greater range of services that support better choice and control for service users. When this is done well, local authorities will have developed sound systems that capture and develop market intelligence in order to inform potential providers of key issues that will drive investment, and the resulting growth of sustainable care services. The local authority needs to provide information such as reliable future demand projections, a market balance profile, an outline of reasonable expectations concerning margins of profit, clarity relating to innovation incentives that promote quality, and overall levels of ongoing and consistent local authority support.

**Local Authority Response: Every year the average hourly cost is calculated and is compared to the cost that the UKHCA recommends. We accept that we could further explore how we incorporate into our MPS what expectations we have regarding profit margins and how we might reward incentives. We recognise that we need to be more explicit in our MPS of the ongoing support we provide, for example our regular quarterly meetings which we hold with providers, in addition to the list on pg2 of Chapter 2 in our MPS.**

2.4. This is currently lacking and the local authority needs to do more work to develop a market position statement that is market facing, as the current approach does not provide sufficient intelligence to enable potential providers to plan their future role, function and investment opportunities. Whilst the high-level strategic focus of early intervention, prevention and reablement to support independence is clearly outlined, other key components lack detail and expansion. For example, population data does not encompass a strategic needs assessment; neither is there any qualitative information to support a citizen-focused approach nor evidence of any significant input by commissioning partners and stakeholders. A retrospective descriptive approach provides some headline activity data, but there is little connection to the experiences of people who use services.

**LA Response: A number of sources, including our providers and IPC, advised us to keep the document as short as possible so therefore not all data and consultation has been included in the MPS, but is available on request. We accept that we could have done more to connect the experiences of people who use services in our MPS, we will rectify this going forward.**

2.5. As a consequence, providers do not understand the local authority's direction of travel, future demand, current supply, required models of practice, future resourcing or how they can support innovation in the delivery of care.

**LA Response: Denbighshire County Council had always produced very high quality Commissioning Strategies, as commented by Welsh Government. Those strategies had always given very full information to providers about the intentions of the authority going forward. In 2014 we produced North Wales' first Market Position Statement with full engagement with providers, following training commissioned with IPC, who also provided support throughout the process. It was a living**

**electronic document which could be updated as information changed. Indeed providers were encouraged to contact us about any information which would help them to plan the future and this invitation was included in every section of the document.**

**We have now drafted a new MPS, which was provided for information during the inspection. The working document is being produced following discussions with the providers and following more detailed training events across the region.**

**In addition to this, training and engagement, events have been arranged for providers over the last 12 months to ensure that they are aware of the changes we see approaching – Support Budgets, Outcome Focused, more flexible packages of care, patch based working, etc. These events have been well attended by providers and they have very enthusiastically taken part in them and are generally supportive of these innovations and new future models of practice.**

**DCC has done its best to ensure that all providers are aware of the current situation and the LA's direction of travel. We have also tried to be as clear as possible that changes following the New Act may well affect future demand and, together with our providers and citizens, we are embarking on a new journey. We have been transparent about what we believe is ahead. Our regular engagement with providers continues to update and involve them with developments as they present.**

2.6. The local authority is party to the North Wales Domiciliary Care Agreement (NWDCA) that provides a contractual framework and regional consistency in adopting a collaborative approach to developing sustainable service models. The model uses an approved provider format that is a pre-requisite for contract award, done through using individual purchase orders) However, some elements of the contract are subject to local variation that can result in markedly different approaches which are not securing sustainable outcomes This is primarily due to the adoption of a competitive bidding model against indicative fees that are detailed in Table 1.

