(Domiciliary) Care and Support at Home in North Wales –
Population needs, Market Position and Commissioning Statement

Introduction

This summary document is intended to provide key information in regards of population needs, commissioning arrangements, current market position and policy requirements in Wales.

The North Wales 'Region'

Population

The 2015 census detailed that North Wales has a resident population in the region of 690,000, (including 124,000 children aged 0-15) living across an area of around 2,500 square miles. Gwynedd in the west is the least densely populated area with 49 people for each square kilometre and Flintshire in the east is the most densely populated area, 350 people for each square kilometre.

The populations of Gwynedd and Wrexham council areas are projected to increase steadily (Wrexham's population is projected to have the second largest increase in Wales by 10% by 2039); the Isle of Anglesey's population is projected to decrease steadily; and the populations of Conwy, Denbighshire and Flintshire are projected to increase then decrease, but remain higher in 2039 than in 2014.

Number of people aged 65 receiving domiciliary care and hours of domiciliary care provided in North Wales, 2014/15

	Number of people 65+ receiving care	**Hours of care provided each week**	**Average hours each week**
Anglesey	340	3,900	11
Gwynedd	880	8,700	10
Conwy	1,000	8,700	8
Denbighshire	420	3,300	8
Flintshire	700	7,200	10
Wrexham	730	8,400	11

On average people received just over 9 hours of support per week, this increased to over 12.5 hours of support per week in 2015/16.

In North Wales, Gwynedd has the highest proportion of Welsh speakers at 65%, although this can be higher in some areas of the county. Elsewhere in North Wales, 57% of residents on the Isle of Anglesey speak Welsh, 27% in Conwy and 25% in Denbighshire, 13.2% in Flintshire and 12.9% in Wrexham.

The level of Welsh speaking, particularly in the north west of the region, influences the number of people choosing to access services in Welsh. In Gwynedd, 37% of people attempt to use the Welsh language at all times when contacting public services.

In 2015, there were around 3,300 children in need across North Wales; this is 200 children in need for each 10,000 children in the population.
Overall in North Wales the percentage of children in need from Black, Asian or Minority Ethnic (BAME) backgrounds is 2%. Around 11% of children in need were recorded as having mental ill health in the children in need census 2015.

The number of disabled children in North Wales has increased steadily over the last 5 years. The census suggests that there are currently approximately 5,000 children in North Wales with a disability that has a substantial and long-term adverse effect on their ability to carry out normal day- to- day activities who are known to local councils.

There were around 150,000 people aged 65 and over in North Wales in 2015. Population projections suggest this figure could rise to 210,000 by 2039.

- The number of people aged 65 and over who receive community based services in North Wales is expected to increase from 7,800 in 2015 to 13,300 in 2035.
- *This is at the same time as the number of people aged 16-64, the available workforce, is decreasing.*
- In North Wales, around 14% of people aged 65 and over provide unpaid care, and around 65% of older carers (aged 60-94) have long-term health problems or a disability themselves

Research suggests that living with a long-term condition can be a stronger predictor of the need for care and support than age. Chronic conditions (such as diabetes, hypertension & heart respiratory disease, dementia and continence issues) can have a significant impact on people's wellbeing and the demand for health and social care services. The Isle of Anglesey has the highest percentage of people registered as having a chronic condition (39%) and Gwynedd has the lowest (33%).

Loneliness can affect anyone - regardless of the individual's age. The impact of loneliness of the health and well-being of individuals can be serious, research shows that there are higher loneliness and isolation barriers for men, people who live by themselves, recently bereaved individuals, and the most elderly people in our communities.

28% of people currently receiving domiciliary care services do not contribute towards the cost as their incomes are below the threshold. 30% of people currently receiving domiciliary care services have sufficient capital to fully self-fund their care.

