



## City and County of Swansea

### Notice of Meeting

You are invited to attend a Meeting of the

## Scrutiny Performance Panel – Adult Services

**At:** Committee Room 3A, Guildhall, Swansea

**On:** Tuesday, 24 September 2019

**Time:** 4.00 pm

**Convenor:** Councillor Peter Black CBE

#### **Membership:**

Councillors: V M Evans, J A Hale, C A Holley, P R Hood-Williams, Y V Jardine, P K Jones, S M Jones, J W Jones, E T Kirchner, H M Morris and G J Tanner

Co-opted Members: T Beddow and K Guntrip

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### Agenda

### Page No.

- 1 Apologies for Absence.**
- 2 Disclosure of Personal and Prejudicial Interests.**  
[www.swansea.gov.uk/disclosuresofinterests](http://www.swansea.gov.uk/disclosuresofinterests)
- 3 Prohibition of Whipped Votes and Declaration of Party Whips**
- 4 Minutes of meeting on 30 July 2019 and 20 August 2019** 1 - 7  
To receive the Minutes of the previous meetings and agree as an accurate record.
- 5 (4.05pm) Public Question Time**  
Questions must relate to matters on the Agenda and be dealt with in a 10 minute period.
- 6 (4.15pm) Supported Living Developments for Mental Health and Learning Disability Services** 8 - 17  
*Deborah Reed, Interim Head of Adult Services*
- 7 (5.00pm) Procurement Practice and Assurance in Social Care** 18 - 27  
*Peter Field, Principal Officer Prevention, Well-being and Commissioning*
- 8 (5.30pm) Work Programme Timetable 2019-20** 28 - 30

**9 (5.35pm) Letters**

**31 - 37**

- a) Letter to Cabinet Member (30 July 2019 meeting)
- b) Letter to Cabinet Member (20 August 2019 meeting)

**Next Meeting:** Tuesday, 29 October 2019 at 4.00 pm



**Huw Evans**  
**Head of Democratic Services**  
**Tuesday, 17 September 2019**  

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**Contact: Liz Jordan 01792 637314**

# Agenda Item 4



City and County of Swansea

## Minutes of the **Scrutiny Performance Panel – Adult Services**

Guildhall, Swansea

Tuesday, 30 July 2019 at 4.00 pm

**Present:** Councillor P M Black (Chair) Presided

**Councillor(s)**

J W Jones  
Y V Jardine  
E T Kirchner

**Councillor(s)**

V M Evans  
S M Jones  
G J Tanner

**Councillor(s)**

P R Hood-Williams

**Co-opted Member(s)**

T Beddow

**Other Attendees**

Mark Child

Cabinet Member - Care, Health & Ageing Well

**Officer(s)**

David Howes  
Liz Jordan  
Nicola Trotman

Director of Social Services  
Scrutiny Officer  
West Glamorgan Partnership Interim Programme Director

**Apologies for Absence**

Councillor(s): C A Holley and P K Jones

Co-opted Member(s): Katrina Guntrip

Officer(s): Deborah Reed

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**1 Disclosure of Personal and Prejudicial Interests.**

No disclosures of interest were made.

**2 Prohibition of Whipped Votes and Declaration of Party Whips**

No declarations were made.

**3 Notes of previous meeting**

The Panel agreed the notes of the meeting on 20 June as an accurate record of the meeting.

Discussion Points:

- Page 4 – Item 7 – Actions – two round table events have been organised at the Carers Centre – 3 September and 4 September.
- Page 5 – Item 8 – issues with RNIB still under discussion. Contract extended to 31 March.

Actions:

- Send invite to Cabinet Member and officers for the round table events.
- Keep update on RNIB on forward agenda for Cabinet Member to provide updates.

#### **4 Public Question Time**

No members of the public were present at the meeting.

#### **5 Update on West Glamorgan Transformation Programme Arrangements Following Review**

Nicola Trotman, Interim Programme Director attended to brief the Panel on arrangements following review. This included an overview of the new West Glamorgan Partnership, including Vision, Aims and Principles, governance and key workstreams under the three transformational boards.

Discussion Points:

- The new structure is focussed on transformational issues.
- Page 13 – the ‘strapline’ – Panel queried how increased wealth from wellbeing, health and care is measured. Informed one of key priorities this year is to improve performance and develop short and medium term measures.
- Page 32 – governance structure – Panel pleased this has been simplified.
- Panel queried if there is a problem with scrutiny of regional partnerships. Cabinet Member feels Swansea officers would have no problem with this and he would encourage West Glamorgan Partnership board members to attend scrutiny if asked.
- Youth Offending Service is a good example of doing things regionally when you benefit from doing it regionally or doing it locally if it is better to do it locally. This should be the principle.
- Swansea Council expects to implement WCCIS in March/April next year. In terms of the regional part, not sure when this will be implemented. Health Board should sign the deployment order around December 2019. NPT has agreed to do it but we are unaware of the timescale. There are integrated targets and WCCIS will hopefully help monitor these.
- Total amount of resource for West Glamorgan Partnership is £15m + £15.5m for two programmes.
- Panel wanted to know where members come from for the Citizen’s Panel. Informed this is a structured group ie interested stakeholders, but membership is currently being developed. Panel will come back to this question in the future.
- Trying harder to engage citizens in the decision- making and work of this Partnership. A nominated member of the forums sit on the boards. Panel

feels if looking to engage stakeholders, should also be looking at non-executive councillors to be engaged in co-production.

- In terms of transparency, minutes of transformational boards should be available on the Partnership website. Informed they currently are not but minutes of the Executive Board are available. Website is being re-designed so they could be included in future.
- Panel interested to see case studies of where the Partnership is doing well and not doing so well.
- Panel feels there is a piece of work to be done by the Panel on scrutinising some of the regional projects.

Actions:

- Item to be scheduled for the Panel in 6 months on 'West Glamorgan Partnership - 3 case studies showing where the Partnership is doing well and not doing so well'.

## **6 Performance Monitoring**

Dave Howes, Director of Social Services attended to brief the Panel on the Performance Monitoring reports for May/June 2019.

Discussion Points:

- Page 37 – Carers Identified and Whether Wanted Carer Assessment - Some evidence that carers are increasingly being offered a carers assessment. Panel felt that if identification of carers is based on carers support, not all carers would be identified.
- Page 38 – Long Term Domiciliary Care – Figures staying about the same. Expect to see difference next year from the changes that have been made. Panel has previously requested to see trends rather than just last 2 months figures. Will go back and ask for this to be included in future reports.
- Panel queried how Long Term Domiciliary Care is prioritised. Informed there are a series of indicators. Safeguarding issue at home would have priority over someone in hospital, but this would have priority over someone out in the community (if no safeguarding issue).
- Page 50 – Delayed Transfers of Care - there is a significant problem. Highest levels of delayed transfers of care in June 2019 for 24 months.

Actions:

- Trends for Long Term Domiciliary Care to be provided in future performance reports.

