ADSS Cymru
Yn arwain Gwasanaethau Cymdeithasol yng Nghymru
Leading Social Services in Wales

ASSOCIATION OF DIRECTORS OF SOCIAL SERVICES CYMRU

Delivering Transformation Grant Programme 2019-20

Mapping Cooperative Provision – Domiciliary Care

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Contents

1. Executive Summary

1.1. This report, Mapping Cooperative Provision, is one of three being prepared by ADSS Cymru as part of their Delivering Transformation Programme 2019/20. It examines the current use of co-operative provision and other models of service for domiciliary care provision falling within Section 16 of the Social Services and Well-being Wales Act 2014 (SSWBA) (the Act). It reviews the approach being taken by two local authorities, looking at how lessons learned may be shared more widely. Wales Cooperative Centre and the Wales Council for Voluntary Action have worked in partnership with ADSS Cymru during the development of this report.

1.2. To inform this study a desktop literature review of relevant documents has been undertaken to research the policy context in terms of the social value landscape within the social care sector in Wales and the promotion of Section 16 in relation to domiciliary care. Where appropriate, secondary data collection has been used to inform the literature review. Primary data collection was undertaken for the baseline measurement of adult and children residential and domiciliary care by Workstream 1 and this information was available for this report. In addition, sample surveys of County Voluntary Councils (CVCs), Regional Partnership Board leads and Regional Commissioning leads on the Section 16 approach have been conducted to further inform the literature review.

1.3. It was clear from outset that both Welsh Government officials and ADSS Cymru officers considered that the term co-operative must be viewed in its broadest sense for this study. In this context, Mapping 'Co-operative' Provision seeks to clarify what is meant by the organisations and arrangements set out in Section 16 of the SSWBA. This section of the Act is particularly relevant for local authorities who have a statutory responsibility to promote care and support services, including services for carers, and preventative services, which are provided by social enterprises, co-operatives, user-led organisations and third sector organisations.

1.4. The SSWBA does not define Section 16 organisations in any detail and this broad non-prescriptive approach, coupled with a lack of operational guidance has been identified as a factor in restricting the promotion of Section 16 organisations and arrangements.

1.5. The report and literature review explore in more detail what is meant by a Section 16 organisation, arrangement or service. The feedback received during this review shows that stakeholders welcome this focus on Section 16 of the SSWBA. They recognise the importance of including Section 16 organisations in the provision of care and support. They have also highlighted the importance of all sectors delivering services using a Section 16 approach.

1.6. This report sets out the main factors important for the development of services in delivering a Section 16 approach and include:

- Giving the person receiving care and support a strong voice and control in the service they receive:
- Co-producing solutions to meet an individual's needs which are delivered direct into people's homes or as close to home as possible;
- Achieving the individual's well-being outcomes;
- Providing a consistent high-quality service;
- Working in partnership and co-operation for shared benefit;
- Investing in earlier intervention and prevention;

- Sustainability – individuals need to be sure that the service they receive will continue for as long as they need it;
- Providing services that add social value and deliver more in relation to the local area and/or the wider world.

1.7. Baseline data on domiciliary care was obtained from all local authorities as part of the ADSS Cymru Rebalancing the Care Sector Review (2020). Analysis of this data shows that in 2018-19, domiciliary care commissioned by local authorities in Wales can be broken down as follows:

- private sector providers delivered 86% of the total number of hours of domiciliary care.
- local authorities (in-house teams) delivered 12% of the total number of hours of domiciliary care.
- third sector providers delivered 3% of domiciliary care.

1.8. The relatively low level of third sector provision of domiciliary care services means there is plenty of scope for increasing the capacity of this type of provider and increase the development of a mixed economy. There is a view that the third sector is better placed to work co-productively, putting the voice and control of the service user at the heart of the service and are able to work more closely with the community. The challenge for local authorities is to identify how they can encourage more Section 16 organisations/arrangements to deliver domiciliary care services within their area and how commissioning strategies can become more outcomes-focussed.

1.9. ADSS Cymru and the Welsh Government agreed at the outset of this study that two pioneer authorities would be identified to work with ADSS Cymru and Wales Cooperative Centre. Key factors to assist local authorities in the promotion of a Section 16 approach for domiciliary care and explore options for commissioning care services using a Section 16 approach have been identified.

1.10. Flintshire and Pembrokeshire are the two local authorities contributing to this study as they have been developing innovative ways of increasing domiciliary care provision to meet the increased care and support needs of older people in their areas. The first of these, Flintshire, has been piloting a micro-care programme. The second, Pembrokeshire, has been working very closely with Pembrokeshire Association of Voluntary Services (PAVS) on Building Pembrokeshire's Capacity to Care Project. Both of these projects are at an early stage, but lessons are being learned and opportunities identified to develop models which may be transferrable to other locations in Wales.

1.11. Work is on-going within the two pioneer authorities to identify whether the micro enterprise models can be expanded, possibly into larger social enterprises with support from a secondary support service to ensure the micro-care providers are delivering sustainable domiciliary care safely and legally.

1.12. As part of this study third sector stakeholders described a need for a greater understanding of the commissioning and procurement requirements and how these can be used to promote more Section 16 type organisations. The two pioneer authorities have been exploring ways of commissioning that are more innovative and creative. They have established regional commissioning teams that work closely with the local authority social care commissioners to achieve better outcomes for citizens.

1.13. Local authorities have described a gap in capacity for commissioning and further investment may be needed to build this capacity. A focus on skills development and training for

commissioning is required as there is a need to further understand the importance of promoting Section 16 principles and how this fits within current commissioning strategies, without this Councils will not realise their ambitions to innovate and become more flexible or better shape the market to meet the future needs for domiciliary care provision.

1.14. Drawing on the findings in the report, the following recommendations are made:

i) Welsh Government should share the definition of Section 16 provided in Chapter 5 of this report more widely with public sector commissioners so that they have a broader understanding of the importance of commissioning care services using a Section 16 approach in line with legislative and policy frameworks.

ii) Commissioners should be actively encouraging Section 16 organisations and arrangements in their commissioning of domiciliary care services. The role that community and citizen focused organisations can play in increasing the capacity of domiciliary care is vital, as highlighted by the impact on social care of the Covid 19 emergency.

iii) Regional commissioning leads need to continue to work closely with social services commissioners to develop strategies to encourage more opportunities for organisations demonstrating Section 16 principles (paragraph 5.22) in delivering care services. The following are recommended to increase the use of Section 16 principles in the commissioning of services, regardless of who is awarded the contract:

- a greater focus on the ability of commissioners and procurers to develop specifications, scoring and monitoring of the outcomes aspired to in Section 16 and related Acts and policies.
- tender specifications for domiciliary care provision should include prevention/early intervention as a key theme
- commissioning strategies should consider the tender evaluation criteria so that the Section 16 principles have a high weighting for domiciliary care provision.

iv) Lessons learned from the two pioneer authority projects need to be shared with colleagues in the corporate commissioning areas so that all commissioning officers understand why the Section 16 approach is important and how it can be promoted more widely. The work in the two pioneer authorities shows what can be achieved when regional commissioning teams work closely with the local authority social care commissioners to achieve better outcomes for citizens. There is already a range of commissioning tools available. Consideration should be given to these and the work being carried out this year by ADSS Cymru, Wales Cooperative Centre and Wales Council for Voluntary Action.

v) Commissioning teams should offer training and development for third sector organisations so that they fully understand the commissioning process and each local authority's market position statement. A number of CVC's identified the complexity of the commissioning process as a barrier to third sector organisations being able to bid. The challenge for local authorities is to identify how they can encourage more Section 16 organisations to deliver domiciliary care services within their area and how commissioning strategies can become more outcomes-focussed to ensure these services are more people centred. The third sector have an important part to play and are keen to find out more about how they can work more closely with local authorities and help them meet their corporate goals through procurement opportunities.

vi) The NCB for Commissioning and Planning of Health and Social Care can assist local authorities and work with them to increase the number and skillset of commissioners to help fill any gaps in service provision. Further investment is needed to build more capacity and capability in commissioning, with a broader focus on skills development and training, especially in the promotion of Section 16 principles and the importance of promoting Section 16 organisations and arrangements.

vii) The two pioneer authorities described in Chapter 7 are developing new models for domiciliary care provision. Other local authorities could find these lessons learned helpful in developing new micro-care enterprises to increase domiciliary care capacity in their area. The Quality Framework Checklist described in Chapter 9 is a useful starting point and guide for others who may be considering pursuing a micro-care enterprise approach to increase Section 16 provision in a local authority area.

viii) If new micro- care models are to be encouraged to help increase the capacity of domiciliary care provision, additional support for these enterprises will be needed. This will enable them to get on with delivering their core business of providing care and support safely and legally. Local authorities wishing to pursue this model should consider supporting the establishment of a secondary support service to assist new domiciliary care providers. This secondary support does not need to be provided by the local authority and consideration should be given to whether the local CVC would provide this service. To pump prime this initiative it would be helpful to have financial incentives to support the establishment and development of this secondary support.

ix) Further work needs to be carried out in conjunction with the Care Inspectorate for Wales and Social Care Wales to ensure that the micro-care model with secondary support can be further expanded in line with current legislative requirements. The findings from the on-going work commissioned by Flintshire, working with CIW and SCW will assist with this and will assist with finding a solution to expand this model of care.

x) The NCB for Commissioning and Planning of Health and Social Care has recently appointed a new lead so it is an appropriate time to review their work programme and consider whether these recommendations can be adopted. ADSS Cymru should review the developing work of the Welsh Local Government Association in conjunction with the Social Value Portal and the National Social Value Taskforce on establishing a set of National TOMs (Themes, Outcomes and Measures) to help Council's measure the value they are achieving through commissioned services.

2. Introduction

2.1. In July 2018, the Welsh Government published “A Healthier Wales” as one of its responses to the recommendations of a Parliamentary Review of Health and Social Care. It sets out a broad framework of commitments and action to ensure everyone in Wales have longer, healthier and happier lives and remain active and independent in their own homes for as long as possible. Transforming the way health and social care services are delivered is a major feature of the approach.

2.2. The Association of Directors of Social Services (“ADSS”) Cymru led several pieces of work in the 2018-19 Delivering Transformation Grant (DTG) programme and has led to another significant programme in 2019-20 all of which work towards achieving a Healthier Wales.

ADSS Cymru

2.3. ADSS Cymru is the professional body representing directors and heads of Social Services in Wales. Its strategic priorities are:

- advising the Welsh Government on social care policy through consultation responses, involvement in working groups, and formal / informal representation
- proposing national strategies and initiatives and engaging with national organisations to promote effective models of service
- supporting national service developments and supporting the work of local government by promoting the use of best practice models

2.4. ADSS Cymru provides a strategic viewpoint on the shape of the social care market in Wales, how and where services are provided and commissioned. It also provides professional advice to the Welsh Government to support the delivery of the strategic vision in *A Healthier Wales*, the manifesto commitments of the First Minister, and other Welsh Government strategic documents.

Work programme 2019-20

2.5. The 2019-20 DTG programme of work agreed with the Welsh Government comprises two workstreams:

1. Rebalancing the care sector
2. Mapping co-operative provision

2.6. Workstream 1 of the 2019-20 programme, ‘rebalancing the care sector’ has been has split into two separate projects, adults and children with separate reports for each. The introductions for these two reports mirror this report as it intended that each can be read as stand-alone reports for different audiences.

2.7. This report covers Workstream 2, ‘mapping cooperative provision’. It examines the current use of co-operative provision and other models of service falling within Section 16 of the Social Services and Well-being Wales Act 2014 (the Act) in the social care sector, focussing on domiciliary care services. It reviews the approach being taken by two local authorities, looking at how lessons learned may be shared more widely. Links between the two workstreams have been made during the programme’s implementation and in reporting.

2.8. Part 2 of the statutory Code of Practice (General Functions) for the Social Services and Well-being (Wales) Act 2014 explains the Welsh Government’s public services policy is for

greater diversity in the delivery of services through mutual organisations, in-sourcing, joint commissioning and community ownership.

2.9. The Code of Practice and associated regulations are intended to support local authorities in discharging their duty under the Act. This includes promoting alternative and innovative service models, encouraging the growth and development of new not-for-private profit business models, and supporting the growth of social enterprises, co-operative organisations or arrangements, user led services and third sector organisations. Local authorities are obliged to assess what is provided by social enterprises, co-operative organisations and arrangements, user led services and the third sector.

2.10. The findings of this study will contribute to local authorities' ability to fulfil their duties under the Act.

Aims and objectives

2.11. The workstream has several strands – actions and aims – which were set out in the programme agreed between ADSS Cymru and the Welsh Government at the outset. These provided the framework for the project and defined the product deliverables.

- Work in partnership with the Wales Cooperative Centre (WCC) and the Wales Council for Voluntary Action (WCVA) so that the priorities for the three 2019/2020 grant streams are aligned in relation to promoting Section 16 organisations providing care and support.
- Produce a literature review examining the principles outlined in Section 16 of the Social Services and Well-being (Wales) Act 2014 and the provision of models of domiciliary care in Wales that work within a Section 16 approach.
- Identify two pioneer authorities to work with ADSS Cymru on their provision of domiciliary care in line with a Section 16 approach and identify key factors that assist Local Authorities in the promotion of this approach for domiciliary care.
- Working with the pioneer authorities identify a potential future model of domiciliary care provision to add to the range of options open to local authorities.
- Produce an action plan to assist Local Authorities commissioning domiciliary care services using a Section 16 approach.

2.12. The approach taken was designed to work in partnership with the WCC and WCVA, to maximise the resources available and ensure no duplication of effort in relation to research into promoting Section 16 organisations for the provision of care and support in Wales.

This report

2.13. This report sets out findings, conclusions and recommendations in respect of a Section 16 approach to delivering adult domiciliary care in Wales. It describes the approach being taken by two local authorities in Wales, referred to as pioneer authorities for the purposes of this report. After setting out the methodology, background and context in **Chapters 3 and 4**, **Chapter 5** summarises the literature review contained in Appendix A and explores the Section 16 approach in more detail. **Chapter 6** focuses on domiciliary care provision and **Chapter 7** sets out the approach being taken in the two pioneer authorities. **Chapter 8** examines local authority commissioning of care services and working with the two pioneer authorities considers the barriers to promoting Section 16 organisations in delivering domiciliary care and what local authorities can do to improve on this and **Chapter 9** outlines a potential future model of domiciliary care. Finally, the report includes conclusions and recommendations which reflect ADSS Cymru's professional opinions.

