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CABINET

Tuesday, 5th November, 2019

The use of Welsh by participants is welcomed. If you wish to use Welsh please inform us by noon, two working days before the meeting

S U P P L E M E N T A R Y P A C K

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| 1. | RESHAPING THE PROCUREMENT OF HOME CARE SUPPORT THROUGH THE USE OF A DYNAMIC PURCHASING SYSTEM - UPDATE |
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To consider a report by County Councillor Myfanwy Alexander, Portfolio Holder for Adult Social Care.

(Pages 1 - 86)

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CYNGOR SIR POWYS COUNTY COUNCIL

CABINET EXECUTIVE 5th November 2019

REPORT AUTHOR: County Councillor Myfanwy Alexander
Portfolio Holder for Adult Social Care

SUBJECT: Reshaping the procurement of Home Care support
through the use of a Dynamic Purchasing System -
update

REPORT FOR: Decision

1. Summary

1.1 Further to the Portfolio Holder for Adult Social Care's delegated approval on 2nd August 2018 for the Head of Transformation to:

- pilot and evaluate the success of a Dynamic Purchasing System (DPS) for the future procurement of domiciliary care services in South West Powys before extending its rollout to other areas across Powys,
- report on significant opportunities / weaknesses or barriers to the ongoing use of the DPS identified during the pilot to the Health Care and Housing Committee before seeking approval of the Portfolio Holder for Adult Service to extend its use to other areas.

the purpose of this report is to:

- feedback on the South West area DPS pilot,
- report back on the meeting held with the Social Care Working Group on 27th March 2019 and 15th October 2019,
- report back on the workshop held with the Improvement and Assurance Board on 2nd May 2019,
- seek approval to implement three Dynamic Purchasing Systems (North, South and Specialist) for the future commissioning of domiciliary care support services across Powys, in order to provide a lawful procurement methodology and effective services.

2. Proposal

- 2.1 The South West area DPS pilot was advertised on Sell2Wales in November 2018, with a closing date for responses of the 21st December 2018. Four providers applied and were successful. Subsequently one provider withdrew from providing domiciliary care services for Powys County Council across the county and a second provider reported that they do not currently operate in the pilot area and would not be bidding for work at present.

Since the initial advert a further three providers have applied to join the pilot DPS with two admitted and one being rejected due to not being able to provide reassurance regarding their financial viability.

Therefore four providers in total are actively accessing work in the South West area through the pilot DPS.

- 2.2 As of September 2019 existing commissioned domiciliary care hours for the whole of the county are:

- Domiciliary care - 762 people, 10,594 hours per week
- Live-in - 12 people, 2,194 hours per week
- Home Based Respite - 26 people, 127 hours per week

To date the pilot DPS has commissioned care for 16 people. 9 new single packages and 7 existing packages that were awarded as a block transfer when the provider discussed above exited the market.

3. Options Considered / Available

- 3.1 A full options appraisal was undertaken in the delegated approval report of 2nd August 2018, see Appendix A. The preferred option was to 'develop and implement an Approved Provider list using a Dynamic Purchasing System mechanism. DPS's to include new care packages only, and continue to operate current contractual arrangements for existing customers'.

- 3.2 In order to evaluate the implemented preferred option from the 2nd August 2018 report, a number of factors have been considered. It is difficult to evaluate the success or failure of the pilot DPS with a high degree of accuracy as only a small number of packages have been placed. In addition, other factors, such as the council being unable to give social care providers a financial uplift in 2019/20 and the reducing working age population in the county need to be considered.

- 3.3 A significant number of people are still waiting for care and support in the pilot area, with the Brokerage Team looking for care and support for 26 people, who require a total of 334 hours. This includes 155 hours of care for 16 people that is currently being delivered by the in-house Bridging Team or Reablement service. At 1st October 2019, the council's Brokerage Team is brokering 1232 hours of unmet care and

support across the county, this includes new packages and increases and excludes the hours being held by the Bridging Team.

- 3.4 Commercial Services have trained the Brokerage Team and providers (on request) regarding how to use etenderwales. Providers have not reported any major issues regarding using etenderwales for the award process. A minor issue regarding how the work is presented on etenderwales have been highlighted by one provider. This has been rectified by retaining the CRoFT (Care Referral or For Transfer) excel spreadsheets, which will be uploaded to etenderwales. It is recognised that etenderwales may not be the most conducive or efficient way of brokering domiciliary care packages and further research will be carried out to look at alternative approaches.
- 3.5 In theory, providers should be able to submit bids for work at a financially sustainable rate through the pilot DPS, which allows for the retention of the current workforce and attraction of new domiciliary care workers. However, this has not been evidenced to date. 935 hours of care are currently being delivered in the South West area of Powys. Therefore, a small increase in rate to the 16 new packages, totalling 183 hours, via the pilot DPS may not be giving providers enough additional funds to increase hourly rates or improve terms and conditions for all of their domiciliary care workers. For comparative purposes, unmet need in other areas of the county are as follows:

Locality	Hours being delivered	Hours required / unmet need
Ystradgynlais	935	392.92
Knighton and Presteigne	890.31	368.5
Brecon	1099.75	268.75
Hay and Talgarth	559.5	264.5
Welshpool and Montgomery	1463.25	217.92
Llanfyllin	532.25	161.5
Llandrindod and Rhayader	849.25	131.25
Builth and Llanwrtyd	506	124.5
Llanfair Caereinion	596	128.25
Crickhowell	655	115.25
Machynlleth	381.25	90.5

Newtown	1587.75	44
Llanidloes	365	33.75

- 3.6 In order to provide a comparison, the table below shows the number of packages confirmed across all localities in Powys from April – June 2019. 16 packages confirmed via the Pilot DPS is on par with three other localities - Machynlleth, Welshpool & Montgomery, and Brecon.

# of new packages confirmed by locality for all of Q1 2019-20:	
Locality	# of packages
Llandrindod and Rhayader Locality*	35
Newtown Locality	22
Ystradgynlais Locality	16
Brecon Locality	16
Welshpool and Montgomery Locality	15
Machynlleth Locality	15
Llanfair Caereinion Locality	11
Knighton and Presteigne Locality	9
Llanfyllin Locality	8
Builth and Llanwrtyd Locality	8
Crickhowell Locality	7
Hay and Talgarth Locality	7
Llanidloes Locality	4
Grand Total	157

*NB – the Llandrindod & Rhayader locality is higher than it would usually be due to the transfer of packages from two providers who exited the market, for other periods it would normally be around 20 packages.

- 3.7 The intention is that block contracts will be put in place for each locality, through the proposed geographic DPS's, excluded the localities where this is already in place through separate arrangements that comply with the Public Contracts Regulations 2015. Therefore providers submit a competitive and sustainable rate knowing that they will get first choice on all new work for a fixed time period. This allows for existing runs to be maintained, whilst also driving out efficiencies.
- 3.8 The introduction of three new DPS's would replace existing spot contracting arrangements, which would only be used in exceptional circumstances.

- 3.9 The three proposed DPS's would also ensure that future purchasing arrangements for domiciliary care provision are lawful and compliant with Public Contracts Regulations 2015.
- 3.10 See confidential Annex 2 regarding financial rates.

4. Preferred Choice and Reasons

- 4.1 The preferred option, remains to 'develop and implement an Approved Provider list using a Dynamic Purchasing System mechanism. DPS's to include new care packages only, and continue to operate current contractual arrangements for existing customers', as per the delegated approval of 2nd August 2018.
- 4.2 The domiciliary care market should respond positively over time as packages are commissioned through the proposed DPS's, either through block procurement or via individual packages.
- 4.3 This report seeks agreement to develop and implement three formal approved provider lists in the form of a DPS:
- North Powys DPS (North East, North West and North Central community areas)
 - South Powys DPS (Mid East, Mid West, South Central and South West community areas)
 - Specialist county-wide DPS for people whose domiciliary care needs are more complex.
- 4.4 Each proposed DPS will contain multiple lots, as detailed in the delegated approval report of 2nd August 2018, through which the future procurement of a range of home care support will be procured.
- 4.5 The three proposed DPS's will be advertised via Sell2Wales in November 2019, with providers being given a limited time to respond. When the given time limit has expired the proposed DPS's will become the main and compliant route for procuring domiciliary care in the county. The DPS's will then be reopened and readvertised so new providers can join in the future.

5. Impact Assessment

- 5.1 Is an impact assessment required? Yes
- 5.2 If yes is it attached? Yes, see Appendix B.

6. Corporate Improvement Plan

6.1 This proposal will contribute towards the Corporate Improvement Plan by working towards some of the objectives for Adult Services:

- Avoid delays by providing sufficient service and fieldwork capacity
- Meet new statutory responsibilities towards individuals and their carers by increasing the range and quality of the services available for meeting needs

6.2 In addition, if we are successful we can expect to see:

- Reduced numbers of persons (per 1000 population) aged 75 and over who experience a delay in return to their own home or social care setting following hospital treatment
- People who are satisfied with care and support that they received
- Carers reporting they feel supported to continue in their caring role
- People reporting they felt involved in any decisions made about their care and support.

6.3 Further information regarding how this proposal contributes to the Corporate Improvement Plan can be found in the Impact Assessment, see Appendix B.

7. Local Member(s)

7.1 The proposal will have an equal force across the whole County.

8. Other Front Line Services

8.1 Does the recommendation impact on other services run by the Council or on behalf of the Council? Yes

8.2 If so please provide their comments: the proposal should impact on the in-house Bridging Team and Reablement service in a positive way. The in-house Bridging Team currently holds and delivers 1055 hours of care per week. Furthermore, the Reablement Service often finds it problematic to transfer clients who require ongoing care due to a lack of flow in the domiciliary care market. The Brokerage Team are currently trying to source 1232 hours of care. Introducing a DPS and establishing block locality contracts should strengthen the market and ease the pressure on the in-house services.

9. Communications

Have Communications seen a copy of this report? Yes

Have they made a comment? No proactive media action required but clear communication with providers will be required to ensure that implementation is carried out smoothly.”

10. Support Services (Legal, Finance, Corporate Property, HR, ICT, Business Services)

10.1 Legal - The Recommendations can be supported from a legal point of view.

10.2 Finance – The Finance Manger has reviewed the proposal and the financial implications are detailed in the confidential Annex 2.

10.3 Corporate Property: no comments required.

10.4 HR: HR support this proposal. There are no implications for Powys County Council employees.

10.5 ICT: no comments required.

11. Scrutiny

11.1 See confidential Annex 1.

12. Data Protection

If the proposal involves the processing of personal data then the Data Protection Officer must be consulted and their comments set out below.

12.1 Not applicable.

13. Statutory Officers

13.1 The Head of Legal and Democratic Services (Monitoring Officer) commented as follows: I note the legal comment and have nothing to add to the report

13.2 The Head of Finance (Section 151 Officer) has commented as follows:

The need for a DPS approach is acknowledged, particularly in supporting the growing demand for home care across the county. But this project thus far evidences that delivering packages of care through the DPS will cost more. The Finance Business Partner suggests a significant cost pressure would evolve if the DPS were rolled out wholesale. This additional pressure is not budgeted for and the service would need to consider how it addressed this budget gap.

14. **Members' Interests**

The Monitoring Officer is not aware of any specific interests that may arise in relation to this report. If Members have an interest they should declare it at the start of the meeting and complete the relevant notification form.

Recommendation:	Reason for Recommendation:
<p>The Head of Commissioning (Children & Adults) is authorised to implement three (North, South and Specialist) Dynamic Purchasing Systems for the future commissioning of domiciliary care support services across Powys, as set out in this report.</p> <p>The Head of Commissioning (Children & Adults) is authorised to establish larger block contracts over time, in localities across the county, for the delivery of domiciliary care services, via the DPS's.</p>	<p>The three DPS's will also ensure that future purchasing arrangements for domiciliary care provision are lawful and compliant with Public Contracts Regulations 2015.</p> <p>Block purchasing will ensure that effective and efficient services are procured.</p> <p>The development of geographic and specialist DPS's, will support providers to develop market capacity within the specific areas of Powys that they wish to continue to develop their business in.</p>

Relevant Policy (ies):			
Within Policy:	Y	Within Budget:	Y

Relevant Local Member(s):	N/A
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Person(s) To Implement Decision:	Dylan Owen
Date By When Decision To Be Implemented:	October – December 2019

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Background Papers used to prepare Report:

Appendix A

CYNGOR SIR POWYS COUNTY COUNCIL.