## **7 Review of Final Budget Outturn**

Dave Howes, Director of Social Services briefed the Panel on the Adult Services Final Budget Outturn for 2018/19 and answered the Panel's questions.

## **8 Care Inspectorate Wales Local Authority Performance Review**

Dave Howes briefed the Panel on this item including an overview of the annual review of performance carried out by CIW and the letter to the Director of Social Services which summaries the evaluation of performance of social services during 2018/19. There are new arrangements within the CIW annual performance review plan for 2019/20.

Within Adult Services, CIW will be looking at the Authority's arrangements aligned to the thematic inspections for people who receive care and support services.

**9 Work Programme Timetable 2019/20**

Work Programme received and considered by the Panel.

**10 Letters**

Letters received and considered by the Panel.

The meeting ended at 5.40pm.



City and County of Swansea

## Minutes of the **Scrutiny Performance Panel – Adult Services**

Committee Room 5, Guildhall, Swansea

Tuesday, 20 August 2019 at 4.00 pm

**Present:** Councillor P M Black (Chair) Presided

**Councillor(s)**

J W Jones  
P K Jones

**Councillor(s)**

P R Hood-Williams  
S M Jones

**Councillor(s)**

Y V Jardine

**Co-opted Member(s)**

T Beddow

**Other Attendees**

Mark Child

Cabinet Member - Care, Health & Ageing Well

**Officer(s)**

Liz Jordan  
Deborah Reed

Scrutiny Officer  
Interim Head of Adult Services

**Apologies for Absence**

Councillor(s): C A Holley, E T Kirchner and G J Tanner

Co-opted Member(s): Katrina Guntrip

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**1 Disclosure of Personal and Prejudicial Interests.**

No disclosures of interest were made.

**2 Prohibition of Whipped Votes and Declaration of Party Whips**

No declarations were made.

**3 Public Question Time**

No members of the public were present at the meeting.

**4 Outcomes of Re-Procurement Process - Domiciliary Care and Respite at Home**

Mark Child, Cabinet Member for Care, Health and Ageing Well and Deborah Reed, Interim Head of Adult Services attended to brief the Panel on the outcomes of the re-procurement process.

Discussion points:

- Point 8.9 of report – Panel queried how much of the £900k the Department expects to use this year, and in future years.
- Council putting social care as a top priority and is proud to have ethical care charter that ensures people are paid better and treated fairer in order to attract people into this sector.
- Panel queried how the meeting of criteria by providers is tested, such as training of staff and staff turnover, as one of the key elements of quality is consistency of staff provided to users (continuity of care). Panel informed quality of providers is tested through regular monitoring of performance by monitoring officers. Also providers have to be registered with Care Inspectorate Wales. Panel to be advised what metrics of quality are being applied and how these are to be monitored as the contracts proceed.
- Department trying to get providers to meet ethical charter by including community benefits in contract specifications.
- Following re-procurement, 75% of providers are current providers. Continuity of care was not considered in contract evaluation as the Department wanted to bring in new providers.
- Panel concerned that contracts will roll over from year to year. In the past contracts rolled over for many years. Department confirmed roll over is not ideal but providers will have the option to extend the contract for up to 48 months. It is at the Authority's discretion if contracts are rolled over.
- Authority has started using some of the new providers. This has started to help reduce delayed transfers of care.
- Panel requested that when it looks at performance data next it shows difference made from change in care provision to delayed transfers of care.

Actions:

- Panel to receive information on the metrics of quality that are being applied and how these are to be monitored as the contracts proceed.
- Performance data to show difference made from change in care provision to delayed transfers of care.

## **5 Work Programme Timetable 2019/20**

Work Programme received and considered by the Panel.

Actions:

- Director of Social Services to be asked to bring an item on budget process to a future Panel meeting. Tony Beddow to provide detail of what is required.

## **6 Letters**

Letters received and considered by the Panel.

The meeting ended at 5.05 pm.





# Agenda Item 6



## Report of the Cabinet Member for Care, Health & Ageing Well

### Adult Services Scrutiny Panel – 24<sup>th</sup> September 2019

#### Supported Living Developments For Mental Health and Learning Disability Services

<b>Purpose</b>	<ul style="list-style-type: none"><li>• To provide a briefing requested by the board about Supported Living Developments for Mental Health and Learning Disability Services</li></ul>
<b>Content</b>	<p>This report includes a summary of the profile of supply of supported living services; an explanation of the re-commissioning programmes which are underway for LD and MH services; a description of recently developed and pipeline services; and a summary of regional opportunities.</p> <p>The report concludes that arrangements are fit for purpose.</p>
<b>Councillors are being asked to</b>	<ul style="list-style-type: none"><li>• Endorse the conclusion of the report</li></ul>
<b>Lead Councillor(s)</b>	Mark Child Cabinet Member for Care, Health and Ageing Well.
<b>Lead Officer(s)</b>	Deb Reed Interim Head of Adult Services
<b>Report Author</b>	Peter Field PO Prevention, Wellbeing and Commissioning.

## **1. Introduction**

- 1.1 Supported living services can be defined as community based accommodation and support services. These services enable individuals to have a tenancy with occupation rights and responsibilities. People who occupy supported living services will receive a separate package of care and or support to enable them to manage their housing related needs and live as independently as possible. Typically supported living settings are shared houses accommodating approximately 4-8 people.
- 1.2 Strategically supported living occupies an important position in the spectrum of services commissioned. The adult services model of care and support describes a strength based model which emphasises prevention and early intervention, promotes independence and encourages service user choice. Supported Living has a key role to play in achieving these objectives. It can provide an alternative to residential care and step up / step down opportunities and provide an effective response to fluctuating need.
- 1.3 Social Services has developed commissioning strategies for learning disability and mental health services which describe how supported living services contribute to these objectives. The key drivers for delivering services under these strategies include:
- individualised or person centred services
  - approaches which build on personal strengths
  - adopting an outcomes focus
  - services which are co-produced with people who use them and their families
  - Services which promote independence
  - Services which promote choice, voice and control
- 1.4 They are of course a number of other factors that drive commissioning, not least the need to make the most efficient use of resources. However, quality of life considerations are at the forefront of commissioning decisions and our approach has been to favour models which promote independence, deliver effective outcomes and offer greatest quality.

## **2 Profile of Existing Supported Living Services**

### Learning Disability Services

- 2.1 There are currently 272 people supported in permanent supported living settings across 12 independent sector Providers.
- 2.2 There are two large providers in Swansea. These two third sector not for profit organisations account for the vast majority of provision.
- 2.3 Most services provide 24 hour support with personal care, support to live independently and support to manage and maintain their tenancy. The tenancy and support received are independent of one another (meaning that the landlord and support provider are different organisations).
- 2.4 The model is funded via housing benefit to meet rent and property costs, Supporting People Grant to meeting housing related support needs and social care funding for care costs. Some packages of care are jointly funded with the health board.
- 2.5 Combined Social Services and Supporting People gross spend on services for 2018/19 was approximately £8.8m. 92% of expenditure has historically been shared between two providers.