Acknowledgements

2.14. The help of all who responded to requests for information and who gave their valuable time and knowledge for discussion across Local Government, the Third Sector more generally and the Project Leadership Group is gratefully acknowledged and appreciated, in particular the input of the two pioneer authorities, Pembrokeshire and Flintshire; without their support this paper could not have been completed. A special thank you goes to the Wales Cooperative Centre and the Wales Council for Voluntary Action who worked in partnership with ADSS Cymru to ensure recommendations from the three work plans were closely aligned and that resources were pooled to deliver the final products.

3. Methodology

3.1. Following agreement of this year's DTG programme with the Welsh Government, a robust methodology was developed to deliver the required outcomes within the capacity and resources available.

3.2. At the project's inception, meetings were held with key stakeholders and a briefing note was prepared for the ADSS Cymru leadership group and the Welsh Government lead officials, to raise awareness of the workstreams aims and objectives and to confirm the approach being taken. The work stream leads also attended the National Social Services Conference (11/12 Sept) to engage more widely with stakeholders and seek their views. In order to ensure effective governance of the programme, a project leadership group was established with regular updates provided.

3.3. A desktop literature review of relevant documents was undertaken to research the policy context in terms of the social value landscape within the social care sector in Wales and the promotion of Section 16 in relation to domiciliary care.

3.4. Where appropriate, secondary data collection was used to inform the literature review to minimise the burden on local authorities in collating data. Primary data collection was undertaken for the baseline measurement of adult and children residential and domiciliary care by Workstream 1 and this information was available for this report. In addition, limited surveys of County Voluntary Councils (CVCs), Regional Partnership Board leads and Regional Commissioning leads on the Section 16 approach have been conducted to further inform the literature review.

3.5. Attendance and a presentation to the WCVA and CVC Influencing and Engagement meeting in October 2019 and regular updates to the local authority regional implementation leads meetings has further supported engagement with stakeholders.

3.6. Monthly meetings have been held with WCC and WCVA to ensure the three workstreams continue to be aligned. WCC is focusing on commissioning and procurement of Section 16 organisations and support has been given, within the resources available, to assist with the development of this workstream so that it complements this final report. Numerous attendances at meetings and telecoms have been undertaken to inform this work.

3.7. Following the agreement of Flintshire and Pembrokeshire Councils to work with ADSSC and WCC as pioneer authorities, regular meetings and telecoms have taken place to share information in more detail and to test some of the models being proposed. Regular discussions have been held to provide data to assist with understanding of the work being carried out in these authorities and to identify how this may benefit other local authorities.

3.8. The approach proved challenging at times but improved working relationships and the understanding of the officers representing ADSS Cymru, WCC and WCVA on the challenges that the promotion of Section 16 presents for the delivery of care and support services.

4. Background and Context

4.1. The pressures on the social care sector in Wales are well documented. Whilst the scale of the challenges in Wales differ for each local authority area, all are likely to see an unprecedented increase in the number of older people (those aged 65) in the next 10 years. The Care and Support in Wales National Population Assessment Report 2017 reports that:

- by 2041 the number of people aged over 65 is expected to increase by almost 37%
- the most dramatic increase is expected for people aged 85 and over, with a predicted 119% increase by 2035
- Wales has a higher proportion of people aged over 85 than the rest of the UK
- life expectancy is rising slower than healthy life expectancy.

The impact that this may have on the current social care sector is significant.

4.2. There is a wide range of literature, reports and guidance that provide insights and proposed actions to tackle the current problems and deficits in the care sector so that Wales is better placed to meet an increased demand for social care. This report reviews a selection of this literature (Appendix A) as it relates to Section 16 and the provision of domiciliary care. The fragility of the domiciliary care market and the challenge for service users and local authorities of recruiting and retaining staff in this sector are both well documented. ADSS Cymru (2018) reported that key messages from the literature on commissioning and market stability have been consistent (in relation to both care homes and domiciliary care) with the challenges impacting on the supply and range of provision including:

- the changing needs of the population is leading to differing, and sometimes more challenging demand patterns and a reducing need and demand for general residential placements;
- there are only a small number of new entrants to the market due to financial pressures and a broad range of uncertainties (such as: high capital costs; rising operational costs; increasing borrowing rates; unpredictable demand; low fees levels);
- workforce challenges (recruitment and retention of good quality staff and managers);
- reducing level of care home fees and profit margins, increasing operating costs, higher level of complexity of care.

4.3. The context for this report is based on the provision of co-operative working in relation to adult domiciliary care. It was clear from the start of this study that both Welsh Government officials and ADSS Cymru officers considered that the term co-operative must be viewed in its broadest sense and not only those organisations that operated as a Co-operative. In this context, Mapping ‘Co-operative’ Provision seeks to clarify what is meant by the organisations set out in Section 16 of the SSWBA (see Chapter 5). This section of the Act is particularly relevant for local authorities who have a statutory responsibility to promote care and support services, including services for carers, and preventative services, which are provided by social enterprises, co-operatives, user-led organisations and third sector organisations. Chapter 5 looks in more detail at what is meant by a Section 16 organisation.

4.4. Increasingly councils have come to see themselves as commissioners rather than providers of services but, in practice, the balance between externally commissioned and in-house services varies substantially from authority to authority. While the SSWBA encourages councils to look for a more diverse approach to providing services including through not for profit and in-house options, the impact of austerity on budgets and capacity as well as the requirements to achieve “best value” means that despite a few examples of change,

generally the rebalancing agenda for adult services in Wales is at an early stage of development and maturity. The workstream 1 report 'Rebalancing the Care Sector in Wales – Adult Social Care Services' describes the rebalancing agenda in more detail and reports on findings from a data collection exercise using more up to date information provided by all 22 local authorities.

4.5. Most publicly funded, long term social-care, is provided or commissioned by local authorities although following the Community Care Act 1990, this was increasingly "marketised" so that a strong emphasis on the private sector has become the dominant model where the large majority of domiciliary care provision has been outsourced by councils in Wales. Following the Southern Cross crisis in 2010, governments at all levels have developed safeguards and systems to plan for care market failures. This is now enshrined in legislation including requirements for market position statements and market overview regimes and on-going work to achieve market stability and protect services to people. In more recent examples of market failures, these arrangements have proved their value.

5. Section 16, Social Services and Well-being Act 2014

5.1. The scope of this workstream considers the term co-operative in its broadest sense which includes the other models of working set out in Section 16 of the Social Services and Well-being (Wales) Act 2014 (SSWBA)

5.2. The SSWBA does not define Section 16 organisations in any detail and it can be argued that this was deliberately left wide so as not to stifle innovation in the development of new types and approaches to services. This broad non-prescriptive approach, coupled with a lack of operational guidance around the implementation of Section 16, was seen at the time of the legislation's drafting as being beneficial, given the wide variation in geography, demographics and other defining characteristics of each of the 22 authorities. However, following several pieces of academic research (Appendix A) into this part of the Act, it has become clear that not specifying a scope has become problematic because there is an absence of understanding of what these terms mean. As part of this review it has been reported from a number of stakeholders that a lack of clarity on what is meant by Section 16 organisations is a factor in preventing the promotion of these organisations. Research undertaken by Holland-Hart et al and Cowie and Jones highlight the general lack of understanding of these terms and definitions not only by the public but also professional staff. There is also anecdotal evidence to support a lack of clarity on these terms

5.3. In order to help with understanding the organisations and approaches that fall within Section 16 better and be clear how these can best deliver the well-being of citizens/service users a stakeholder engagement paper (Appendix B) was prepared to encourage a wider discussion. ADSS Cymru has, in collaboration with the Wales Co-operative Centre, Social Business Wales, the Wales Council for Voluntary Action and Cartrefi Cymru Cooperative, developed a draft set of definitions that can be co-productively shaped into a common lexicon of understanding, which will ultimately assist stakeholders delivering the Act to better identify with these organisational models in terms of their remit, limitations and what they can deliver.

5.4. Together with partners the proposed scope of definitions within Section 16 of the Act has been examined to try and identify a shared set of principles, criteria and characteristics for the various organisations and approaches which might fit within that particular section, so that a set of working definitions can be established.

5.5. The results of these discussions have been summarised below. This information should assist local authorities in carrying out their duties under the SSWBA to promote Section 16 organisations to provide care, support and preventative services in their area. There is also the potential that the information will enable all those stakeholders involved in delivering the core elements of the Act - and specifically the obligations within Section 16 - to have a common understanding of what these organisational models look like in terms of delivering a mixed economy of social care provision.

The Legislation

5.6. Section 16 (1) of the Social Services and Well-being (Wales) Act 2014 (the Act) imposes a duty on local authorities to promote the development of social enterprises and co-operative organisations or arrangements, to provide ***care, support and preventative services*** in their area and also promote the availability of third sector organisations (whether or not the organisations are social enterprises or cooperative organisations) to provide ***care, support and preventative services*** in their area. Moreover, local authorities must promote the

involvement of persons for whom care and support or preventative services are to be provided in the design and operation of that provision.

5.7. From this extract of the SSWBA, we can see that the following are defined within the scope of section 16:

- Social enterprises
- Co-operative organisations
- Co-operative arrangements
- User-led services
- Other third sector organisations

5.8. The Welsh Government sees these organisations as crucial partners to support the implementation of the Act and as a driver to promote innovation and new delivery models to meet the care and support needs of the population of Wales.

Definitions

5.9. Section 16 (2) of the SSWBA further defines a "social enterprise" as an organisation whose activities are wholly or mainly activities which a person might reasonably consider to be activities carried on for the benefit of society ("its social objects"), and which:

(a) generates most of its income through business or trade,
(b) reinvests most of its profits in its social objects,
(c) is independent of any public authority, and
(d) is owned, controlled and managed in a way that is consistent with its social objects;

It also defines a "third sector organisation" means an organisation which a person might reasonably consider to exist wholly or mainly to provide benefits for society. The reference to "society" in both definitions is defined as including a section of society.

5.10. The definition of a co-operative organisation is one that is well established. A co-operative looks like any normal organisation or business but is unique in that instead of being run by a distinct set of institutional investors or shareholders, it is are run by members – residents, employees, service users etc.

5.11. The International Co-operative Alliance's definition of a co-operative is:

"A co-operative is an autonomous association of persons united voluntarily to meet their common economic, social, and cultural needs and aspirations through a jointly-owned and democratically-controlled enterprise."

5.12. We have been working closely on this work stream with the Wales Co-operative Centre which identifies seven internationally recognised principles that define the key elements of a co-operative organisation/business. These are listed below and described in more detail in Appendix A:

i. Co-ops have voluntary and open membership
ii. Co-ops are democratically controlled
iii. There is member economic participation
iv. Co-ops have autonomy and independence
v. They often provide education, training and information
vi. Co-operating with other co-operatives
vii. Concern for the community

5.13. Co-operative organisations are required by the International Co-operative Alliance to follow the agreed values:

- Self-help
- Self-responsibility
- Democracy
- Equality
- Equity

5.14. Having described in more detail what is meant by a Section 16 organisation it should also be noted that there are two categories within Section 16(1) that are not organisations:

- The inclusion of *"co-operative arrangements"* as well as "co-operative organisations" within the section 16 duty encourages authorities to consider the potential value of arrangements that might extend from informal self-help groups to multi-agency consortia.

- The use of the phrase *"user led services"*, rather than "user led organisations", should be noted, along with the emphasis in section 16(1) on *user involvement* in the design and operation of provision. Whilst such involvement might be particularly likely in a "user-led organisation", this can be interpreted as encouraging the promotion of a user-led approach in *all* organisations that deliver care, support and preventative services.

5.15. The Social Care Institute for Excellence has set-out a very simple and straight forward definition of a User-led Organisation (ULO):

"A ULO is an organisation that is run and controlled by people who use support services including disabled people, people who use mental health services, people with learning disabilities, older people, and their families and carers."

5.16. The Department of Health in England has developed a set of 21 principal values and organisational criteria for organisations to consider during the organisation design phase of a ULO as described in Appendix A. However, whilst there is clear guidance on what constitutes a ULO, it is less clear what is meant by a user-led service (Section 16(1)). In terms of developing a Section 16 domiciliary care service, there may be merit in considering the values described for a ULO although it could be argued that the organisational arrangements to support such a service do not need to be as clearly defined. Creating too prescriptive an organisational structure could present barriers to smaller organisations who wish to develop a flexible approach to domiciliary care delivery.

5.17. A collective term that has been used to describe Section 16 organisations or approaches is those that add 'social value'. The SSWBA Code of Guidance for Part 2 (paragraph 265) states that '*Local authorities with local health board partners must establish regional forums to support social value-based providers to develop a shared understanding of the common agenda, and to share and develop good practice. The aim of this forum is to encourage a flourishing social value sector which is able and willing to fulfil service delivery opportunities*' Defining the term 'social value' is somewhat more complex. The literature review (Appendix A) contains several definitions of 'social value' and what it means to individuals and communities. Dr Sally Rees, the National Third Sector Health & Social Care Facilitator at the WCVA, completed an analysis of the seven Regional Social Value Reports in Wales (2019). She has been working closely with ADSS Cymru on this mapping cooperative provision workstream and suggests a simple and straightforward definition of social value from the Cardiff and the Vale of Glamorgan Social Value Forum:

"Social value is about maximising the positive outcomes and well-being of local people, influencing local service provision, and adding value and focus to what matters to people in a way that exceeds exclusively monetary value."

5.18. Dr Rees was appointed in 2019 to lead a work programme for WCVA focusing on realising a vision for social value so that this can be more clearly articulated. She is working with key regional partnership board stakeholders and has held a number of workshops to co-produce a consensus definition of "social value". This work is on- going and due to be completed in March 2021.

5.19. For the purposes of this report new models of domiciliary care provision a key factor under the provision of the SSWBA is that the Section 16 organisations/approaches deliver value for the service user and that individuals have a say i.e. voice and control in designing and the operation of the service they are to receive.

