

National Review of Commissioning for *Social Services* in Wales 2014

Overview Report



Introduction

It is widely acknowledged by the social care sector that transformation in the commissioning of social care services is required to develop the services for a sustainable future. In 2010, the Welsh Government published statutory guidance on commissioning. The guidance establishes a set of 13 commissioning standards, accompanied by practice guidance on nine key commissioning challenges. More recently, the Welsh Government has indicated in “Sustainable Social Services for Wales: a framework for action (2013)” that the way in which commissioning, procurement and service delivery is organised must change radically. The Social Services and Well-being (Wales) Bill (2014) will create an environment in which the design of services for people who need care and support will be transformed. The vision articulated in the Social Services and Well-being (Wales) Bill (2014) is of a complete change of approach built on citizen centred services, focus on delivery and greater collaboration and integration of services. New duties in the Social Services and Well-being (Wales) Bill in respect of local needs assessment emphasise the importance of local authorities and their health service partners having a comprehensive understanding of their population’s needs and characteristics.

The Care and Social Services Inspectorate for Wales (CSSIW) conducted a national review of commissioning in adult social care between July 2013 and January 2014. The review was conducted in partnership with Healthcare Inspectorate Wales (HIW) and Auditor General for Wales (AGW). The review was conducted in two phases. The first phase involved the completion of a self-assessment by local authorities, evaluating the quality of their overall commissioning with their partners in relation to their strategic priorities. This was followed by meetings between CSSIW and local authorities to verify the evidence within their self-assessment. The self-assessment focused on the commissioning of adult social care, and how far local authorities are compliant with the standards and best practice in the statutory guidance. The second phase comprised field work which focused on the commissioning of services for people with dementia.

The field work was conducted in Blaenau Gwent, Vale of Glamorgan, Swansea, Merthyr Tydfil and Flintshire. The review team scrutinised case files, local authority documents and financial information. Inspectors spoke to service users, carers and their representatives, local authority staff, managers, commissioning teams, directors of social services, chief executives and council members. They also spoke with staff and managers in health services. The findings presented in this report are drawn from the evidence collected in both phases of the review.

Overview

The review identified that current commissioning arrangements for dementia services will not deliver sustainable services for adults who need care and support in Wales. The current and projected service demands for adult social care services and the resulting financial pressures present a significant

challenge to local authorities and local health boards if they are to meet the current and future needs of vulnerable citizens. Local authorities have recognised this and are planning major changes. There is a conscious effort by local authorities to change the shape of services, to keep people at home for longer; promote independence and increase the involvement of local communities in supporting vulnerable adults. However, local authorities have not effectively engaged the public to inform them of the need to change services. Furthermore, whilst most local authorities articulate an intention to transform services, at this stage they have not evolved into robust and financially sustainable plans. The move towards integrating health and social care services is evident, but progress is slow. Regional commissioning is mostly at the development level and, where it is happening, it is still tends to be confined to high cost, low volume services. Some innovation in service provision is evident but there is little evidence of planned, strategic activity by commissioners to encourage innovation.

With regard to services for people with dementia, there are significant gaps in the planning and provision of early intervention services. Market development by the commissioners, as described in standard 7 of the statutory commissioning guidance, is highly variable across the country. Local authority commissioning practice is not sufficiently focused on the quality of care provided and people's quality of life. Complex needs are managed well in the community with innovative approaches to managing risk to individual service users. However, at a strategic level there is no shared ownership of strategies for managing risks to service users in the community between local authorities and health boards.

There is evidence of good engagement with service users at the individual level of care planning and review, and of local authorities undertaking a range of stakeholder engagement activities. However, services to carers are varied and underdeveloped in some areas despite the existence of carers' strategies.