Learning Disability Shared Lives Services (Adult Family Placements)

- 2.6 Shared lives services are another example of supported living services. These services support individuals to live in a community setting with a host family. People using these services occupy on the basis of a licence agreement (contractual right to occupy). They receive ongoing help and support to live as independently as possible within a family environment. This service Provider recruits, trains and supports 'Shared Lives' carers to provide this service.
- 2.7 The number of people using these services is variable. As at June '19 the position was as follows:

Long Term	Short Term	Long term vacancies	Short Term vacancies	Carers under assessment
43	72	7	19	5

- 2.8 Social Services expenditure on these services for 18/19 was 86K.

Mental Health Services

- 2.9 There are currently a total of 197 supported living placements available across all providers in Swansea.
- 2.10 There are 36 beds across 10 settings offering **temporary** support and accommodation (less than 24 months).

- 2.11 There are 161 beds commissioned from 6 external providers across 12 settings to provide **permanent** supported living.
- 2.12 Of the 36 temporary beds, Social Services has 1 internal service providing for 24 people.
- 2.13 In addition to these 197 beds, there is one service providing support to a further 58 people living in self-contained flats who receive a “floating support” service to manage their mental health and remain living independently.
- 2.14 In 18/19 combined gross expenditure on these services was a little over £3m.

### **3. Commissioning Review of Supported Living Services**

#### Learning Disability Services

- 3.1 Operational pressures have already led to a review of commissioning arrangements and subsequent re-commissioning of Learning Disability supported living services.
- 3.2 This process has involved considerable co-production with people with a learning disability, their families and provider organisations to re-shape services.
- 3.3 In partnership, a new model of support has been designed. This focuses on quality of life by building on community integration, use of informal networks and building on strengths to promote independence.
- 3.4 A procurement framework has been established. This involved creating 16 geographical zones, and limiting the number of zones which Providers can tender for so that services are distributed more evenly. This model promotes increased market stability by sharing risks across a number of organisations and offers resilience against individual Provider failure.
- 3.5 As part of the criteria for evaluating tenders and awarding contracts under the framework, Providers are asked to demonstrate how they can improve quality of life for people, and also achieve 5% efficiencies (although overall costs may potentially increase in line with inflation and other pressures).
- 3.6 The re-commissioning of these services via the framework is underway. Procurement has been split into 4 tranches. Tranche 1 has successfully completed. Tranche 2 has commenced and will conclude with contract awards in December 2019. The whole re-procurement of LD / PD supported living services under the new framework is scheduled to complete in July 2020. The process will result in a reduction from 12 to 8 providers and lead to a more even distribution of market share.

## Mental Health Services

- 3.7 A commissioning review of Mental Health Services was undertaken earlier in 2019. Broadly speaking findings from the review demonstrated commissioner and service user satisfaction with services. Cost analysis demonstrates value for money when compared to alternative models. Quality evaluation highlights no obvious areas where underperformance is occurring or risks to service users are arising. The model of service remains strategically relevant and in keeping with adult service transformation objectives which focuses on promoting independence and reducing reliance on more costly forms of managed care. The pattern of supply is in keeping with prevailing demand but there are difficulties locating one bedroom properties to enable move on from supported living schemes.
- 3.8 A summary of findings from the detailed service assessment, which fall to be addressed via re-commissioning of services is as follows:
- There is a mixed economy of provision which offers resilience against any single provider going out of business.
  - However, a relatively high proportion of services (41% of beds) are provided by a single Third Sector Provider.
  - The one Local Authority MH supported living service has comparable average unit costs. Currently the service is cost neutral in terms of impact to core funding.
  - The number and type of 24 hr supported living schemes is sufficient to meet ongoing demand.
  - Availability of one bedroom accommodation hinders progression for people able to move on to more independent living.
  - Service quality is satisfactory with no obvious areas where services are underperforming.
  - Performance data confirms progression and maintenance needs continuous review and care management reviews indicate that judgements have been made that individuals receive an appropriate level of care and support to meet their needs.
  - Unit costs offer value for money and are cheaper than residential placements at standard fee rates.
  - Services will require re-tendering to ensure ongoing compliance with Public Contract regulations and Council CPRs.
  - There is potential to develop additional 24 hr supported living to enable step down from residential / hospital care subject to negotiation with health over apportionment of costs.
  - Future approaches should complement regional objectives to develop services that continue to focus on prevention (such as Crisis houses and Sanctuary provision).

3.9 Based on the service assessment analysis, future arrangements will need to address the following key themes:

- **Ensuring legally compliant contractual arrangements** – Future contracts must comply with procurement law, fair competition obligations and council Contract Procedure Rules and specify standards which are co-produced and reflect people’s reasonable quality expectations.
- **Ensuring market resilience** – Whilst there is a broad provider base a significant proportion of overall capacity is concentrated on 1 larger provider. Future arrangements must safeguard against service disruption. The distribution of services must address risks associated with individual Provider failure.
- **Ensuring sufficient capacity to meet future need** – There is no evidence that a significant increase in demand is expected. However demand must continue to be closely monitored particularly as the Social Services and Well-being (Wales) Act 2014 places a duty on local authorities to focus their commissioning on the wider mental health needs of the population, the impact being an increasing range of needs for those accessing the current supported living commissioned e.g. Autistic Spectrum Disorder.
- **Improving access, promoting choice and independence** – The MH supported living sector service needs to be responsive, offering timely access to move on accommodation and support to promote independence and step down from more intensive services. The market should aspire to offer choice and reduce the need for people to be accommodated in less appropriate environments while awaiting a more suitable placement.
- **Ensuring clear “value for money” from the services** - Supported living services are valued. They are generally regarded as high quality provision which promotes independence and reduces reliance on more intensive high costs placements. The future approach based on market competition must ensure that services can respond to need and represent a justifiable and affordable investment.

3.10 Broadly speaking, the commissioning review concluded that existing arrangements were fit for purpose; there was limited opportunity or benefit from making significant changes to existing arrangements, but that a legally compliant procurement framework would be required to commission future services. Arrangements for developing this new framework will commence in the Spring / Summer of 2020 after the full review of other MH and LD services has concluded and procurement support is available. These arrangements will ensure the profile of services is sufficient to meet demand and will examine potential for greater step up / step down facilities to promote move on from more intensive services.