5.20. In discharging their duty to promote Section 16 local authorities need to be clear on what the key principles are to deliver this. It can be argued that the type of organisation delivering care and support is not as important as the principles they are adopting to deliver this care. We have already identified the fragility of the domiciliary care sector and Chapters 6 and 7 will discuss this in more detail. The advantages of a mixed economy approach for the provision of domiciliary care means that if any one sector is in difficulty another may be able to fill any gap created if a business fails. Section 16 organisations do not need to be 'not for profit' organisations. If businesses are to be sustainable, they will need to develop a profit or surplus. It is how this profit/surplus is used that makes an organisation more in line with the Section 16 definition. Reinvestment in the business or a contribution to a 'community initiative' could be seen to add social value in a wider sense, if they are reinvesting profits in line with the objectives of the organisation. It can be argued that some private sector companies also contribute to community initiatives and so are delivering social value.

Principles of a section 16 approach

5.21. This Chapter explores in more detail what is meant by a Section 16 organisation, arrangement or service. During the period of this study discussions with the key partners and stakeholders have indicated that it might be helpful to identify a list of principles that determine what a Section 16 approach would include. In considering this the key drivers of the SSWBA have been examined and the important elements for people in need of care and support and prevention and early interventions. A number of people have commented that in this context it is more important to deliver the Section 16 principles in relation to care than being prescriptive on the type of organisation delivering this care.

5.22. The main factors emerging as being important for the development of services delivering a Section 16 approach include:

- Giving the person receiving care and support a strong voice and control in the service they receive;
- Co-producing solutions to meet an individual's needs which are delivered direct into people's homes or as close to home as possible;
- Achieving the individual's well-being outcomes;
- Providing a consistent high-quality service;
- Working in partnership and co-operation for shared benefit;
- Investing in earlier intervention and prevention;
- Sustainability – individuals need to be sure that the service they receive will continue for as long as they need it;

- Providing services that add social value and deliver more in relation to the local area and/or the wider world.

5.23. It is also helpful to consider how organisations that deliver using a Section 16 approach are in line with the Welsh Government's Healthier Wales Agenda. We have considered this with our partners in the Wales Cooperative Centre out a summary of this approach in Table 1.

Table 1: The Relevance of Section 16 organisations to achieving the Healthier Wales agenda

The Healthier Wales agenda	Relevance of s16 organisations	SSWBA principles
Pursuing well-being outcomes defined as what matters to the individual	The constitutional purpose of most s16 organisations is to do right for their individual users/members/beneficiaries	Well-being outcomes
Involving citizens in the coproduction of services and service delivery	User-led services and democratically accountable s16 organisations are geared towards the involvement of their citizen-users	Voice and Control
Developing a seamless H&SC services based on partnership	Unless s16 organisations are included in the operation of a seamless service, it won't be seamless.	Partnership and Cooperation
Focusing on whole-life and whole-population preventive work	S16 organisations often have strong links with both communities and whole-life client groups and are well-placed to work preventatively.	Prevention
Finding and up-scaling evidence-based ways of working which add or increase value	S16 organisations are often innovators for the benefit of their users/members – and their purposes are aligned with social/public benefit.	Adding (Social) Value
Creating a locally integrated workforce in which the workers are valued	Unless s16 organisations are included, it won't be an integrated workforce. Their values and goals are not exploitative of workers. Worker co-ops and multi-stakeholder co-ops give a strong voice to their workforce.	

6. Provision of Domiciliary Care

6.1. This study focuses on the Section 16 approach to delivering adult domiciliary care, in particular for older people to ensure they remain independent in their own homes for as long as is possible.

6.2. For the purposes of this study we have worked to the Care Inspectorate Wales' (CIW) definition of domiciliary care as set out in paragraph eight of Schedule 1 of the Regulation and Inspection of Social Care (Wales) Act 2016. This defines a domiciliary support service as:

"the provision of care and support to a person who, by reason of vulnerability or need (other than vulnerability or need arising only because the person is of a young age), is unable to provide it for him or herself and is provided at the place in Wales where the person lives (including making arrangements for or providing services in connection with such provision).

6.3. CIW carried out a national review (2016) of domiciliary care service and reported that domiciliary care is an extremely complex operation. The report highlighted that there are many different types of care providers, from very small micro-businesses (businesses employing fewer than 8 people, or sole traders) to large international companies, and from charities to local councils. Key issues identified were:

- severe lack of capacity and extreme market fragility
- care and support that was 'time and task' orientated provided 'inflexible' rushed care;
- overzealous application of procurement and finance rules - care purchased simply at low price tended to lead to problems around staff recruitment and retention;
- this recruitment and retention challenge had a knock-on impact on capacity, reducing the amount of time being spent at the service users' homes;
- care was good and 'secure' when there was mutual understanding between commissioners and providers in producing arrangements for care;
- care was more reliable and person-centred when it was flexible, fairly paid for and when people receiving have a high level of control; and
- there was a high value placed on relationships between those who receive care and their care workers.

6.4. In its discussion paper on commissioning Domiciliary Care IPC (2016) contended that the current approach of driving down the price of services to maximise the amount of care a person gets at the lowest possible cost, is now widely recognised as "unsustainable as it threatens the existence of those providers who deliver local services and particularly those in rural areas"

6.5. Baseline data on domiciliary care was obtained from all local authorities in a bespoke data collection exercise. The work was undertaken in partnership with Data Cymru as part of the ADSS Cymru Rebalancing the Care Sector Review (2020). Analysis of this data shows that in 2018-19, domiciliary care commissioned by local authorities can be broken down as follows:

- private sector providers delivered 86% of the total number of hours of domiciliary care.
- local authorities (in-house teams) delivered 12% of the total number of hours of domiciliary care.
- third sector providers delivered 3% of domiciliary care.

6.6. Table 2 below sets out the percentage of domiciliary care for adults by type of provider for each local authority. Six Councils reported that all (or very nearly all) domiciliary care was delivered by private sector providers. In five other local authority areas, the proportion delivered by the private sector was 90% or more. Three councils delivered over 20% of domiciliary care in-house (Caerphilly, Carmarthenshire and Anglesey) with a further two delivering significantly more in-house (Flintshire 81%, Gwynedd 45%). The highest proportion of third sector provision of domiciliary care (14%) was delivered in Bridgend.

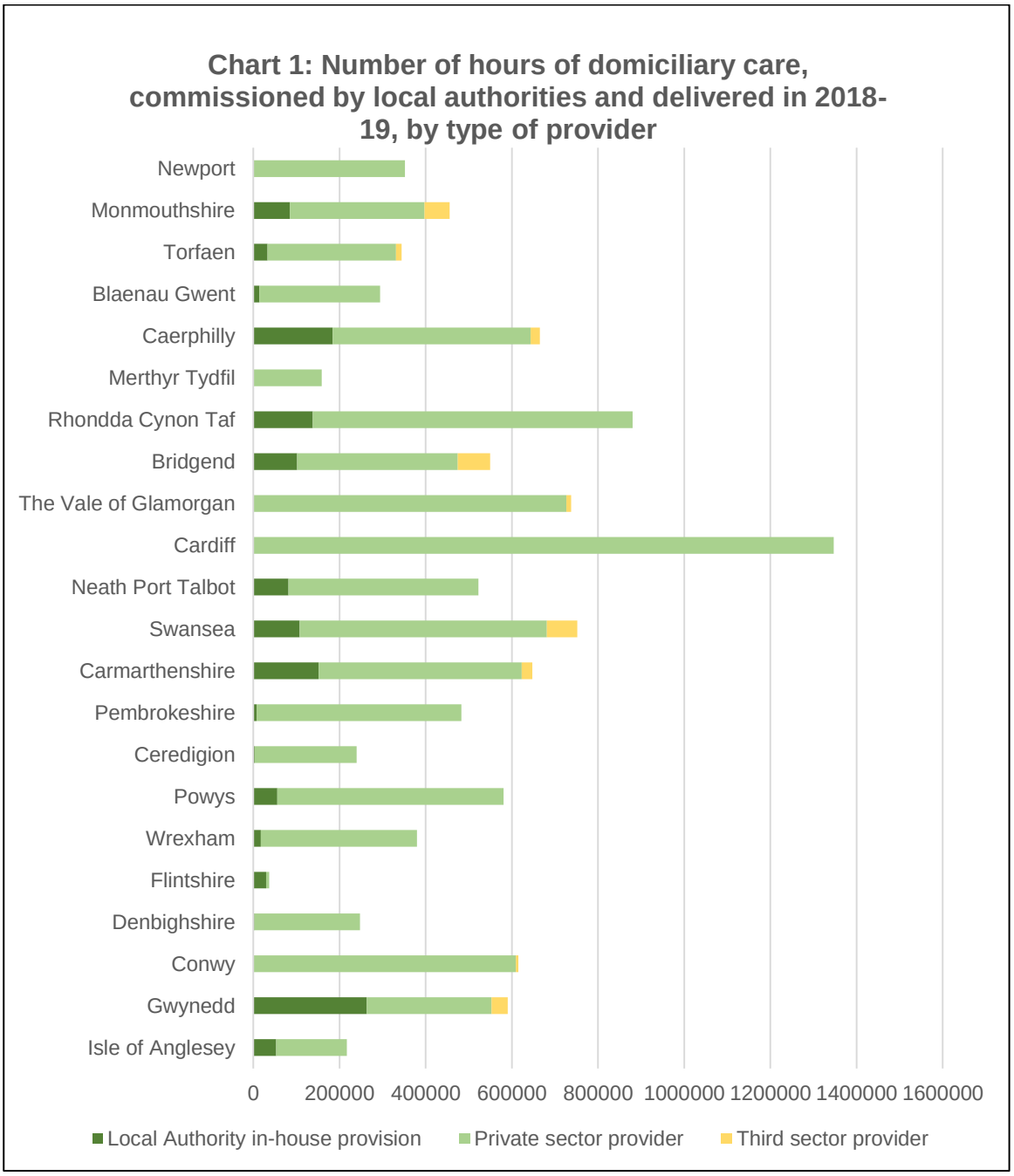
Table 2: Percentage of Domiciliary Care for adults, by type of provider and local authority, Wales, 2018-19

	Percentage of care by type of provider			Total %
	In House	Private sector	3rd sector	
	%	%	%	
Isle of Anglesey	24	76	0	100
Gwynedd	45	49	6	100
Conwy	0	99	1	100
Denbighshire	1	99	0	100
Flintshire	81	19	0	100
Wrexham	5	95	0	100
Powys	10	90	0	100
Ceredigion	1	99	0	100
Pembrokeshire	2	98	0	100
Carmarthenshire	23	73	4	100
Swansea	14	76	9	100
Neath Port Talbot	16	84	0	100
Cardiff	0	100	0	100
The Vale of Glamorgan	0	98	2	100
Bridgend	19	68	14	100
Rhondda Cynon Taf	16	84	0	100
Merthyr Tydfil	0	100	0	100
Caerphilly	28	69	3	100
Blaenau Gwent	5	95	0	100
Torfaen	10	87	4	100
Monmouthshire	19	68	13	100
Newport	0	100	0	100
Total	**12**	**86**	**3**	**100**

Source: ADSS Cymru/Data Cymru 2019

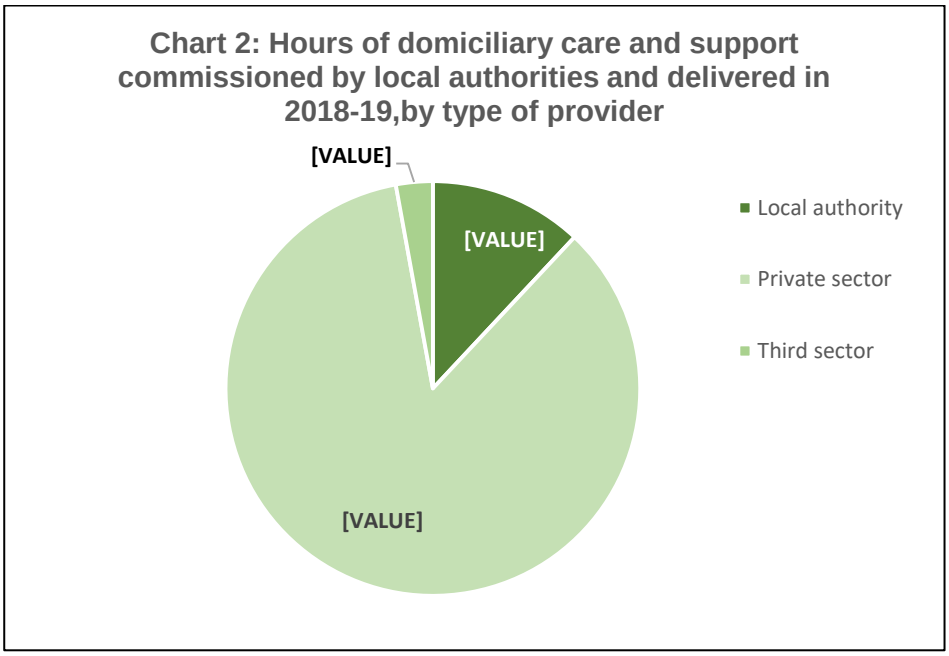
6.7. The figures in table 2 include domiciliary care which was commissioned in 2018-19 and delivered during the same financial year. They also include domiciliary care which was commissioned before April 2018 and which was delivered during the 2018-19 financial year.

6.8. Chart 1 presents this information in bar graph format which highlights more clearly the low level of third sector provision in each local authority.



Source: ADSS Cymru/Data Cymru 2019

6.9. Chart 2 below shows the number of hours of domiciliary care and support commissioned by local authorities and delivered in 2018-19, by type of provider. Local authorities reported a total of 11.1 million hours of domiciliary care provision for this period with just over 318,000 hours provided by the third sector.



Source: ADSS Cymru/Data Cymru 2019

6.10. In respect of expenditure on older people over 65, the all-Wales position varies across Wales by local authority, according to population, level of need, local circumstances and budget priorities. Table 3 provides the detailed expenditure figures by local authority for domiciliary care services with a total spend across Wales of £187m.