Recommendations:

In order to be compliant with the statutory guidance issued by the Welsh Government, "Commissioning Framework Guidance and Good Practice 2009", local authorities and their health partners should:

1. Develop their current visions into firm plans for service transformation.
2. Engage the public effectively in the debate about service transformation for adult social care.
3. Effectively integrate health and social care provision, and develop joint, coherent, and financially robust plans for the commissioning of services for people with dementia and their carers.
4. Include prevention and early intervention services within their joint overall commissioning strategy for adult social care.
5. Develop outcomes based commissioning strategies, with contract monitoring and review, focusing on the quality of care and outcomes achieved for service users.
6. Ensure that joint commissioning plans have appropriate governance arrangements and frameworks that professionals can operate within, including effective control and mitigation of risks to service users.
7. Implement effective strategies that provide a wide variety of services that support carers.
8. Evaluate the effectiveness and financial viability of new and alternative models of care for people with dementia.

1. **Commissioning arrangements: Governance and strategic planning**
 - 1.1 The commissioning framework guidance emphasises the importance of robust governance and effective analysis and planning. To assess how well this was being done the review looked at local authority data and information analysis, partnership arrangements between the local authorities and health boards, with providers and the third sector. The review also considered the quality of planning and how commissioners encourage innovation.
 - 1.2 Services are not sustainable in the traditional commissioning model. All local authorities in Wales have recognised this and are planning major changes, but have not effectively engaged the public about the changes. All local authorities seen in the review have looked at commissioning alternative models of service. For example, they moved from residential to domiciliary care and extra care housing and have focused on wanting to promote independence and reduce costs. However, the financial benefits of these models of service are not always clear and this raises questions about how sustainable they are.
 - 1.3 There is a clear expectation that in the transformation of the current commissioning model, there will be an extra reliance on communities in the future. The cuts to services that are inevitable in Wales will be offset, councils believe, by building resilience in the community. However, inspectors did not see evidence of in depth analysis of the needs and resources of communities. It is difficult to see how the plans to rely more on communities to support people in need can be accomplished without a thorough understanding of the community's composition, needs and strengths.
 - 1.4 Governance and partnership arrangements are varied across councils and, at times, involve a large number of separate bodies or groups including the Local Service Board and new incarnations of what were formerly Health Social Care and Well-being Boards. There are also regional commissioning arrangements, mostly designed originally for high cost, low volume services, although there are plans to extend this to include other services such as dementia services. Inspectors saw well written commissioning strategies, and well expressed plans that underpinned them. Local authorities have expressed clear principles and individually their strategic vision focuses on supporting people to live as independently as possible. However, there is a disconnect between strategy and financing and it is not clear how the medium term financial plan is linked to a mid to longer term strategy for commissioning services.

- 1.5 With respect to dementia services, there is partnership working between health and social services evident on the ground, but little progress towards strategic integration across Wales. In the local authorities visited, inspectors saw evidence of good relationships between staff in health agencies and staff in social services. In the survey completed by local authorities, very little evidence was given of pooled budgets or joint commissioning plans that were already operational. Good intentions are proclaimed but there is, as yet, little evidence of true joint commissioning between the health boards and local authorities. The partnership between health and social services has helped to secure good examples of joint working such as co-located, or jointly appointed managers and some good service arrangements. It has not, however, delivered a coherent joint commissioning approach, integrated teams of staff under single line management, or an approach focused on the longer term across health and social care across Wales.
- 1.6 In the survey, local authorities revealed that most current commissioning strategies have been based on information in line with national and local policy and guidance. Local authorities assured inspectors that information for needs analysis is collated from the local authority databases, assessment and care management teams and provider forums, and the Daffodil database. The Daffodil system provides information from research and population projections to show potential need for care over the next 20 years for children, adults and older people. Each strategy contains information relating to the population, existing services, gaps in service provision and resources available. However, the nature of the information seen by inspectors tended to be rudimentary and broad in nature. There was only one local authority visited where the analysis contained future projections of care needs based on the care needs of the current population. Although local authorities intend to use assessment, care management and review information to inform their needs analysis, there was little evidence of this in practice.
- 1.7 Innovation on an individual basis was evident in all the local authorities visited, for example the use of direct payments to support carers of people with dementia and use of adult placements within families to support people with early onset dementia. Some innovation was also evident in providing joint or co-located services for people with dementia, in partnership with health boards, independent providers and voluntary agencies. However, there was no council that had plans for encouraging innovation across all commissioned services, or undertaking measures such as holding workshops or conferences with partners looking at innovations in delivering care to people with dementia.