#### 4. **Recently Developed Services and Other Services in Development**

- 4.1 Developing new schemes can be a complex process and new developments do not progress rapidly or in large numbers. However a small number of new supported living schemes have been created in the last 24 months pursuant to Adult Services Commissioning Objectives. These include:
- A six bed supported living service in the Ynysforgan area for people with a learning disability (by de-registering a residential home and developing a different model of support that maximised independence at reduced cost) (during 2017).
  - A three bed supported living service in the Clydach area for people with a learning disability to accommodate people needing step down from residential / living with parents (during May 2018).
  - A three bed supported living service in the Penlan area for 3 people with a learning disability moving from residential care (Sep 2018)
  - A three bed supporting living service in the Cockett Area for people with a learning disability requiring step down from residential and move on from family settings (Sep 2018).
  - Eight bed supported living service in the Gorseinon area comprising 8 self-contained flats for people needing step down from more intensive services (April 2019).
  - A three bed supported living service in the Loughor area for people with learning and physical disabilities who have moved from home/residential school environments. Since moving all have become 100% health funded (April 2018).
- 4.2 Swansea currently has one service for people with mental health related care and support needs in development. This service is aimed at people with low level needs who are able to live independently with some support. It comprises 9 flats constructed by a housing association with a local presence. The services is expected to be available from November 2019 and will provide additional move on from higher intensity services into permanent accommodation.

## **5. Regional Commissioning Activity and Further Opportunities**

- 5.1 Regional commissioning opportunities are progressed via the West Glamorgan Transformation Programme and via the Supporting People Regional Collaborative Committee. Supported Living provision has historically evolved to suit local arrangements and current provision still operates on this basis.
- 5.2 Most Learning Disability and Mental Health Supported Living services have been commissioned via the Council using its local allocation of



Social Housing Grant subsidy to cover capital costs and Supporting People grant funding for revenue costs. Access to services has been ring fenced for referrals from local Social Work Teams.

- 5.3 The legacy of these arrangements is that regional partners have differing levels of provision based on historically different priorities and concomitant differences in capital and revenue investment.
- 5.4 The Supporting People Programme has a Regional Collaborative Committee (RCC) which as part of its function, considers opportunities for joint commissioning. Views from the RCC are then fed back to Regional Partnership Boards. The position taken by RCCs is that there are limited opportunities or benefits to commission a programme of regional supported living services for the following reasons:
- A shared need to commission new supported living services to address equivalent gaps in services has not been clearly established.
  - The formula prescribed under SP guidance for determining contract prices means there is little potential to make significant savings by joint commissioning.
  - Service user choice - Experience demonstrates that people prefer, and are able to benefit more from remaining or moving back to accommodation which is close to their network of family and friends. This is usually in their local community. Centralised locations (based on proximity to local authority) which are more common with jointly commissioned services are inconsistent with this principle.
  - At present there are different joint funding arrangements with health for packages of care & support across each local authority.
  - Risks associated with provider failure and increased risk to market sustainability if individual providers are awarded a larger market share because of wider geographical coverage.
  - Concerns about creating barriers for smaller providers to enter the market and loss of smaller third sector providers who are less well placed to tender for regional services.
  - Risks for providers around managing rapid expansion which may arise from switching from local to regional contracts (TUPE and service transition risks, service disruption and continuity risks).
- 5.5 Potential to develop more niche services linked to mental health provision has also been explored at a regional level. These regional objectives are set out within the Western Bay (now West Glamorgan) Mental Health Commissioning Framework. Examples include domestic abuse services (details of which will be addressed via the commissioning review of domestic abuse services) and a range of

other preventative services to be funded out of additional money provided to the NHS as part of their budget settlement for 19/20. These services assist the local authority to address its prevention objectives by reducing demand for more complex and expensive services. Examples include:

**Provision of a regional out of hours “Sanctuary” service.**

- 5.6 This proposal is to develop a service for Neath Port Talbot and Swansea that would target those who would not require acute inpatient care but would be seeking support from NHS, Police, Ambulance or Social Care Services out of hours to help at the point of crisis. It will provide night-time crisis support for individuals experiencing a crisis, anxiety, panic attacks, depression and/or having suicidal thoughts. Professional peer practitioners will provide a safe and calm space, tools to cope, and help with planning short/medium term steps to recovery, while connecting individuals to other support services. The service will be coproduced and will operate on a person centered approach, working with people to recognise and develop their own strategies for crisis prevention and management and thereby reduce demand for more costly and intensive services.

**Development of flexible step down provision for people from adult acute inpatient services.**

- 5.7 The health board position is that inpatient care is likely to come under increasing pressure with population growth and along with other developments to offer alternatives to hospital admission there is a need for “stretch” in the system to meet fluctuations in demand. The purpose is to create additional hospital capacity at times of greatest demand by placing suitable patients at Llanfair House (the Councils only internal supported living service for people with MH needs). This will allow capacity for the admission of people with greater acuity and risk to be admitted and managed within a hospital setting. This would need to be achieved via a block for a specific number of beds capacity and a referral agreement to explain how beds would be used / allocated.
- 5.8 Both proposals are at early stages of development. Options, costs and benefits are still being explored. No timescales for completion have been established and discussion between regional partners is ongoing.

**6. Conclusions**

- 6.1 This report sets out a summary of Supported Living arrangements for Learning disability and Mental Health services, and offers assurances that services are fit for purpose. In doing so the report highlights the following key features:

- Supported Living services are strategically important. They have an important role to play in achieving the Adult Services Model by providing suitable alternatives to more intensive and costly services.
- Improved quality of life is a key driver. Supported living services are often cheaper than alternatives but quality of life benefits are paramount. Supported living models enable more individualised services, are more person centred, strengths based, outcomes focused and better at promoting voice, choice and control.
- Learning disability services are being recommissioned via a competitive tender process to meet new legal duties. This will distribute services more evenly, provide for a more resilient and stable market place and reduce risks associated with individual Provider failure. In the longer term this should help to achieve efficiencies linked to geographical groupings. A similar framework will be required for Mental Health services. This will be developed during 2020.
- Some new services have been developed but not an especially high number as demand thus far has been reasonably predictable / static.
- The nature of supported living services means there is little benefit to developing regional commissioning but opportunities are being explored and regional responses considered where appropriate. These arise mostly in the context of Mental Health Services to facilitate discharge from hospital or provide temporary support to prevent escalation.

# Agenda Item 7



## Report of the Cabinet Member for Care, Health & Ageing Well

### Adult Services Scrutiny Panel – 24<sup>th</sup> September 2019

#### Procurement Practice and Assurance in Social Care

<b>Purpose</b>	<ul style="list-style-type: none"><li>To provide a briefing requested by the Board about Procurement Practice and Assurance in Social Care.</li></ul>
<b>Content</b>	<p>This report provides a summary of :</p> <p>The role of procurement in commissioning social services; Procurement Rules and regulations; How the procurement function contributes to meeting other legal duties, effective performance management and market development.</p> <p>The report concludes that existing arrangements are fit for purpose.</p>
<b>Councillors are being asked to</b>	<ul style="list-style-type: none"><li>Endorse the conclusions of the report</li></ul>
<b>Lead Councillor(s)</b>	Cllr Mark Child (Cabinet Member for Care, Health and Aging Well)
<b>Lead Officer(s)</b>	Deborah Reed, Interim Head of Adult Services
<b>Report Author</b>	Peter Field (Principal Officer Commissioning for Adult Services) Lee Morgan (Category Manager, Procurement)