Table 3: Expenditure on Home care and total expenditure on older people services, 2018-19, by local authority (£000s)

	Home care	Total older people aged 65 & older
Isle of Anglesey	3,677	13,495
Gwynedd	7,151	27,898
Conwy	9,128	27,180
Denbighshire	6,391	20,603
Flintshire	5,961	26,798
Wrexham	8,141	21,900
Powys	7,327	34,603
Ceredigion	3,602	17,642
Pembrokeshire	9,388	25,772
Carmarthenshire	14,093	44,703
Swansea	16,742	56,644
Neath Port Talbot	9,955	29,208
Cardiff	19,554	57,510
The Vale of Glamorgan	10,148	26,355
Bridgend	9,978	26,154
Rhondda Cynon Taf	14,521	56,628
Merthyr Tydfil	2,051	11,300
Caerphilly	8,657	32,032
Blaenau Gwent	5,383	16,029

	Home care	Total older people aged 65 & older
Torfaen	4,965	16,709
Monmouthshire	4,629	15,117
Newport	5,577	21,464
Total	**187,018**	**625,743**

Source: Stats Wales

6.11. The information collated by the ADSSC/Data Cymru presents the most up to date position of domiciliary care provision across Wales, regarding number of hours and the breakdown of the percentage of the market sector commissioned by local authorities.

6.12. The data relating to the percentage of the market sector commissioned by local authorities indicates that only 3% is delivered by the third sector. Whilst an assumption can be made that the third sector providers all work within a Section 16 approach, this has not been tested by this study. During the collection of the data some local authorities found it very difficult to separately identify from their records the percentage of domiciliary care provided by a third sector organisation as some records were only split between in-house and external providers. It is not clear from the data how many of these providers are social enterprises or co-operatives. However, from the review we have carried out and the survey of CVCs and regional implementation leads, we have not been able to find many of these organisations providing domiciliary care. If we are looking more widely at a Section 16 approach, while Section 16 includes third sector organisations, we need to also consider that other providers of domiciliary care i.e. private and in-house may be working within the principles outlined in paragraph 5.22 and, indeed, if the general principle and ethos of the SSWBA is followed, this approach should be encouraged and promoted more widely, as it is not the exclusive domain of social enterprises, cooperative or the third sector.

6.13. Having said this, given the relatively low level of third sector provision of domiciliary care services, there is plenty of scope for increasing the capacity of this type of provider to increase the development of a mixed economy. It has been argued that the third sector is better placed to work co-productively, putting the voice and control of the service user at the heart of the service and are able to work more closely with the community and so this market sector should be promoted. This basis of Section 16 and the SSWBA places this responsibility on local authorities. The challenge for local authorities is to identify how they can encourage more Section 16 organisations to deliver domiciliary care services within their area and how their commissioning strategy can become more outcomes focussed. Chapter 7 of this report will look at examples of local authorities that are considering different ways of increasing their Section 16 provision of domiciliary care and identify lessons learned and Chapter 8 will explore in more detail the challenge that effective commissioning presents in promoting the use of a Section 16 approach.

7. The work of two Pioneer Authorities

7.1. One of the strands of this study agreed between ADSS Cymru and the Welsh Government at the outset was to work with the Wales Cooperative Centre to identify two pioneer authorities who would work with ADSS Cymru to identify key factors to assist local authorities in the promotion of a Section 16 approach for domiciliary care.

7.2. Two local authorities were identified on the basis that they have been working on some innovative ways of increasing domiciliary care provision to meet the increased care and support needs of older people in their area. The first of these, Flintshire, has been piloting a micro-care programme. The second, Pembrokeshire, has been working very closely with Pembrokeshire Association of Voluntary Services (PAVS) on Building Pembrokeshire's Capacity to Care Project. Both projects are at an early stage, but lessons are being learned and opportunities identified to develop models which may be transferrable to other locations in Wales.

Setting the scene in Flintshire

7.3. The care market in Flintshire, as in other areas, is very fragile. There are insufficient numbers of people providing domiciliary care type services to an increasingly older population. Recruitment and retention of care professionals presents a significant challenge. Low wages paid by agencies traditionally delivering care and unrealistic time schedules has not supported carers to feel valued and to stay in the social care sector. The draft Flintshire Social Services, Recruitment and Retention Strategy for Domiciliary Care states; *"Here in Flintshire we are experiencing significant challenges in meeting people's needs via our local domiciliary care provision. The sector both locally and nationally is heading towards a real crisis."* The development of micro-carers could provide a solution, providing an opportunity to strengthen the care market, to raise the profile of care as a career choice; a profession that is one of choice and not a job of last resort. It is anticipated that there are people who wish to get into the care provision sector but who do not currently have the right skills or the confidence to start working in this field.

7.4. Social Care in Flintshire has been traditionally provided by the local authority and private providers, with social care needs being met by a number of locally based agencies, as well as others who work more regionally and nationally. Currently Flintshire County Council's in-house provision supports around 19% of overall social care needs. In addition, there are various third sector organisations supporting the marketplace.

7.5. The pressures on the social care sector are well documented. The North Wales Population Assessment (2017) projects that Flintshire is likely to see an unprecedented increase in the number of older people (those aged 65+) from 30,000 in 2014 to 46,000 by 2039. The impact that this may have on the current social care sector is significant.

7.6. Flintshire County Council undertook a Strategic Review of the Care Sector in Flintshire (2018). The aim of the review was to identify areas where social care provision could be better supported in the light of the expected increase in the older population of Flintshire in the forthcoming years. The review reported that:

- recruitment and retention into the sector are a particular challenge for providers of care;
- there are a number of community-based approaches outside of the delivery of traditional residential, nursing and domiciliary care services that may play a role in providing support to individuals where needed and add additional resource to the sector;

- consideration must be given to multi-strand approaches to this work and focus on the principles of co-production and co-operation to ensure that work undertaken in the future is done in partnership with the sector, key stakeholders and citizens.

7.7. As a result of this review, a feasibility study was carried out and the Council engaged with 49 micro-providers, third sector organisations, statutory services and others including those who have developed micro-care development opportunities across the UK. The focus of the study was on the development of micro-enterprises as an option to support the social care needs of individuals in Flintshire. The information gathered has informed the development of the micro-care programme and has highlighted areas that need further work. The study found:

- several local authorities in England have successfully piloted the development of micro-care providers' networks.
- an on-line survey carried out as part of this feasibility study explored if and what microenterprises already exist across Flintshire. Of the 22 responses received, none were providing personal domiciliary care services.
- direct payments provide an option for people to purchase care services from micro-care providers.
- recruitment and retention of care professionals presents a significant challenge. The development of micro-carers could provide an opportunity to strengthen the care market and to raise the profile of care as a career choice.
- commissioning and procurement processes need to be reassessed to enable purchasing from smaller providers, so they are able to become part of the social care supply chain.
- a comprehensive risk assessment was undertaken which identified a number of potential risk factors for Flintshire County Council, partner organisations, and citizens across Flintshire. The report presented options for the development of a local programme alongside recommendations for consideration.

7.8. The results of the review and the feasibility study led to Flintshire County Council's decision to explore the micro-care market and its potential to provide another option for people needing care and support across the county. Research has shown that several local authorities in England have successfully piloted the development of micro-care provider networks and Flintshire has explored some of these models in the development of the Flintshire approach. As added value to this study, Social Firms Wales is now developing a Quality Framework in collaboration with Flintshire County Council and the Commissioning Officer at Somerset County Council.

7.9. The North Wales Collaboration has been awarded funding from the Foundational Economy Challenge Fund '*To develop a business case for creating a co-operative staffing agency for health and social care workers'.* This funding will assist with the further development of a new model to help encourage more people into the care industry. The Collaboration has started looking at innovative solutions to workforce challenges and is developing business cases, one of which may include a co-operative staffing agency for health and social care. Data collection and engagement work is starting in April 2020 and the work is planned for completion by December 2020.

What is the Micro-care Programme?

7.10. Micro-enterprises are small enterprises that employ 5 or fewer people, this includes individuals trading independently and people who themselves are disabled or need support. They are independent operations run by people who are entrepreneurial with a flair for overcoming challenging situations and developing new approaches.

7.11. Unlike larger care agencies, micro-enterprises working in the social care field tend to operate in local communities, the employees are often known by those needing care and support. They are offer a more personalised service, usually at a lower cost due to having no agency needing to take management fees or investors to satisfy.

7.12. Micro-care provides the following support which is vital to a person's well-being and helps them remain independent in their home and community:

- flexible and personalised care and support services to older people;
- services tailored specifically to meet an individual's needs;
- cover for carers so that they can have a break;
- provision of meals or taking people to lunch clubs;
- arrangements so that people can attend exercise or social activities;
- attendance at community activities.

7.13. Many of the people wanting to establish a micro-care service will have limited experience of this type of work and are not confident enough to start their own business. To assist with this Flintshire County Council has established a new team to help these micro-care enterprises develop. This team provides:

- support for the individual with developing the business;
- support to ensure the safeguarding of the people in need of care and support;
- information on training, funding and other available support and resources;
- support to develop and deliver a quality service in line with current Welsh Government legislation;
- linking to a network of other micro-care providers for peer support.

7.14. A number of micro-care enterprises have already been established providing good quality support to people in need of care and support and carers who need support. The micro-care enterprises ensure that the people receiving care and support are given a greater say in how micro-care can help deliver what they need. Some micro-care providers will be content to remain as a single employee organisation so that they are able to control their own workload as a private entity and work on a one-to-one basis with the person needing the care. However, this may present challenges as the employee will not be able to work a 7-day week and will need annual leave. It is recognised that not all providers would wish to work on a one-to-one basis and circumstances for each will vary. Some service users need care on a 24/7 basis and the advantages of two or more providers working together and sharing workload is clear. Some micro-care enterprises have already expressed a desire to come together to form an enterprise that meets the principles of a section 16 organisation.

7.15. One of the factors to consider in establishing any domiciliary care service is the need to register the business under the Regulation and Inspection of Social Care (Wales) Act 2016. Exemptions to registration are found in the Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017 as amended in 2019. These exemptions are aimed at families (or related individuals) with children or loved ones with care needs who may wish to come together as a private enterprise or cooperative to provide domiciliary

care support for up to 4 people, but may also apply to the establishment of social enterprise micro-care enterprises when these are provided on a smaller scale. The issue of safeguarding is clearly an important one and service users must not be put at risk.

7.16. Flintshire have appointed two project officers through grant funding to provide support, advice and guidance for people wishing to develop micro–care enterprises to deliver domiciliary care where registration is not required. To assist with this process, and to ensure standards are maintained, these officers are developing a Quality Framework. This Quality Framework is a developmental tool and is designed to help micro-providers to grow and develop essential criteria to become a quality provider. It is anticipated that the Quality Framework will assist with:

- raising the awareness of care as a high-level profession;
- giving the provider control of the service in terms of cost and delivery;
- ensuring the safeguarding of vulnerable people in the community.

7.17. Chapter 8 of this study looks in more detail at what could be included in a Quality Framework to support a micro-care model of domiciliary care supported by a secondary support service provided either by the local authority, third sector or a cooperative organisation.

Setting the Scene in Pembrokeshire

7.18. Pembrokeshire has taken a proactive role working in partnership to promote prevention and early intervention. They have established a Pembrokeshire Preventions Programme Board (PPPB) which is a multi-agency and cross-sector partnership led by the Director of Social Services and Housing and the Head of Joint Strategic Commissioning. This work was recognised in 2018 in the Social Care Accolades category of 'Better Outcomes by Learning and Working together'. This partnership has been leading on the development of a preventions vision, strategic framework and delivery plan. The vision is for a 'people' centred model for preventions, ensuring that the wellbeing and independence of adults, carers, children and families are promoted and encouraged through service development and redesign. The partnership sees 'preventions' and 'information, advice and assistance' (IAA) as being inextricably linked and has brought them together within one programme of activity.

7.19. The Board has identified there is a need to be more creative and diversify the offer in relation to domiciliary care to meet the growing demand in the area. It recognises the challenges of rurality and the nature of the service and has listened to service user feedback about the current provision of service and the difficulty in securing domiciliary care so that older people can remain independent in their own homes for longer. They are also working more closely with the local Community Connectors and building a solution which will transform and diversify the market and provide targeted support to new providers of domiciliary care provision.

Pembrokeshire – Domiciliary Care Challenges

7.20. The pressures on the social care sector in Pembrokeshire is similar to other authorities in Wales. The West Wales Care Partnership has reported that the number of people over 65 will increase by 34% in Pembrokeshire by 2039 and the number of adults and older people with complex needs will rise by 44% by 2035.The greatest increase is predicted to be in the over 85 years age group with a rise of 93% by 2030. The impact that this may have on the current social care sector is significant.

7.21. One of the areas of increasing difficulty is the care marketplace with a challenge to match the number of caring professionals, with the demand for current domiciliary care. In Pembrokeshire this demand is estimated to continue to increase; more care hours are required than the existing professionals providing care and support are able to supply. The challenging financial climate and the need to encourage more people into the care industry, has resulted in consideration being given to other ways for care and support to be provided. A mixed economy approach of private, in–house and third sector provision of domiciliary care will better reflect local needs so that Pembrokeshire is not reliant on one sector alone providing the domiciliary care provision in an area.

7.22. In 2018/19 adult domiciliary care in Pembrokeshire was mainly delivered by private providers, with over 475,000 hours of domiciliary care being provided, 98% of which was delivered by the private sector. However, in November 2018 a key private sector provider, Allied Healthcare informed the Council that they intended to cease trading from 14th December 2018. The Council reacted quickly to ensure that service users received continuity of care and in line with their business continuity process made the decision that this service would be brought in-house. Approximately 55 staff were TUPE transferred from the private sector to an in–house service and the appropriate steps were taken for the Local Authority to register under the current legislation.

7.23. This decision meant that the market for domiciliary care was more balanced between the private sector and in-house provision. This provided more in-house resilience and a mixed market to mitigate risk in the context of increasing waiting lists and a fragile domiciliary care market. The 2019/20 survey of all Local Authorities in Wales by the ADSS Cymru Rebalancing the Care Sector identified that only 3% of domiciliary care provision in Wales is provided by the third sector. It is not clear from the data return in Pembrokeshire whether any of the private sector provision includes third sector provision although it is unlikely that this would be more than the 3% average in Wales. If Pembrokeshire is to encourage a mixed economy approach which includes promoting more organisations that adopt a Social Services and Well-Being Act section16 approach to service delivery, then a different way of working is needed.