Good Practice example of innovation

In Merthyr Tydfil County Borough Council, the Keir Hardie Health Park brings together key elements of local primary, community and health and social services with related voluntary and independent sector services under one roof. These include the teams that support people with dementia, mental health and learning disabilities, and day services. There is also a telecare and community equipment demonstration suite which is accessible to the public.

2. **Commissioning practice: Prevention and early intervention services for people with dementia**
- 2.1 Prevention and early intervention is essential in helping people with dementia retain their independence for as long as possible. The review examined whether there is both evidence that health services have strategies for early identification of dementia or Alzheimer's disease, and whether local authorities and health boards have developed an effective early assessment of needs. Inspectors reviewed local authority commissioning plans for preventative services and judged whether these are developed jointly or include the views of health agencies. In addition, inspectors also considered the range of preventative services available for people with dementia needs, the involvement of the third sector, and the effectiveness of monitoring and evaluation arrangements.
- 2.2 Efforts to improve referral and assessment processes underpinning memory services were evident in all the health boards seen during the review. In some areas specialist teams on dementia have visited GPs with the aim of improving early diagnosis and referral rates. However, the benefits of this work have yet to be realised in practice. Inspectors saw many examples where there was a problem ensuring the right kind of support to people with early signs of dementia due to delays in diagnosis. In some instances it was difficult to access services provided by voluntary sector agencies without the formal diagnosis. Continuity is very important both for individuals with dementia and for carers. The demand for services seems to be in primary care and the change of emphasis by the Welsh Measure will make services more accessible to people with dementia and their carers. However, front line professionals were unsure about what will happen to continuity when people move between services. There was evidence of some confusion amongst both health and social care professionals about the implementation of the mental health measure. Progression of plans for integration will be crucial to ensure that older people with dementia have a seamless service as early as possible.
- 2.3 Voluntary agencies are active in developing preventative services that help to slow down the effects of dementia, but these were not planned or commissioned strategically. Inspectors saw many good examples of voluntary agencies providing services that help with prevention for people with dementia. An example of this is the Well Check Service in the Merthyr Tydfil area, which is run by Age Concern with a service level agreement from the council. This supports people through lunch clubs, eating well initiatives, safety checks in the home and avoiding falls. The Alzheimer's Society is involved in memory clinics and initiatives to develop dementia friendly communities. Whilst the local authorities visited had service level agreements based on good practice in working with the voluntary sector, the commissioning of

preventative services from them was ad hoc and not based on strategic, forward looking plans.

Good practice in early intervention

In The City and County of Swansea, the Community Connectors project was introduced as a two year pilot in September 2012 against a backdrop of developing early intervention strategies, financial sustainability and the objective to ensure people's increased sense of well-being. Five "Connector" posts were created primarily to support people to stay independent, reduce social isolation, put people in touch with community resources and support people to move through services. The community connectors are based in local community networks of services provided by health and social services. They develop local community resources and engage people in the early stages of dementia with suitable activities. The local authority has published an evaluation of the first year of the initiative.

