

Monmouthshire Select Committee Minutes

Meeting of Performance and Overview Scrutiny Committee held at Council Chamber, County Hall, The Rhadyr USK on Wednesday, 9th July, 2025 at 10.00 am

Councillors Present

County Councillor Alistair Neill (Chair)

County Councillors: Jill Bond, Rachel Buckler, John Crook, Steven Garratt, Meirion Howells, Alistair Neill, M. Newell, Paul Pavia, Peter Strong, Penny Jones, Maureen Powell, Sue Riley, Martyn Groucutt, Ann Webb, Lisa Dymock and Ian Chandler

Officers in Attendance

Hazel Ilett, Scrutiny Manager
Robert McGowan, Policy and Scrutiny Officer
Jane Rodgers, Chief Officer for Social Care, Safeguarding and Health
Ceri York, Service Manager Commissioning and Disability
Jenny Jenkins, Head of Adult Services
Nicola Venus-Balgobin, Lead Commissioner - Adult Social Services Care
Penny Haywood (Ardal)
Samantha Harry (Ardal)

APOLOGIES: Councillors Jan Butler and Christopher Edwards

1. Apologies for Absence.

Christopher Edwards, Lisa Dymock as substitute. Jan Butler, Ann Webb as substitute. Cabinet Member Ian Chandler.

2. Declarations of Interest.

None.

3. Public Open Forum.

No members of the public were present but questions were submitted from residents which were aired by the members during the main item.

4. A Review of the Process and Decision Making Involved in the Commissioning of Domiciliary Care Contracts in the South of the County.

Jane Rodgers, Penny Haywood (Ardal) and Samantha Harry (Ardal) introduced the report. Ceri York, Jenny Jenkins, Jane Rodgers and Nicola Venus-Balgobin answered the members' questions.

- *Were CIW and CQS inspection reports taken into account during the evaluation process?*

No, inspection reports were not considered to allow new start-ups to apply. However, all applicants had to meet quality standards and be registered before the contract commenced.

- *So to clarify, companies could tender who were not registered – with whom?*
- Yes, companies that were not yet registered could still tender. The process excluded inspection reports to avoid disadvantaging new providers. While registration wasn't required to apply, it was mandatory to meet quality standards under RISCO and the Social Care Act before the contract could begin. Inspection reports were also considered unreliable due to their time-specific nature.
- *How did the previous provider score lower on quality despite their long service and local workforce?*

The evaluation process was thorough and equitable, focusing on specific questions and criteria. Testimonials were not considered, but case studies were. The previous provider scored lower on quality despite their long service and local workforce because the evaluation process was highly detailed and structured. It involved 153 questions assessed by different groups of experienced officers, each focusing on specific areas of expertise. The process was designed to ensure fairness and consistency, with consensus meetings to discuss and agree on scores.

- *Can you clarify the role that Ardal played in the procurement process?*

Ardal supported the entire procurement process, including training, evaluation, and ensuring compliance with procurement regulations. They did not just collate and pass on pricing information.

- *Was there a conflict of interest between Monmouthshire County Council and Ardal?*

No, there was no conflict of interest. The separation of duties and oversight by Ardal ensured compliance with procurement standards and mitigated any potential conflicts.

- *Will the final evaluation results and scoring breakdown be shared with tendering providers?*

Yes, detailed breakdowns of scores and the advantages of winning bidders will be provided to all tendering providers.

- *How was the 60% quality and 40% cost weighting reflected in the outcome?*

Quality and cost were evaluated separately, with quality accounting for 60% of the final score. The evaluation process ensured that quality was assessed based on detailed criteria and evidence provided by bidders.

- *Would it be right to say at that point you're translating qualitative assessment into a quantitative ranking, but at the heart of it there's necessarily a qualitative element?*

Yes, that's correct. While the evaluation process involves translating qualitative assessments into quantitative scores, the core of the process remains qualitative. Quality and pricing were assessed separately and only combined at the end to produce the final ranking.

- *How does Monmouthshire County Council justify the process as transparent and in the best interest of service users?*

The process was transparent, with clear communication and engagement with potential providers. The aim was to ensure sustainable, high-quality care and improve service delivery for users.

- *Were service users and their families involved in subsequent stages of the process? Should they have been?*

Service users were asked to email their interest in participating, but no emails were received. The presentation question was developed with input from the focus group. Service users were not involved in the presentation panel, but this will be considered for future processes.

- *So if someone offered to get involved but were then not contacted, was that an oversight?*

If someone had mentioned it at the focus group but then we didn't receive any emails afterwards we can only apologise that that was missed.

- *What will happen to current service users if the new providers cannot recruit sufficient carers?*

New providers submitted mobilisation plans to ensure sufficient staffing. They are working with existing providers and have started recruitment processes. Contingency measures are in place, including deploying staff from nearby areas if needed.