PORTFOLIO HOLDER DELEGATED DECISION

By

Councillor Stephen Hayes (Portfolio Holder for Adult Social Care)

27th July 2018

**REPORT AUTHOR: Dylan Owen
Head of Transformation for Adult Services**

**SUBJECT: Reshaping the procurement of Home Care support
through the use of a Dynamic Purchasing System**

REPORT FOR: Decision

1. Summary

1.1 Further to the Portfolio Holder for Adult Social Care's delegated approval on 20th July 2017 for the Head of Transformation to undertake market engagement to explore the relative merits of implementing a Dynamic Purchasing System (DPS) for the future commissioning of domiciliary care, the purpose of this report is to:

- Outline the outcome of the market engagement process;
- Seek approval to create an approved electronic framework of Home Care support providers as a DPS for a range of home support services, including domiciliary care in Powys;
- Seek approval to extend the scope of the proposed DPS to enable all public bodies to be able to use the DPS in the future should this be beneficial.

1.2 It is proposed that the DPS will support the future procurement of the following home care services within separate lots: A description of what a Dynamic Purchasing System is, is included within Appendix 1 of this report.

- **Generic domiciliary care**
 - Domiciliary Care, including people with dementia (Town & Rural)
 - Domiciliary Care, including people with dementia (Remote Rural)

Split into two geographic areas, composed of the following community areas:

- North = North East, North West and North Central
- South = Mid East, Mid West, South Central and South West
- **Specialist domiciliary care**, operating county wide and not split into geographic areas
 - Domiciliary Care, including people with advanced dementia or mental ill health
 - Domiciliary Care for people with are terminally ill or have a life limiting illness
 - Domiciliary Care for people with a Physical Disabilities and/or Long Term Conditions
 - Domiciliary Care for people with Sensory Impairment(s)

Other related home care services

- (operating county-wide) Home Based Respite (Home Sitting Service)
- 24 hour live-in support (including sleep-ins)
- Overnight care
- Befriending Services
- Community Based Support (Disability Services)
- Return from Hospital
- Reablement Services (Rehabilitation support)
- Day Time Activities
- Home Based Support
- 24/7 Rapid response / Telecare
- Substance misuse / harm reduction services

1.3 The cumulative Home Care budget figure for 2018/19 to provide these services is approximately £10.5 m. At the end of April 2018 existing commissioned hours are

Domiciliary care - 854 clients, 11,762 hrs
 Live-in - 7 clients, 1,028 hrs,
 HBR - 61 clients 330 hrs

1.4 The purpose of the DPS is to:

- replace the existing Supplier Framework and Spot Contracting arrangements held with external providers with an additional, more dynamic and flexible engagement route with the authority
- ensure our supply pool of providers is able to grow sustainably and flexibly to deliver the requirements now and for the future
- support adding social, environmental and economic value through good procurement practice
- ensure that the Council has access to consistent high quality care providers
- ensure that the Council secures best 'market value' in terms of cost and quality of service, driving out any potential cost savings

- provide equality of opportunity to the external providers
 - provide a more robust mechanism to avoid non-compliance and negate use of spot contracts; thereby reducing scope for inequality of access and outcomes.
- 1.5 Subject to the procurement timetable it is anticipated that the DPS will be rolled out first in South West Powys. Following an initial evaluation of the DPS's effectiveness, it is anticipated that rollout across the county in 2019.
- 1.6 Once implemented, it is proposed that no single provider will be commissioned to provide more than a cumulative 45% of domiciliary town and rural care hours commissioned within any DPS. This restriction does not apply to 'Remote Rural' care packages commissioned within the remote rural DPS lots. This is to support the improved risk management of services, and to reduce the potential of any one provider becoming 'too big to fail'.

3. Background

- 2.1 The current procurement of care and support from external providers is done in a range of different ways including legacy individual placement agreements from the previous framework contracting arrangements, 'spot purchasing' of individual care packages as well as facilitating users to take direct payments and self-manage their care and support arrangements. These contracts are subject to the Public Contract Regulations 2015 though for the service the 'Light Touch' procedure can be applied to the procurement. This means that the Council can apply the rules more flexibly and set the rules for the procurement in the interest of the services and its clients so long as the Treaty principles of non-discrimination, proportionality equality and transparency are observed.
- 2.2 Within current arrangements, domiciliary care is provided in North Powys predominately via contracts previously let under the 2014 Domiciliary Care Framework supported by a small number of providers commissioned via spot contracts. In contrast, commissioning in South Powys is via spot contracts with 12 external providers and the Powys In-House Domiciliary Care Service. As a result, the majority of domiciliary care services are procured using spot contracts and are therefore not compliant with the PCR2015 regulations.
- 2.3 In June 2017, the Portfolio Holder for Adult Social Care agreed that officers should explore the benefits and opportunities achievable from the development of a DPS for domiciliary care and similar support services. This work also included undertaking appropriate market engagement to assess the viability of a DPS.

2.4 A formal market development event was held on 28th September 2017. The event was well attended, and included both existing Powys domiciliary care providers, and domiciliary care providers who are currently not commissioned by the Council to provide domiciliary care in Powys. The outcome of the market development event, together with wider market development work undertaken suggests that there was general support from the majority of providers for both the introduction of a DPS, and for maintaining continuity of care, with new packages only initially being procured via the DPS system. However, providers highlighted that need for further consideration of the following areas before proceeding:

- The proposed duration of a DPS. Initial thoughts within the workshop was for a five year DPS, with agreed review periods built in to enable changes / an extension to be introduced alongside any price revisions necessary;
- Need to be clear on definition of what a new package is. For example, whether an existing service users being discharged from hospital would require a new packages to be agreed;
- The range of services and the number of hours to be included with a DPS required to support providers to maintain / develop financial sustainability and support workforce retention;
- The cost effectiveness and sustainability of a DPS for the Council compared to standard framework contracts was also raised. Therefore in addition to the above efficiency measures introduced as part of the DPS to ensure cost effectiveness for providers would therefore also take in to consideration the council's financial position.
- If Electronic Call Monitoring (ECM) was to be used, this could reduce providers' invoicing costs, but would need to include 'tolerances' to ensure calls were not paid on a minute by minute basis which could negate any such financial benefits;
- How service user choice will be built in the DPS, and how the service provided will support a move away from time and task service provision to a more Outcome based service;
- Whether additional flexibility could be built in to the system for both service users and providers via the introduction of call banding;
- Package award process needs to be clearly defined, and initial DPS information provided to providers regarding individual packages needs to be as detailed as possible to permit clarity of decision making on successful provider, and to allow the providers to bid appropriately for packages of care.

2.5 Further market engagement has been undertaken within provider forums, which has helped to shape the DPS proposals within this report

including the nature of DPS lots, geographic zoning, and the proposals to pilot the DPS ahead of a wider rollout.

- 2.6 Whilst significant improvements have been made in the provision of domiciliary care services over the past 36 months, it is however important to note that challenges remain in some areas across the county in relation to both capacity and provider sustainability. In recognition of the challenges, the 20th December 2016 Cabinet approved plans for the Council's In-House Domiciliary Care Service to act as a 'provider of last resort' to provide care for any resident where there is not an alternative external provider. Work is ongoing within the service to both develop the necessary capacity across North Powys and to adjust capacity in South Powys to enable the service to fully undertake this role.

3. **Proposal**

- 3.1 This report seeks agreement to develop and implement 3 formal approved provider lists in the form of a Dynamic Purchasing System (DPS) with multiple lots within each DPS, through which the future procurement of a range of home care support will be procured.

The initial proposed DPS systems, and the proposed lots within them are:

1. North Powys
 - Domiciliary Care, including people with dementia (Town)
 - Domiciliary Care, including people with dementia (Rural)
 - Domiciliary Care, including people with dementia (Remote Rural).
2. South Powys
 - Domiciliary Care, including people with dementia (Town)
 - Domiciliary Care, including people with dementia (Rural)
 - Domiciliary Care, including people with dementia (Remote Rural).
3. Specialist county-wide Services
 - Domiciliary Care, including people with advanced dementia or mental ill health
 - Domiciliary Care for people with are terminally ill or have a life limiting illness
 - Home Based Respite (Home Sitting Service)
 - Befriending Services
 - Community Based Support (Disability Services)
 - Return from Hospital

- Reablement Services (Rehabilitation support)
- Day Time Activities
- Home Based Support
- 24/7 Rapid response / Telecare
- 24 hour live-in support (including sleep-ins)
- Substance misuse / harm reduction services

Flexibility will be built in to each DPS to revise / add additional service in to the DPS are required following each period review.

- 3.1 Providers will be able to join all DPS's should they wish to, however, providers who would prefer to focus on one of more DPS's would be able to join just those areas if they prefer. The development of the DPSs will enable providers to just join that DPS which is most relevant to them. This would enable providers to focus on specific geographic areas of interest, without the need to receive details of package of care in areas of no interest to them. Within each on the geographic areas, it is proposed that care packages will be commissioned in one of 9 time bands throughout a 24 hour period.

- Band 1: 6.45am to 8.30am
- Band 2: 8.30am to 10.30am
- Band 3: 10.30am to 12noon
- Band 4: 12 noon to 1.30pm
- Band 5: 1.30pm to 3pm
- Band 6: 3pm to 6pm
- Band 7: 6pm to 7.30pm
- Band 8: 7.30pm to 9pm
- Band 9: 9pm to 10.30pm

- 3.3 A DPS is a procedure available for the contracts of works, services and goods available from the marketplace. A DPS has similar aspects to a framework agreement, but, subject to key criteria being met, allow an unlimited number of suppliers to join the scheme at any time, and are completely electronic processes.
- 3.4 Theoretically a DPS could run indefinitely, however, following engagement with the market, it is recommended that the DPS is initially run for 10 years with an option to extend for a further 5 years subject to bi-annual reviews to ensure that arrangements continue to provide the best outcomes in light of any changes in circumstances. A fuller overview of a Dynamic Purchasing System is included within Appendix 1 of this report.
- 3.5 The use of approved provider lists in the form of a Dynamic Purchasing System would not differ greatly from the existing system used, but would move existing arrangements toward adherence with EU procurement regulations. The DPS would also allow the County Council to standardise existing procurement arrangements, and support commissioners to develop Powys's care markets in a more

flexible and sustainable manner. Improvement include operation of electronic call systems aligned to each DPS to improve the efficiency of council payment systems, and to monitor actual service delivery. The DPS's will also minimise all future off-contract spend as each DPS will remain open for additional suppliers to join.

Setting up the DPS

- 3.6 Setting up the DPS would be undertaken via an advertisement in the Official Journal of the European Union (OJEU), from which providers could apply to be approved by completing a prequalification questionnaire focusing on providers' financial and technical capabilities. All providers eligible to join the Dynamic Purchasing System will be required to undertake a qualification process covering both financial and quality aspects. To support Powys' ongoing market viability, the cumulative number of hours commissioned from individual providers will be regularly reviewed alongside their respective financial sustainability to help maintain appropriate liquidity / cash flow.
- 3.7 Once a provider has been included on the DPS(s), providers will then be able to bid for care packages commissioned via the DPS. Bids received for care packages will then be assessed using both cost and quality measures. It is proposed that this will be undertaken using the Bravo eTender Wales portal (or an alternative suitable corporate system in the future), and will be fully compliant with EU procurement regulations. The procurement process will be open, fair and transparent in compliance with the County Council's Standing Orders on Procurement and Contracts and the Public Contract Regulations 2015.
- 3.8 To ensure best value for money the DPS requires that opportunities to bid on all care packages are referred to all qualified suppliers for that type of service, similar to the current mini competition. The County Council will then select the best value offer from the provider by assessing a combination of quality and cost. Where it would aid cost effectiveness or service efficiency, 'runs' or multiple care packages within defined geographic areas or thematic considerations may be tendered rather than individual care packages. Whilst it is not intended to recommission existing care packages at present. it is anticipated that some runs may at some time in the future may include a number of existing care packages alongside new care packages being commissioned for the first time.
- 3.9 Providers can apply at any time for inclusion on the DPS and unsuccessful providers can reapply should they fail initially (having corrected any disqualifications). It remains open throughout its duration for the admission of any provider that satisfies specified qualification criteria. Procurement regulations permit flexibilities to be built into Dynamic Purchasing Systems at their start that allow subsequent changes in the way they are implemented to be applied

over time, enabling the system to evolve in line with residents' assessed needs.