For more information, please see the North Wales Population Assessment:
https://www.northwalescollaborative.wales/north-wales-population-assessment/

Market Position

As of August 2017, there were over 100 registered domiciliary care agencies in north Wales; with 13 such agencies providing less than 200 hours per week of domiciliary care *(Source: http://cssiw.org.uk/find-a-care-service/?lang=en)*. This number includes those agencies that largely or only provide 24/7 'supported living' services, those that primarily offer services to self-funders and Council managed services.

Although there are a small number of larger national organisations, most are locally developed owner managed SME's. Many of the providers operate in only one or two county areas with a high proportion limiting delivery to sub-county areas.

Around 70 agencies have previously been 'approved' by and have contracts with the north Wales commissioners. It is intended that those existing providers who are awarded an Agreement will maintain their existing delivery unless this is locally re-commissioned in future under a new call-off agreement.

There are gaps / need for further service development and capacity in the following areas:

- Suitably competent and experienced provision to support children with disabilities and / or families (this will be the focus of Phase 2 of this project).
- Agencies with appropriate staff and organisational competences to deliver 'enhanced' domiciliary care services – this will be the focus of Phase 3 of this project.
- Agencies with experience of provision of care and support in extra care housing developments (which may include delivery of housing related support or working in partnership with a housing provider) and/or in multi-disciplinary community integrated teams (assessment and provision)

Governance and Partnership working

The North Wales Regional Partnership Board (https://www.northwalescollaborative.wales/regional-partnership-board/) have a key strategic priority to ***maintain a sustainable provider market across North Wales***. This is because commissioned service providers are critical partners in supporting Health and Social care organisations in North Wales with other operational priorities, including integration of services for:

- older people with complex needs and long term conditions, including dementia and
- children with complex needs due to disability or illness
- carers, including young carers
- people with learning difficulties

(For more information, please see: The Population Assessment Regional Plan: https://www.northwalescollaborative.wales/north-wales-population-assessment/regional-plan/)

The Regional Commissioning Board in North Wales (https://www.northwalescollaborative.wales/commissioning/) have delegated responsibility for delivering on the above key strategic priority.

The Board oversees agreed collaborative commissioning and procurement projects and will receive and act upon market oversight reports produced following the letting of this Agreement. The Board confirms **regional commissioning principles**, which are subject to **local (county level) implementation.** Whilst this Agreement will be managed on the regional footprint, call-off will be managed by the individual commissioners.

Overview of commissioning aspirations

The establishment of this North Wales Domiciliary Care Agreement is the culmination of 4 years research, market engagement & planning:

Our Aim is to work with Providers to cluster packages of care (reducing travel time) and to offer some degree of business certainty, enabling Providers to invest in their workforce

Our Vision is that domiciliary care providers are part of community multi-disciplinary teams, working *in* communities *with* communities; contributing to assessment & care planning, supporting enablement, contributing to reduction in reliance on managed care & support wherever possible.

Critical to achievement of our aspirations is a shift from activities to results:

- Individual outcomes are measured as specific changes in behaviour, condition and satisfaction for the people receiving the care and support service.
- People are enabled to have more choice and control in their daily living, through flexible services that respect and fit with their lives.

This differs from the previous style of commissioning which focused on prescribed activities with a set time frame. **This approach seeks to**:

Enable Service Providers to engage with the people to be supported (and their Carers) at an earlier stage; for example on a hospital ward or part way through the assessment and planning process when it has been ascertained that there will be ongoing care and support needs.

Encourage all parties (commissioners, care & support provider and citizens) to work together to measure the quality of the service provided and impact it has on the Citizen's quality of life – rather than simply in terms of tasks to be delivered at set times.

Ensure that the people receiving care and support have control over how services support them to achieve what matters to them; including having access to services that can be responsive and flexible to changing needs.

During the lifetime of this Agreement, North Wales' commissioners will work with approved providers to move towards outcome based care & support planning and delivery. Therefore, we are seeking provider partners that are committed to innovation and working together to achieve our aspiration.