7.24. The PPPB have continued to manage demand through the development of the preventative model to support the third sector and community developments which aim to keep people at home in their local communities. Building on the strong foundation of a range of initiatives work is on-going using the ICF-Innovation Grant to pump prime community initiatives and continue to build resourceful communities. By offering services or intervening earlier, they are able to reduce the need for on-going managed care. By building the capacity of families and communities, they can help delay or even prevent the need for social care. Over the past two years they have continued to work towards developing this preventative model and the PPPB bid to the LEADER programme was developed collaboratively by the PPPB and led by Pembrokeshire Association of Voluntary Services (PAVS), as a third sector partner. The delivery partnership was extended to include PLANED, a Pembrokeshire-based local community and economic development social enterprise, and Community Catalysts, a UK social enterprise with experience of establishing micro-community care and support enterprises. Match funding was provided through the West Wales Care Partnership – so it is a true partnership approach.

7.25. Pembrokeshire has a strong micro enterprise tradition with 75% of businesses in the county having 5 or fewer employees. There is also a strong culture of people and communities working together to solve problems and create solutions. The PPPB aims to develop micro

and social enterprises further to offer support to people who need help with their wellbeing, care or health.

7.26. A funding bid was approved through the Welsh Government's Rural Communities LEADER programme through the Arwain Sir Benfro Local Action Group for a partnership project with PAVS, PLANED, and Community Catalysts (Social Enterprise) to deliver 'Building Pembrokeshire's Capacity to Care'. This project provides the opportunity to develop domiciliary care provision that moves away from a traditional time and task approach to an outcome-based approach that better meets the needs of service users to enable them to live well and independently in their own home and community for longer. The Building Pembrokeshire's Capacity to Care project is a good example of a Section 16 approach to meeting the care and support needs of older people in Pembrokeshire.

7.27. In addition, a pilot project has been developed by WCC and Cartrefi Cymru to test a flexible use and integration of an existing supported living service, for a hyperlocal community living in the Furzy Park estate, in Haverfordwest. The premise for the pilot is that a flexible integrated service could lead to better investment in the community, which would release untapped social value.

7.28. Although both projects are still in early development stage there are a number of lessons being learned and opportunities to develop a model which may be transferrable to other locations in Wales. Both projects are described in more detail in the following paragraphs.

Building Pembrokeshire's 'Capacity to Care' Project?

7.29. There is an increasing demand for social enterprise support and development in Pembrokeshire and this demand was not able to be met within the existing capacity of the PAVS Third Sector Support team. The Building Pembrokeshire's Capacity to Care project is now enabling PAVS to provide proactive and tailored support to social enterprises delivering care, support and well-being services including setting up appropriate legal structures for trading; co-producing new models of service delivery; developing co-operative service delivery consortia; demonstrating quality; strengthening governance arrangements, and creating and measuring social value. It is a truly integrated approach between the third sector and public sector with input from Pembrokeshire Intermediate Voluntary Organisation Team (PIVOT), the Royal Voluntary Service (RVS), Pembrokeshire Association of Community Transport (PACTO) and Care and Repair.

7.30. Building Pembrokeshire's Capacity to Care is based on the *Community Catalysts* methodology and supports the development of a network of micro-providers and social enterprises providing a range of flexible, person-centred and high-quality local care, support and well-being services that give people real choice and control over their care.

7.31. This 2-year LEADER-funded project is supporting the setting up of local micro-enterprises and social enterprises to offer a range of care, support and well-being services that support people to live independently for longer in their own homes and communities. The project is working with new, embryonic or established micro and social enterprises, who want to improve their governance and business practices and/or develop new services to meet identified needs. In addition, the project is helping service commissioners and practitioners to understand what needs to change (culture, systems and pathways) and to implement those changes to bring about a transformation in the way domiciliary care and support services are provided in Pembrokeshire.

7.32. The project is being delivered jointly by PAVS, PLANED and Community Catalysts who are:

- **Pembrokeshire Association of Voluntary Services (PAVS)** is the lead partner, responsible for all aspects of project management and implementation. PAVS provides specialist information, advice, training and in-depth support for new and established social enterprises delivering care and support services, working closely with the Community Catalyst. Such support includes (but is not limited to) legal structures, funding and fundraising strategies, organisational development, good governance, creating and measuring social value, setting up volunteer initiatives, quality assurance, etc. A key element of the work will be encouraging and supporting social enterprises to form collaborative and co-operative ventures, drawing on specialist support from the Wales Co-op Centre.

- **Pembrokeshire Local Action Network for Enterprise & Development (PLANED)** is a delivery partner in the project, responsible for employing and managing the locally based Community Enterprise Catalyst post. The Catalyst works in specified areas of Pembrokeshire (as determined by the Pembrokeshire Preventions Programme Board) to help local people set up sustainable and legal micro-community enterprises and ventures that provide care and support services that other people want. The Catalyst will also establish and supports a peer network of care and support service providers and gathers data to evidence impact and value.

- **Community Catalysts** is an established UK social enterprise that has developed a community-led approach to supporting local people to set up sustainable micro-enterprises delivering services that enable people to live their lives in the way that they want to, as connected and contributing citizens. The methodology has been tried and tested in other parts of the UK (though not in Wales) and has been proven to work. Community Catalysts provide specialist support, advice, tools and resources to the project, working on the basis of a sub-contracted consultant. They work closely with PLANED to provide support for the recruitment, induction, training and ongoing management of the Community Catalyst, as well as facilitating change group meetings and culture change workshops for statutory partners. They also carried out a diagnostic process at the start of the project, including a review of data and action research, and drew up a forward work programme for the Community Catalyst.

7.33. The Pembrokeshire approach to Community Catalysts is slightly different to the model being applied in England as it includes social enterprises (as well as micro enterprises); provides more flexibility in finding solutions and links into the existing infrastructure that is already in place. The Community Catalysts work closely with a team of 4 Community Connectors who are already well established in PAVS and work on an outreach basis covering geographic areas in Pembrokeshire. There are also two thematic connectors: one who works specifically with children, young people and their families and one who is working to create dementia supportive communities. The team also includes a Learning Disability Champion and is led by a Connected Communities Programme Manager who works closely with statutory partners and reports to a multiagency steering group. The Connectors work with an average of 50-60 people per month. They support people to access local activities or services and find ways to bring people together around common interests. The project also links with the provision of Direct Payments, and a Direct Payments Co-operative Development Officer has been appointed to encourage the take up of this provision and help service users find innovative solutions to their needs. The Catalysts Project works on the supply side of the equation while the Direct Payment work focuses on the demand side. They have found it is important to work on both sides of this equation, both supply and demand. The project also links to the Pembrokeshire Time Bank

Network, British Red Cross PIVOT, Intermediate Care Programme and the Integrated Community Networks (currently being established by the Health Board).

The Furzy Park Pilot Project

7.34. Wales Cooperative Centre has been working closely with ADSS Cymru on workstream 2 of the Delivering Transformation Programme especially in terms of the Section 16 approach to providing domiciliary care. The WCC are working closely with Cartrefi Cymru Cooperative (CCC) and are continuing to meet with the project officers on the Furzy Park Pilot project. At the heart of this pilot is the supported living service for two adult tenants with learning disabilities and their small staff team. The commissioned supported living service is based at a local authority-owned mid terrace house, situated in the middle of the Furzy Park estate.

7.35. The CCC team deliver approximately 130 hours of support per week and a 'sleep in' service. The two men follow weekly planners that provide structure and consistency to their weeks. These are arranged with input from the men and reviewed at team and goal planning meetings. Both the men rely on organised activities and settings, day centres and People First groups. Their lives can be summarised as living in the community, but travelling out to activities, as opposed to accessing more local options.

7.36. There are three elements to the pilot which explores more fully how a Section 16 approach to supported living can be delivered more creatively:

- With the full agreement and engagement of the two men, the pilot is testing whether a supported living service can provide a vital and valued role in the development and maintenance of a good life, for the entire local community. The pilot is focusing on the hyperlocal community defined as the street 'Furzy Park' and up to four streets that connect to it. It will also map out connections to other assets in the local community. It is confirming whether the assets of the supported living/domiciliary care service, the public funds, the staff and the men themselves, to the limit of their agreement, can be mobilised in ways which help far more people than the two tenants who are currently the sole focus of the service contract.

- This is the met and unmet needs for care and support of the local community. The pilot is looking at developing two things:

    - increased care delivery capacity based on the scope for the supported living service team to grow and shrink in its non-core hours of delivery in order to respond to local care and support needs quickly and efficiently.

    - increased preventative capacity within the community, which reflects PCC priorities to reduce social isolation, building community resourcefulness and help benefit communities from self-help. This is examining how the supported living team could provide an early intervention service in the community through its acquired first-hand very local knowledge of place and people.

- This is local community of Furzy Park in which the supported living service is located. The pilot is exploring the extent in which the local community can maximise its own strengths (using what exists already and developing new things when needed) and meet its own needs. The starting point is joining and building community relationships with a much broader well-being agenda. The pilot will be guided by what local people (including the two tenants) see as important and enjoyable. One idea is to see if a

'Library of Things' could be developed, to bring people together and strengthen relationships.

Sharing the lessons learned in Flintshire and Pembrokeshire.

7.37. The following is a list of factors identified by the two pioneer authorities as important for meeting the requirements of Section 16 to increase the provision of domiciliary care through new models of delivery through the development of micro enterprises:

- People in need of care and support should be able to access local, flexible support that meets their needs;
- Micro-providers often have an entrepreneurial flair and will have identified a need in their communities that they want to assist with;
- The provision of secondary support and advice is key so that the potential micro care provider has the support and advice needed to set up a small enterprise with a social care focus;
- Seed funding needs to be provided to support new providers with the purchase of small items of equipment, reducing the enterprises' need for an early outlay of finance which may prevent some starting this business;
- One attraction for some micro–care providers is the potential to work for themselves, which means that the earning power of the provider will be increased;
- Secondary support needs to be in place to facilitate a supportive network, where providers are able to share ideas and practice, arrange collaborative working and provide opportunities to take part in workshops and joint training;
- This support network will play a key role in the ongoing development of the local programme;
- The provision of a wide range of resources needs to be available to providers, including toolkits, guidance and access to advice and information;
- There may be an increased uptake in community-based activities and access to community assets may increase as micro-providers work to link individuals in with what is available in their own community;
- Employment opportunities will be created as new enterprises emerge.
- The council will be able to offer more choice and control to individuals, empowering them and council staff to think more creatively about the care and support that can be provided;
- Providers need a good method to evaluate users' experiences enabling them to hear and learn from the voice of those receiving services and improve on the services being delivered;
- More capacity in the sector will also assist in meeting the increasing demand for social care as the population of older people increases;
- The development of a Quality Framework Checklist will be of interest to those working in social care across Wales.

8. Commissioning Section 16 Organisations

Commissioning

8.1. The National Commissioning Board in Wales (NCB) was established with the broad purpose of improving the quality of commissioning in Wales and developing effective practice in relation to integrated commissioning between local authorities and local health boards. The Board's membership is made up of representatives from: Local Authority, NHS, Regional Leads, National Provider Forum, Third Sector (WCVA), Wales Procurement Officers, Social Care Wales, CSSIW, WLGA, Improvement Agencies and Welsh Government.

8.2. The NCB has recognised there are many challenges for local authorities in commissioning services and the importance for there to be a shared understanding of what is meant by "commissioning" to achieve the best outcomes for citizens. At its most basic, commissioning involves understanding need and then ensuring there is a supply of services to meet that need. In its simplest form:

Commissioning is… the process of identifying needs within the population and of developing policy directions, service models and the market, to meet those needs in the most appropriate and cost-effective way. (IPC (2016) National Commissioning Board (Wales): Procurement Options in Social Care in Wales. Draft Discussion Paper)

8.3. The Fulfilled Lives and Supportive Communities Commissioning Framework Guidance and Good Practice (2010) defines commissioning as:

…. a set of activities by which local authorities and partners ensure that services are planned and organised to best meet the … outcomes required by their citizens. It involves understanding the population need, best practice and local resources and using these to plan, implement and review changes in services. It requires a whole system perspective and applies to services provided by local authorities, as well as public, private and third sector services.

8.4. Recent legislation in Wales has provided a new framework for a different relationship between commissioners and providers of social care, which together with the increased demands for care from population trends and the impact of austerity on public funds, makes a partnership based, co-productive approach essential. Local authorities are now required to produce market position statements and publish local market stability reports which review the sufficiency of care and support in their area.

8.5. A good market position statement (MPS) will summarise supply and demand in a local area and signal business opportunities within the care and support market in that area. An MPS should tell providers what commissioners' plans are. It is intended to be used by providers to inform business choices and plans such as investment in capital or personnel. This information will enable providers to work with commissioners and to plan their business development, understanding the direction the local authority is taking but also why it is going in that direction. It should be used as a tool for ongoing market shaping activity and in terms of promoting a Section 16 approach should contain a clear position on how the local authority does this.

8.6. Recent feedback from local authorities through the ADSS Cymru's workstream 1 data gathering has confirmed there are many commissioning issues central to any rebalancing of the care market at a local or regional level. These include commissioning and promotion of

third sector or a Section 16 approach to delivering care and support. Workstream 1 examines feedback from local authorities relating to the rebalancing agenda. These findings can be found in more detail in the Workstream 1 reports.

8.7. The findings demonstrate that local authorities recognise the importance of commissioning for social care but that there is a mixed but evolving approach and many Councils are still focusing on procurement rather than commissioning. Commissioning skillset and capacity in local authorities is an issue and this will need to be addressed if the principles of Section 16 are to be fully embraced by commissioners in their wider commissioning strategies.

8.8. Lack of sufficiency of domiciliary care services is an issue faced by a number of authorities. The need to increase the capacity of domiciliary care provision is a very real one for many and this is where there is a greater opportunity to work with the third sector to look at the best way of meeting this gap in services. Pressures for providers in the private and third sectors continue to be significant include operating with very narrow margins and in some cases, services which are becoming unsustainable and unviable. Some providers have exited, or are considering exiting the market, while others are not bidding for new contracts, particularly where TUPE arrangements apply. It is disappointing that there is still some concern that the third sector, while diverse in terms of its make-up, perceives that they are still seen as “third rate”, whereas the sector has considerable skills, experience and track records in delivering good quality support.