**Domiciliary Personal Care**

| **Duration** | **Town Provision (< 5 miles)** | **Rural Provision (> 5 miles)** |
|---|---|---|
| 1 hour | £13.25 | £15.66 |
| ¾ hour | £10.83 | £12.66 |
| ½ hour | £9.05 | £10.24 |
| ¼ hour | £5.42 | £6.63 |

Table 1: Indicative Fees

2.7. Potential providers are encouraged to submit "a rate equal to, or less than, the indicative fees" and the care broker then considers applications. The brokerage model uses an evaluation process that "factors in parameters which consider the most economically advantageously placed submission". The brokerage model, as outlined within Schedule 6 of the NWDCA references no other criteria and contracts awarded on a spot basis. The local authority reports that over 96% of domiciliary care hours are now provided by the independent and third party sectors, from a pool of approximately 34 potential providers, of which 23 were active in September 2015.

**LA Response: Providers are not encouraged to submit a rate equal to or less than the indicative fees. Several providers actually submit rates above these fees and providers have been encouraged to advise what fee they actually require to deliver**

**care in specific areas. This offer has been made during group meetings and in individual meetings with providers.**

**The broker allocates the packages based on the bid which most closely resembles the requirements on the care plan and, only if there are several offers which meet those needs appropriately, will the cost of the package feature in the decision.**

2.8. There are six geographical patch areas that constitute the 'town provision', with a five mile boundary used to distinguish 'rural provision'.

2.9. The local authority is committed to funding a two-week retainer period that is not universal practice across North Wales; however, once this period is exhausted, a competitive bidding process is re-established that can result in a change of provider and a break in the continuity of care that may have been well established for a significant period of time.

**LA Response: Denbighshire is the only authority which offers a retainer period following hospital admission – something which incurs considerable cost for the authority. We believe this to be particularly good practice as, wherever we are able to do so, we ensure that the service user has some continuity of provision.**

**However if the hospitalisation is longer than two weeks then providers themselves feel that the provision should be ended so that they can reallocate staff to different rotas and bid for more work. After that length of hospitalisation it is more often the case that the individual's needs will have changed. They may benefit from a period of re-ablement. In any case, if the care package changes the original provider may not be able to provide the increased care. So going out to another mini tender is appropriate in these cases to ensure that, again, the closest match to the new needs is found for the individual.**

2.10. The local authority continues to procure 15 minute domiciliary care visits and this was evidenced in information provided by commissioners, and also through discussions with social workers, providers and people using services. The sample data of 54 service users revealed that 14 received visits lasting 15 minutes.

**The 15 minute calls which form part of some packages are appropriate in our opinion. They are offered in addition to longer care calls and providers assure us that the care and support requested during those calls can be delivered in that time. They have all been reviewed and we are confident that they meet the requirements laid out in the Regulation & Inspection Act.**

2.11. There is growing recognition that capacity to conduct annual contract monitoring reviews is becoming more challenging and the local authority is currently reviewing its approach. This is a fundamental part of its quality assurance model and provides a valuable link to ensuring effective safeguarding and, as a consequence, requires further strengthening.

**LA Response: Monitoring provision is, and has been for some time, a process which collates opinion as to quality from a number of sources. Care Reviewing Officers have close links with the Contract Team and their reviews actively inform the monitoring process. They complete forms with their opinions of the care provided based on their discussions with the people receiving the service, family**

**members and the providers themselves. We do, however, acknowledge that the capacity in relation to contract management requires addressing and have made provision for an additional member of staff from next year.**

3. **What commissioners told us**

3.1. The local authority is aware of the need to review its current approach to commissioning in order to better secure sustainable services that will meet future need. It has recently produced a draft strategy for supporting independence that emphasises the need to adopt modern approaches to commissioning, as outlined in the Social Services and Wellbeing (Wales) Act 2014.

3.2. However, the local authority should review its recent organisational changes that separated commissioning and contract functions, as the rationale for this is not widely understood and is having a considerable impact on the effectiveness of the commissioning cycle, particularly in contract monitoring.

**LA Response: The inspectors provided no evidence to support this statement. Current arrangements are similar to those in other LA areas and are an accepted method of managing the commissioning cycle. In addition, changes are structural only and commissioning officers still share an office with their contracting colleagues.**

3.3. Local authority staff told us that more needs to be done to strengthen the role of services users in designing and evaluating the commissioning process. We found limited evidence of the routine use and analysis of qualitative information in driving service improvement. This was also reflected in the limited involvement of service providers in shaping and influencing the commissioning process, a gap recognised by the local authority, with few meetings having taken place during the previous 12-month period despite increasing pressures and resource challenges.