- 3.10 The initial quality score achieved by providers on entering the DPS will be regularly reviewed. Where appropriate individual provider's quality score may be adjusted at this time to reflect the quality of support provided over time. Aspects of quality considered as part of this process will include for example, customer feedback on the quality of support provided and the number of valid concerns against providers received by Adult Social Care commissioners.
- 3.11 In line with best practice, it is proposed that any significant change to the way domiciliary care is procured should be carefully trialled and evaluated to ensure effectiveness of processes before wide scale changes are made county-wide. This is to enable managers to oversee system change, and to implement any requires changes in processes quickly and safely. A review of domiciliary care provision, indicates that the South West area would provide a location to pilot the new DPS. This is because the South West area is clearly defined, and the relatively low number of new domiciliary care packages commissioned would enable commissioners to carefully manage the implementation of the DPS, without risk of any new systems becoming over loaded.
- 3.12 As the DPS will be run using Bravo (or any subsequent replacement service), the system would be a fully electronic commissioning approach for setting up and maintaining a list of pre-approved providers. The development of a DPS would not be significantly different to the existing brokerage system used by the Council in commissioning spot domiciliary care contracts.
- 3.13 It is currently intended to manage the North and South DPS systems via the existing Brokerage Team. Piloting the DPS initially within a clearly defined geographic area will enable managers to assess any required changes to the Brokerage Team structure, and to adjust it as appropriate ahead of full implementation. It should also be noted that as the number and complexity of services commissioned through DPS increase, the capacity of the Brokerage Team will need to be enhanced to enable the additional work to be undertaken. As each of these DPS lots are developed, any additional resource requirement will be identified and agreed with the Head of Service prior to launching the DPS lot(s) in question.
- 3.14 A DPS can also be used in conjunction with other contracting methods in the future should this be desirable. In the spirit of collaborative working and the shared service agenda the DPS should therefore be made available to other permitted public bodies in accordance with the Public Contract Regulations 2015 within the geographical boundaries of Powys.

- 3.15 Whilst the Council would benefit from being able to use the DPS to procure the above services in the future, the Council can choose when to use the DPS and when it would perhaps prefer to procure services through different mechanism. Implementation of DPS therefore increases the range and flexibility of procurement options open to the Council.
- 3.16 All of the above Home Care support services can be broadly defined as help and services provided in a person's own home to improve their quality of life and enable them to maintain their independence. These can include a range of different services: personal care, assisting with dressing/undressing, supporting to prepare and/or eat meals, and helping people to go to bed or get up, etc.

4. Options Considered / Available

- 4.1 Following a review of market engagement outcomes, an options appraisal was undertaken to further consider viable options for the future commissioning of home care support. Options considered included:

1. Do nothing: Continue with existing contracting arrangements.

This Option is not recommended as the 2014 North Powys Framework ended in March 2018. Existing spot contract arrangements do not adhere to current EU procurement regulations. Therefore existing arrangements are not sustainable.

- 2a. Review the operation of the Individual Placement Agreements that continue to be delivered under the previous North Powys Framework, and develop / retender a number of appropriately sized and geographically targeted Domiciliary Care Frameworks across Powys. Frameworks to include existing and new care packages.

This Option is not recommended. Whilst this option may introduce the potential for cost efficiencies compared to spot contracts due to economies of scale, this Option is not recommended at this time. There would be a high risk of loss of continuity of care. Further market development work is considered necessary to ensure safe, sustainable market capacity is maintained across Powys. It is important to also note that the In-House service has yet to fully move to becoming a service of last resort across Powys, thereby providing additional capacity across some remote rural areas where there is limited alternative private sector capacity.

- 2b. Review the operation of the Individual Placement Agreements that continue to be delivered under the previous North Powys Framework, and develop / tender a number of appropriately sized and geographically targeted Domiciliary Care Frameworks across Powys.

Frameworks would include new packages of care only, and existing contractual arrangements maintained for existing customers

This Option is not recommended. Whilst this option may introduce the potential for cost efficiencies compared to spot contracts due to economies of scale, this Option is not recommended at this time.

Frameworks for new packages of care only would not provide any guarantees of work on which providers could develop business models. If all new care packages were entered on to the new frameworks, existing care runs would become inefficient / unsustainable as holes within runs emerge. Further market development work is considered necessary to ensure safe, sustainable market capacity is maintained across Powys. It is important to also note that the In-House service has yet to fully move to becoming a service of last resort across Powys, thereby providing additional capacity across some remote rural areas where there is limited alternative private sector capacity.

- 3a Develop and implement an Approved Provider list using Dynamic Purchasing System mechanisms. DPS to include existing and new care packages.

This option is not recommended as it does not maintain continuity of care. This option would develop and implement an Approved Provider list using Dynamic Purchasing System to commission all existing and future domiciliary and wider home care support. Consideration will also be given to collating care packages into commissioning service lots, to be commissioned in addition to commissioning individual care packages. Inclusion of such collation may introduce cost efficiencies by building some economies of scales for providers.

Within a single DPS, all providers eligible to receive details of tendered care packages would receive details of all tendered packages whether they provide services in specific geographic areas or not. It is considered that this would be wasteful of some providers' resources in considering packages in which they have no interest in bidding.

- 3b Develop and implement one Approved Provider list using Dynamic Purchasing System mechanisms. DPS to include new care packages only and continue to operate current contractual arrangements for existing customers.

This Option is not recommended. This option would develop and implement an Approved Provider list using Dynamic Purchasing System to commission all future domiciliary and wider home care support only. Consideration will also be given to collating care packages into commissioning service lots, to be commissioned in addition to commissioning individual care packages. Inclusion of such

collation may introduce cost efficiencies by building some economies of scales for providers.

Within a single DPS, all providers eligible to receive details of tendered care packages would receive details of all tendered packages whether they provide services in specific geographic areas / specialisms or not. It is considered that this would be wasteful of some providers' resources in considering packages in which they have no interest in bidding.

- 4a Develop and implement Approved Provider lists using Dynamic Purchasing System mechanisms to include existing and new care packages.

This Option is not recommended as it does not maintain continuity of care for residents. This option would develop and implement two Approved Provider lists using Dynamic Purchasing Systems (North Powys and South Powys) to commission future domiciliary and wider home care support. Consideration will also be given to collating care packages into commissioning service lots, to be commissioned in addition to commissioning individual care packages. Inclusion of such collation may introduce cost efficiencies by building some economies of scales for providers.

- 4b Develop and implement multiple Approved Provider lists using Dynamic Purchasing System mechanisms. DPS's to include new care packages only, and continue to operate current contractual arrangements for existing customers where care needs have not changed.

This Option is recommended as it both maintains continuity of care for residents, and because it would develop and implement multiple Approved Provider lists using Dynamic Purchasing Systems, (North Powys, South Powys and Specialist domiciliary care) which permits providers to choose whether they wish to receive details of all care packages being tendered, or to receive only details of packages in areas of interest. This option also supports the development of specialist care markets targeted to support the needs of residents across the county.

Consideration will also be given to collating care packages into commissioning service lots, to be commissioned in addition to commissioning individual care packages. Inclusion of such collation may introduce cost efficiencies by building some economies of scales for providers.

5. Increase the capacity of the In-House Domiciliary Care Service and bring the provision of all domiciliary care across Powys In-House.

Increasing the capacity of the In-House Domiciliary Care service to bring all domiciliary care support in-house would not maintain continuity of care, and is not recommended as part of this consideration. However, an increase in the capacity of the In-House Domiciliary Care service may be required to ensure appropriate access to support is maintained across localities as contingency whilst alternative external market capacity is developed.

4.2 Preferred Choice and Reasons

- 4.2.1 Option 4b: Develop and implement an Approved Provider list using a Dynamic Purchasing System mechanism. DPS's to include new care packages only, and continue to operate current contractual arrangements for existing customers.

A summary of the option scoring matrix is attached at Appendix 2.

- 4.2.2 All providers would be eligible to join all DPS's if they wish to. However, for providers who do not wish to operate county-wide, could choose which DPS to join; thereby concentrating the specific care package details received by providers to those care packages in which they have an economic interest. The development of multiple DPS's would also permit providers currently only working across one half of Powys to more easily understand and identify additional business opportunities outside of their traditional working areas. It is anticipated that this opportunity could benefit both providers, and the Council if it encourages additional capacity to be created by providers seeking to expand their current geographic areas of work. Over time, as people cease to require future support or their care needs change, support commissioned via current contractual arrangements will reduce in prevalence, until ultimately being replaced by the new DPS arrangements proposed for new clients. Any existing care packages that have not be recommissioned within the 21 months of the DPS system, will be recommissioned in the following quarter with a view of all existing care packages having been commissioned under the new DPS within 2 years of its implementation.

- 4.2.3 During the 2 year transition period to the new DPS system, the cost of existing Spot Contracts, and Framework Individual Placement Agreements will continue to be monitored, and bench marked against hourly rates sort by providers via the DPS. Where appropriate, inflation increase request to the Portfolio Holder / Cabinet may be made within the 2 year period to revise fees payable on existing spot contracts or Framework Individual Placement Agreements if this is considered necessary to maintain market viability.

4.2.4 Operating the DPS systems in this way, would also provide a firm base on which to continue to build capacity within the Powys domiciliary care market. Such market development could include supporting the creation of additional local care providers. Introduction of the Dynamic Purchasing System would significantly move existing arrangements toward adherence with EU procurement regulations, with new packages of care procured through the DPS being compliant, with existing packages of care moving to compliance via the system over time.

Anticipated Benefits

4.3 This above commissioned care, along with other services, postpones the need for residential care and can be provided for a range of different clients including:

- older people
- people with a physical disability
- people with a sensory loss including dual sensory impairments
- people with a mental health problem
- people with a learning disability
- people with a substance misuse issue
- personal or family carers

4.4 Other anticipated benefits of utilising the system to commission future home care support services are:

- The home care support market would be able to grow and develop over the lifetime of the system with new entrants being added which encourages the local market to develop.
- The market place may remain competitive in terms of cost and quality, should the DPS be effective.
- It is anticipated that within ceiling and floor prices (to be reviewed annually) agreed as part of the DPS, prices would remain current, as providers submit prices for individual packages rather than a fixed rate at the beginning of the financial year.

4.5 The intention is to ensure the delivery of an affordable service that is best value for money for residents. Package will be awarded using a 60:40 quality and cost evaluation criteria. Additional quality criteria scores that will be applied each year to provider's bids may include for example:

- a) customer feedback in the form of 'net promoter score'
- b) feedback from both the Council's formal monitor and Provider Performance Framework

- c) reliability score calculated from real time late / missed calls evidenced from Electronic Call Monitoring.

Providers within their first year of membership of the DPS will be allocated a score for each of the above 3 additional quality criteria. This score will be updated periodically once a provider has been a member of the DPS for a year, and commissioners have been able to calculate a provider specific score from care packages provided by the provider throughout the previous 12 month period.

- 4.6 Risks will be managed through the design of the procurement strategy that will protect the interests of the County Council and take into account local market capacities.
- 4.7 The quality of the delivery will be monitored through robust contract and performance management. Observations of service delivery and ultimately service user feedback will also be used. This will ensure the quality and delivery of the commissioned care meets residents' assessed needs.
- 4.8 The procurement process will be run in accordance with best practice procurement principles to reduce risk of challenge or non-compliance with the relevant regulations. New packages of care procured through the Dynamic Purchasing System would be compliant, with existing packages moving to compliance via the system over time.
- 4.9 A risk log will be developed to mitigate risks associated with the procurement process. The risk log will be dynamic to reflect the progress of the DPS and will be managed by the commissioning manager for domiciliary care.
- 4.10 Initially, the DPS will be used to procure domiciliary care service, and to subsequently evaluate the successfulness of the procurement process before utilising the DPS to procure other services. To aid clarity, the following section provides a brief overview of the Powys Domiciliary Care Market

The Powys Domiciliary Care Market

- 4.13 Powys County Council currently supports around 854 people, commissioning around 11,762 hours of domiciliary care support each week. Co-production of services with all providers continues to progress well, and the Domiciliary Care Forum continues to be very productive. The Domiciliary Care Forum work programme has included a range of market development initiatives, collaborative working measures, and service improvement actions. However, access to domiciliary care is not equitable across all communities and further

capacity needs to be built, especially in a small number of relatively remote, rural communities.

4.14 The In-House service currently does not operate in North Powys, access to the In-House Domiciliary Care service is not equitable across the County. As a result, the 20th December 2016 Cabinet approved the development of a county-wide In-House service that would support people where it is not possible to commission external support, particularly within areas where there is currently no alternative private sector provider.

5. Impact Assessment

5.1 Is an impact assessment required? Yes

5.2 If yes is it attached?

6. Corporate Improvement Plan

This proposal will contribute towards the following aim and objectives:

Supporting people in the community to live fulfilled lives

Older people will feel:

- Supported, independent, safe, dignified and connected
- A valued member of their communities
- Informed and empowered to make choices about their support and care

Carers:

- Are able to maintain employment, education and training where they choose
- Have good physical, emotional and mental health

People with a learning disability:

- Have improved health and well-being
- Receive services that meet their needs and enable them to maximise their independence and live in the community of their choice

People's emotional and mental health:

- Is promoted and improved
- Challenges are responded to effectively, aiding recovery

What will this look like?