8.9. There is also concern that a corporate or regional commissioning function does not appreciate the wider challenges of social care commissioning and the requirement to promote Section 16 principles when procuring services. However, this view is not supported in the two pioneer authorities who have strong regional or cross boundary commissioning leads who focus on commissioning for outcomes with a wider perspective while keeping close links to the social care commissioning leads. The benefits of a mixed economy approach that focuses on services that can deliver outcomes for service users from a community-based perspective certainly brings wider benefits.

Feedback from CVC’s

8.10. Survey forms (Appendix B) were sent to all Heads of the CVC’s in Wales. Feedback from CVC’s and other third sector providers have highlighted the difficulties many find in successfully tendering for local authority contracts. A range of comments were received from the CVCs about their views of the barriers that prevent the development of Section 16 working models in their area. The comments received focused on similar themes including the need to reflect the true costs of a service, helping the third sector get a better understanding of procurement opportunities and how they can help local authorities meet their corporate goals and examples of good practice procedures. A sample of comments received is listed below:

‘There are few public service innovators, within a local authority and health board who are very strategic in a corporate way. In my personal view of working with a wide range of individuals, they have been engrained in a ‘command and control’ public sector environment, and are struggling to know how to respond as leaders to Social Services and Well-being / Well Being for Future Generations Acts. I would term this as focussed on control and service improvement. They do not seem to be able to listen to and act on areas that require learning relationship and sometimes we describe this as ‘KPI’ culture. There is an incredible barrier to learning.’

'There is limited optimisation for diverse business models to meet the needs within the local population. Too frequently delivery models are based on statutory service provision – which disadvantages smaller social businesses and tends to favour larger, better resourced ones. To address this commissioning and procurement practices would require review, learning and draw on models of intelligent commissioning.'

'Addressing the tension between driving down costs and improving quality – including how this is balanced in tendering documentation and approaches, and including the need to reflect true costs and good practice – such as the National Living Wage, training, registration etc.'

'Limited opportunities to access training and Networks to increase capacity in the social business sector to engage positively; provide training – e.g. commissioning and procurement'

'Moving away from traditional, well-established models of delivery can be perceived as a threat. There is a lack of an effective framework of support generally for social enterprises and engaging the involvement of service users; getting buy-in from all and taking managed risks – is the prospect of failure too great?'

8.11. In addition, the CVC's were asked 'What changes they would like to see introduced to encourage local authorities to commission more cooperative/social enterprise or user- led services. The comments received focused on similar themes linked to the way that local authorities engage with the third sector and the complexity of the commissioning process. A sample of comments received is listed below:

'Consider ways to make adjustments to the procurement, tendering and commissioning process in order to simplify where possible and provide ease of access for third sector organisations to take an active role in procurement-related process and place them in a position where they are able to compete with private organisations on an equal basis'.

'Ensure that the views of the voluntary sector are taken into account when embarking on the development of procurement strategies and procurement processes and for local authorities to have an understanding of the difficulties being faced by the third sector'

'Ensure that the third sector understands the approach taken by local authorities when embarking on a procurement, tendering and commissioning process and ensure that both sectors are committed to having clear, open, consistent and fair assessment and commissioning procedures to make sure funds are given out fairly with timetables that can be achieved.'

'Hold meetings between third sector representatives and the Local Authority's Corporate Procurement Teams and the Common Commissioning Units to discuss any commissioning concerns in respect of the third sector and to determine whether any additional stakeholders/sections of the Council should be involved in this particular area to take forward the concerns of the voluntary sector.'

'People / systems / processes to have a culture, capacity and resources to learn, develop, evaluate, coproduce and collaborate to deliver and learn from new approaches together.'

8.12. A general point raised in discussions with third sector organisations was that delivering domiciliary care is seen as a risk area and that the complexity of the tendering process discouraged smaller organisations from bidding. They did not perceive a level playing field for tendering and wanted to be sure that their staff were given fair pay and terms and

conditions to reflect the work they were doing. This often meant that they whilst delivering greater benefit in terms of social value they could not compete with the private sector that may not pay their staff well. One organisation said they did not want to compete unless they could put in a bid that properly remunerated staff carrying out this important role.

8.13. One third sector partner succinctly described five main reasons why local authorities should commission Section 16 organisations in line with the requirements under SSWBA. These views were broadly shared by others and are in line with the principles identified in paragraph 5.22 as being important for the development of services delivering a Section 16 approach:

Reason 1: Achieving Well-being Outcomes

- This is the first principle and overarching duty of the Act;
- It aspires for social care services to go beyond simply mitigating the negative impact on citizens of experiencing a professionally defined impairment;
- It is about doing what matters for people (by involving them in decisions);
- It is also meant to apply to the whole local population, not just those with assessed needs;
- If a service isn't achieving well-being outcomes, it is wasting public money.

Reason 2: Giving people Voice and Control

- This is the second principle of the Act;
- It aspires for social care services to go beyond simply providing professional services and opinions;
- It is about mobilising the assets and opinions of citizens and communities by sharing power with them - in a quid pro quo relationship;
- It is an approach known as co-production and it empowers people to help themselves;
- If a service doesn't do this, it is wasting assets that are available at little or no cost.

Reason 3: Working in Co-operation and Partnership

- This is the third principle of the Act;
- It aspires for social care services to go beyond the provision of different services operating in isolation from each other, or even in competition with each other;
- It especially aspires for statutory Health and Social Care services to work in close alignment of purpose and with shared resources but it is of equal relevance to all services whether statutory or not;
- It is about organisations and sub-sections working together for a shared public benefit;
- If services don't do this, they are wasting resources on self-interest and competition.

Reason 4: Investing in Prevention and Early Intervention

- This is the fourth principle of the Act;
- It aspires for services to go beyond simply addressing needs as and when they become acute;
- It is about reducing or delaying the emergence of acute needs by having proactive contact with people along the entire spectrum from well to unwell, and investing in things that are likely to keep them well;
- If services don't do this, they are wasting resources on meeting avoidable needs.

Reason 5: Buying for Added Social Value

- This isn't a key principle of the Act, but it is a subsidiary principle that is explicitly mentioned in the Codes of the Act in relation to Section 16;
- It aspires for more services to be delivered by organisations that want to go beyond merely delivering a contract;
- It is about encouraging organisations that, because of their constitution and values, can be expected to do more, and to do right, in relation to the local area and/or wider world: socially, culturally, economically, and environmentally;
- If commissioners don't buy from organisations that want to the most for the least, they are potentially buying from those who want to do the least for the most.

Influencing and Supporting Change in Commissioning and Procurement Practices

8.14. While there are some differences in language and emphasis, used by local authorities and third sector providers, many of the phrases used have similar meaning and relate to the principles of the SSWBA, outlined in paragraph 5.22. Both have a desire to promote and secure more Section 16 type organisations in the delivery of social care, and, more specifically, domiciliary care. This can be summarised as follows:

- Pursuing well-being outcomes defined as what matters to the individual;
- Involving citizens in the co-production of services and service delivery;
- Developing seamless H&SC services based on partnership;
- Focusing on whole-life and whole-population preventative work;
- Finding and up-scaling ways of working which add or increase value;
- Creating a locally integrated workforce in which the workers are valued.

8.15. Both sectors describe a need for a greater understanding of the commissioning and procurement requirements and how these can be used to promote more Section 16 type organisations. As part of this study, ADSS Cymru has been working with Wales Cooperative Centre and the two pioneer authorities (Chapter 7) to identify ways of commissioning that are more innovative and creative. Some regions have established a regional commissioning team that works closely with the local authority social care commissioners to achieve better outcomes for citizens. It was encouraging to note that there is a wider recognition of the need to focus on principles such as outcomes in some areas so that a more mixed economy of services is secured. One challenge for local authorities is how to use the commissioning tools available to them to promote Section 16 organisations and approaches to deliver domiciliary care and how to encourage their corporate colleagues of the benefits of this approach.

8.16. In response to this challenge, the need for a greater understanding of commissioning legislation and policy and determine clarity on the impact for promoting Section 16, the Welsh Cooperative Centre has been working with the two pioneer authorities and commissioning leads from other local authorities. Their aim is to develop guidance for commissioners and procurement officers on how to invest in Section 16 models. This work was progressing well with a final workshop planned for mid-March. In light of the recent developments with Covid 19, this final engagement workshop did not take place and consultation with commissioning leads is now taking place individually to ensure people's safety. It was intended that this work would result in a list of recommendations setting out actions on commissioning care services using a Section 16 approach for ADSS Cymru to

consider. It is anticipated that this work will be completed by the end of April and it will be issued separately to ADSS Cymru for their review.

8.17. This work is also informing a paper being prepared by the Wales Cooperative Centre on 'Influencing and Support Change in Commissioning and Procurement Practices' (2020). This paper sets out the various national policies, legislative frameworks, national procurement policy and the relationship with the requirement to promote Section 16 organisations. It summarises the Public Contract Regulations 2015 to provide a platform for local authorities to consider in more depth how they use the current policy and legislative frameworks to promote more Section 16 organisations to deliver social care.

8.18. In addition, the development of a Home Care Toolkit commissioned by the National Commissioning Board for Wales, working in partnership with the National Provider Forum provides useful information. Its purpose is to facilitate the development of an outcomes focused approach to the commissioning of home care services. The Toolkit is the National Commissioning Board's contribution to the implementation of the 'Care at Home Strategy' led by Social Care Wales.

8.19. The Welsh Local Government Association is working with the Social Value Portal and the National Social Value Taskforce to develop a set of National TOMs (Themes, Outcomes and Measures) for Wales to help Council's measure the value they are achieving through commissioned services. An inaugural meeting and workshop was held on 4th March 2020. Representatives at this meeting agreed to focus on the development of a set of Welsh TOMs which reflect the Wellbeing of Future Generations Act and Community Benefits approach already adopted within Wales, as well as other legislation, policy and guidance which may be relevant. It is anticipated that this approach will help Councils achieve wider financial and non-financial outcomes, including improving well-being of individuals and communities, social value and improved environment. This approach is still at an early stage and it will be important to align it with the requirements of Section 16 of the SSWBA and the commissioning of domiciliary care.

Overarching framework for North Wales Domiciliary Care and Support Service Specification: Delivering Wellbeing Outcomes

8.20. The two pioneer authorities described in Chapter 7 of this report, Flintshire and Pembrokeshire, work closely with a Head of Commissioning who has responsibilities for overseeing this function across local authorities, six local authorities in North Wales and two in the West Wales region. This wider perspective gives a broader strategic view. The North Wales overarching framework for Domiciliary Care and Support Service Specification: Delivering Wellbeing Outcomes has been developed and provides a strategic framework for procuring domiciliary care.

8.21. The Flintshire micro-care project is being delivered within this North Wales overarching framework. This regional approach has developed a specification detailing the core outcome framework for all services which may come under the umbrella of 'domiciliary care' or 'care and support at home'.

8.22. The domiciliary or 'homecare' services aim to enable people with high support needs to maximise and maintain their wellbeing and have an improved quality of life. Commissioning for outcomes means a focus on long-term changes, rather than short term inputs/outputs and is in line with the Section 16 principles of the SSWBA.

8.23. By developing an outcomes framework and reviewing their internal processes for care and support planning; and review and contract monitoring, commissioners in North Wales aim to give providers greater freedom and flexibility to work with people they support to design and coproduce the activities that will achieve those outcomes. They also anticipate that some of these activities may be delivered in partnership with other community groups and organisations. This approach stimulates creativity and innovation to enable the region to transform the way services are delivered and jointly (as commissioners and providers) respond to the anticipated unprecedented demand for services within challenging financial constraints.

8.24. The domiciliary care services operate on the basis of achieving three overarching service outcomes and the Flintshire model of micro-care has been developed to work within the parameters of this overarching framework and ensure that the services provided deliver these three sets of service outcomes:

a) People have a positive experience of care and support:
- The value of relationships is recognised; care and support respects and promotes people's individuality, dignity and rights;
- Positive risk management is promoted and people whose circumstances make them vulnerable are safeguarded and protected from avoidable harm
- People are valued as individuals, who are (where appropriate) part of a social network of family, friends and community. People who receive care and support have a number of strengths and assets, which must be acknowledged and drawn upon in order to enable them to help themselves and others.

b) The quality of life for people with high support needs is enhanced, such that they are enabled (where possible):
- To be as mobile, healthy, active and independent as possible; having improvement in health or the capacity to sustain health – both mental health and physical health;
- To achieve improvements in undertaking daily living functions enabling them to remain living in their own home whilst being connected to their community - delaying and reducing the need for care and support.

c) Following a health or wellbeing crisis, services work together to ensure that people are supported as effectively as possible:
- Transfer of care between organisations is effective and any necessary health and social care and support is provided for the person and/or their carer/s;
- Achieving improvements in confidence and ability to self-care;
- At end of life, people are supported (as far as possible) to make advanced plans, to maintain dignity (wishes, cultural and religious traditions) and comfort (including symptom control), including psychological and spiritual care.

8.25. The North Wales Domiciliary Care and Support Service Specification: Delivering Wellbeing Outcomes and the Flintshire micro-care programme demonstrates a commitment to the promotion of the Section 16 principles outlined in paragraph 5.22. The overarching framework which sets out a regional approach to procuring domiciliary care services and the micro-care programme put the needs of the person receiving care and support at the heart of the service. Both approaches support a new way of delivering domiciliary care which invests in prevention and enables people to remain independent in their own homes.

8.26. Flintshire's micro-care programme presents a valuable opportunity to explore new ways of commissioning services and new models of social care. In parallel with the development of the micro-enterprises, Flintshire County Council are working to ensure that systems are in place to enable the local authority to commission care to ensure these providers have a workload and remain a sustainable care option. There are a number of challenges to overcome given that some smaller care services are exempt from the legislative provision for registration and the need to ensure safeguarding is key.

8.27. The Council's approach to positive risk-taking means they can explore new ways of safely and legally commissioning with micro-care enterprises and develop a new model of care delivery. Within this new model, commissioning with micro-care providers will be less focused on time and task, with individuals having more choice and control over how the allocated funding for care which can be flexibly utilised to meet their own care and wellbeing needs. In addition, the presence of locally based providers on this micro level will contribute to a 'mosaic' of support available, from which individuals and commissioners can identify how needs will be best met.

