



## **CABINET – 17TH OCTOBER 2018**

**SUBJECT: DOMICILIARY CARE FRAMEWORK**

**REPORT BY: CORPORATE DIRECTOR – EDUCATION AND CORPORATE SERVICES**

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- 1.1 The attached report was presented to the Health Social Care and Wellbeing Scrutiny Committee on the 19th June 2018.
- 1.2 The report sought Members' views on the recommendations proposed to progress the commissioning of a new Domiciliary Care arrangement, minimising disruption to individuals who currently receive the service whilst increasing capacity to meet identified needs. The current arrangements were outlined for the provision of externally commissioned and internally provided domiciliary care in the Caerphilly Borough. Some of the difficulties and issues facing the domiciliary care sector on a local and national basis were highlighted in the report. The report was deferred at that Scrutiny Meeting as Members' expressed concerns in relation to the new Domiciliary Care Model. They considered that it would be appropriate to hear an expert testimony prior to making recommendations to Cabinet. Members requested that Representatives from an External Service Provider, Trade Union and Service User and/or Representative be invited to attend a future meeting to provide their perspective on the model.
- 1.3 The report was deferred to the next meeting of the Health Social Care and Wellbeing Scrutiny Committee held on the 11th September 2018. The Chief Executive of the Carer's Trust and a Representative from the Trade Union Unison attended this meeting to provide their perspective on the new Model. The Trade Union supported the in-house provision and generally supported the report. They felt that the framework offers an important opportunity in key areas to secure work places and external service providers themselves will also see the benefits. They would like to see Trade Union recognition or access to the work place in moving forward. The Chief Executive of Carers' Trust referred to the Regulation Inspection Social Care Act (2016) (RISCA) that has introduced a different measure with emphasis on 'What matters conversations and What Care/Respite is needed'. He explained that recruitment in Social Care is in crisis and supported the recommendations in the report. He stated that the Director should be congratulated in achieving this new Model, with limited disruption to care provided and the introduction of a 'block' of hours offered on a weekly basis with an indication of times that the 'eligible' needs of the individual should be met. From the Carers' perspective he stated that this Model is a step in the right direction that offers more flexibility.
- 1.4 The Scrutiny Committee discussed the issue of zero hour % Contracts and the Chief Executive of Carers' Trust confirmed that most providers would not chose this option and he didn't consider that this was the route of the problem. Some people chose and prefer this option as they may have other part time jobs alongside this. He referred to his company that employs 120 staff in Domiciliary Care where 20% want a zero hour % contract, however, the company are aspiring to offer all staff permanent contracts. A requirement of the RISCA Act is that the Authority will have to evidence on a 12 weekly basis that they have asked employees if they wish to continue with these contracts.

1.5 The Scrutiny Committee requested an additional recommendation to include The Health Social Care and Wellbeing Scrutiny Committee would not wish the in-house provision to reduce to less than the current percentage which represents 28% of the provision.

1.6 Cabinet are asked to consider the recommendations approved by the Health Social Care and Wellbeing Scrutiny Committee.

RESOLVED that the contents of the report be noted.

- (i) the approach being proposed in 4.11 in relation to the tender process for a Care at Home Service be agreed;
- (ii) the risks associated with this process are acknowledged and understood;
- (iii) the Health Social Care and Wellbeing Scrutiny Committee would not wish the in-house provision to reduce to less than the current percentage which represents 28% of the service provision.

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Appendix 1 Domiciliary Care Framework Report.