- *Are there any concerns about the new providers' ability to recruit sufficient carers?*

There are concerns due to the complexity and scale of the transition, but the situation is being closely monitored, and contingency options are ready to be deployed if necessary.

- *Where was the change management in the process, and why was the voice of the most vulnerable not heard?*

The change management process was set out in the implementation plan, including engagement with individuals and providers. Additional resources were allocated to respond to requests and concerns.

- *How is the handover process going, particularly in Caldicot, and why was the existing provider not retained there?*

The handover involves new providers visiting families and ensuring smooth transitions. The allocation of lots was based on the evaluation process, with providers ranked and awarded contracts accordingly.

- *Why are the evaluation criteria missing a standard on quality of care?*

The ITT required bidders to demonstrate their experience and quality of care through detailed submissions, including training, assessment, and engagement with families. Quality of care was a significant part of the evaluation.

- *Why was the domiciliary care strategy not subjected to pre-decision scrutiny, and how will democratic oversight be ensured in the future?*

The report was presented to the cabinet without pre-cabinet scrutiny due to an oversight in the forward planner. This was acknowledged as a mistake, and an apology was given. Future processes will aim to ensure proper democratic oversight.

- *How can the council ensure that new providers have enough carers, especially considering the transfer of existing carers?*

New providers were required to submit mobilisation plans detailing how they would ensure sufficient staffing. The transfer of existing carers is facilitated through the 2P regulations, and efforts are made to ensure continuity of care.

- *How will the council ensure the financial and operational viability of service provision in rural areas?*

Providers were invited to submit bids with different rates for rural and urban areas to reflect the higher costs of delivering care in rural areas. This approach aims to ensure that both rural and urban areas are adequately serviced.

- *It might be helpful to explain where the lots are?*

The service specification is at the end of Appendix 12. To describe the map: Lot 1 is Chepstow town and Rural, starting at the top end. Tintern is the top of Lot 1 going down to Devauden, down to Chepstow town and then stopping south of Chepstow town. Lot 2 covers Caldicot and the environs and then Lot 3, the Levels and the Rural starts in the bottom of Magor and Undy going up through Caerwent to the top of Earlswood.

- *What early indicators will be used to track whether the transition has improved quality, stability, and cost-effectiveness, and how frequently will performance against the strategy's key performance indicators be reported to scrutiny?*

Early indicators include measures such as the percentage of care provided, feedback from service users, and call log data. A robust three-year contract monitoring and quality assurance framework will be used, covering both qualitative and quantitative data. Performance information will be gathered and presented to the head of service and strategic director, and it will be available for scrutiny.

- *In terms of bringing performance information forward, would that be identified as a separate contract on which performance is tracked, and that we would be able*

to see in the future, or would it be tied up with the wider performance of the services?

We will be gathering this information within Social Care & Health that we will look to present to our Head Of Service and Strategic Director. We would be happy to share that information.

- *Will spot purchasing be one of the contingency options if new providers cannot recruit sufficient carers?*

Spot purchasing is considered a tool in the contingency planning but comes with risks, such as the potential for providers to withdraw care with short notice. It will be used only if it is the best tool for the situation.

- *What will the transition arrangements look like, and will there be a gradual handover?*

The transition should feel gradual, with new providers visiting and exchanging information with outgoing providers and service users. However, there will be a specific date for the final handover of care.

- *Is there an option to maintain current domiciliary care providers for individuals whose needs may change soon?*

Provision has been made for exceptional cases where continuity of care can be maintained based on specific circumstances.

- *What steps is the council taking to anchor domiciliary care within the local foundational economy and support smaller community-based providers?*

The council supports a mixed economy of care provision, including direct payments and micro carer schemes, to maximise choice and support local providers

- *Have we made an assessment of how many workers might leave the workforce? Has there been any discussion with providers about anyone who might not go along with this process?*

While all six existing providers in the south have had their contracts terminated, they are cooperating with the transition to new providers and maintain regular communication about workforce plans. Most agencies have not reported staff departures, and others believe they have sufficient capacity to continue delivering services. However, the situation remains fluid, especially with recent changes to sponsorship rules that may affect staffing. Spot purchasing is recognised as a useful contingency tool but carries risks – particularly for service users – so it will only be used when clearly appropriate.

- *Is it realistic to expect previous carers to introduce new carers to the service users during the handover process?*

Yes, it is realistic and does happen. The new providers have written to existing service users to arrange meetings and introductions. Joint meetings between outgoing and

incoming providers are being arranged to facilitate these introductions, ensuring a smooth transition for the service users.

- *Councillor Dymock paid tribute to one of her constituents, Valerie Rhys, who recently passed away and had contacted her with concerns about the changes being discussed today. The councillor conveyed her condolences to Valerie's family.*
- *Why was online engagement used when it may not have been appropriate for many service users, and what will be done to ensure more inclusive consultation in future?*

The online engagement event was held with providers, not service users. For service users, letters were sent to around 190 individuals, resulting in a 23% response rate—consistent with other consultations. However, the council acknowledged the need to improve engagement, especially with the 80% who did not respond. They apologised for any missed follow-ups with those who expressed interest in the focus group and are exploring more accessible options like drop-in events to increase involvement.