We want people receiving care and support in North Wales to be able to say that they *can plan their care with professionals who work together to understand both their needs and the support needs of their Carers, that give them voice and control and bring a range of care and support arrangements together to help them maximise their individual wellbeing outcomes.*

Our domiciliary care service aims are broadly in three categories:

Maintenance – for example supporting people to keep active and alert; supporting people with mobility / physical health; maintaining quality of life, hygiene; continuing social contacts, keeping safe etc.

Change (improvement) – for example supporting people to increase physical ability, achieve higher morale / more positive mood state, increased confidence, more social and community contact, maintaining finances in order, having a healthier environment, reduced risks etc.

Comfort and dignity at end of life – for example ensuring that health, social, psychological & emotional, spiritual & religious needs and wishes are respected and any advance care plans are followed where possible.

The standards that we are looking for domiciliary care services to deliver are broadly:

Delivering what matters – for example supporting people to maintain or improve their wellbeing and / or supporting comfort and dignity at end of life

Providing a positive experience of care & support – for example, people receiving care and support have an active offer of services in the Welsh language, the management of domiciliary care organisations demonstrate and promote a person centred culture; services are co-produced (people supported, staff and professionals all collaborate in the delivery of care & support); people are safeguarded

Working together - for example, domiciliary care services nurture positive relationships, employ sufficient, skilled, trained and competent care & support staff, work with others to avoid unnecessary hospital admission and support effective and timely discharge. Domiciliary care services support people to participate in their communities and maintain / establish social relationships. Domiciliary care organisations in North Wales collaborate together to improve service delivery or achieve collaborative business solutions

Effective Quality Management and Continuous Improvement - for example all people involved in providing and commissioning domiciliary care work together to ensure quality services, responding effectively to areas of non-compliance

Indicative local commissioning / call-off intentions *(each Commissioner will engage with Providers in due course to provide further detail).*

Commissioner	Intentions
Isle of Anglesey County Council	The Isle of Anglesey County Council intend to retain the provision of approximately 30% of domiciliary care services 'in-house' The Isle of Anglesey County Council and Betsi Cadwaladr University Health Board (BCUHB) have tendered separately to this project in order to enter into agreements with 3 preferred providers to deliver standard domiciliary care for older people within 3 defined patches. The Isle of Anglesey County Council may call-off under this Agreement: - In the event that their preferred suppliers are unable to meet demand (preferred suppliers may also be permitted to sub-contract a percentage of delivery to providers under this Agreement). - If contract / s with preferred provider/ s are terminated - For the provision of standard domiciliary care services for children and/or adults with disabilities, for enhanced domiciliary care services and/or supported living services. In June 2017, Anglesey's internal service supported approx. 100 people, delivering an average of 1,305 hours per week, Anglesey commissioned an average of 3,782 hours per week to support 329 people.
Gwynedd Council	Gwynedd Council intend to retain the provision of approximately 50% of domiciliary care services 'in-house'. Approximately 13,600 hours of domiciliary care are commissioned each week (on average) Gwynedd Council are working with BCUHB to develop a commissioning strategy, including scoping the potential for establishing 'patch' based agreements with preferred providers. Given the size and geography of Gwynedd, there are likely to be a large number of patches based on existing community groups and resources. The Commissioners in Gwynedd are particularly interested in working with providers that are able to provide both standard and enhanced levels of domiciliary care. Gwynedd may call-off under this Agreement to award these contracts
Conwy County Borough Council	Conwy County Borough Council are developing a commissioning strategy, including scoping the potential for establishing 'patch' based agreements with preferred providers. Conwy are exploring opportunities to engage a number of providers to work in partnership with existing locality teams. Conwy may call-off under this Agreement to award these contracts
Denbighshire County Council	Denbighshire County Council are developing a commissioning strategy, including scoping the potential for contracting with preferred providers to deliver clusters of packages in defined areas. Denbighshire are also exploring opportunities to establish support budgets or individual service funds to promote person-centred delivery Denbighshire are exploring opportunities to engage a number of providers to work in partnership with existing locality teams. Denbighshire may call-off under this Agreement to award these contracts Approximately 5000 hours of domiciliary care are commissioned each week (on average), which includes support for carer's breaks