People will:

- Be confident that challenges are responded to effectively, aiding recovery
- Have opportunities for activity, social stimulation and community inclusion to maintain their well-being.
- Feel safe in their own home and retain their independence for as long as possible through a range of home based services.
- Be informed to enable them to have increased choice and control over what matters to them.
- Have greater access to health and social care which is close to home and responsive to their needs.
- Can be discharged home safely once fit to do so.

7. Local Member(s)

The proposal will affect all electoral divisions.

8. Other Front Line Services

Does the recommendation impact on other services run by the Council or on behalf of the Council? No

If so please provide their comments

9. Communications

Have Communications seen a copy of this report? Yes

Have they made a comment? No proactive media action required, initial communication will be through specific stakeholder engagement.

10. Support Services (Legal, Finance, Corporate Property, HR, ICT, Business Services)

Legal: The recommendations can be supported from a legal point of view

Finance: The Finance Manager notes the content of the report which is to seek approval to pilot three areas of a Dynamic Purchasing System (DPS) for Home Care, then evaluate. It is essential that the financial viability of the organisations are considered before a provider becomes approved. Additionally, consideration should be given to the application of a floor and ceiling to the cost structure, potentially for internal use only as a bench mark to ensure the overall service can be maintained within the available financial envelope.

Corporate Property: No comments received

HR support this proposal. There are no implications for Powys County Council employees.

ICT: No comments received

Business Support: Business Support representatives have been involved in the Domiciliary Care Project Team. They have contributed to discussions on the creation of an approved electronic framework of Home Care support providers as a Dynamic Purchasing System (DPS) and are supportive of the preferred option and recommendations.

11. Scrutiny

Has this report been scrutinised? Yes

11.1 An earlier, preparatory report seeking agreement to explore the potential of implementing a DPS was however presented to Scrutiny Committee A, Adult Social Care Working Group on 3rd July 2017. Scrutiny suggested that:

1. The financial modelling of the new proposals be provided for a 12 month period;
2. The Group requested further information on how budgets will be managed and monitored within the service;
3. Proposals may provide an opportunity for collusion between providers, but it was acknowledged that the risk of collusion was present within the current system;
4. The Group welcomed the move to outcome based care planning for clients.

11.2 Comments from Scrutiny have been noted. In line with the comments received, officers will continue to work with Scrutiny to address all matters raised following, and in light of the market engagement outcomes.

12. Statutory Officers

12.1 The Solicitor to the Council (Monitoring Officer) commented as follows :
“ I note the legal comments and have nothing to add to the report.”

12.2 (The Strategic Director Resources (Section 151 Officer) has commented as follows

13. Members' Interests

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The Monitoring Officer is not aware of any specific interests that may arise in relation to this report. If the Portfolio Holder has an interest, he/she should declare it, complete the relevant notification for and refer the matter to Cabinet for decision.

Recommendation:	Reason for Recommendation:
<ol style="list-style-type: none"> 1. Subject to recommendation 2 below, the Head of Transformation, Adult Services is authorised to implement three Dynamic Purchasing Systems for the future commissioning of home care support services across Powys as set out in paragraph 3.1 of the report. 2. In establishing the North and South Domiciliary Care DPS' the Head of Transformation, Adult Services is required to pilot and evaluate the success of the DPS for the future procurement of domiciliary care services in South West Powys before extending its rollout to other areas across Powys. 3. The Head of Transformation, Adult Services is asked to report on significant opportunities / weaknesses or barriers to the ongoing use of the DPS identified during the pilot to the Health Care and Housing Committee before seeking approval of the Portfolio Holder for Adult Service to extend its use to other areas. 4. The DPS system should be available to be used by all public bodies in Powys who wish to do so at their risk. 	<ul style="list-style-type: none"> • The development of geographic and specialist DPS's will support providers to develop market capacity within the specific areas of Powys that they wish to continue to develop their business in. • To pilot the use of, and to evaluate the success of using a DPS before rolling the system out across Powys. • To assess the viability / market response to the Dynamic Purchasing System, and to revise its use should this be necessary.

Relevant Policy (ies):	
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Within Policy:	Y	Within Budget:	Y – Engagement within budget.
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Relevant Local Member(s):	N/A
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Person(s) To Implement Decision:	Dylan Owen
Date By When Decision To Be Implemented:	September 2018

Contact Officer:	Lee Anderson or Sally Beech
Tel:	01957 826849 or 01597 826811
Email:	lee.anderson1@powys.gov.uk or sally.beech@powys.gov.uk

Background Papers used to prepare Report:

DELEGATED DECISION REPORT TEMPLATE VERSION 52

What is a Dynamic Purchasing System?

A Dynamic Purchasing System (DPS) is an electronic system for the purchase of commonly used goods, services or works. It can only be established using the rules of the Restricted Procedure and must be open throughout its duration for the admission of any provider which satisfies the qualification criteria and submits a tender which complies with the service specification.

The advantage of a DPS are:

- **Market Development:** The marketplace can grow and develop over the lifetime of the system with new entrants being added which encourages the local market to develop.
- **Quality Assurance:** Providers must first be 'accredited' against a set of quality criteria dictated by the Council before being granted entry to the DPS. The criteria can be amended at any time to reflect the market. This can ensure that only high quality suppliers, with strong financial checks, are permitted to submit bids.
- **Outcome based:** A list of service outcomes can be specified by the Council when procuring through the DPS. In the case of a care package, providers would have to detail how and when they would deliver the desired outcomes for the resident.
- **Transparency:** The Council would have complete visibility over the end-to-end process of procuring its services, a full transparent audit trail. The open, transparent nature of a DPS can also build trust and certainty for providers.
- **Increased flexibility.** Unlike a Framework, a DPS can respond quickly to sudden demand or supply changes in the market, e.g. a cold winter or care home closing. Contracts can be added, issued, and awarded faster, reducing risk and decreasing uncertainty for the Council.
- **Value for money.** With the DPS ranking bids in terms of both cost and quality, the Council is able to demonstrate that all services procured represent maximum value for money.

- **Straightforward implementation.** The new EU Procurement Regulations 2015 (PCR 2015) have simplified the way a DPS can be implemented. There are also fewer reporting requirements; only the DPS itself needs to be advertised within the Office Journal of the European Union (OJEU).
- **Fewer spot purchases.** Tendering services, such as domiciliary care packages, on a case by-case basis would see the Council becoming less reliant on the spot market.
- **No time limit.** A DPS can remain 'open' to new suppliers at all times. They have no set time limits regarding how long they can run for, unlike a Framework.

There are, however, drawbacks and possible risks to a DPS:

- **Supplier disengagement.** For the DPS to work effectively suppliers must be engaged to participate. If only a handful opt to join (or are accepted onto) the system, its ability to reduce spend and improve quality standards is diminished. A critical mass of accredited suppliers is therefore required. Bidders who are consistently unsuccessful in bidding may also disengage or where a provider cannot reach a sizeable block of packages over time, which may make it difficult to continue to operate efficiently.
- **Size of packages.** Individually tendering care packages may deter other out of Powys providers or larger providers from showing interest in the business and favour existing providers with established runs.
- **Entirely electronic.** The DPS is entirely electronic and Business Wales may need to be commissioned (free of charge) to work with providers to ensure that they are able to respond.
- **Cultural change.** The transition away from a traditional Framework to a DPS may deter some suppliers from approaching the Council. Adequate training would also need to be provided to Council staff using the DPS.

- **Just a system.** The DPS will not revolutionise the local market and guarantee improvement. It would simply be a new, compliant and electronic way for accredited suppliers to approach the Council for work.
- **Value for money.** May not be guaranteed for individual packages as the Council will not be able to lever the benefits of larger more efficient block packages. This would need to be monitored carefully.

Option Appraisal & Scoring Matrix

Home Care: Options Scoring

Option	Pros	Cons
1. Do nothing: Continue with existing contracting arrangements.	<ol style="list-style-type: none"> 1. Existing contractual arrangements are known. 2. Would maintain continuity of care. 3. Projected future cost of care can be estimated. 	<ol style="list-style-type: none"> 1. Existing contractual arrangements are not compliant with EU Procurement regulations. 2. The North Powys Framework ended in March 2018. 3. Current arrangements do not ensure that all care packages can be successfully 'brokered'. 4. Does not comply with Public Contract Regulations 2015. 5. The In-House service does not yet operate in North Powys. Therefore there would be no 'provider of last resort' if frameworks covering some remote rural areas are not tendered for.
2a. Review the operation of the North Powys Framework, and develop / retender a number of appropriately sized and geographically targeted Domiciliary Care Frameworks across Powys. Frameworks to	<ol style="list-style-type: none"> 1. Could achieve economies of scale compared to existing spot contract arrangements. 2. Could support geographic development of Powys care markets. 3. This model successfully operates 	<ol style="list-style-type: none"> 1. This model failed in 2014. There is therefore a significant reputation risk if tender was not successful. 2. Could lead to loss of a number of providers currently working in Powys. 3. Would not secure continuity of care.

<p>include existing and new care packages.</p>	<p>across many Councils.</p> <ol style="list-style-type: none"> 4. Could encourage large national providers to move and work in Powys. 5. The Council can influence the number of providers operating in individual communities, thereby increasing its influence over the sustainability of commissioned providers. 6. Frameworks could be developed to ensure providers have to pick up all care packages, irrespective of location. 	<ol style="list-style-type: none"> 4. Risk to maintaining workforce if staff are TUPED. 5. Further market development work is considered necessary to ensure safe, sustainable market capacity is maintained across Powys. 6. The In-House service does not yet operate in North Powys. Therefore there would be no 'provider of last resort' if frameworks covering some remote rural areas are not tendered for. 7.
<p>2b. Review the operation of the North Powys Framework, and develop / tender a number of appropriately sized and geographically targeted Domiciliary Care Frameworks across Powys. Frameworks would include new packages of care only, and existing contractual arrangements maintained for existing customers</p>	<ol style="list-style-type: none"> 1. Would initially maintain continuity of care. 2. Could achieve economies of scale compared to existing spot contract arrangements. 3. Could support geographic development of Powys care markets. 4. Framework contracts successfully operate across many Councils. 5. Could encourage large national providers to move and work in Powys. 6. The Council can influence the number of providers operating in individual communities, thereby increasing its influence over the sustainability of commissioned providers. 7. Frameworks could be developed to ensure providers have to pick up all care packages, irrespective of location. 	<ol style="list-style-type: none"> 1. Framework contracts failed in 2014. There is therefore a significant reputation risk if tender was not successful. 2. Could lead to loss of a number of providers currently working in Powys. 3. Would not secure continuity of care as existing provider runs likely to fail over time as some people on them ceased to need care. 4. Risk to maintaining workforce if staff are TUPED. 5. Further market development work is considered necessary to ensure safe, sustainable market capacity is maintained across Powys. 6. The In-House service does not yet operate in North Powys. Therefore there would be no 'provider of last resort' if frameworks covering some remote rural

<p>3a. Develop and implement an Approved Provider list using Dynamic Purchasing System mechanisms. DPS to include existing and new care packages.</p>	<ol style="list-style-type: none"> 1. Would provide flexible county-wide contracting arrangements. 2. DPS's are successfully used in a number of Council to procure a range of services. 3. Inclusion 'runs' for tendering may introduce cost efficiencies by building some economies of scales for providers. 4. Could be used to procure a wide range of services. 5. DPS's remain open, allowing new providers to enter the DPS at any time. 6. A DPS is not constrained by the 4 year time limit of Frameworks. 7. Flexibility can be built in to allow DPS's to be revised over time. 8. Flexibility can be built in to allow other public bodies to use the DPS in the future. 	<p>areas are not tendered for.</p> <ol style="list-style-type: none"> 1. Would not maintain continuity of care, and transfer of care packages across providers. 2. Providers would receive details of all packages of care being tendered. This could lead to waste of provider resources. 3. Providers may overlook a package of care that they are interest in tendering for if it is mixed in with large amounts of care package details that they are not interested in tendering for. 4. Unlikely to be as cost effective as Framework contracts that generally provide greater economies of scale. 5. It will be more difficult to estimate future service costs. 6. Unless 'blocks of works' (geographic or thematic) are tendered, there is no guarantee that packages of care will be pick up by a provider. 7. In-House Domiciliary Care service does not currently operate in North Powys. There is therefore no 'provider of last resort' across North Powys. 8. DPS's have not been used to procure domiciliary care in Powys before. 9. No guarantee that all existing providers or new providers will sign up for inclusion on the DPS. 10. May result in existing providers runs
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		becoming less cost effective as holes in runs appear.
3b. Develop and implement an Approved Provider list using Dynamic Purchasing System mechanisms. DPS to include new care packages only.	<ol style="list-style-type: none"> 1. Would provide flexible county-wide contracting arrangements. 2. DPS's are successfully used in a number of Council to procure a range of services. 3. Would maintain continuity of care for existing service uses. 4. Inclusion of 'runs' for tendering may introduce cost efficiencies by building some economies of scales for providers. 5. New and existing contracting arrangements could operate in tandem 6. Could be used to procure a wide range of services. 7. DPS's remain open, allowing new providers to enter the DPS at any time. 8. A DPS is not constrained by the 4 year time limit of Frameworks. 9. Flexibility can be built in to allow DPS's to be revised over time. 10. Flexibility can be built in to allow other public bodies to use the DPS in the future. 	<ol style="list-style-type: none"> 1. Providers would receive details of all packages of care being tendered. This could lead to waste of provider resources. 2. Providers may overlook a package of care that they are interest in tendering for if it is mixed in with large amounts of care package details that they are not interested in tendering for. 3. Unlikely to be as cost effective as Framework contracts that generally provide greater economies of scale. 4. Would require two contracting arrangement to operate at the same time (existing contracts, and new DPS arrangements). 5. It will be more difficult to estimate future service costs. 6. Unless 'blocks of works' (geographic or thematic' are tendered, there is no guarantee that packages of care will be pick up by a provider. 7. In-House Domiciliary Care service does not currently operate in North Powys. There is therefore no 'provider of last resort' across North Powys. 8. DPS have not been used to procure domiciliary care in Powys before. 9. No guarantee that all existing providers or new providers will sign up for