8.28. Working with this new model of care will provide additional options to traditional domiciliary care packages, which are sometimes set up as 'precautionary' measure. Micro-care services may be in a unique position to meet this lower level of need, releasing capacity back into the sector. Through these arrangements, it is anticipated that the individual's care and support needs will be better met and community networks may be developed, leading to an increase in the individual's confidence to meet their own wellbeing goals, with reliance on services reducing. The Council are considering how to scale up this flexible approach within larger care providers.

8.29. Wales Cooperative Centre has been working closely with ADSS Cymru on workstream 2 of the Delivering Transformation Programme especially in terms of the Section 16 approach to providing domiciliary care. Officers are continuing to meet with the project officers for the micro-care programme and the commissioning leads in Flintshire. They have been looking in more detail at commissioning and procurement arrangements and whether there are opportunities for some micro–care providers to join together in a social enterprise type arrangement. The support provided by the local authority's current commissioning arrangements within a Regional Domiciliary Care Framework and the Council's Contract Procedure Rules needs to be robust and consideration has to be given to ensure that those people receiving the service have a strong voice in the services they receive.

Pembrokeshire's Outcome-based Approach to Commissioning

8.30. Despite moving to an outcomes-based approach in Pembrokeshire, it remains difficult to secure affordable and sustainable domiciliary care provision due to the rurality of the area and nature of the service, i.e. dealing with peak demand at certain times and challenges in recruiting and retaining staff. Service user feedback identifies deficits in the current model, including lack of continuity of care workers; insufficient time to carry out tasks and inflexibility in service provision. The Healthier Pembrokeshire Strategic Group has identified the need to transform the domiciliary care market. It recognises that this requires targeted support, both for micro-enterprises and social enterprises.

8.31. The Building Pembrokeshire's Capacity to Care Project adopts the following guiding principles for an outcomes-based approach to well-being and prevention in Pembrokeshire:

- **Approach** – A person-centred and asset-based approach to well-being and prevention, not a tick-box template;

- **Aspirations** – Driven by dreams and values;
- **Trust** – Fundamentally important in supporting a creative and response outcomes focused approach;
- **The importance of stories** – People are hardwired for narrative, so stories must play a central role;
- **The value of ALL contributors** – Avoid attributing the achievement of outcomes to single agencies or interventions, and instead, recognise their individual contributions;
- **Focus on Improvement** – Shift from bean counting as a method of proving results and focus more on improving, which encourages honesty and learning from what did not work, as well as what did. Be appreciative and celebratory;
- **Unanticipated outcomes** – Look out for unanticipated outcomes – positive and negative and learn from both. Outcomes are dynamic and changing;
- **Develop relationships** – Peer support and collective learning and doing involving everyone must play a central role;
- **Context** – Benchmarking is difficult if different measures are used – but context is important, and we recognise there is a need to recognise that what works in one place may not work in another if the asset base is significantly different.

9. Outline of Potential Future Model of Domiciliary Care

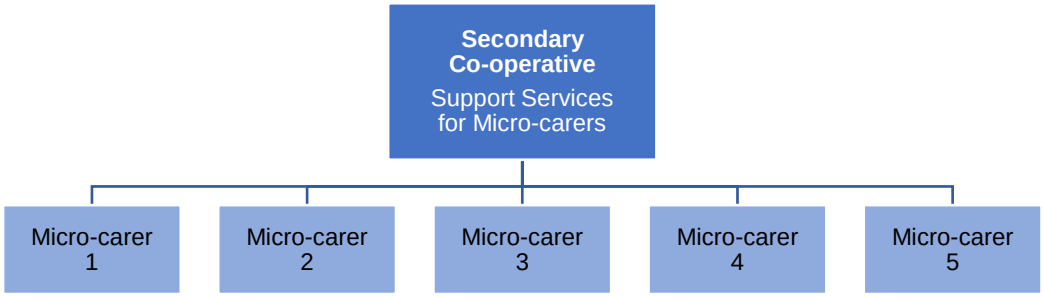
9.1. One of the objectives agreed at the outset of this workstream was to consider whether there is a potential future model of domiciliary care that can be developed in Wales using a Section 16 approach. This is clearly a complex area and it is not as straightforward as recommending a 'one size to fit all'. The commissioning of third sector/user led organisations to deliver domiciliary care is still under used in Wales as reported in the recent survey of local authorities. This is summarised in Chapter 6 and outlined in more detail in the workstream 1 reports.

9.2. In determining whether there is a model that can be explored in more detail this study has focussed on the evolving use of micro-care enterprises in both Flintshire and Pembrokeshire. Both projects are at an early stage but there is evidence emerging that these will deliver increased capacity in the domiciliary care market. This is perhaps more relevant in rural areas where there is a strong community ethos and a desire to build on existing community resources. Anecdotal reporting indicates that this approach is more likely to give voice and control to the service user and incorporate the principles of Section 16, outlined in paragraph 5.22 in delivering services.

9.3. Diagram 1 below sets out a potential future model for domiciliary care based on the findings of the two pioneer authorities. The establishment of more micro enterprises has merit but it is recognised that many people who wish to deliver services as a small micro-care provider will need additional advice and support to make this a success. With this advice and support they can be encouraged to provide domiciliary care in a way that promotes Section 16 principles and works within the legislative requirements. It is suggested that this support can be provided through a secondary support service, possibly using a cooperative/social enterprise model. This could provide support services such as HR, legal, finance, tendering, quality, safeguarding advice, etc. Small micro-care enterprises could draw on this advice as required.

9.4. There are options to provide this secondary support service and one option is through the third sector. Pump priming funding would be needed until the micro-care providers are established and it becomes more sustainable. There may then be an option to fund this through a subscription model, although further work would be required on a regional basis to identify whether this would be sustainable. Funding to support this model may need to be underwritten by Welsh Government, the local authorities or the local health board. The broad principle would be that any micro-care provider would benefit from the advice/support of this enterprise making them more viable and the local authority /health board would have reassurance that good safeguarding and quality standards are in place.

Diagram – Outline of potential future model of domiciliary care



9.5. Currently the legislation has been described as a barrier for micro care enterprises and prevent some joining together to form a larger social enterprise. Advice has been sought from CIW on the legislative requirements for registering domiciliary care services:

The general principle is that a micro- provider cannot have more than four people on their books at any one time. If a micro-provider covers for another micro-provider, the provider covering must not exceed a total of 4 people requiring care taking into account their own client as well as the clients they are covering for.

- *If a provider wants to exceed the 4 people, they must first register before taking on the additional clients and registration can take up to 14 weeks to complete.*
- *The requirement to register only applies for care inside peoples own home (domiciliary care) and not for Day Care or activities outside of the person's home. This may provide some additional capacity to deliver care as long as it is not in a person's own residence. Examples of this could include bespoke day care opportunities; providing care whilst someone is out shopping or attending a community activity etc.; providing daytime respite in the providers own accommodation.*

9.6. Discussions with CIW further determined that: the definition of domiciliary support service has an exemption for 'A person who introduces individuals who provide a domiciliary support service to individuals who may wish to receive it but has no ongoing role in the direction or control of the care and support provided, is not to be treated as providing a domiciliary support service (regardless of whether or not the introduction is for profit)'. Annex 4 of CIW's 'Registration Guidance' clarifies the meaning of 'ongoing direction or control of the care and support provided'.

https://careinspectorate.wales/sites/default/files/2019-06/190620-risca2016-reg-guidance-en.pdf

9.7. This definition is considered in the context of setting up a secondary support service providing advice and guidance to micro-care providers. It sets out a list of what constitutes an 'ongoing role' and what does not constitute an ongoing role. This is particularly relevant in terms of a potential future model of domiciliary care services that may involve the establishment of a secondary cooperative to support micro- care enterprises.

9.8. On this basis it would be possible to establish a secondary cooperative to provide support services as long as it does not overstep the mark and has no 'ongoing role' in the direction or control of the care and support being provided. It must not monitor services or replace care workers who are not available for any reason. The list of things that the secondary cooperative mustn't do is contained in Annexe 4 of CIW's Registration Guidance.

9.9. Annexe 4 also provides a list of what constitutes an 'ongoing role' and sets out the sort of things a 'secondary cooperative' could do to support micro–care enterprises providing domiciliary care without requiring registration. This is applicable when the secondary cooperative has introduced an individual to a care worker and has undertaken any of the activities set out below:

- Introducing an additional or replacement care worker if the person receiving care is not satisfied with the existing care worker and asks for an additional or replacement care worker. This further introduction is because the person receiving care has requested an additional or replacement care worker and is not as a result of monitoring by the person who may have identified a need for a change;

- Providing a range of practice guidance (usually referred to as ’procedures’) as an extra service to the person receiving care. The care worker can follow these procedures once employed if the person directs them to do so. The person who introduced the care worker does not monitor the performance of that worker in respect of these procedures;
- Making an assessment of the needs of the individual, but only in order to determine the type of care worker required or the most suitable worker. Or the person might arrange for someone (usually referred to as a case worker or assessor) to carry out an assessment of needs. This is not the same as writing a care plan detailing the activities needed to deliver the personal care required. For example, this type of assessment might determine what an individual’s needs are, but not how these needs will be met. Such an assessment may be carried out only to enable the person to recruit and introduce a care worker who can be available for the time required and who has the skills needed. The assessment is not ongoing;
- Charging a 'one-off' fee for the introduction – even though part or all of the fee may be reimbursed by the person if either the care worker or the person receiving care terminates their agreement with each other. The fee may be paid in instalments and may or may not be related to the length of the contract;
- Contacting the person receiving care to make sure they are satisfied with the service of making the introduction, including the suitability of the care worker supplied. This contact is only for the purpose of quality assuring the introduction process, not for monitoring or controlling or directing the service being provided by the care worker;
- Agreeing to carry out a payroll function for the person who is employing the worker. This function must have no influence on the direction and control of the service being provided. There should be a clear separation between the introduction and the provision of the payroll service. Ideally, such an arrangement will be under a separate contract from the one of introduction, to emphasise the separate nature of the person’s activities;
- Making available a range of training packages for care workers to purchase. This should be limited to situations where the need is identified by the care worker. This does not include supervision or monitoring of training by the person making the introduction.

9.10. There is still more work to be done to determine whether the model in Diagram 1 is viable and this is being further explored by the pioneer authority in Flintshire using additional funding provided by Welsh Government via the WCC. It is anticipated this work will:

- Identify matters in commissioning and corporate procurement which could affect the ability to commission micro-care providers and what changes might be necessary to promote the successful use of micro-care as part of local domiciliary care provision.
- Establish the position and expectations of Care Inspectorate Wales on micro-care and local authorities’ use of such provision.
- Establish the position of Social Care Wales on registration of the workforce (and any other related matters) as an aid to safe commissioning of micro-care providers.

Themes to consider in the development of a Quality Framework Checklist for micro-care organisations

9.11. In order to assist micro-carers, Flintshire is developing a Quality Framework Checklist in conjunction with Social Firms Wales. This has been expanded for to include factors that promote Section 16 principles, putting the service user at the heart of the service. They are included below as a guide for other local authorities to consider if setting up micro-care enterprises.

a) Status/ Governance - What is the status of the organisation and are there any formal governance arrangements in place. Consideration is given to the:

- structure
- governance arrangements
- identified responsible person(s)

A clear understanding of the structure, whether it is formal or informal, is important and the responsible person needs to have a good understanding of this. The following questions are helpful in determining what sort of organisation the micro–care enterprise wants to be:

- Does the responsible person keep a register or list of care providers?
- Does the provider keep a register or list of individuals receiving care and support?
- Is the set up as a formal or informal group?
- How would you describe the service? - Informal or Formal Group, Sole trader, Company?
- Where is the service based/ What is the address?
- What is the name of the contact person?
- What is the role of this person within the Service?
- How many people are involved in providing care and support? Either as volunteers or paid staff.
- How many people receive care and support from you/your group?

b) Registration - This shows which regulatory bodies are aware of the provider and also what things are already in place to meet registration standards

Is the company and/or delivery staff registered with:

- Care Inspectorate Wales
- Social Care Wales
- The recruitment and employment confederation

c) Delivery staff/individual(s) and training

- Are the people delivering care and support DBS checked?
- Do the people delivering care and support have their references checked?
- Are all individuals providing care and support trained and /or qualified?
- Have they worked in the care sector before?

d) Financial History of Organisation/ Group – This is required to help the Council assess financial competence. Consideration is given to any financial history and whether the organisation has handled grants or tenders previously

e) Policies – What policies specific to the group/organisation are in place?

f) Capacity – What measures are in place in case of staff shortages?

g) Insurance – Does the organisation have the appropriate insurance in place?

h) Quality of Care - How can this be measured/ demonstrated?

i) **Assessing the needs of the individual in need of care and support** – How are the needs assessed? Does the individual have a strong voice in the service being provided? Are their well-being outcomes being considered and met?

j) **Benefits to the Wider Community –** Are there any wider benefits of this service to the wider community?

10. Conclusions

10.1. The conclusions from this workstream are based on partnership working with the Wales Cooperative Centre, the Wales Council for Voluntary Action and engagement with the County Voluntary Councils and Local Authorities Regional Implementation leads. To inform this workstream a desktop review of literature, together with a survey of CVCs and Local Authorities has resulted in the development of a detailed literature review (Appendix A). Results from the findings of workstream 1 have also been taken into account to inform these conclusions.

Defining Section 16 Social Services and Well-being (Wales) Act

10.2. One of the areas that all sectors have found particularly challenging is the broad non-prescriptive approach, around the implementation of Section 16 of the Social Services and Well-being (Wales) Act, coupled with a lack of operational guidance. At the time of the legislation's drafting it was not seen as beneficial to provide more detail on what is meant by Section 16, given the wide variation in geography, demographics and other defining characteristics of each of the 22 authorities. However, following several pieces of academic research (Appendix A) into this part of the Act, it has become clear that not specifying a scope has become problematic and there is an absence of understanding of what these terms mean. It has been reported from a number of stakeholders that a lack of clarity on what is meant by Section 16 organisations is a factor in preventing the promotion of these organisations (Chapter 5).

10.3. The feedback received during this review shows that stakeholders welcome this focus on Section 16 of the SSWBA. They recognise the importance of including Section 16 organisations in the provision of care and support. They have also highlighted the importance of all sectors delivering services using a Section 16 approach. This approach assists with the delivery of the main provisions of the SSWBA and the design principles outlined in Welsh Government's Healthier Wales. It also aligns well with the Well-being and Future Generation Act and the Foundational Economy agenda. If commissioners do more to promote and encourage Section 16 organisations to provide domiciliary care provision this will help take forward the vision of care and support that the recent legislation and policy in Wales requires.