**LA Response: Meetings actually take place quarterly with representative agencies and all providers are invited to an annual meeting.**

3.4. Commissioners are aware of mounting difficulties in procuring domiciliary care at key times of the day and in an increasing number of locations, not necessarily rural. This is compounded by a number of providers either pulling out of the local authority area or reducing their presence in recent months. The local authority believes that recruitment difficulties are a significant contributory factor, but acknowledges that the current funding model is increasingly unsustainable. As a consequence, there are growing pressures in the brokerage system with corresponding risks in meeting current need and the ability to procure future provision. The local authority is attempting to better understand the reasons for this and has recently met with a small group of providers to look for mutual solutions.

**LA Response: All providers were invited, a small group attended.**

3.5. A number of local authority staff considered the commissioning model to be in need of review and expressed concerns at the ability to retain existing providers and attract new partners. This position will require urgent and concerted attention by the local authority, together with the development of a new relationship with providers that delivers a sustainable and high-quality model of care.

**LA Response: From discussions with local providers and Care Forum Wales, we don't understand where the suggestion of the need to develop a "new relationship with providers" comes from.**

3.6. There is some recognition that the current bidding approach is not securing the outcomes the local authority desires and does not synchronise with strategic goals intended to promote and support independence. The significant use of 15 minute visits to meet care needs is placing pressure on providers to meet specifications that are focused upon time slots within contracts based upon competitive price.

**LA Response: Work is well advanced in Denbighshire in Outcome Focused care provision rather than time and task. Time slots will become very much less of an issue but, dependent on the individuals own requests, short frequent calls may still be required by many people. At this time, providers contact whenever the time allocated is insufficient to carry out the tasks requested or when needs change. Packages are increased in these cases. All providers we approached, including the providers who provided the care and support for the 6 individuals who were looked at by CSSIW, told us that they are satisfied that the time allocated is sufficient to meet current tasks.**

3.7. There is little evidence that current procurement practice incorporates key elements of UNISONs ethical care charter and the local authority needs to reflect on whether working conditions are intrinsically linked to the quality of care currently being delivered.

**LA Response: The domiciliary contract requires the provider to comply with legislation, regulations and guidance in respect of recruitment, appointment and employment of staff. The Ethical Charter required an end to all quarter hour calls and to zero hour contracts. We had made enquiries into zero hour contracts and found that most of our providers had very few of these but, where they did have them, it was to meet the flexible requirements of the staff themselves – they would not have wanted them to end. This has also been the conclusion of some other investigations into zero hour contracts which is why they still exist.**

**As stated throughout, we believe that some quarter hour calls are appropriate and we would not have wanted these to end.**

**We are in the process of producing a new regional contract and process of evaluation. That new process will include more detailed expectations in respect of staff employment conditions.**

**However, a previous study carried out by an external body and our own quality monitoring and questionnaires have not raised any issues of quality which we would attribute to the working conditions of staff.**

4. **What people who provide a domiciliary care service told us**

4.1. Providers of domiciliary care services expressed mixed views of the local authority as a commissioner. A number told us that its strategic commissioning approach needs further development if it is to adequately provide them with the information necessary to appropriately plan and invest in sustainable services. They described a lack of vision for the development of services to meet future need, detachment from the process of commissioning and increasing difficulties in contacting appropriate local authority staff.

Providers told us there is a strong emphasis on cost-driven procurement at the expense of a sustainable model of care that actively considers capacity, location and quality of services.