		<p>inclusion on the DPS</p> <p>10. Initially existing care packages would not be compliant with PCR2015 but over time as more packages are let n not be compliant with PCR2015 as contract and packages are let under the new arrangements the position will correct and become compliant</p> <p>11. The In-House service does not yet operate in North Powys. Therefore there would be no 'provider of last resort' if frameworks covering some remote rural areas are not tendered for.</p>
<p>4a. Develop and implement two or more Approved Provider lists using Dynamic Purchasing System mechanisms. DPS to include existing and new care packages.</p>	<ol style="list-style-type: none"> 1. Would provide flexible county-wide contracting arrangements. 2. DPS's are successfully used in a number of Council to procure a range of services. 3. Providers would be able join one or both DPS 4. Inclusion of 'runs' for tendering may introduce cost efficiencies by building some economies of scales for providers. 5. Could be used to procure a wide range of services. 6. DPS's remain open, allowing new providers to enter the DPS at any time. 7. A DPS is not constrained by the 4 year time limit of Frameworks. 8. Flexibility can be built in to allow DPS's to be revised over time. 	<ol style="list-style-type: none"> 1. Would not secure continuity of care, and transfer of care packages to new providers. 2. Unlikely to be as cost effective as Framework contracts that generally provide greater economies of scale. 3. It will be more difficult to estimate future service costs. 4. Unless 'blocks of works' (geographic or thematic) are tendered, there is no guarantee that packages of care will be pick up by a provider. 5. In-House Domiciliary Care service does not currently operate in North Powys. There is therefore no 'provider of last resort' across North Powys. 6. DPS have not been used to procure domiciliary care in Powys before. 7. No guarantee that all existing providers

	<p>9. Flexibility can be built in to allow other public bodies to use the DPS in the future.</p>	<p>or new providers will sign up for inclusion on the DPS.</p>
<p>4b. Develop and implement two or more Approved Provider lists using Dynamic Purchasing System mechanisms. DPS to include new care packages only.</p>	<ol style="list-style-type: none"> 1. Would provide flexible county-wide contracting arrangements. 2. DPS's are successfully used in a number of Council to procure a range of services. 3. Would maintain continuity of care for existing service uses. 4. Providers would be able join one or both DPS 5. Inclusion of 'runs' for tendering may introduce cost efficiencies by building some economies of scales for providers. 6. New and existing contracting arrangements could operate in tandem 7. Could be used to procure a wide range of services. 8. DPS's remain open, allowing new providers to enter the DPS at any time. 9. A DPS is not constrained by the 4 year time limit of Frameworks. 10. Flexibility can be built in to allow DPS's to be revised over time. 11. Flexibility can be built in to allow other public bodies to use the DPS in the future. 	<ol style="list-style-type: none"> 1. Unlikely to be as cost effective as Framework contracts that generally provide greater economies of scale. 2. Would require two contracting arrangement to operate at the same time (existing contracts, and new DPS arrangements). 3. It will be more difficult to estimate future service costs. 4. Unless 'blocks of works' (geographic or thematic' are tendered, there is no guarantee that packages of care will be pick up by a provider. 5. In-House Domiciliary Care service does not currently operate in North Powys. There is therefore no 'provider of last resort' across North Powys. 6. DPS have not been used to procure domiciliary care in Powys before. 7. No guarantee that all existing providers or new providers will sign up for inclusion on the DPS. 8. May result in existing providers runs becoming reducing less cost effective as holes in runs appear. 9. Initially existing care packages would not be compliant with PCR2015 but over

		<p>time as more packages are let n not be compliant with PCR2015 as contract and packages are let under the new arrangements the position will correct and become compliant</p> <p>10. The In-House service does not yet operate in North Powys. Therefore there would be no 'provider of last resort' if frameworks covering some remote rural areas are not tendered for.</p>
<p>Bring service In-House</p>	<ol style="list-style-type: none"> 1. Could maintain continuity of care. 2. Projected future cost of care can be estimated. 3. Could achieve economies of scale compared to existing spot contract arrangements. 4. Could support capacity development across all geographic areas. 5. Reduced invoice processing costs 	<ol style="list-style-type: none"> 1. There is therefore a significant reputation risk if transfer was not successful. 2. Would lead to loss of a number of providers currently working in Powys. 3. May not secure continuity of care. 4. Risk to maintaining workforce if staff are TUPED. 5. Would reduce customer choice 6. Would not provide alternative market capacity if In-House service was unable to take on a pack a care. 7. Concern voiced on accuracy of In-House costing model

Design Criteria

This design criteria will be used to assess the most cost-effective procurement method that will allow Powys County Council to re-shape home care markets in Powys.

Using the design criteria will allow the Council to critically evaluate the opportunities and risks associated with each option from all stakeholder perspectives.

The assessment has been developed using a set of seventeen design criteria, under the five headings of Quality, Continuity of Care, Cost, Governance and Flexibility and Acceptability to Stakeholders.

Quality

Q1: Improves outcomes for service users	The option has the potential to most improve outcomes for service users?
Q2: Protects services for those with very complex needs	Provides assurance that it will secure quality services for those with very complex needs?
Q3: Does not negatively impact on safeguarding	Provides assurance that it will secure service user safeguarding
Q4: Promotes use of the Welsh Language (Active Offer)	Will actively promote use of the Welsh Language for people who wish to communicate in Welsh
Q5: Can build flexibility and responsiveness within the market	Supports capacity to be developed in the market in response to communities' changing needs. Market able to respond quickly to individual residents' changing needs.

Continuity of Care

C1: Service users see little to no changes to their care and the way it is delivered	Which option minimises the impact on the ground / ensures that service users encounter no major changes within their care provision?
C2: Existing staff are retained and continue to deliver high quality of care to service users	Which option is most likely to be favourable to the existing staff in order to retain the skills and expertise of the workforce?
C3: Creates a sustainable market	Which option creates the most sustainable market going forward and for the future?

Finance / Cost

F1: Maximise value for money	Option would not increase costs, and maintain costs within cost envelop.
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F2: Will enable the Council to project future service costs	Will the option enable the Council to project future service costs with reasonable certainty?
F3: Builds opportunities to develop cross service / commissioning organisation synergies	Option provides opportunities to develop synergies (long term and short term) either across services included within the overall tendering process, or across commissioning organisations.

Governance and Flexibility

G1: Democratic scrutiny / political acceptability	Which option will provide Elected Members with the greatest ability to influence services or is politically acceptable?
G2: Would prevent a successful procurement challenge	Which Option will provide a legally defensible position if procurement challenged in court.

Ref.		Max. Score	Option 1	Option 2a	Option 2b	Option 3a	Option 3b	Option 4a	Option 4b	Option 5
Quality										
Q1	Improves outcomes for service users	4	1	2	2.5	2.5	3	2.5	3	3
Q2	Protects service for those with very complex needs and ensures a service of last resort	4	1	3	2.5	3	2.5	3	2.5	3
Q3	Does not negatively impact on safeguarding	4	4	3	4	3	4	3	4	3
	Promotes use of the Welsh Language (Active Offer)	4	4	4	4	4	4	4	4	4
	Can build flexibility and responsiveness within the market	4	3	2	2	3	4	3.5	4	1
Continuity of Care										
C1	Existing service users see little to no changes to their care and the way it is delivered	4	3	1	3	1	3	1	3	2
C2	Existing staff are retained and continue to deliver high quality of care to service users	4	3	2	4	2	4	2	4	2
C3	Creates a sustainable market	4	1	2.5	2.5	2	2.5	2	2.5	1
Finance / Costs										
F1	Maximise value for money	4	2	4	3.5	1	1.5	1	1.5	4
F2	Will enable the Council to project future service costs	4	2	2.5	2.5	2	2.5	2	2.5	3
F3	Builds opportunities to develop cross service / commissioning organisation synergies	4	1	2.5	2	3	2.5	3.5	3	3.5

Max. Score		Max Score	Option 1	Option 2a	Option 2b	Option 3a	Option 3b	Option 4a	Option 4b	Option 5
Governance / Flexibility										
G1	Democratic scrutiny / political acceptability	Y/N	N	N	N	N	Y	N	Y	N
G2	Adheres to EU procurement law	4	1	4	3.5	4	3.5	4	3.5	4

Appendix B

Please read the accompanying guidance before completing the form.

This **Impact Assessment (IA)** toolkit, incorporates a range of legislative requirements that support effective decision making and ensure compliance with all relevant legislation. **Draft versions of the assessment should be watermarked as "Draft" and retained for completeness. However, only the final version will be made publicly available. Draft versions may be provided to regulators if appropriate. In line with Council policy IAs should be retained for 7 years.**

Service Area	Adult Services Commissioning	Head of Service	Dylan Owen	Director	Ali Bulman	Portfolio Holder	Cllr Myfanwy Alexander
Proposal	Future Domiciliary Care Commissioning Intentions						
Outline Summary / Description of Proposal							
<p>Domiciliary Care in Powys is currently delivered by a combination of private and third sector providers along with the in-house Bridging Team.</p> <p>The 2014 Domiciliary Care Framework for North Powys ended in March 2018. Since then domiciliary care has either been tendered via block two year contracts or individual spot contracts.</p> <p>New purchasing arrangements are required to replace procuring through spot contracts, so that the council is compliant with the Public Contract Regulations 2015.</p> <p>The proposed changes are:</p> <ol style="list-style-type: none"> Existing domiciliary care packages remain with incumbent providers, until peoples' care needs change significantly. New individual or block packages of care will be commissioned through proposed Dynamic Purchasing System's (DPS), within two geographic zones (North and South) of Powys. A specialist DPS is proposed for people with more complex need, who require a domiciliary care service. The Council's In-House Bridging Team will provide a critical safety net to support residents where alternative external provision cannot be commissioned. 							

1. Version Control (services should consider the impact assessment early in the development process and continually evaluate)

Version	Author	Job Title	Date
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001	Sally Beech	Strategic Commissioning Manager (Older People)	17.01.17
002	Sally Beech	Strategic Commissioning Manager (Older People)	01.03.18
003	Sally Beech	Strategic Commissioning Manager (Promoting Independence)	01.10.19

2. Profile of savings delivery (if applicable)

2018-19	2019-20	2020-21	2021-22	2022-23	TOTAL
£	£	£	£	£	£

3. Consultation requirements

Consultation Requirement	Consultation deadline/or justification for no consultation
No consultation required (please provide justification)	The proposal is to ensure the council is compliant with the Public Contract Regulations 2015.

4. Impact on Other Service Areas

**Does the proposal have potential to impact on another service area? (Have you considered the implications on Health & Safety, Corporate Parenting and Data Protection?)
PLEASE ENSURE YOU INFORM / ENGAGE ANY AFFECTED SERVICE AREAS AT THE EARLIEST OPPORTUNITY**

The proposal should impact on the in-house Bridging Team and Reablement service in a positive way. The in-house Bridging Team currently holds and delivers 1055 hours of care per week. Furthermore, the Reablement Service often finds it problematic to transfer clients who require ongoing care due to a lack of capacity in the domiciliary care market. The Brokerage Team are currently trying to source over 1000 hours of care. Introducing a DPS and establishing block locality contracts should strengthen the market and ease the pressure on the in-house services.