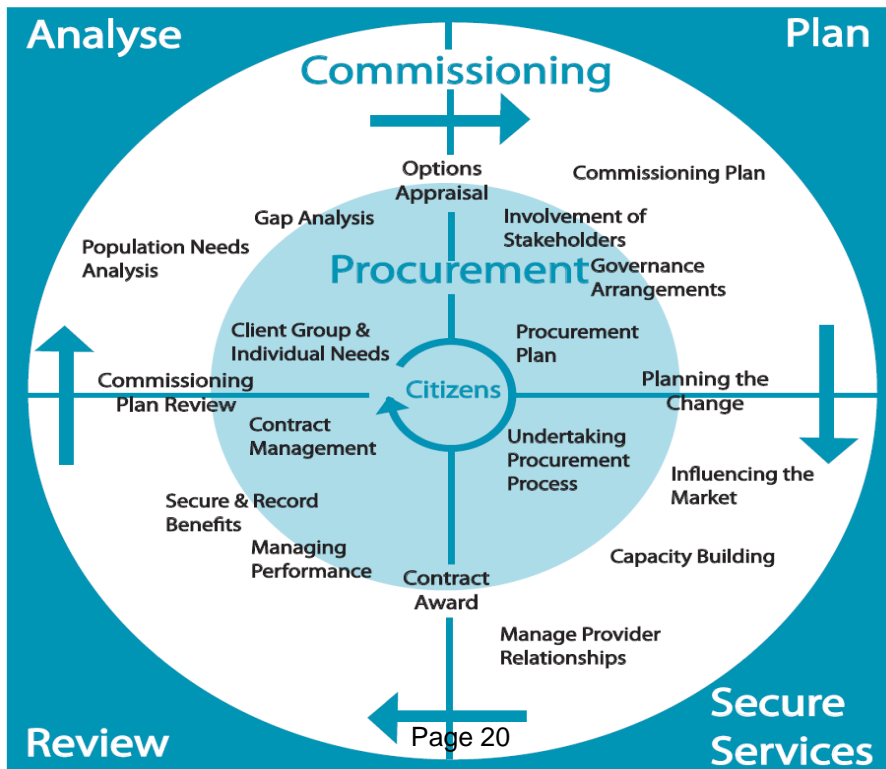
## **1. Introduction**

- 1.1 The Council operates a Category Management approach to organising its spend. This is a strategic method of procurement which involves grouping related products and services and organising procurement resources to focus on each specific category.
- 1.2 The Council has nine categories of spend. These are grouped into three overarching categories: Social Care, Construction and Corporate Resources. The commissioning of Social Care services is supported by a dedicated Category Manager and a Procurement Officer. These staff will provide essential guidance and support to implement the procurement processes which apply to all services falling within the Social Care category.
- 1.3 Social care is a major category of spend for the Council which is characterised by unique complexities which present a procurement challenge. As well as achieving commercial objectives relating to value and efficiency, it must also focus on the individuals who receive social care services. The requirement is to achieve a personalised approach that delivers legal obligations within available resources.
- 1.4 The procurement function doesn't exist in isolation. It serves as part of a wider commissioning process that operates in partnership with a range of individuals and organisations to ensure the needs of individuals are met.
- 1.5 The Institute of Public Care (IPC) attempts to describe the activities that operate to enable effective commissioning by grouping functions into four key activities (Analyse, Plan, Secure Services, and Review).
- 1.6 The diagram below provides context for the role that procurement plays within the cycle of activity that enables successful commissioning.

1.7 Represented by the inner circle, the diagram shows how Procurement contributes to the Analyse, Plan, Do, and Review functions. However within a social care context it's the commissioning officers that lead on all of the activities within the commissioning cycle (with the exception of the procurement plan and development of procurement process). Therefore it is the commissioning function that drives procurement activity. Developing services is commissioning led rather than procurement led.

**2. The Procurement Function**

2.1 Procurement is part of the Commissioning function. Commissioning is not Procurement although the words commissioning and procurement are often used interchangeably. Procurement is one potential option which may arise from a



commissioning process and which operates to source, services needed to fulfil commissioning objectives.

2.2 Within Swansea Council there are a number of key procurement features that contribute to effective commissioning. Examples include:

- A dedicated Category Manager and Procurement Officer who is developing experience in Social Care, and is involved throughout the commissioning cycle. This enables Social Services to be sure that practice is compliant with legislation and Council CPRs at all stages of the process.
- Procurement drivers and objectives are aligned with those of the commissioners. This means that in so far as possible we have shared values, work plans and timescales.
- A relational approach to procuring and commissioning is developed. This means developing longer term relationships with Providers and building trust so that services can be developed and improved.
- Recognising that there is overlap between procurement and commissioning activities and that effective practice requires collaboration.
- Procurement approaches are developed to enable or maintain a diverse market which promotes a range of services, enables a safe and sustainable distribution of market share and enables individuals to exercise choice, including through use of direct payments.
- Effective governance arrangements which involve Procurement representation at the People Commissioning Group to ensure there is appropriate senior management oversight and compliance in relation to all procurement activity.

### **3. PROCUREMENT RULES AND REGULATIONS**

3.1 There are a number of rules and regulations that govern the way in which public money is spent and these rules are in place to ensure fair competition but also to protect officers by reducing likelihood of legal challenges.

3.2 The basic principles which Commissioning and Procurement Officers are expected to demonstrate when carrying out procurement activities are:

- Transparency
- Proportionality

- Non-discrimination
- Equal treatment

- 3.3 The rules for procuring all public contracts are determined by the Council's Contract Procedure Rules and the Public Contract Regulations 2015 (PCR). The Legislation has specific rules for the procurement of social care services when the value of the contract (over the lifetime of the contract) is over the current threshold of £615,278. This threshold is reviewed every two years.
- 3.4 Where the value of contracts does not exceed this threshold the Councils Contract Procedure Rules must be complied with.
- 3.5 The PCR creates new arrangements for social care services by introducing a "Light Touch Regime (LTR)" The procurement rules for LTR services are less stringent than for other goods and services. Importantly, the regulations enable councils to design procurement procedures provided they comply with general principles relating to fair completion and transparency.
- 3.6 An example of where we have used this flexibility in the regulations arises in relation to the tendering for Domiciliary Care and Respite at Home Services.
- 3.7 Under the LTR arrangements procurement lots must be advertised via a "contract notice" or a "Prior Information Notice" and tenderers must be invited to confirm their interest. Contract award notices must also be published.
- 3.8 Other requirements we must comply with when we design our procedures for social care services include:
- Conforming to the procedure described in the notice.
  - Setting time limits for completion of processes that are reasonable and proportionate.
- 2.5 The Council does not have to design procurement processes for social care services and has the option to use one of the familiar processes prescribed under the Public Contract Regulations.
- 2.6 In determining what type of procedure to use the Council may take into account any relevant considerations. The regulations provide the following examples (but guidance would be sought from Procurement Officers in relation to each individual situation).
- The need to ensure quality, continuity, accessibility, affordability, availability and comprehensiveness of the services.
  - The specific needs of different categories of users, including disadvantaged and vulnerable groups.



