



# **A Strategy for Commissioned Domiciliary Care in Monmouthshire.**

## **Executive Summary**

**2024 - 2034**

## INTRODUCTION

This executive summary provides a brief overview of Monmouthshire County Council's Strategy for Commissioned Domiciliary Care.

### 1. BACKGROUND AND CURRENT ARRANGEMENTS

Monmouthshire has an approximate population of 93,000 people (ONS Census Data 2021), 26% are aged over 65 with a further predicted increase by 2035. The increasing ageing population presents a set of unique challenges, particularly in the context of this strategy how people are supported if they need social care.

Monmouthshire County Council commissions 76% of all its long-term domiciliary care from independent sector providers (July 2023). There are two types of contract. The framework arrangement delivers care at a standard rate and provides 24% of the total number of hours. The approved contract delivers care at higher costs with variable rates and provides 76% of the total number of hours.

The way domiciliary care is commissioned in Monmouthshire is very similar to the majority of Council's in Wales, though some are looking at innovative methods:

- Patch-based working.
- Use of block contracts.
- Mandated terms and conditions for domiciliary care workers.
- Increased rates for hard to service and rural areas.
- Outcomes based commissioning.

Generally, the sector has remained relatively stable over the last 2-3 years with only 1 provider withdrawing from the county. There have been a few new entrants to the market, but most remain on a lower level of packages. The Council has good working relationships with all of its providers.

Monmouthshire County Council's Community and Corporate Plan 2022-2028 sets out the ambition for the council and county. One of its objectives is, A Connected place where people feel part of a community and are valued; this objective is particularly relevant to social care and is a key influence for the development of this strategy.

### 2. ASSESSMENT AND OBSERVATIONS OF EXISTING ARRANGEMENTS

It is clear that while in the main the current commissioning arrangements works fairly well in delivering social care to the people of Monmouthshire there is considerable scope to improve and develop these for the future. Key observations are summarised overleaf:

#### Strategic resilience:

- Overall existing arrangements meet demand moderately well.
- Unmet need is more problematic in the South and Central areas.
- Insufficient capacity to meet current demand and predicted growth.
- Recruitment and retention is a key issue with a resultant impact upon capacity.
- Stable sector – longstanding arrangements and good working relationships
- Too many providers competing for business with a negative impact.
- Framework and approved contracts offer no guarantee of hours, piece meal brokering of individual support packages offers little opportunity for growth.
- The framework contract is not effective, only 24% of care provided through it.

#### Operational effectiveness:

- The challenges are common to all localities, but the extent and degree vary.
- Some localities have considerable challenges in securing care and are either over reliant on high-cost providers and or in house.
- The South locality has the greatest dependency on higher cost providers 61%.
- The Central area has 67% of in-house provision compared to commissioned care with an overreliance on in house, to plug gaps in commissioned provision.
- Arrangements in the North work well, with the highest level (71%) of commissioned domiciliary care in the most competitively priced way.
- The current brokerage arrangements aren't effective.

#### Cost effectiveness:

- Approved provider rates are higher than framework provider rates
- Significant variation in hourly costs,
- Costs vary, the average cost in the South is higher than in the North.
- The existing arrangements for commissioned domiciliary care do not maximise the opportunities for greater cost effectiveness and control.

### **3. CONCLUSIONS**

The independent sector in Monmouthshire has been remarkably resilient managing the impact of the pandemic, recruitment and retention issues and growing costs.

The current contracts are not conducive to maximising capacity and do not offer sufficient security to either the Council or providers. They are fragmented with a large number of providers competing for business.

To meet the challenges of demand and predicted increases, contractual arrangements need restructuring to secure and support greater resilience, flexibility, and capacity.

There are considerable differences in the cost of care across the county, with over reliance on approved providers which is impacting already overstretched budgets.

The existing arrangements for commissioned domiciliary care do not maximise the opportunities for cost effectiveness and control.

## **4. THE FUTURE**

Three key strategic objectives have been set which will inform the steps we will take going forward:

1. Provide sustainable high quality domiciliary care to those with an assessed need within Monmouthshire.
  - Increase capacity and resilience within the domiciliary care sector both now and into the future.
  - Improve outcomes for individuals who need or may need care in the future, through targeted reablement and best use of capacity.
2. Maximise the cost effectiveness of the care purchased, with less diversity of cost between providers.
3. Improve and standardise terms and conditions for the independent sector domiciliary care workforce supporting with stability of workforce within providers.

## **5. NEXT STEPS**

The challenges facing the provision of domiciliary care in Monmouthshire over the next 10 or more years are both complex and multi-faceted. We will tackle this in a systematic and targeted way using a two-phase implementation plan:

Phase one will focus on the South of the county - February 2024 to February 2025.

Phase two will focus on the Central and North areas - February 2025 to February 2026.

### **The Key Actions We Will Be Taking:**

- Introducing Block Contracts as the main mechanism for all commissioned care.
- Introducing spot contracts as a secondary mechanism to ensure sufficient resilience when it cannot be delivered through the block contract.
- Using a procurement process that enables existing and new providers to tender.
- Including in contracts the requirement to deliver outcomes for people.
- Implementing a new brokerage system.
- Develop specific locality implementation plans.
- Including within the block and spot contract terms and conditions a fair and reasonable hourly rate.
- Introducing the requirement for electronic call monitoring systems to ensure accurate invoicing
- Implementing a robust verification process for the validation of invoice payments.
- Including within both contracts' terms and conditions, payment of RLW, mileage rate, holidays, and contract terms for care workers.