**LA Response: The *mixed* views of the providers is mentioned in passing but only negative comments follow. Our own discussions with providers and Care Forum Wales disputes this. They have indicated to us that they find Denbighshire a very good authority to work with and cannot understand the statements that they are supposed to have made.**

4.2. As a consequence, providers are bidding at levels below indicative fees with significant impact upon their ability to recruit staff, improve terms of employment or deliver consistent services throughout the local authority area. We learned that some personal care is being provided at levels significantly below indicative fee levels – for example at £12.20 an hour. It is difficult for providers to generate business certainty and, consequently, many staff still have zero-hour contracts. An increasing number of providers are serving notice on contracts, reducing their presence or no longer providing any services within the county, preferring to target work with neighbouring local authorities.

**LA Response: The number of providers who have served notice on contracts are actually very few – from a list of providers which CSSIW had actually advised was too long. In those few cases the reasons given was not the fees which are paid but the difficulty in recruiting suitable care workers. We know from our regional links that this difficulty is not just local to Denbighshire but both regional and national. Individual meetings with providers as well as the group meetings encourage providers to put in realistic costs that will enable them to deliver the required package of care and support. Zero hour contracts are provided by some providers for some staff – others have contracted hours. Enquiries were made with providers on this subject and they were all of the view that this flexibility suits many people. Some care workers, we have been told, prefer zero hour contracts as it gives them the flexibility to manage their personal commitments. Providers have not indicated to us that this causes them any concerns and in most cases are willing to be flexible so that they can keep their good, experienced staff. Denbighshire pays higher fees for shorter calls in recognition of the fact that travel time and costs are the same regardless of the length of the call. Every year the average hourly cost is calculated and is compared to the cost that the UKHCA recommends. Denbighshire has been extremely close to that cost for many years. As we move to outcome focused care and support, it is likely that the fees will have to change too. The Support Budget is likely to be based on an hourly rate rather than based on part hours. But the higher fees for shorter calls were requested by the providers when we first looked at fee setting processes. There is no evidence that providers choose to work in other authorities in preference to Denbighshire – and the providers who work with us are not suggesting this to us.**

4.3. A number of providers expressed concern about the pressure to meet personal care needs in unrealistic time periods. We saw examples of expectations that would be difficult to meet in the procured time period, with consequent pressures on care workers and impact upon people needing care. One provider shared information that it provided 167 15 minute calls a week for the local authority.

**LA Response: We conducted a study of every 15 minute call and found them all to be appropriate. Any case where it was not obvious that sufficient time had been**

**allocated was discussed individually with the provider and, in every case, the provider confirmed that the time allocated was adequate for the task. The vast majority of these calls were in addition to longer calls made during the day or, in a few cases, were the most that the individual was willing to accept.**

4.4. Providers told us that documentation was variable, with care plans ranging in quality and detail. They described contracts as very task focused with little emphasis upon person centred care and associated outcomes. A number of examples provided evidence of expectations that would potentially compromise dignity and well-being of people using services. For example, a provider was encouraged to rebid at lower cost when a service user was in hospital for a longer period than expected, despite having a very settled and established relationship with the person. We were told this was not uncommon, and failing to bid lower could result in another provider being awarded the contract, with the service user having no input into the process.

**LA Response: As stated, the process is that a retainer is given to allow for providers to pick up the work, hopefully with the same staff, after a period of hospitalisation. However any break of longer than 2 weeks does need to be ended and subsequently re-tendered. This process has been well received by our providers. Longer periods of hospitalisation would almost always require a different package of care which the provider may not be able to provide anyway. The fact that a retainer period is funded in Denbighshire is good practice, expecting it to last longer than 2 weeks is unrealistic.**

**There is no doubt that care plans have been task focused and the change to outcome focus has been and continues to be a slow change process. But this change is equally difficult for providers. It is far harder to rota care with staff when that care is less time prescribed. The slow change is something we are trying to resolve together with training and workshop events which continue to take place.**

4.5. Some providers said they are not always involved within the review process despite having important information to share about the effectiveness of commissioned care arrangements.