- The involvement and empowerment of users.
- Opportunity for innovation.

- 2.7 No specific contract award criteria are prescribed for LTR services within the Regulations. This means the Council is free to decide its own approach. Typically this involves evaluating tender submissions against a price-quality ratio. Judgements about quality are made by assessing Provider's written submissions / or presentations against a set of agreed criteria. A scoring method is used to determine which Provider(s) demonstrate the best blend of quality and value for money. This usually involves setting the bar high in relation to quality and assessing who / which combination of Providers can achieve the quality targets at the most advantageous price.
- 2.8 Under Public Contract Regulations there is no requirement for the Council to follow the same procedures for contracts which are below the financial threshold (since there is unlikely to be sufficient European cross border interest in them). However, the Council's Contract Procedure Rules require public advertisement and competitive tender for all services valued at £25,000 and over. The majority of social contracts will be exceed this value and therefore the LTR procedures as outlined will apply in most cases.
- 2.9 Support from the dedicated Category Manager Social Care procurement officers is provided at each step to ensure that processes are fully compliant with procurement legislation and CPRs.

#### **4. OTHER LEGAL DUTIES**

- 3.1 The Social Services and Wellbeing Act 2014 creates a number of new duties which influence procurement and commissioning practice. These include the following:

##### Outcomes, Person Centred Practice and Co-Production

- 3.2 The Act creates a duty to ensure that services are outcomes focused. This places an emphasis on results rather than activities and Procurement has a significant role to play in ensuring that the design of tender specifications reflect these requirements. Theoretically, by reducing the number of detailed performance requirements in favour of specifying the outcomes required, the risk and responsibility for achieving the objectives shifts from the purchaser to the supplier. In practice a minimum degree of detailed performance requirements may be required to ensure safe practice. Approaches to meeting these duties are being shaped with support from colleagues in procurement. These arrangements will evolve to reflect changing social work practice as it develops to provide more strengths based and outcomes focused assessments, care plans and reviews.

- 3.3 Under the Act the council has a duty to facilitate the market by encouraging improvement and innovations and procurement activity must adhere to these principles.
- 3.4 These principles are consistent with and underpinned by statutory guidance on the LTR which makes it clear that allowing people who use services to choose their provider does not contravene requirements around transparency and equal treatment. Our procurement processes are adapting to enable the perspective of service users to influence what and how we commission.

#### Partnership Working and Collaboration

- 3.5 Part 9 of the Social Services and Wellbeing Act requires Local authorities and Health Board to work more effectively with each other and obliges commissioners to co-operate with relevant partners. These obligations are shaping local and regional procurement options and procurement colleagues are involved in developing shared procurement solutions with partners where appropriate. Support to develop a national commissioning framework for high cost care home placements for younger adults and creation of a local procurement framework which Swansea Bay Health Board can use to commission supported living placements are examples.

### **5. PERFORMANCE MANAGEMENT AND MARKET DEVELOPMENT**

- 4.1 The commissioning function operates to ensure that care markets are sufficient to meet needs. This means ensuring an adequate supply, with a sufficient number of operators to reduce market risks and promote choice, which deliver satisfactory quality, at an affordable price.
- 4.2 The significant majority of this type of market shaping activity is led by the Adult Services Commissioning Team. However procurement has a role to play in a number of important ways, for example, by providing support to:
- Design strategies for apportioning procurements into lots to ensure equitable distribution of market share that reduces provider failure risks, promotes choice and encourages market stability.
  - Develop tender evaluation processes and criteria and provide training and support for commissioning staff to ensure that these are applied fairly.
  - Assess workforce risks arising from TUPE regulations and ensure these are minimised by facilitating transfer of information between incoming and outgoing providers to enable service continuity.
  - Design KPIs and other performance metrics.

- Understand community benefits opportunities and promote social value objectives which encourage economic, social and environmental benefits for local communities.
- Develop processes for engaging people who use services, and their families in the procurement of services.
- Develop market capacity by supporting providers to understand the tendering exercise through training and workshops. This can help to reduce barriers to market for smaller operators who may be deterred by procurement processes.
- Undertake other types of early market engagement activities with potential providers to test assumptions, generate innovation, and assess market appetite.

4.3 Following contract award, the responsibility for ensuring services are delivered according to contractual standards rests with the Adult Services Commissioning Team. Typically this involves working directly with each Provider to assess the quality of services. It will also involve receiving performance related information from other departments and agencies and from service users and their families. Close working with the Regulator of social care services, the Care Inspectorate Wales and the Health Board are an integral part of performance management processes. Where services are found to be underperforming contract compliance action and other performance management processes will take effect. Safeguarding action may be taken where necessary. Significantly under-performing services may be de-commissioned.

## **6. CURRENT COMPLIANCE WITH PROCUREMENT DUTIES**

5.1 In 2018 Social Services introduced a People Directorate Commissioning Group to oversee the People Directorate commissioning programme and ensure compliance with legal duties. This group is chaired by the Director of Social Services and comprises senior managers with commissioning responsibilities and the procurement lead for social care services. The group meets monthly and provides Senior Management governance and oversight to ensure commissioning and procurement responsibilities are met.

The current procurement position relating to specific social care service areas is as follows:

### Residential Care Contracts

5.2 All residential Care Contracts are compliant (an exemption now operates to exclude care homes which except standard fee rates, from contract procedure rules on basis that competitive tendering is not required).

### Domiciliary Care Contracts

- 5.3 A competitive tender exercise has been under in 2019 and a procurement framework has been created for the award of new business. A refresh of the framework will be undertaken in 2020 to add more Providers. There are a small number of Providers who were not appointed to the framework who will continue to deliver services until such time as they are appointed to the framework to enable continuity of services for citizens. Compliant contracts will be awarded in October.

#### Supported Living Contracts

- 5.4 A legally complaint procurement framework has now been created and a re-procurement programme established. Re-procurement via the framework commenced in January 19. Re-procurement will occur in 4 tranches. Contract awards occurred in August 2019 for tranche 1, and are schedule to occur in December'19 for tranche 2, April '20 for tranche 3 and July 20 for tranche 4.

#### Third Sector Contracts

- 5.5 Progress in this areas has been slower than others. Partly due to changes in personnel, staff absences and competing priorities given the relatively low spend on these services. The low spend means that most will not reach the thresholds for triggering rules under Public Contract Regulations but will require re-tendering to fully comply with council CPRs. Timescales for achieving contracts which are awarded in compliance with CPRs are to be confirmed (following commissioning review processes which are underway to examine future requirements).