Commissioner	Intentions
Flintshire County Council	Flintshire County Council work closely with Providers to map existing delivery and capacity, which enables care- brokers to allocate work in the most efficient manner possible. Flintshire has engaged an external consultancy to work with them and existing providers to develop person centred approaches within domiciliary care and explore how to best deliver 'what matters' to an individual. Flintshire has no current plans for formalise 'patch' based contracts. In the first year of this agreement Flintshire may be seeking Providers to pilot the concept of flexible 'support budgets' and 'all-inclusive' hourly rates.
Wrexham County Borough Council	Wrexham County Borough Council have existing contracts with preferred providers to deliver within 5 defined patches. Wrexham may call-off under this Agreement: - In the event that their preferred suppliers are unable to meet demand (preferred suppliers may also be permitted to sub-contract a percentage of delivery to providers under this Agreement). - If contract / s with preferred provider/ s are terminated - For the provision of standard domiciliary care services for children and/or adults with disabilities, for enhanced domiciliary care services and/or supported living services. In the week commencing 07/08/2017, Wrexham commissioned 6110 hrs of domiciliary care (not including Direct Payment recipients), supporting 492 service users.
Betsi Cadwaladr University Health Board	Betsi Cadwaladr University Health Board are working with Local Authority commissioners to explore opportunities for joint or integrated commissioning of domiciliary care services. BCUHB are also seeking to develop the market in respect of providers with appropriate organisations and staff competence to deliver enhanced services for people with complex and challenging behaviours, people with brain and/or spinal injuries and people with very complex physical health needs. In April 2017, BCUHB commissioned the following hours of CHC funded domiciliary care support*: • Anglesey: 6587 hrs per month • Gwynedd: 7200 hrs per month In July 2017, BCUHB commissioned the following hours of CHC funded domiciliary care support for adults*: • Conwy: 397 hrs per week • Denbighshire: 649 hrs per week • Flintshire: 1178 hrs per week • Wrexham: 1654 hrs per week *Hours are indicative as they do not include care and support provided to children, people with learning difficulties or 'enhanced domiciliary care'. Health funded contributions to joint packages of care are included in the Council's data.

Key policy & legislative context

The Social Services and Well Being (Wales) Act 2014 ('the Act')

The Act and the national wellbeing outcome framework for social services in Wales requires us to focus less on what's the matter with people but more what matters to them; taking account of what is important both to and for people – including social and community relationships.

The Act stipulates that… "In order to seek to promote the well-being of people who need care and support and carers who need support, local authorities need to understand what matters to people and the personal outcomes they wish to achieve. Local authorities must take account of the well-being outcome statements that underpin the definition of well-being, under each aspect of well-being. These statements set out the national outcomes that people who need care and support and carers who need support should expect to achieve in order to lead fulfilled lives."

The Well-being of Future Generations (Wales) Act 2015

This Act is about improving the social, economic, environmental and cultural well-being of Wales. The goals of this Act are that Wales is:

- Prosperous
- Resilient
- Healthier
- More equal
- Globally responsible,

And that Wales has:

- A vibrant culture and thriving Welsh Language
- Cohesive communities

The Regulation and Inspection of Social Care (Wales) Act 2016 ('RISCA')

RISCA places service quality and improvement at the heart of the regulatory regime and strengthens protection for those who need it. Its intention is that regulation will move beyond compliance with minimum standards, focussing more on the quality of services and the impact which they have on people receiving them.

The Act provides the statutory framework for the regulation and inspection of social care in Wales:

- Reforming regulation of social services and regulated care in Wales from 4th April 2018 (responding to lessons learned from previous failures in the system) and the regulation of the social care workforce.
- Renames the Care Council for Wales and the Social Services Improvement Agency to Social Care Wales, giving them new powers from April 2017.