**LA Response: Our investigations can find no evidence that providers are not always invited to review meetings. It is sometimes the case that reviews have to be arranged with very little notice – this may be because a change of needs has been reported or because it has been requested. That could result in very little notice to the providers who would then find it difficult to attend. If they do not attend, their views are sought by telephone. However, no provider should wait for a review to share information about the effectiveness of the commissioned care arrangements and good providers are very proactive in contacting the authority to discuss cases.**

4.6. Communication needs to be more consistent and contact points more clearly defined. Providers expressed disappointment that fewer face-to-face meetings with local authority commissioning and contract representatives are taking place, with the local forum only convening once since the beginning of 2015. In addition, providers described increasing difficulty in being able to access key local authority staff who would have sufficient knowledge of individual service users. Some providers were advised to access the single point of contact gateway, but found the quality of response variable and, as a consequence, sought other means of contacting the local authority.

**LA Response: As stated previously, meetings are held with providers on quarterly basis and all providers are invited to attend every year on a rota basis, so every provider is invited to attend at least once a year. The minutes of these meetings are sent out to all providers. Providers are also asked to send any comments or queries they would wish that meeting to consider. They can send these directly to the authority or to their representatives on the meetings. They are reminded of this before every meeting.**

**Days have been set aside for providers to meet with Commissioners individually – though there has been very little take up of these meetings more recently. Changes have been taking place in the authority which has meant that providers have been asked to contact different people than had previously been the case. At all times, they have access to the brokers, the Contracts Officer and the Client Services Service Manager who have intervened if necessary.**

4.7. Providers report that invoices are generally processed promptly by the local authority, but not consistently within the stipulated 28-day period. Queries can result in delays that can have a significant impact due to ongoing business overhead expenses.

**LA Response: Providers have assured us on very many occasions that the Financial Assessment team who handle the invoices are 'second to none' and that payment from Denbighshire is excellent. The only reason an invoice would ever not be paid within a 28 day period would be if it was factually incorrect. Invoices are usually paid much quicker than that. Financial Assessment Officers assist in verifying this and they are regularly thanked for their support and efficiency.**

5. **What people who use domiciliary care told us**

5.1. Local authorities are aware of their role in promoting the well-being, assessment, care and support planning, and review arrangements for people who need support from care professionals. In particular, they are aware of their duties in supporting an assessment process that considers individual need, capacity and resources, desired outcomes and eligibility for services – the resulting care and support plan being a key means of addressing identified need. Good assessment processes should ensure that information is correct, consistent and shared.

5.2. People who use domiciliary care gave mixed views about whether they received a service that met their needs. Although generally satisfied with care workers, many felt that allocated time was insufficient and not always at times when they most needed support.

5.3. People told us their care plans were primarily task focused and we saw these often reflected assessment documentation that did not always adequately detail the needs of services users and carers.

**LA Response: We have stated further up that we are working towards outcome-focused arrangements.**

5.4. The role played by unpaid carers in supporting people's independence in the community is crucial to the success of many people who receive domiciliary care. However, a number of carers told us they had either not been offered an assessment of need or had one undertaken when requested. In one instance we saw that the local

authority information system recorded that a carer assessment had been offered, but discussion with the carer suggested otherwise.

**LA Response: Without seeing what was actually said by the carer it is hard to comment. If the inspector had asked were their wishes and views taken into account and if they were asked if there was anything they needed to support them as a carer, the response may have been different from asking the question 'did you have a carer's assessment'? That said we recognise that recording does need to continue to be monitored and, where necessary, improved.**

5.5. Some of the things people told us were:

"Care workers are rushed and have no time other than to heat something up and then go to the next call."

"The continuity of staff is an issue."

"The first call is much later than needed, but there is no alternative due to agency availability."

**LA Response: Again, without seeing the context of the conversation, it is hard to gauge whether these statements are accurate representations. Certainly our review of each case did not result in the same comments.**

5.6. We saw examples of unrealistic care plans which did not reflect the capacity or ability of the provider to appropriately meet need – for example, one referred to a 15 minute call to prompt medication, assist with washing, dressing, preparing breakfast and a hot drink, and emptying a commode. Discussions with people using services, families and carers provided further evidence that some care providers felt pressured to provide a service within the time period allocated and ensure they were at the next call on time. A number had experienced a succession of new care workers. Others told us of missed calls.