## **7. CONCLUSIONS**

- 7.1 The procurement function is critical but is only part of the process that operates to ensure services are commissioned effectively.
- 7.2 Procuring social care is different from procuring other goods and services. It requires a more collaborative approach and a greater degree of risk sharing between service purchasers and service providers. This means careful balancing of price, quality and market stability considerations.
- 7.3 In Swansea the procurement and commissioning teams work closely together. Dedicated social care procurement support is provided to ensure processes are fully compliant, and result in services that can meet the needs of people who use them.
- 7.4 Effective senior management governance arrangements are in place.
- 7.5 There are a number of additional legal duties under the SSWBA which the procurement function helps to address. The procurement and

commissioning activity undertaken to comply with these duties will continue to develop as social work practice and ancillary systems evolve.

- 7.6 Responsibility for ensuring commissioned services are fit for purpose is shared amongst a number of departments within the council and external agencies. From a local authority point of view, work to address commissioned Provider underperformance is led by the Adult Services Commissioning Team.

# Agenda Item 8

## ADULT SERVICES SCRUTINY PERFORMANCE PANEL WORK PROGRAMME 2019/20

<b>Meeting Date</b>	<b>Items to be discussed</b>
<b>Meeting 1</b> Thursday 20 June 2019  4.00pm	<b>Wales Audit Office report on Housing Adaptions</b> <i>Andrea Lewis, Cabinet Member for Homes and Energy</i>  <b>Panel Review of the year 2018/19 and draft Work Programme 2019/20</b>
<b>Meeting 2</b> Tuesday 30 July 2019  4.00pm	<b>Performance Monitoring</b> <i>Deborah Reed, Interim Head of Adult Services</i>  <b>Update on West Glamorgan Transformation Programme arrangements following review</b> <i>Nicola Trotman, Interim Director</i>  <b>Review of Final Budget Outturn</b> <i>Deborah Reed, Interim Head of Adult Services</i>  <b>CIW Local Authority Performance Review</b> <i>Dave Howes, Director of Social Services</i>
<b>Meeting 3</b> Tuesday 20 August 2018  4.00pm	<b>Outcomes of Re-procurement Process - Domiciliary Care and Respite at Home</b>
<b>Meeting 4</b> Tuesday 24 September 2019  4.00pm	<b>Supported Living Developments for Mental Health and Learning Disability Services</b>  <b>Procurement Practice and Assurance in Social Care</b> <i>Peter Field, Principal Officer Prevention, Well-being and Commissioning</i>
<b>Meeting 5</b> Tuesday 29 October 2019  4.00pm	<b>Performance Monitoring</b>  <b>Update on Transformation Programme</b> <i>Deborah Reed, Interim Head of Adult Services</i>  <b>Commissioning of Residential Care (quality of service/contracts; financial stability) (Referred from SPC)</b>
<b>Meeting 6</b> Tuesday 19 November 2019	<b>Telecare and Community Alarms mini commissioning review</b>  <b>Workforce Development Plan</b>

4.00pm	<b>Briefing on Carers Assessments (TBC)</b>
<b>Meeting 7</b> Tuesday 17 December 2019  4.00pm	<b>Annual Review of Charges (Social Services) 2019-20</b> <i>Dave Howes, Director of Social Services</i>  <b>Update on Local Area Coordination</b>
<b>Meeting 8</b> Tuesday 28 January 2020  4.00pm	<b>Performance Monitoring</b>  <b>Update on how Council's Policy Commitments translate to Adult Services</b> <i>Mark Child, Cabinet Member for Care, Health and Ageing Well</i> <i>Dave Howes, Director of Social Services</i>
<b>Additional meeting</b> ? February 2020	<b>Draft budget proposals for Adult Services</b>
<b>Meeting 9</b> Tuesday 25 February 2020  4.00pm	<b>West Glamorgan Transformation Programme – 3 case studies</b>
<b>Meeting 10</b> Tuesday 17 March 2020  4.00pm	<b>Adult Services Complaints Annual Report 2018-19</b> <i>Julie Nicholas-Humphreys, Corporate Complaints Manager</i>  <b>Briefing on Sickness of Staff in Adult Services</b>
<b>Meeting 11</b> Tuesday 28 April 2020  4.00pm	
<b>Meeting 12</b> Tuesday 19 May 2020  4.00pm	<b>Performance Monitoring</b>  <b>Update on Transformation Programme</b> <i>Deborah Reed, Interim Head of Adult Services</i>

Future Work Programme items:

- Update on RNIB (keep on forward agenda – CM to update)
- West Glamorgan Transformation Programme (update on Citizen's Panel and stakeholder engagement) date tbc
- Wales Audit Office Reports (dates to be confirmed):

- First Point of Contact Assessments under the Social Services and Well-being (Wales) Act 2014 (Joint Adult Services and CFS)
- Integrated Care Fund (Joint Adult Services and CFS)
- Tackling Violence Against Women, Domestic (includes fieldwork in Swansea amongst others) (check if Adult Services or CFS?)



# Agenda Item 9



**To:**  
**Councillor Mark Child**  
**Cabinet Member for Care, Health and**  
**Ageing Well**

*Please ask for:* Scrutiny  
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*e-Bost:*  
*Date* 9 September 2019  
*Dyddiad:*

**Summary:** This is a letter from the Adult Services Scrutiny Performance Panel to the Cabinet Member for Care, Health and Ageing Well following the meeting of the Panel on 30 July 2019. It covers the Update on West Glamorgan Transformation Programme Arrangements, Performance Monitoring, Review of Final Budget Outturn and CIW Local Performance Review and Letter.

Dear Cllr Child

The Panel met on 30 July to receive an update on West Glamorgan Transformation Programme Arrangements following review. They also discussed the Performance Monitoring Reports for May/June 2019, the Review of Final Budget Outturn for Adult Services for 2018/19 and the Annual CIW Performance Review and Letter. We would like to thank you, Dave Howes and Nicola Trotman for attending to present the items and answer the Panel's questions. We appreciate your engagement and input.

We are writing to you to reflect on what we learnt from the discussion, share the views of the Panel, and, where necessary, raise any issues or recommendations for your consideration and response. The main issues discussed are summarised below:

## **Notes of Meeting on 20 June 2019**

The Panel agreed the notes of the meeting on 20 June as an accurate record of the meeting.

Page 4 – Item 7 – Actions. Two round table events have been organised at the Carers Centre – 3 September and 4 September at 10am. The Panel would like to invite you and relevant officers to attend these events.

### **OVERVIEW & SCRUTINY / TROSOLWG A CHRAFFU**

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Page 5 – Item 8. You informed us that the issues with RNIB are still under discussion and that the contract has been extended to 31 March 2020. You said that you were happy for us to keep an update of the RNIB on Scrutiny’s forward agenda.

### **Update on West Glamorgan Transformation Programme Arrangements Following Review**

Nicola Trotman briefed the Panel on arrangements following the review. This included an overview of the new West Glamorgan Partnership including Vision, Aims and Principles, governance and key workstreams under the three transformational boards.

We heard that the new structure is focussed on transformational issues.