5. How does your proposal impact on the council’s strategic vision?

Council Priority	How does the proposal impact on this priority?	<u>IMPACT</u> Please select from drop down box below	What will be done to better contribute to positive or mitigate any negative impacts?	<u>IMPACT AFTER MITIGATION</u> Please select from drop down box below
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Council Priority	How does the proposal impact on this priority?	<u>IMPACT</u> Please select from drop down box below	What will be done to better contribute to positive or mitigate any negative impacts?	<u>IMPACT AFTER MITIGATION</u> Please select from drop down box below
<p>The Economy We will develop a vibrant economy</p>	<p>The Health and Social Care sector is the second largest sector for employment across Powys, employing over 8,250 people.</p> <p>The new DPS's will:</p> <ul style="list-style-type: none"> • Provide a transparent and equitable conduit for the future commissioning of domiciliary care packages that will permit providers to plan and build their respective business models. • In contrast to traditional frameworks, the Dynamic Purchasing System will remain open to new providers, and therefore will allow existing smaller or new providers to enter/grow their businesses. <p>The number of commissioned domiciliary care hours delivered in Powys is declining, although the number of older people residing in Powys in the future is predicted to increase rapidly. Retention and attraction of a sufficient domiciliary care workforce remains an issue and will become more difficult as demand increases.</p> <p style="text-align: center;">45</p>	<p>Good</p>	<p>With a projected decline in the number of people of working age across Powys, further work is required to promote caring as a career. Two recruitment workshops have been held with domiciliary care providers, linked to the Social Care Wales 'WeCare' campaign. The events also promoted working as a Personal Assistant, for individuals who receive a Direct Payment and arrange their own care to support their needs. More events will be arranged.</p> <p>Only 17% of the Social Care workforce is male, therefore positively promote the role of a male carer as a career choice and raise acceptance of male carers with service users and their families, will increase capacity.</p> <p>A micro-enterprise pilot is being launched following the commissioning of Community Catalysts for a two-year contract. The community enterprise project will support local entrepreneurial-minded people and community organisations to offer new and creative care and support options for people who need help at home.</p> <p>Work continues on the creation of a Powys Health & Social Care Workforce Strategic Framework. Phase 1 (gathering data, establishing work programme) is complete and Phase 2 (developing the framework) is underway. Engagement workshops have been held regularly over the last six months with over 300 people across health, social care, education and the independent and voluntary sectors have put their views forward on what needs to be included in the framework. The launch and implementation of the framework is planned to commence in January 2020.</p>	<p>Good</p>

Council Priority	How does the proposal impact on this priority?	<u>IMPACT</u> Please select from drop down box below	What will be done to better contribute to positive or mitigate any negative impacts?	<u>IMPACT AFTER MITIGATION</u> Please select from drop down box below
<p>Health and Care We will lead the way in effective, integrated rural health and care</p>	<p>The development of three DPS's will contribute towards some of the objectives for Adult Services:</p> <ul style="list-style-type: none"> • Avoid delays by providing sufficient service and fieldwork capacity • Meet new statutory responsibilities towards individuals and their carers by increasing the range and quality of the services available for meeting needs <p>In addition, if we are successful we can expect to see:</p> <ul style="list-style-type: none"> • Reduced numbers of persons (per 1000 population) aged 75 and over who experience a delay in return to their own home or social care setting following hospital treatment • People who are satisfied with care and support that they received • Carers reporting they feel supported to continue in their caring role • People reporting they felt involved in any decisions made about their care and support 	<p>Good</p>	<p>A Care and Support at Home in Powys – Plan on a Page has been developed, which details steps that are and will be taken to reduce demand, meet demand and increasing capacity of the domiciliary care service.</p> <p> Care and support at home in Powys - 1</p>	<p>Good</p>

Council Priority	How does the proposal impact on this priority?	<u>IMPACT</u> Please select from drop down box below	What will be done to better contribute to positive or mitigate any negative impacts?	<u>IMPACT AFTER MITIGATION</u> Please select from drop down box below
<p>Learning and skills We will strengthen learning and skills</p>	<p>Current policy is to seek to support people to maintain their independence for as long as possible and to continue to live in their own homes.</p> <p>With a projected increase in the number of older people who will require domiciliary care services across the foreseeable future, there will be a need to increase the number of people employed delivering domiciliary care. All new employees will need to be trained to undertake their duties. Much of this learning will be undertaken 'on the job' enabling more people to take advantage of learning opportunities generated.</p>	Good	All employees will be provided with a comprehensive training package, and will be supported by ongoing competency reviews and opportunities to update their knowledge.	Good
<p>Residents and Communities We will support our residents and communities</p>	<p>Domiciliary Care is provided to support individuals to maintain their independence for as long as possible by providing assistance to complete a number of daily tasks in line with assessed needs and what matters to people.</p> <p>By operating Dynamic Purchasing System's for block purchasing and an In-House Bridging service, individuals who require the service should receive a package of care in a timely manner regardless of where they live.</p>	Good	<p>Ongoing market development and resilience building work is being undertaken with the wider Powys domiciliary care market.</p> <p>An in-house Bridging Team has been created in the North of the County in order to provide the necessary critical safety net of support for residents where no alternative external provider can be commissioned.</p>	Good

Source of Outline Evidence to support judgements

2011 Census.
WCCIS reports detailing geographic delivery of existing domiciliary care providers.

6. How does your proposal impact on the Welsh Government’s well-being goals?

Well-being Goal	How does proposal contribute to this goal?	<u>IMPACT</u> Please select from drop down box below	What will be done to better contribute to positive or mitigate any negative impacts?	<u>IMPACT AFTER MITIGATION</u> Please select from drop down box below
<p>A prosperous Wales: An innovative, productive and low carbon society which recognises the limits of the global environment and therefore uses resources efficiently and proportionately (including acting on climate change); and which develops a skilled and well-educated population in an economy which generates wealth and provides employment opportunities, allowing people to take advantage of the wealth generated through securing decent work.</p>	<p>See comments above regarding ‘The Economy’.</p> <p>In addition, domiciliary care also supports people to maintain their independence for as long as possible and to live in their existing homes. In preventing/delaying the time at which people may hit crisis, this reduces the need for people (service users and families/friends) to have to travel outside of county to access acute hospitals.</p> <p>Maintaining residence within existing homes also reduces wastage generated through having to buy new goods to furnish different houses.</p>	<p>Good</p>	<p>With the projected increase in the number of older people who will require domiciliary care services in the future, additional employment opportunities for people who wish to work in the care sector will be available.</p> <p>Assistive technology opportunities will also be explored, reducing the need for unnecessary car journeys by carers and promoting independence for the service user.</p>	<p>Good</p>

Well-being Goal	How does proposal contribute to this goal?	<u>IMPACT</u> Please select from drop down box below	What will be done to better contribute to positive or mitigate any negative impacts?	<u>IMPACT AFTER MITIGATION</u> Please select from drop down box below
<p>A resilient Wales: A nation which maintains and enhances a biodiverse natural environment with healthy functioning ecosystems that support social, economic and ecological resilience and the capacity to adapt to change (for example climate change).</p>	<p>Block contracting may well reduce travel and, as such, have a positive impact on the environment?</p>	<p>Good</p>	<p>N/A</p>	<p>Good</p>
<p>A healthier Wales: A society in which people's physical and mental well-being is maximised and in which choices and behaviours that benefit future health are understood.</p> <p>Public Health (Wales) Act, 2017: Part 6 of the Act requires for public bodies to undertake a health impact assessment to assess the likely effect of a proposed action or decision on the physical or mental health of the people of Wales.</p>	<p>Domiciliary Care supports individuals with their physical and mental well-being. Respecting a service users preferences and promoting positive behaviour are central to the service.</p> <p>Investment in domiciliary care services is primarily a preventative service, seeking to support people to maintain their independence. In doing so, the service delays the time at which peoples' health would otherwise deteriorate and need to be referred to more specialised / higher levels of support such as residential care or avoidable referral to hospital for unplanned care.</p>	<p>Good</p>	<p>Further market development and resilience building work will be undertaken with the Powys domiciliary care and assistive technology markets. These changes will help more people to maintain their independence, health, and wellbeing.</p>	<p>Good</p>

Well-being Goal	How does proposal contribute to this goal?	<u>IMPACT</u> Please select from drop down box below	What will be done to better contribute to positive or mitigate any negative impacts?	<u>IMPACT AFTER MITIGATION</u> Please select from drop down box below
<p>A Wales of cohesive communities: Attractive, viable, safe and well-connected Communities.</p>	<p>People in receipt of domiciliary care should feel better supported and able to maximise their independence / take part in local community activity.</p>	<p>Good</p>	<p>The procurement will refocus the service from a task and time led service, to a service that delivers the outcomes that are important to the individual using the service. Thereby supporting people to take part in community activity across the county, if this is what they would like to do.</p>	<p>Very Good</p>
<p>A globally responsible Wales: A nation which, when doing anything to improve the economic, social, environmental and cultural well-being of Wales, takes account of whether doing such a thing may make a positive contribution to global well-being. Human Rights - is about being proactive (see guidance) UN Convention on the Rights of the Child: The Convention gives rights to everyone under the age of 18, which include the right to be treated fairly and to be protected from discrimination; that organisations act for the best interest of the child; the right to life, survival and development; and the right to be heard.</p>	<p>Domiciliary care supports people to maintain their independence for as long as possible and to live in their existing homes. In preventing/delaying the time at which people may hit crisis, this reduces the need for people (service users and families/friends) to have to travel outside of county (thereby also reducing carbon emissions) to access acute hospitals.</p>	<p>Good</p>	<p>Use of assistive technology to reduce the need for carers to travel to undertake care is being explored/implemented where safe and appropriate.</p>	<p>Good</p>
<p>A Wales of vibrant culture and thriving Welsh language: A society that promotes and protects culture, heritage and the Welsh language, and which encourages people to participate in the arts, and sports and recreation.</p>				

<i>Opportunities for persons to use the Welsh language, and treating the Welsh language no less favourable than the English language</i>	The service supports people in receipt of domiciliary care by making an 'Active Offer', which means not making assumptions that all Welsh speakers speak English anyway! It ensures Welsh-speaking patients are treated with dignity and respect by asking them what their preferred language is and acting on it. Service User handbooks are available in Welsh and English.	Good	The DPS's could enable more local start-ups, which would mean local staff, which may increase the availability of Domiciliary Care Workers who can communicate through the medium of Welsh.	Good
<i>Opportunities to promote the Welsh language</i>	The use of Welsh language services will continue to be promoted as the language of first choice if people wish to receive support from a domiciliary care worker who speaks Welsh.	Good		Good
<i>Welsh Language impact on staff</i>	Carers will continue to be recruited who speak Welsh.	Good	The DPS's could enable more local start-ups, which would mean local staff, which may increase the availability of Domiciliary Care Workers who can communicate through the medium of Welsh.	Good
<i>People are encouraged to do sport, art and recreation.</i>	People in receipt of domiciliary care should feel better supported and able to maximise their independence / take part in local community activities including sport, art, and recreation.	Good		Good
A more equal Wales: A society that enables people to fulfil their potential no matter what their background or circumstances (including their socio economic background and circumstances).				