**LA Response: We refer again to the work carried out to look at every 15 minute call made and our inability to replicate these findings.**

**We are not made aware of many missed calls at all – when this has arisen, we have met with the provider and have investigated the situation. If the problem is ongoing, it may result in sanctions such as a temporary suspension of the provider, for instance. There have been occasions when the number of new care workers has exceeded our expectations – this is rare. Recruitment issues have affected this situation. It must also be said that some people have advised that they like to see different people.**

5.7. A number of people said it was becoming more difficult to access care in rural areas and that this had led to delays or sometimes the offer of services at times that did not meet assessed need. This was further evidenced by the local authority's own research that highlighted some of the issues experienced by people in the south of the county in being able to access care when required.

**LA Response: There is no doubt that there are areas in the County where the sparsity of demand leads to a sparsity of provision as it is simply not viable for a provider to operate in the area. That being the case, Denbighshire has offered to**

**pay higher fees for these areas, has block booked care in the south of the County and is now recruiting a new team of in-house provision to cover these more rural areas.**

5.8. Reviews are not always undertaken when they should be and this means that valuable opportunities to determine whether needs are being met are not consistently taken up. Although a number of providers expressed the view that they feel more involved with this process, not all did and the local authority needs to consider how to embed a more consistent approach.

**LA Response: The percentage of reviews carried out on time is exceptionally high in Denbighshire and our performance is among the best in Wales. However, it will always be the case that some very few cases are not able to take place when scheduled due to the ill health of the people involved or the availability of family to attend meetings.**

6. **Analysis**

6.1. The local authority has not sufficiently developed its market intelligence and, as a consequence, has produced a market position statement that does enable providers to plan their future role and function.

**LA Response: As previously stated, the MPS, though in draft form, has been produced with the input from providers and with support and advice from IPC. A great deal of market intelligence has been gathered which is informing the Denbighshire Market Position Statement and the regional work on Market Position and the Population Assessment work. This work is not yet complete but will provide a very full picture of the needs in Denbighshire.**

6.2. As a consequence, providers are unsure of the direction of travel, future demand, future resourcing and how the local authority will continue support those in need of care and support at home.

**LA Response: In addition to the MPS work, several provider events and workshops have taken place to inform of future intentions and to encourage provider engagement in changes. There have been many opportunities for interaction with the authority in shaping the future of domiciliary care in line with the Act.**

6.3. The arrangements for domiciliary care commissioning are weak, with a corresponding risk that the current model of procurement is becoming unsustainable. A culture has developed that encourages the lowest bid against indicative fees and this has resulted in contracts being awarded primarily on price. Providers have increasingly bid lower to secure contacts and this has reduced local authority expenditure. However, this has been at the expense of market stability, most evident in the emergence of increasing recruitment and retention difficulties in a sector that already faces significant challenges in making care a more attractive profession.

**LA Response: This is not the case, the mini tender process adopted by Denbighshire allows the provider to set their own fees – some of which are considerably higher than our indicative fee. There is no evidence that this has resulted in reduced local authority expenditure. The average paid in the 2015/16 year was £16.28 per hour which is comparable with other authorities in the region**

**and higher than some. We know that the issue of recruitment and retention to this sector is not unique to Denbighshire. There is nothing to indicate that fees paid is responsible for this situation.**

6.4. A fragile relationship with providers has therefore developed with some actively considering market exit strategies.

**LA Response: Denbighshire's relationship with providers has been and continues to be very strong. Providers, alongside Care Forum Wales, have reported in minuted meetings that they do not recognise these comments.**

6.5. There are considerable risks to the sustainability of the local domiciliary care market and this is having an impact upon people who currently use services, who are increasingly not being well served.