Page 13 – the ‘strapline’ – We queried how increased wealth from wellbeing, health and care is measured. We were informed that one of the key priorities this year is to improve performance and develop short and medium term measures. We are interested in seeing how that work is progressing and the methodology.

Page 32 – governance structure – We were pleased to see that this structure diagram has been simplified.

The Panel queried whether there is a problem with scrutiny of regional partnerships. You felt that Swansea officers would have no problem with this and that you would encourage West Glamorgan Partnership board members to attend scrutiny if asked.

You informed us that, in your opinion, the principle should be that things are done regionally when you benefit from doing it regionally or done locally if it is better to do it locally. You felt the Youth Offending Service was a good example of this.

We heard that Swansea Council expects to implement WCCIS in March/April next year. In terms of the regional part, you were not sure when this would be implemented. We also heard that the Health Board should sign the deployment order around December 2019 and that NPT has agreed to do it but you are unaware of the timescale. You informed us that there are integrated targets and WCCIS will hopefully help monitor these.

We heard that the total amount of resource for West Glamorgan Partnership is £15m + £15.5m for two programmes.

We wanted to know where members come from for the Citizen’s Panel. We were informed that this is a structured group ie interested stakeholders, but that membership is currently being developed. The Panel will come back to this question in the future.

We heard that you are trying harder to engage citizens in the decision- making and work of this Partnership and that a nominated member of the forums sit on the boards. The Panel feels that if you are looking to engage stakeholders, you should also be looking at non-executive councillors to be engaged in co-production.

We felt that in terms of transparency, the minutes of transformational boards should be available on the Partnership website. We were informed that currently they are not but

the minutes of the Executive Board are available. The Website is being re-designed so they could be included in future.

The Panel expressed its interest in seeing case studies of where the Partnership is doing well and where it is not doing so well. An item will be added to the Work Programme in 6 months titled 'West Glamorgan Partnership - 3 case studies showing where the Partnership is doing well and not doing so well'.

We feel there is a piece of work to be done by the Panel on scrutinising some of the regional projects.

### **Performance Monitoring**

Dave Howes, Director of Social Services briefed the Panel on the Performance Monitoring reports for May/June 2019.

Page 37 – Carers Identified and Whether Wanted Carer Assessment – We heard that there is some evidence that carers are increasingly being offered a carers assessment. We felt that if identification of carers is based on carers support, not all carers would be identified.

Page 38 – Long Term Domiciliary Care – We heard that the figures are staying about the same but the Department expects to see a difference next year from the changes that have been made. The Panel had previously requested to see trends rather than just the last 2 months figures. Dave will go back and ask for this to be included in future reports.

We queried how Long Term Domiciliary Care is prioritised and were informed there are a series of indicators and that a safeguarding issue at home would have priority over someone in hospital, but this would have priority over someone out in the community (if no safeguarding issue).

Page 50 – Delayed Transfers of Care – We heard that there is a significant problem. In June 2019 there was the highest levels of delayed transfers of care for 24 months.

### **Review of Final Budget Outturn**

Dave Howes briefed the Panel on the Adult Services Final Budget Outturn for 2018/19 and answered the Panel's questions.

### **CIW Performance Review and Letter**

Dave Howes briefed the Panel on this item including an overview of the annual review of performance carried out by CIW and the letter to the Director of Social Services which summaries the evaluation of performance of social services during 2018/19.

We heard that there are new arrangements within the CIW annual performance review plan for 2019/20.

Within Adult Services, CIW will be looking at the Authority's arrangements aligned to the thematic inspections for people who receive care and support services.

## Your Response

We hope you find this letter useful and informative. We would welcome your comments on any of the issues raised but please note that in this instance a formal response is not required.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Peter Black', written in a cursive style.

**PETER BLACK**  
**CONVENER, ADULT SERVICES SCRUTINY PANEL**  
**[CLLR.PETER.BLACK@SWANSEA.GOV.UK](mailto:CLLR.PETER.BLACK@SWANSEA.GOV.UK)**



**To:**  
**Councillor Mark Child**  
**Cabinet Member for Care, Health and**  
**Ageing Well**

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*e-Bost:*  
*Date* 09 September 2019  
*Dyddiad:*

**Summary:** This is a letter from the Adult Services Scrutiny Performance Panel to the Cabinet Member for Care, Health and Ageing Well following the meeting of the Panel on 20 August 2019. It covers Outcomes of Re-Procurement Process for Domiciliary Care and Respite At Home.

Dear Cllr Child

The Panel met on 20 August to receive an update on the Re-Procurement Process for Domiciliary Care and Respite at Home. We would like to thank you and Deborah Reed for attending to present the item and answer the Panel's questions. We appreciate your engagement and input.

We are writing to you to reflect on what we learnt from the discussion, share the views of the Panel, and, where necessary, raise any issues or recommendations for your consideration and response. The main issues discussed are summarised below:

### **Re-Procurement Process – Domiciliary Care and Respite At Home**

Point 8.9 of report – We queried how much of the £900k the Department expects to use this year, and in future years. The Panel felt this was very worrying. It is not clear what the scale of this could be from the figures given in the report.

You informed us that the Council is putting social care as a top priority and is proud to have an ethical care charter that ensures people are paid better and treated fairer in order to attract people into this sector.

**OVERVIEW & SCRUTINY / TROSOLWG A CHRAFFU**

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Point 3.8 and 5.5 of report - We queried how the Department tests if providers are meeting the criteria, such as the training of staff and staff turnover, as one of the key elements of quality is consistency of staff provided to users (continuity of care). We heard that the Authority cannot prescribe to providers what they pay their staff, other than they must pay the living wage. We wanted to know how the Authority tests contracts for quality. We were informed that there is regular monitoring of performance by monitoring officers and that providers also have to be registered with Care Inspectorate Wales. We would wish to be advised what metrics of quality are being applied and how these are to be monitored as the contracts proceed.

You told us that the Department is trying to get providers to meet the ethical care charter and that is why community benefits are included in contract specifications.

We heard that following the re-procurement process, 75% of the providers are current providers and that continuity of care was not considered in the contract evaluation as the Department wanted to bring in new providers.

Point 5.15 of report - We expressed our concern that contracts will roll over from year to year as in the past contracts rolled over for many years. You confirmed that roll over is not ideal but that providers will have the option to extend the contract for up to 48 months but it is at the Authority's discretion if contracts are rolled over.

We heard that the Authority has started using some of the new providers and that this has started to help reduce delayed transfers of care. We were pleased to hear this and requested that when the Panel looks at performance data next, it can show the difference made from the change in care provision to delayed transfers of care.

### **Your Response**

We hope you find this letter useful and informative. We would welcome your comments on any of the issues raised but please provide a written response by 30 September 2019 to the following:

- In relation to how the Authority tests contracts for quality, provide information on the metrics of quality that are being applied and how these are to be monitored as the contracts proceed.

Yours sincerely



**PETER BLACK**  
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