3. **Commissioning practice: Supporting people in the community**
- 3.1 The commissioning framework guidance makes clear that commissioning in adult social care should be underpinned by the core values of promoting independence and personal development, and enabling service users to keep control of their lives within the wider context of promoting social inclusion, sustainability and delivering value. The review examined the commissioning of domiciliary, residential and other services that support people in the community. The review looked at market development and procurement; the range and availability of services, and access to services. The processes for contract, performance and quality management were also examined.
- 3.2 The review found that there is a good range of residential and domiciliary care services. All the local authorities visited met regularly with providers and made efforts to develop positive commissioning relationships. Some services to support people with dementia at home or in the community have been developed in line with commissioning plans, and associated procurement and business plans. This was evident in the use of direct payments and the flexible packages of care being offered to meet individual needs. Inspectors saw some examples of collaboration with local health boards to reduce delays in the transfer of care between hospital, residential care and home care for people with dementia.
- 3.3 Market development by the commissioners is highly variable across the country. The approach taken to the management of risk in the marketplace is particularly variable. For example, the commissioning of nursing home provision for people with dementia to meet future demands is recognised as priority but not all local authorities had a strategy in place to respond to this. Another example is where local authorities are concentrating on the development of extra care housing to replace traditional residential care homes. Independent living in your own home is the goal in all the local authorities visited, and they have invested capital in developing extra care housing schemes and focused on keeping people in their community. However, there is no indication of how extra care can be developed to meet rising demand in the future. Furthermore, local authorities have not yet progressed from a county level needs analysis to community level needs analysis to support this work. Inspectors did not see any work being undertaken to determine if extra care housing is having the desired outcome for service users or whether it is a financially sustainable model. The finance plans and needs analysis do not always follow the visions and set out how these will be delivered.
- 3.4 Independent providers spoken to acknowledged that the direction of travel in commissioning is a move from residential care to services that help people remain at home, but questioned the availability of the

workforce to meet the future needs. There was evidence that staff recruitment can be difficult in the domiciliary care market which is impacted by some provider organisations offering terms and conditions that are unattractive, including not paying travelling time between visits. Providers told inspectors that, in their view, this is due to the low fees paid by local authorities. Providers also told inspectors that zero hour contracts are used because they give the agency more flexibility to respond to fluctuation in demand but they are not attractive to the workforce.

- 3.5 Domiciliary and residential care agencies reported that they are shifting to more flexible and responsive models of care, and that they are well involved by local authorities in discussions about models of service. Local authorities using brokerage systems have developed some scope for specifying quality and outcomes in the spot procurement process. However, inspectors found evidence that local authorities commissioning practice is not sufficiently focused on the quality of care provided and people's quality of life. Inspectors saw contracts for dementia care that were limited to a functional care role attending to physical and practical tasks. Furthermore, training for care providers on providing care to service users with dementia is inconsistent. Thus the standard of care provided can be poor as the carers focus on the tasks to be accomplished in a short time and not the quality of care given to the service users.
- 3.6 The monitoring of quality and performance is variable across the country. In some instances inspectors saw monitoring based entirely on the hours or type of service purchased rather than the quality of care or quality of the services provided. There was no local authority visited as part of this review that monitors contracts for the outcomes achieved for service users, although all expressed an intention to progress in that direction. Inspectors saw striking differences in the quality of performance between different providers and whilst two providers were offering a very different quality of care, the contract requires that they are paid at the same rate. All the local authorities visited reported that they were encouraging the poorer performers to visit and learn from better performing providers, but inspectors did not see evidence of this practice being followed through in every local authority. Local authorities rely on various sources of information within the contract monitoring processes. In some cases, the only information they use regarding the quality of care is gained from CSSIW reports. However, since the responsibility for the care of the individual service user rests with the local authority, it is insufficient to rely only on the Inspectorates view of the providers to inform procurement decisions.

- 3.7 There are some good examples of regional contract monitoring but, for the most part, there is a wide difference between process and practice. Regional commissioning is mostly at the development level, and where it happens is confined to high cost, low volume services.

Good Practice example supporting people in the community

The Living Well Service in Flintshire County Council aims to support people with dementia living in their own home as safely as possible. It is person centred and is able to offer an individualised support plan which is based on their past life, personal strengths and wishes. Staff have the discretion to vary the plan according to the situation on the day and introduce telecare to help assure security and reduce risk. It is particularly helpful for people who are difficult to engage with and where carers are under significant stress.