The third sector's role in delivering domiciliary care

10.4. This workstream has focussed on the provision of domiciliary care in Wales. It has become clear during discussions that a mixed economy approach to delivering domiciliary care is important as the market is described as fragile and a mixed model is needed so that local authorities don't rely on one sector. The third sector has an important part to take in this mixed economy approach. The emerging crisis at the time of writing this report reinforces how vital a community-based service is to meet local needs. Whilst a mixed economy is important this does not preclude all sectors delivering their services in a Section 16 way, incorporating the principles outlined in paragraph 5.22. In promoting Section 16, commissioners should be able to adapt their market position statements and domiciliary care tendering processes to ensure these principles are more firmly embedded in future commissioning. The approaches taken in Flintshire and Pembrokeshire described in Chapter 7 to promote more outcome based domiciliary care provision from all sectors ensures that the service user has real voice and control over the service they receive.

10.5. Analysis of the baseline data on domiciliary care shows that in 2018-19, only 3% of the domiciliary care provision in Wales commissioned by local authorities is provided by the third sector (Chapter 6). This relatively low level of third sector provision of domiciliary care services means there is plenty of scope for increasing the capacity of this type of provider and this has the added benefit of increasing the development of a mixed economy for domiciliary care provision. It has been argued that the third sector is better placed to work co-productively, putting the voice and control of the service user at the heart of the service and are able to work more closely with the community and so this market sector should be promoted. In addition to encouraging more private providers to adopt Section 16 principles, the challenge for local authorities is to identify how they can encourage more Section 16 organisations to deliver domiciliary care services within their area and how commissioning strategies can become more outcomes-focussed to ensure these services are more people centred. The third sector have an important part to play and are keen to find out more about how they can work more closely with local authorities and help them meet their corporate goals through procurement opportunities.

10.6. One of the areas researched was how to promote an increase in Section 16 organisations. It was generally reported that this area is seen as having potential for increasing capacity. There were however barriers identified including costs and skills and concerns from the third sector that the current commissioning processes are too complex and make it difficult for them to compete with the private sector. There is also a capacity problem for councils in driving this agenda forward with many local authorities not having sufficient commissioning resources/skills to fully understand the role that Section 16 organisations can take and how to promote the use of this sector. This was regarded generally as a positive agenda although there was recognition of the challenges to developing this model at scale, to have a real impact and for it to be sustainable and viable.

New models of domiciliary care services

10.7. The two models looked at in more detail with the pioneer authorities focus on the development of micro-care provision The establishment of more micro enterprises has merit but it is recognised that many people who wish to deliver services as a small micro-care provider may need additional advice and support to make this a success. If the micro-care enterprise remains small (less than 4 people on their books) they can operate within the current legislation but may still need support from a quality and safeguarding perspective. With this advice and support they can be encouraged to provide domiciliary care in a way that promotes Section 16 principles and works within the legislative requirements. It is suggested that this support can be provided through a secondary support service, possibly using a cooperative/social enterprise model. This could provide services such as HR, legal, finance, tendering, quality, safeguarding advice, etc. Small micro care enterprises could draw on this advice as required.

10.8. Consideration should be given to the types of questions that should be posed to any new micro-care providers and the information gathered during this review suggests a Quality Framework Checklist (Chapter 9) might help with this. A Checklist has been suggested which could be further developed to form a guide for other local authorities who may be considering pursuing micro-care enterprises as a model to increase Section 16 provision in a local authority area.

10.9. There are options to provide a secondary support service either through the third sector or by the local authority. Pump priming funding would be needed until the micro-care providers are fully established and it may be possible to become more sustainable. There may then

be an option to fund this through a subscription model, although further work would be required on a regional basis to identify whether this would be sustainable. Funding to support this model may need to be underwritten by Welsh Government, the local authorities or the local health board. The broad principle would be that any micro-care provider would benefit from the advice/support of this secondary enterprise making them more viable and the local authority /health board would have reassurance that good safeguarding and quality standards are in place. The establishment of this secondary service would need to be established on the basis that it meets the Care Inspectorate Wales and Social Care Wales requirements.

10.10. The two models looked at in more detail with the pioneer authorities focus on the development of micro-care provision but these are both at an early stage and whilst some lessons have been learned it is still too early to draw more detailed conclusions on whether these can be applied more widely across Wales.

10.11. More work needs to be carried out to identify how the micro-carers model can be expanded, possibly into larger social enterprises within the context of the current legislation. How can micro-carers be best supported around regulation and a pathway created for potential providers? The model in Chapter 9 is an outline and there is more work to be done to determine whether expanding this model is viable. As part of the partnership work with Wales Cooperative Centre, this is being further explored by the pioneer authority in Flintshire using additional funding provided by Welsh Government. It is anticipated this work will clarify the position and expectations of the Care Inspectorate Wales and Social Care Wales on micro-care and local authorities' use of such provision as an aid to safe commissioning of micro-care providers.

10.12. The results of this study by Flintshire are not available at the time of writing this report but it is clear from the two pioneer authorities that new ways of increasing capacity for the provision of domiciliary care are vital so that these services continue to be provided for all areas in Wales, especially those with higher levels of rurality. This additional study by Flintshire will assist with the understanding of what can be achieved to commission domiciliary care providers within the context of the Care Inspectorate Wales and Social Care Wales requirements and ensure this can be commissioned safely and legally.

Commissioning for Section 16 Organisations

10.13. Stakeholders described a need for a greater understanding of the commissioning and procurement requirements and how these can be used to promote more Section 16 type organisations. The two pioneer authorities have been exploring ways of commissioning that are more innovative and creative. They have established regional commissioning teams that work closely with the local authority social care commissioners to achieve better outcomes for citizens and this regional approach seems to work well. One challenge for local authorities is how to use the commissioning tools available to them to promote section 16 organisations and approaches to delivering domiciliary care and how to encourage their corporate colleagues of the benefits of this approach.

10.14. Local authorities have described a gap in capacity for commissioning and further investment may be needed to build this capacity. A focus on skills development and training for commissioning is required as there is a need to further understand the importance of promoting Section 16 principles and how this fits within current commissioning strategies, without this Councils will not realise their ambitions to innovate and become more flexible or better shape the market to meet the future needs for domiciliary care provision.

10.15. It is clear that further guidance on how to invest in Section 16 models will be welcome by Local Authority commissioning and procurement leads. The work of the Wales Cooperative Centre, the two pioneer authorities and commissioning leads from other local authorities was progressing well with a final workshop planned for mid-March. In light of the recent developments with Covid 19, the final product has been delayed. This guidance will inform recommendations for ADSS Cymru to consider, including commissioning care services using a Section 16 approach. As it is anticipated this work will be completed by the end of April, these findings will be circulated as a separate paper for ADSS Cymru to review.

10.16. The National Commissioning Board for Commissioning and Planning of Health and Social Care has an important role to play in promoting the awareness and understanding of Section 16 and encouraging a wider take up of this approach. Their Home Care Toolkit produced in partnership with the National Provider Forum provides useful information and facilitates the development of an outcomes focused approach to the commissioning of home care services.

10.17. The paper being produced by the Wales Cooperative Centre on 'Influencing and Support Change in Commissioning and Procurement Practices' sets out the various national policies, legislative frameworks, national procurement policy and the relationship with the requirement to promote Section 16 organisations. It provides a platform for local authorities to consider in more depth how they use the current policy and legislative frameworks to promote more Section 16 organisations to deliver social care and will be helpful in taking this agenda forward.

10.18. The new approach being developed by the National Social Value Taskforce with a set of National TOMs (Themes, Outcomes and Measures) for Wales will help Council's measure the value they are achieving through commissioned services. It may also help Councils achieve wider financial and non-financial outcomes, including improving well-being of individuals and communities, social value and improved environment.

10.19. The projects described Chapter 7 all have commissioning for outcomes at their core and will help in promoting Section 16 principles. It is important they complement each other, and that Directors of Social Services are aware of these on-going initiatives so that future commissioning of care achieves preventative/early intervention and has the citizen at the heart of the service being procured.

11. Recommendations

11.1. The recommendations from this study are:

1) The Welsh Government should share the definition of Section 16 (of the Social Services and Well-Being (Wales) Act 2014) provided in Chapter 5 of this report more widely with public sector commissioners. This will ensure they have a broader understanding of the importance of commissioning care services using a Section 16 approach in line with legislative and policy requirements.

2) Commissioning teams should be actively encouraging Section 16 organisations and arrangements for the delivery of domiciliary care services. The role that community and citizen-focused organisations can play in increasing the capacity of domiciliary care is vital, as highlighted by the impact on social care of the Covid 19 pandemic.

3) Regional commissioning leads need to continue to work closely with social services commissioners to develop strategies to encourage more opportunities for organisations demonstrating Section 16 principles (paragraph 5.22) in delivering care services. The following are recommended to increase the use of Section 16 principles in commissioning services, regardless of who is awarded the contract:

   - a greater focus on the ability of commissioners and procurers to develop specifications, scoring and monitoring of the outcomes aspired to in Section 16 and related Acts and policies.
   - tender specifications for domiciliary care provision should include prevention/early intervention as a key theme
   - commissioning strategies should consider the tender evaluation criteria so that the Section 16 principles have a relatively high weighting for domiciliary care provision.

4) Lessons learned from the two pioneer authority projects need to be shared with colleagues in the corporate commissioning areas so that all commissioning officers understand why the Section 16 approach is important and how it can be promoted more widely. The work in the two pioneer authorities shows what can be achieved when regional commissioning teams work closely with the local authority social care commissioners to achieve better outcomes for citizens. There is already a range of commissioning tools available. Consideration should be given to these and the work being carried out this year by ADSS Cymru, Wales Cooperative Centre and Wales Council for Voluntary Action.

5) Commissioning teams should offer training and development for third sector organisations so that they fully understand the commissioning process and each local authority's market position statement. A number of CVC's identified the complexity of the commissioning process as a barrier to third sector organisations being able to bid. The challenge for local authorities is to identify how they can encourage more Section 16 organisations to deliver domiciliary care services within their area and how commissioning strategies can become more outcomes-focussed to ensure these services are more people centred. The third sector have an important part to play and are keen to explore how they can work more closely with local authorities and help them meet their corporate goals through procurement opportunities.

6) The National Commissioning Board for Commissioning and Planning of Health and Social Care can assist local authorities and work with them to increase the number and skillset of commissioners to help fill any gaps in service provision. Further investment is needed to build more capacity and capability in commissioning, with a broader focus on skills

development and training, especially in the promotion of Section 16 principles and the importance of promoting Section 16 organisations and arrangements.

7) The two pioneer authorities described in Chapter 7 are developing new models for domiciliary care provision. Other local authorities will find these lessons learned helpful in developing new micro-care enterprises to increase domiciliary care capacity in their area. The Quality Framework Checklist described in Chapter 9 is a useful starting point and guide for others who may be considering pursuing a micro-care enterprise approach to increase Section 16 provision in a local authority area.

8) If new micro-care models are to be encouraged to help increase the capacity of domiciliary care provision, additional support for these enterprises will be needed. This will enable them to deliver their core business of providing care and support safely and legally while at the same time continuing to develop effective and sustainable small businesses. Local authorities wishing to pursue this model should consider supporting the establishment of a secondary support service to assist new domiciliary care providers. This secondary support does not need to be provided by the local authority and consideration should be given to whether the local CVC would provide this service. To pump prime this initiative it would be helpful to have financial incentives to support the establishment and development of this secondary support.

9) Further work needs to be carried out in conjunction with the Care Inspectorate for Wales and Social Care Wales to ensure that the micro-care model with secondary support can be further expanded in line with current legislative requirements. The findings from the on-going work commissioned by Flintshire, working with CIW and SCW will assist with finding a solution to expand this model of care.

10) The NCB for Commissioning and Planning of Health and Social Care has recently appointed a new lead, which means now is an appropriate time to review its work programme and consider whether these recommendations can be adopted. ADSS Cymru should review the developing work of the Welsh Local Government Association in conjunction with the Social Value Portal and the National Social Value Taskforce on establishing a set of National Themes, Outcomes and Measures (TOMs) to help Council's measure the value they are achieving through commissioned services.

Appendix A – Literature Review

The literature review can be accessed as a separate document

Appendix B

Mapping Co-operative Provision: Questionnaire for CVCs

ADSS Cymru is leading another significant programme of work supported by the Welsh Government's "Delivering Transformation Grant". Workstream 2 of the programme is considering the Mapping of Co-operative Provision in Wales. We are working closely with the Wales Cooperative Centre and the Wales Council for Voluntary Action and are currently working on a report which sets out the baseline provision of cooperatives in the social care sector within Wales. We are keen to understand the views of CVC's and learn about any co-operatives/social enterprises / user led services which are operating within your area and that you may have been involved with. We will be working with two local authorities to develop guidance on how Local Authorities can best develop cooperative provision in their area. We are especially interested in any models that focus on delivering domiciliary care.

If you have experience of cooperatives/ social enterprises / user led services, we want to hear what you think. Your views will contribute to the final report on promoting cooperative provision in Wales. Please complete this questionnaire and email to Nicki Harrison, nicki.harrison@adsscymru.org.uk or Paul Pavia, paul.pavia@adsscymru.org.uk. Thank you in advance.

1. Have you direct experience of Social Enterprises, Co-operatives or User-led services? ☐ Yes ☐ No

2. If "Yes", please give an example of services being provided through this model of working. We are especially interested in the provision of domiciliary care or social care.

3. What do you think are the key success factors that make a good social enterprise, cooperative or user led service in your area?

4. What do you see as the barriers to further developing co-operative working models in your area?

5. What is your Local Authority doing to promote care and support services, including services for carers, as set out under Section 16 of the Social Services and Well-being (Wales) Act 2014?

6. What changes would you like to see introduced to encourage Local Authorities to commission more user cooperative/social enterprise or led services?

Would you be happy to talk to us in more detail about your experience of this sector?
If so, please Nicki Harrison, **nicki.harrison@adsscymru.org.uk** or Paul Pavia, **paul.pavia@adsscymru.org.uk**.