<i>Age</i>	Introduction of the DPS's are designed to improve and sustain access to a robust and cost effective local domiciliary care market across Powys, which seeks to maintain continuity of care for all existing service users. With the average age of a person supported by the service of around 80 years of age, the proposed procurement arrangements will mainly impact on older people.	Good		Neutral
<i>Disability</i>	Whilst acknowledging that not all people in receipt of domiciliary care may describe themselves as having a disability, eligibility for publically funded domiciliary care means that people in receipt of support must have an impairment to completing some daily tasks. For the purpose of this Impact Assessment, it is therefore anticipated that the proposed beneficial procurement arrangements will benefit people with a disability.	Good		Good

<p><i>Gender reassignment</i></p>	<p>There is no specific reportable field on WCCIS where data regarding gender reassignment is recorded. Under the mandatory 'Gender' field 'Transgender' is an option (along with 'Male', 'Female', 'Unknown', 'Other' and 'Declined To Disclose'). Of the 719 people who receive dom care all report as 'Male' or 'Female' – there are no recorded cases of the other options. So, whilst there is no specific field for gender reassignment, if someone identified as transgender and disclosed this it would be recorded and reportable.</p>	<p>Neutral</p>		<p>Neutral</p>
<p><i>Marriage or civil partnership</i></p>	<p>Eligibility for domiciliary care support is based on individual need, and does not take in to account marital status.</p> <p>It is however plausible that people who are part of a cohabiting partnership will seek less public support, with the remaining cohabiting partner providing required support. However, such habitation could be via marriage, civil partnerships, or non-married couples.</p> <p>An analysis of data recorded on each person in receipt of domiciliary care shows that of the 719 people in the cohort, only 147 are recorded as married or in a civil partnership, but 277 records do not record marital status. The remaining were divorced, separated, single, partner, cohabiting or widow/widower.</p>	<p>Neutral</p>	<p>The need to fully complete recording of personal data will be raised with Care Managers undertaking domiciliary care assessments.</p>	<p>Neutral</p>

<i>Race</i>	The vast majority of the 719 cohort were recorded on WCCIS as being white British – 538 people. 3 people were recorded as not being of white ethnic origin. 167 people had no racial recorded characteristic.	Neutral	The need to fully complete recording of personal data will be raised with Care Managers undertaking domiciliary care assessments.	Neutral
<i>Religion or belief</i>	Over two thirds of the 719 cohort were recorded on WCCIS as having no stated religion. 116 people were recorded as having a Christian based faith, and 87 people as having an unspecified or other faith.	Neutral	The need to fully complete recording of personal data will be raised with Care Managers undertaking domiciliary care assessments.	Neutral
<i>Sex</i>	More women than men will be impacted by the proposed beneficial procurement changes. The gender balance across the 719 people currently receiving domiciliary care from the commissioned service as recorded on WCCIS is: <ul style="list-style-type: none"> • Female – 61.6% • Male – 38.4% 	Neutral		Neutral
<i>Sexual Orientation</i>	This information is largely not recorded on WCCIS, with 436 of the cohort being 'Not Recorded', 138 of the cohort being 'Undeclared' or 'Not Known'. 142 of the remaining number are Heterosexual.	Neutral	The need to fully complete recording of personal data will be raised with Care Managers undertaking domiciliary care assessments.	Neutral
<i>Pregnancy and Maternity</i>	We do not currently record this information.	Neutral	The need to fully complete recording of personal data will be raised with Care Managers undertaking domiciliary care assessments.	Neutral

Source of Outline Evidence to support judgements

WCCIS records.

7. How does your proposal impact on the council's other key guiding principles?

Principle	How does the proposal impact on this principle?	<u>IMPACT</u> Please select from drop down box below	What will be done to better contribute to positive or mitigate any negative impacts?	<u>IMPACT AFTER MITIGATION</u> Please select from drop down box below
Sustainable Development Principle (5 ways of working)				
<p>Long Term: Looking to the long term so that we do not compromise the ability of future generations to meet their own needs.</p>	<p>Recommissioning the domiciliary care service is designed to develop the domiciliary care market across Powys. It is recognised that the number of people of working age is projected to reduce over the coming years. The proposed changes in the way domiciliary care is procured in the future seeks to secure and grow capacity across both geographic communities, and communities of interest.</p> <p>The continuity of care proposed seeks to secure appropriate market capacity and response to meet communities' short to medium-term needs.</p>	<p>Good</p>		<p>Good</p>

Principle	How does the proposal impact on this principle?	<u>IMPACT</u> Please select from drop down box below	What will be done to better contribute to positive or mitigate any negative impacts?	<u>IMPACT AFTER MITIGATION</u> Please select from drop down box below
Collaboration: Working with others in a collaborative way to find shared sustainable solutions.	Commissioners are continuing to work with PTHB colleagues. External domiciliary care provision operate within a larger health and social care system. It operates to meet the needs of citizens, and the objectives of PTHB to ensure safe and expedited hospital discharges.	Good	Building market capacity will enable the externally commissioned domiciliary service to support more people across Powys and reduce waiting times.	Good
Involvement (including Communication and Engagement): Involving a diversity of the population in the decisions that affect them.	Feedback from service users will continue to be obtained via monitoring of the service and any issues raised with Care Managers or management. Service users are also able to choose to take a Direct Payment where they wish to. This provides additional service user control over the nature of the support received and how services are delivered.	Good		Good
Prevention: Understanding the root causes of issues to prevent them from occurring.	The service will work to deliver a high quality service, with a focus on Early Intervention and Prevention.	Good	Further market development and resilience building work will be undertaken with the external market.	Good

Principle	How does the proposal impact on this principle?	<u>IMPACT</u> Please select from drop down box below	What will be done to better contribute to positive or mitigate any negative impacts?	<u>IMPACT AFTER MITIGATION</u> Please select from drop down box below
Integration: <i>Taking an integrated approach so that public bodies look at all the well-being goals in deciding on their well-being objectives.</i>	The domiciliary care service works to meet the objectives of PTHB, reducing unnecessary admissions to hospital and safe hospital discharges.	Good	Recommissioning the domiciliary care service, should increase the capacity of the service over time, which will allow expedited hospital discharges. Also, there is an opportunity for other public services to join the DPS's, in order to access services.	Very Good
Preventing Poverty: Prevention, including helping people into work and mitigating the impact of poverty.	See comments above regarding 'The Economy'.	Good	An increased demand for domiciliary care will result in a need to increase the number of people employed delivering domiciliary care.	Good
Unpaid Carers: Ensuring that unpaid carers views are sought and taken into account	The domiciliary care service provides 'home based respite', which gives unpaid carers a break from caring responsibilities.	Good		Good
Safeguarding: Preventing and responding to abuse and neglect of children, young people and adults with health and social care needs who can't protect themselves.	Domiciliary care is a critical conduit for improving safeguarding. In addition to providing opportunities to enhance safeguarding through direct contact with residents, all care staff receive safeguarding training that may further reduce future potential safeguarding issues.	Good		Good

Principle	How does the proposal impact on this principle?	<u>IMPACT</u> Please select from drop down box below	What will be done to better contribute to positive or mitigate any negative impacts?	<u>IMPACT AFTER MITIGATION</u> Please select from drop down box below
Impact on Powys County Council Workforce	<p>See comments under section 4. 'Impact on Other Service Areas'.</p> <p>There will be little other impact on PCC staff, if any. However, it is a well-known fact that the domiciliary care workforce is predominantly female</p> <ul style="list-style-type: none"> • 83% female • 17% male. 	Neutral		Good
Source of Outline Evidence to support judgements				
<p>WCCIS records. Skills for Care - The state of the adult social care sector and workforce in England, September 2019.</p>				

8. What is the impact of this proposal on our communities?

Severity of Impact on Communities	Scale of impact	Overall Impact
Low	Medium	Medium
Mitigation		

9. How likely are you to successfully implement the proposed change?

Impact on Service / Council	Risk to delivery of the proposal	Inherent Risk
Low	Medium	Medium
Mitigation		

Risk Identified	Inherent Risk Rating	Mitigation	Residual Risk Rating
Market capacity: Not all providers may wish to join the DPS.	Medium	Work with providers to alleviate concerns. 4 out of 5 existing providers in the DPS pilot area have chosen to join the DPS.	Low
Financial Viability: Not all providers may be admitted to the DPS.	Medium	One new provider was not admitted to the DPS pilot due to being unable to demonstrate financial viability.	Medium
Market stability: Continuity of care is maintained, however implementation of the new arrangements will need to be carefully managed over time to ensure minimum disruption to the market. This is because as 'holes' appear in existing provider runs, these can become financially unviable.	Medium	A combination of block and individual packages will be available to the market, in order for providers to consolidate working in a particular geographic location or to fill 'holes' in rotas.	Medium

Procurement: Unsuccessful providers may encourage their existing clients to take Direct Payments and stay with them, meaning that the block hours cannot be reached.	Medium	Where one provider stopped working with Council, outside of the DPS pilot, a number of clients chose to take a Direct Payment to remain with the provider. Mitigation – during transfer ensure good communication, so all parties aware of the situation.	Medium
Financial viability: As the DPS is a new procurement option for Adult Social Care, and it is yet to be confirmed which providers will join the DPS, it is not possible to confirm total impact on budgets.	High	Pilot DPS in one area to assess impact. Budget projections show an increase in rate but this is caveated with a 0% uplift in 2019/20. Budgets to be closely monitored by budget holders. There is an option to add ceiling prices or guide prices into the DPS's and this will be given due consideration.	Medium
Workforce: New providers may find it challenging to recruit additional domiciliary care staff in areas of growing need without the guarantee of work in the future	High	Block contracts give guarantees of all future work, up to a threshold. Two recruitment events have taken place, outside of the pilot area. Further events to be arranged, to promote domiciliary care as a career.	High
Workforce: Lack of Care Managers to conduct reviews in a timely manner	Medium	Alert Care Managers to any packages of care and support where a timely review is needed due to changes in need or concerns.	Low
Workforce: Staff could leave the care sector if providers are not able to 'win' sufficient care package tenders to provide them with work.	Medium	Domiciliary care workers are in demand and able to move to other providers.	Medium
Risk of legal challenge: The proposals seek to maintain continuity of care. However, such maintenance is not fully in line with EU procurement regulations.	Low	Existing packages of care will be recommissioned over time. Existing providers unlikely to challenge this decision.	Low
Data quality: The current lack of equality data recorded in WCCIS inhibits the ability to fully understand the scope for unintended consequences to occur.	Low	Data quality: Work with care staff to improve the recording of equality data on WCCIS.	Low
Overall judgement (to be included in project risk register)			

Very High Risk	High Risk	Medium Risk	Low Risk
		√	

10. Overall Summary and Judgement of this Impact Assessment?

Outline Assessment (to be inserted in cabinet report)	Cabinet Report Reference:	
The impact of this proposed change should have a positive impact on residents who receive domiciliary care support, generating greater feelings of wellbeing.		

11. Is there additional evidence to support the Impact Assessment (IA)?

What additional evidence and data has informed the development of your proposal?
N/A

12. On-going monitoring arrangements?

What arrangements will be put in place to monitor the impact over time?
The service will be closely monitored over the next 12 months by the Strategic Commissioning Manager, Finance Manager, Team Leader Brokerage Service and the Commissioning Project Co-ordinator.
Please state when this Impact Assessment will be reviewed.
October 2019

13. Sign Off

Position	Name	Signature	Date
Impact Assessment Lead:	Sally Beech		07.10.19
Head of Service:	Dylan Owen		11.10.19
Director:	Ali Bulman		
Portfolio Holder:	Cllr Myfanwy Alexander		

14. Governance

Decision to be made by	Portfolio Holder	Date required	October 2019
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FORM ENDS

By virtue of paragraph(s) 14 of Part 1 of Schedule 12A
of the Local Government Act 1972.

Document is Restricted

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Please read the accompanying guidance before completing the form.

This **Impact Assessment (IA)** toolkit, incorporates a range of legislative requirements that support effective decision making and ensure compliance with all relevant legislation. **Draft versions of the assessment should be watermarked as “Draft” and retained for completeness. However, only the final version will be made publicly available. Draft versions may be provided to regulators if appropriate. In line with Council policy IAs should be retained for 7 years.**

Service Area	Adult Services Commissioning	Head of Service	Dylan Owen	Director	Ali Bulman	Portfolio Holder	Cllr Myfanwy Alexander
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Proposal Future Domiciliary Care Commissioning Intentions

Outline Summary / Description of Proposal

Domiciliary Care in Powys is currently delivered by a combination of private and third sector providers along with the in-house Bridging Team.

The 2014 Domiciliary Care Framework for North Powys ended in March 2018. Since then domiciliary care has either been tendered via block two year contracts or individual spot contracts.

New purchasing arrangements are required to replace procuring through spot contracts, so that the council is compliant with the Public Contract Regulations 2015.

The proposed changes are:

- Existing domiciliary care packages remain with incumbent providers, until peoples’ care needs change significantly.
- New individual or block packages of care will be commissioned through proposed Dynamic Purchasing System’s (DPS), within two geographic zones (North and South) of Powys.
- A specialist DPS is proposed for people with more complex need, who require a domiciliary care service.
- The Council’s In-House Bridging Team will provide a critical safety net to support residents where alternative external provision cannot be commissioned.

Page 65

1. Version Control (services should consider the impact assessment early in the development process and continually evaluate)

Version	Author	Job Title	Date
001	Sally Beech	Strategic Commissioning Manager (Older People)	17.01.17

Cyngor Sir Powys County Council
Impact Assessment (IA)

The integrated approach to support effective decision making



002	Sally Beech	Strategic Commissioning Manager (Older People)	01.03.18
003	Sally Beech	Strategic Commissioning Manager (Promoting Independence)	01.10.19

2. Profile of savings delivery (if applicable)

2018-19	2019-20	2020-21	2021-22	2022-23	TOTAL
£	£	£	£	£	£

3. Consultation requirements

Consultation Requirement	Consultation deadline/or justification for no consultation
No consultation required (please provide justification)	The proposal is to ensure the council is compliant with the Public Contract Regulations 2015.