4. **Commissioning practice: Supporting people with complex needs**

- 4.1 The key areas examined for supporting people with dementia who have complex needs were the planning of services to respond to acute needs including medical care and crisis intervention services; and the commissioning of services to respond to loss of life skills and capacity for self care for dementia sufferers. The review explored the range and availability of services, access to services and the quality of the services commissioned. Inspectors also evaluated the success of collaboration between health services and social services to ensure that people with complex needs had their needs met.
- 4.2 There are a range of services available for people with complex dementia needs, including hospital care and re-ablement services. There is evidence of collaboration between local authorities and health agencies in the development of commissioning of services for people with dementia who have complex needs. However, local authorities visited acknowledged that the availability of care home provision with nursing care is limited. None of the local authorities or health boards visited indicated that they had adopted plans to develop an increase in residential nursing care, although some of them did acknowledge that the limits in the service may be a risk in the short-term. The long-term direction of travel appears to be firmly in providing services to people in their own homes as far as possible. For example, health services across Gwent have reduced their in-patient services for older people with mental health needs and reinvested the resources in home treatment teams. Local authorities were also developing plans to decommission some residential based services and reinvest the resources in intensive re-ablement and services to support people to remain living in their own home. However, across all the local authorities visited, there is a disconnect between these aspirations and the medium and long-term financial plans. Furthermore, in the absence of good quality needs analysis, inspectors could not be assured that the current plans will meet future needs. In some examples, savings may have been delivered but service pressures have resulted in overspends which makes it hard to identify tangible financial benefits.
- 4.3 There are good working partnerships between local authorities and the health services with regard to services for people with complex needs arising from dementia. Complex needs are managed well in the community with innovative approaches to managing risk. Inspectors saw a range of options available for people with dementia who have complex needs which are facilitated by the co-location of staff who are involved in their care, this includes, for example psychiatrists, social workers and community psychiatric nurses. Inspectors also saw co-located services that are designed to support people who have challenging behaviour or who are resistant to accepting help within

their own homes. People with a learning disability who develop dementia are able to access the same range of services available to others including re-ablement. Supporting people with complex needs to live in the community is challenging. This is because people with advanced dementia can be vulnerable and at risk of harm due to their needs. Inspectors concluded that risk is managed appropriately by the professionals from the different agencies working together effectively with service users. However, there is no overall risk management strategy developed by local authorities and health boards at a strategic level, and risk management is not an integral part of commissioning plans. This means that frontline professionals are at risk of working in isolation from the support of their organisations when managing risk to service users in the community.

Good practice example supporting people with complex needs

In Blaenau Gwent, the commissioning and contracts manager arranged for inspectors to visit an independent sector care home as an example of good practice in the area. Two members of the inspection team met with representatives from the provider, including a director, operations manager, development manager and the registered manager. This was followed by an opportunity to view the units at the home supporting people with dementia and observe practice. This included information on a quality assurance and accreditation programme known as the PEARL programme – Positively Enriching and Enhancing Residents Lives. Inspectors were able to observe the extensive work undertaken to enhance the quality of the environment in two units in order to help residents with orientation, drawing on their personal as well as shared histories. A considerable amount of thought and work had gone into this and it had involved significant contributions from residents and their relatives. Inspectors spoke informally and privately to some relatives and residents during the visit; all were positive about the care and support commissioned by the authority and provided at the care home. An inspection of the home by CSSIW in May 2013 also identified examples of best practice and noted the reduction in the use of anti-psychotic and anti-depressant medication since the previous inspection.