- *Why weren't CIW (Care Inspectorate Wales) and CQC (Care Quality Commission) reports considered as part of the rationale in the procurement process?*

The aim was to maintain a level playing field during procurement. Procurement rules require treating all bidders equally, including new providers who may not have such reports. We will look into the possibility of including testimonials in the future, but it is a complex issue.

- *What lessons have been learned from the impact on service users, and how will these be applied in the northern part of the county?*

The council recognised the need to improve how service users are engaged and reassured that lessons from the southern phase will inform future work. The next implementation phase will focus on the central area, with the north scheduled for a later stage. Timing for the northern phase has not yet been confirmed.

- *Have you got a timeframe for the central area next? Will we go about this with lessons learned coming out of the south?*

In terms of a time frame, we're hoping to have a proposed model for the central area by the Autumn. Yes, the council intends to apply lessons learned from the south when implementing the new arrangements in the central area. The strategy was deliberately designed as an iterative process, allowing each phase to inform the next. This approach was chosen due to the scale of the change and the distinct needs of different areas. The council welcomes feedback and acknowledges that, despite acting with integrity and diligence, there are areas for improvement. These insights will be used to enhance future implementation and engagement efforts.

- *How will the council ensure continuity of care and stability for the workforce, given the distress caused by the changes?*

The council is committed to maintaining continuity and stability. We hope carers will transfer to new providers and are working to ensure better working conditions and longer contracts to stabilise the workforce. We also acknowledged the anxiety caused by the changes and are working to support both service users and carers.

- *The member emphasised the need for better engagement and involvement of elected Members in future processes. She welcomed the review of the commissioning process but urged that lessons be applied in the north to avoid repeating the issues experienced in the south.*
- *Is 191 the total number of those cared for in South Monmouthshire, and why are 30 people still remaining with their current providers?*

Yes, 191 is the total number of those cared for in South Monmouthshire at that point in time. The 30 people are remaining with their current providers because their existing provider successfully won the lot for their area.

- *The use of the word "sufficient" in the positive impact report sounds like basic care, and it would be better to use terms like "best quality possible."*

Officers acknowledge the clumsiness of the wording and agree that "sufficient, high quality care" would be a better term.

- *At what point were there no start-ups left in the process, and were there any start-ups in the process?*

There was a new start-up that went through the process and passed the pre-qualification questionnaire (PQQ) stage, progressing to the final method statement evaluation. However, the procurement regulations require treating all bidders equally from the start, so the criteria could not be changed mid-process.

- *How does the council ensure that employees want to transfer to new providers, especially if the new providers do not have high standards reported in CIW/CQC reports?*

The decision to transfer is individual and based on the information provided by the new providers. They aim to ensure that new providers offer attractive terms and conditions, including long-term employment stability and guaranteed hours.

- *When do the qualitative and quantitative pathways come together, and were higher-cost, better-quality services penalised for cost?*

The qualitative and quantitative pathways are scored separately and then combined at the end to determine the most economically advantageous tender. The process ensures that both quality and cost are considered without penalizing higher-cost, better-quality services.

- *A member argued that inspection reports are not merely a 'snapshot in time', citing a local provider whose longstanding "requires improvement" rating has not changed because inspectors found no reason to upgrade it. Inspection ratings*

are maintained or updated based on ongoing assessments, not just a single moment, and therefore should be considered more reliable and relevant than suggested.

- *Residents in Caldicot area have not had the support they require, and many have not been reached. The new provider did not provide care in Caldicot, so the maximum change is for the people of Caldicot, Portskewett, and Sudbrook. The current provider had Caldicot as their first preference. How did this happen with all the positive information available for that provider? Also, are the rates for rural and town areas the same or different?*

The process followed was impartial and based on the information provided by the bidders. The outcome was determined by the evaluation process, which adhered to procurement rules and commissioning professional practice. For Lot 1 and Lot 3, there are different rates for rural and urban areas. For Lot 2, which includes Caldicot, there is a single rate for the entire area.

Chair's Summary:

The Chair concluded the meeting by expressing appreciation for the social care teams, acknowledging their daily dedication and the thoughtful, committed work they provide. He emphasised that while the meeting focused on a specific issue, the broader contributions of the workforce should not be overlooked. He confirmed that the committee had thoroughly scrutinised the process and followed the recommendations presented. He also noted that the discussion had surfaced valuable learning points and areas for improvement, which could help enhance future processes, particularly in reference to Recommendation 2 in the report. He emphasised that the process could have been more transparent, which the Chief officer acknowledged. The Chair thanked everyone for their thoughtful questions and responses.

5. Next Meeting

15th July 2025 at 10.00am.

The meeting ended at **12.44 pm**