**LA Response: Our own quality questionnaires, quality monitoring and review information does not give any indication that people are not being well served – they tell us that they are happy with the service they receive. There is no doubt that some people will always want more support than we provide, following the introduction of the new Act, those feelings may well increase. However, Denbighshire cannot provide the amount of support people want but does provide what they are assessed as needing.**

6.6. Too many visits of 15 minute duration are being commissioned by the local authority and this is driving unrealistic and unreasonable expectations of provider staff to support people in timeframes that afford neither dignity nor respect.

**LA Response: Denbighshire chooses to use 15 minute calls in addition to longer calls during the day. We believe that these are a sign of our commitment to meeting the daily needs of individuals not a wish to reduce our costs. As our fees are currently configured, providing multiple short calls is very much more expensive than making fewer, longer calls. This report has made erroneous assumptions about the length of calls and has not given sufficient consideration of the frequency of those calls and how they are part of a complete package. With no exception, every 15 minute call has been found to be appropriate upon individual consideration. The future, however, will look different as time and task evolves into outcome focused support budgets.**

**7. Areas for consideration**

7.1. The local authority needs to urgently review its commissioning strategy if it is to address the significant risks to market stability in the domiciliary care sector.

**LA Response: We do recognise the need for a commissioning strategy that is based on robust stakeholder engagement, which includes providers and the people who use our services. We have been mindful that the new Act would mark a major watershed in how we do business in the future, not least the ramifications for our commissioning activity. As we continue, during what Welsh Government refers to as a transition year for implementation, to make sense of the Act, internally we will be embarking on a new Commissioning Strategy for Older people, the scope of which will include community based and long term provision. We have always**

**aimed to maintain a current MPS that is based on all the intelligence that is available to us.**

**However, we are excited by having the evolving population needs assessment and DEWIS wellbeing website to draw upon in our analysis of need. We have been working hard with other regional partners on the population needs assessment, and the data book that feeds our MPS has been positively commented upon. We have invested immense energy into the population of DEWIS, not only for the benefit of our citizens but because we can see its future value in commissioning. More locally in response to the Future Generations Act we have a new Well-being Impact Assessment.**

7.2. Learning from best practice that has delivered effective commissioning models elsewhere.

**LA Response: The Act is driving changes which we are well placed to deliver. Denbighshire has always learned from good practice elsewhere. Commissioning strategies from the very beginning involved research and sharing of good practice which Denbighshire has fully embraced.**

7.3. Market intelligence is underdeveloped and the local authority needs to better understand factors that are central to its role as a facilitator and the information required by providers to incentivise and encourage sustainable investment in local care services.

**LA Response: Market intelligence is a relatively new and developing field but Denbighshire, as has often been the case in the past, has been ahead of the game. Developing a Market Position Statement ahead of all others in the region, ensuring that the Statement was flexible and able to respond to changing situations.**

7.4. The development of a market position statement that is market facing.

7.5. The development of a fee model that places quality of care at its heart and rewards providers who invest in sustainable recruitment, retention and training of care workers.

**LA Response: It is disappointing to find that a system which allows the provider to set their own fees rather than a set fee is viewed as negative. The future is likely to be more formal tender arrangements and providers would still be expected to set their fees. We have circulated a fee tool model which some providers have completed. This will help us to double check the fees which are put forward by providers. But as has previously been stated, we do not believe that Denbighshire's fees are currently inadequate.**

7.6. The development of a new relationship with providers as equal partners in the planning and delivery of care services.

**LA Response: We do not recognise this statement. Our relationship with providers has always been as equal partners.**

7.7. Reviewing the procurement of 15 minute calls to meet personal care needs and the subsequent impact of this on people and those providing care.

**LA Response: This has already been carried out and has reinforced our opinion that there is a place for 15 minute calls.**

7.8. The development of care and support plans that are person-centred and outcome-focused which recognise the contributions of all concerned in enabling the continued independence of people living at home.

**LA Response: This is already taking place but it will obviously take some time before every individual has received a re-assessment which has been captured with the new Care and Support documentation.**