5. Engaging service users and carers

- 5.1 Standard 3 of the commissioning framework guidance states that: *“Commissioning plans have clearly specified the outcomes to be achieved for service users, and what services will best deliver those outcomes over time.”* The review looked at how effective commissioning practice is at achieving outcomes for service users. It is essential that commissioners engage effectively with service users and carers at every stage of the commissioning process. Therefore, inspectors examined the quality of involvement of stakeholders and services users and carers by local authorities in the commissioning process. The review also looked at service monitoring and reviews, the impact of complaints and concerns, and safeguarding issues on commissioning decisions.
- 5.2 All local authorities visited had stakeholder engagement plans designed to ensure effective engagement of all relevant partners and stakeholders for the commissioning of dementia care. Inspectors saw many engagement activities where local authorities promote and encourage stakeholder focus groups, offer training, and discuss future planning. Additionally, there is evidence of good engagement with service users at the individual level of care planning and review. Staff reported that services are now far more responsive to individual users and carers, and more direct communication occurs between social care staff; social workers and health staff who know each other better and work more closely together. This means that individual care packages and the development of services more generally can be shaped from the bottom upwards rather than top down. However, all but one of the local authorities visited could not evidence how the views of service users had inspired their commissioning and planning processes. The next stage for local authorities would be to develop systematic collation and analysis of the views of service users and carers to feed in to each stage of the commissioning process.
- 5.3 In the survey 50% of all local authorities rated their service monitoring and review as good or exemplary. Inspectors saw written policies and processes developed for service monitoring and review that identify service reviews as an important source of information. However, on the fieldwork visits, the way that the information from individual service reviews was systematically collated and fed into the service monitoring and reviewing process was variable. For example, in Flintshire service users and carers have questionnaires to complete about the services they are using which are simple and easy to use. This information, as well as any complaints and compliments, is captured as part of the quality monitoring process. In other local authorities, the interface between care planning and commissioning is poorly developed, which affects the quality of reviewing practice. In many

local authorities, the move towards outcomes focused assessment and planning is still a work in progress. Therefore, it is difficult to evidence how the commissioned services are achieving outcomes for service users, as the services tend to be contracted around need. Complaints and concerns and safeguarding issues were always used in the review and evaluation of commissioned service. This helps to ensure the safety of the service users receiving the services. However, an over-reliance on only complaints and safeguarding alerts does not ensure that service users have a good quality of life or that their views about their services are sufficiently heard.

- 5.4 Services for carers are very patchy and underdeveloped, despite the existence of carers strategies. Inspectors spoke to a variety of carers in each of the local authorities visited about the provision available for them. Inspectors found that in most local authorities carers assessments were being completed regularly. However, the quality of these assessments can vary and they do not always lead to carers getting the full range of services that they need. Many carers expressed a view that assessments and care packages are driven by cost and resource limitations.
- 5.5 Local authority services to carers mainly take the form of respite care for service users to give the carers a break. Services other than respite that are provided directly for carers are still relatively underdeveloped across Wales. The use of direct payments for respite care is clearly growing and suits the requirements of many carers, but there should be comprehensive advice services to underpin this. One group of carers of people who had used a day service were highly complimentary about the care and support provided. They also made little distinction between the professional backgrounds of the professionals helping them; the quality of the help was much more important than whether it was delivered by health or social care professionals. The carers who had used respite care provided in residential homes gave varied views as to their impressions of the care their relative with dementia received. Some were very positive but others felt respite care was very disruptive to their relative, depending on the quality of care they received. They felt that their relative became unsettled and a little distressed, and perhaps not eating and drinking as well as they did at home. Domiciliary services supporting people with dementia came in for the most criticism. Some carers felt that these are provided by people on very low wages who did not have the skills (including communication skills) to meet the needs of people who have dementia. They reported that often when their relative is allocated a new worker, they appear to know little about dementia. All carers expressed concern about the variability of the quality of domiciliary care that their relatives received.

Good practice example services for carers

The Swansea Carers Centre has been an independent charity since 2005. This centre has a service level agreement with the local authority and is supported by the local authority to deliver services for carers. The centre provides benefits advice, advocacy, respite, carers support groups, newsletters, events, volunteering, life skills, training and development, and support for former carers. The centre also runs a carers break service that enables carers to have a break from caring responsibilities. This is a good example of a service that is focused on the needs of carers and a good example of the City and County of Swansea's ability as a commissioner to encourage innovation.

Appendix A

Special Thanks to:

The service users and their families who collaborated in the delivery of this review.

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