Page 66

4. Impact on Other Service Areas

**Does the proposal have potential to impact on another service area? (Have you considered the implications on Health & Safety, Corporate Parenting and Data Protection?)
PLEASE ENSURE YOU INFORM / ENGAGE ANY AFFECTED SERVICE AREAS AT THE EARLIEST OPPORTUNITY**

The proposal should impact on the in-house Bridging Team and Reablement service in a positive way. The in-house Bridging Team currently holds and delivers 1055 hours of care per week. Furthermore, the Reablement Service often finds it problematic to transfer clients who require ongoing care due to a lack of capacity in the domiciliary care market. The Brokerage Team are currently trying to source over 1000 hours of care. Introducing a DPS and establishing block locality contracts should strengthen the market and ease the pressure on the in-house services.

5. How does your proposal impact on the council's strategic vision?

Cyngor Sir Powys County Council
Impact Assessment (IA)

The integrated approach to support effective decision making



Council Priority	How does the proposal impact on this priority?	<u>IMPACT</u> Please select from drop down box below	What will be done to better contribute to positive or mitigate any negative impacts?	<u>IMPACT AFTER MITIGATION</u> Please select from drop down box below
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<p>The Economy We will develop a vibrant economy</p>	<p>The Health and Social Care sector is the second largest sector for employment across Powys, employing over 8,250 people.</p> <p>The new DPS's will:</p> <ul style="list-style-type: none"> • Provide a transparent and equitable conduit for the future commissioning of domiciliary care packages that will permit providers to plan and build their respective business models. • In contrast to traditional frameworks, the Dynamic Purchasing System will remain open to new providers, and therefore will allow existing smaller or new providers to enter/grow their businesses. <p>The number of commissioned domiciliary care hours delivered in Powys is declining, although the number of older people residing in Powys in the future is predicted to increase rapidly. Retention and attraction of a sufficient domiciliary care workforce remains an issue and will become more difficult as demand increases.</p>	<p>Good</p>	<p>With a projected decline in the number of people of working age across Powys, further work is required to promote caring as a career. Two recruitment workshops have been held with domiciliary care providers, linked to the Social Care Wales 'WeCare' campaign. The events also promoted working as a Personal Assistant, for individuals who receive a Direct Payment and arrange their own care to support their needs. More events will be arranged.</p> <p>Only 17% of the Social Care workforce is male, therefore positively promote the role of a male carer as a career choice and raise acceptance of male carers with service users and their families, will increase capacity.</p> <p>A micro-enterprise pilot is being launched following the commissioning of Community Catalysts for a two-year contract. The community enterprise project will support local entrepreneurial-minded people and community organisations to offer new and creative care and support options for people who need help at home.</p> <p>Work continues on the creation of a Powys Health & Social Care Workforce Strategic Framework. Phase 1 (gathering data, establishing work programme) is complete and Phase 2 (developing the framework) is underway. Engagement workshops have been held regularly over the last six months with over 300 people across health, social care, education and the independent and voluntary sectors have put their views forward on what needs to be included in the framework. The launch and implementation of the framework is planned to commence in January 2020.</p>	<p>Good</p>
<p>Health and Care We will lead the way in effective, integrated rural health and care</p>	<p>The development of three DPS's will contribute towards some of the objectives for Adult Services:</p>	<p>Good</p>	<p>A Care and Support at Home in Powys – Plan on a Page has been developed, which details steps that are and will be</p>	<p>Good</p>

Council Priority	How does the proposal impact on this priority?	<u>IMPACT</u> Please select from drop down box below	What will be done to better contribute to positive or mitigate any negative impacts?	<u>IMPACT AFTER MITIGATION</u> Please select from drop down box below
	<ul style="list-style-type: none"> Avoid delays by providing sufficient service and fieldwork capacity Meet new statutory responsibilities towards individuals and their carers by increasing the range and quality of the services available for meeting needs <p>In addition, if we are successful we can expect to see:</p> <ul style="list-style-type: none"> Reduced numbers of persons (per 1000 population) aged 75 and over who experience a delay in return to their own home or social care setting following hospital treatment People who are satisfied with care and support that they received Carers reporting they feel supported to continue in their caring role People reporting they felt involved in any decisions made about their care and support 		<p>taken to reduce demand, meet demand and increasing capacity of the domiciliary care service.</p>  <p>Care and support at home in Powys - 1</p>	

Cyngor Sir Powys County Council
Impact Assessment (IA)

The integrated approach to support effective decision making



Council Priority	How does the proposal impact on this priority?	<u>IMPACT</u> Please select from drop down box below	What will be done to better contribute to positive or mitigate any negative impacts?	<u>IMPACT AFTER MITIGATION</u> Please select from drop down box below
Learning and skills We will strengthen learning and skills	<p>Current policy is to seek to support people to maintain their independence for as long as possible and to continue to live in their own homes.</p> <p>With a projected increase in the number of older people who will require domiciliary care services across the foreseeable future, there will be a need to increase the number of people employed delivering domiciliary care. All new employees will need to be trained to undertake their duties. Much of this learning will be undertaken 'on the job' enabling more people to take advantage of learning opportunities generated.</p>	<p>Good</p>	<p>All employees will be provided with a comprehensive training package, and will be supported by ongoing competency reviews and opportunities to update their knowledge.</p>	<p>Good</p>
Residents and Communities We will support our residents and communities	<p>Domiciliary Care is provided to support individuals to maintain their independence for as long as possible by providing assistance to complete a number of daily tasks in line with assessed needs and what matters to people.</p> <p>By operating Dynamic Purchasing System's for block purchasing and an In-House Bridging service, individuals who require the service should receive a package of care in a timely manner regardless of where they live.</p>	<p>Good</p>	<p>Ongoing market development and resilience building work is being undertaken with the wider Powys domiciliary care market.</p> <p>An in-house Bridging Team has been created in the North of the County in order to provide the necessary critical safety net of support for residents where no alternative external provider can be commissioned.</p>	<p>Good</p>

Page 71

Source of Outline Evidence to support judgements
2011 Census. WCCIS reports detailing geographic delivery of existing domiciliary care providers.

6. How does your proposal impact on the Welsh Government's well-being goals?

Page 72

Well-being Goal	How does proposal contribute to this goal?	IMPACT Please select from drop down box below	What will be done to better contribute to positive or mitigate any negative impacts?	IMPACT AFTER MITIGATION Please select from drop down box below
A prosperous Wales: An innovative, productive and low carbon society which recognises the limits of the global environment and therefore uses resources efficiently and proportionately (including acting on climate change); and which develops a skilled and well-educated population in an economy which generates wealth and provides employment opportunities, allowing people to take advantage of the wealth generated through securing decent work.	See comments above regarding 'The Economy'. In addition, domiciliary care also supports people to maintain their independence for as long as possible and to live in their existing homes. In preventing/delaying the time at which people may hit crisis, this reduces the need for people (service users and families/friends) to have to travel outside of county to access acute hospitals. Maintaining residence within existing homes also reduces wastage generated through having to buy new goods to furnish different houses.	Good	With the projected increase in the number of older people who will require domiciliary care services in the future, additional employment opportunities for people who wish to work in the care sector will be available. Assistive technology opportunities will also be explored, reducing the need for unnecessary car journeys by carers and promoting independence for the service user.	Good
A resilient Wales: A nation which maintains and enhances a biodiverse natural environment with healthy functioning ecosystems that support social, economic and ecological resilience and the capacity to adapt to change (for example climate change).	Block contracting may well reduce travel and, as such, have a positive impact on the environment?	Good	N/A	Good

Well-being Goal	How does proposal contribute to this goal?	<u>IMPACT</u> Please select from drop down box below	What will be done to better contribute to positive or mitigate any negative impacts?	<u>IMPACT AFTER MITIGATION</u> Please select from drop down box below
<p>A healthier Wales: A society in which people’s physical and mental well-being is maximised and in which choices and behaviours that benefit future health are understood.</p> <p>Public Health (Wales) Act, 2017: Part 6 of the Act requires for public bodies to undertake a health impact assessment to assess the likely effect of a proposed action or decision on the physical or mental health of the people of Wales.</p>	<p>Domiciliary Care supports individuals with their physical and mental well-being. Respecting a service users preferences and promoting positive behaviour are central to the service.</p> <p>Investment in domiciliary care services is primarily a preventative service, seeking to support people to maintain their independence. In doing so, the service delays the time at which peoples’ health would otherwise deteriorate and need to be referred to more specialised / higher levels of support such as residential care or avoidable referral to hospital for unplanned care.</p>	<p>Good</p>	<p>Further market development and resilience building work will be undertaken with the Powys domiciliary care and assistive technology markets. These changes will help more people to maintain their independence, health, and wellbeing.</p>	<p>Good</p>
<p>A Wales of cohesive communities: Attractive, viable, safe and well-connected Communities.</p>	<p>People in receipt of domiciliary care should feel better supported and able to maximise their independence / take part in local community activity.</p>	<p>Good</p>	<p>The procurement will refocus the service from a task and time led service, to a service that delivers the outcomes that are important to the individual using the service. Thereby supporting people to take part in community activity across the county, if this is what they would like to do.</p>	<p>Very Good</p>

Cyngor Sir Powys County Council

Impact Assessment (IA)

The integrated approach to support effective decision making



Page 74

Well-being Goal	How does proposal contribute to this goal?	IMPACT Please select from drop down box below	What will be done to better contribute to positive or mitigate any negative impacts?	IMPACT AFTER MITIGATION Please select from drop down box below
<p>A globally responsible Wales: A nation which, when doing anything to improve the economic, social, environmental and cultural well-being of Wales, takes account of whether doing such a thing may make a positive contribution to global well-being.</p> <p>Human Rights - is about being proactive (see guidance)</p> <p>UN Convention on the Rights of the Child: The Convention gives rights to everyone under the age of 18, which include the right to be treated fairly and to be protected from discrimination; that organisations act for the best interest of the child; the right to life, survival and development; and the right to be heard.</p>	<p>Domiciliary care supports people to maintain their independence for as long as possible and to live in their existing homes. In preventing/delaying the time at which people may hit crisis, this reduces the need for people (service users and families/friends) to have to travel outside of county (thereby also reducing carbon emissions) to access acute hospitals.</p>	<p>Good</p>	<p>Use of assistive technology to reduce the need for carers to travel to undertake care is being explored/implemented where safe and appropriate.</p>	<p>Good</p>
<p>A Wales of vibrant culture and thriving Welsh language: A society that promotes and protects culture, heritage and the Welsh language, and which encourages people to participate in the arts, and sports and recreation.</p>				
<p><i>Opportunities for persons to use the Welsh language, and treating the Welsh language no less favourable than the English language</i></p>	<p>The service supports people in receipt of domiciliary care by making an 'Active Offer', which means not making assumptions that all Welsh speakers speak English anyway! It ensures Welsh-speaking patients are treated with dignity and respect by asking them what their preferred language is and acting on it. Service User handbooks are available in Welsh and English.</p>	<p>Good</p>	<p>The DPS's could enable more local start-ups, which would mean local staff, which may increase the availability of Domiciliary Care Workers who can communicate through the medium of Welsh.</p>	<p>Good</p>
<p><i>Opportunities to promote the Welsh language</i></p>	<p>The use of Welsh language services will continue to be promoted as the language of first choice if people wish to receive support from a domiciliary care worker who speaks Welsh.</p>	<p>Good</p>		<p>Good</p>

Well-being Goal	How does proposal contribute to this goal?	IMPACT Please select from drop down box below	What will be done to better contribute to positive or mitigate any negative impacts?	IMPACT AFTER MITIGATION Please select from drop down box below
<i>Welsh Language impact on staff</i>	Carers will continue to be recruited who speak Welsh.	Good	The DPS's could enable more local start-ups, which would mean local staff, which may increase the availability of Domiciliary Care Workers who can communicate through the medium of Welsh.	Good
<i>People are encouraged to do sport, art and recreation.</i>	People in receipt of domiciliary care should feel better supported and able to maximise their independence / take part in local community activities including sport, art, and recreation.	Good		Good
A more equal Wales: A society that enables people to fulfil their potential no matter what their background or circumstances (including their socio economic background and circumstances).				
<i>Age</i>	Introduction of the DPS's are designed to improve and sustain access to a robust and cost effective local domiciliary care market across Powys, which seeks to maintain continuity of care for all existing service users. With the average age of a person supported by the service of around 80 years of age, the proposed procurement arrangements will mainly impact on older people.	Good		Neutral

Well-being Goal	How does proposal contribute to this goal?	<u>IMPACT</u> Please select from drop down box below	What will be done to better contribute to positive or mitigate any negative impacts?	<u>IMPACT AFTER MITIGATION</u> Please select from drop down box below
<i>Disability</i>	Whilst acknowledging that not all people in receipt of domiciliary care may describe themselves as having a disability, eligibility for publically funded domiciliary care means that people in receipt of support must have an impairment to completing some daily tasks. For the purpose of this Impact Assessment, it is therefore anticipated that the proposed beneficial procurement arrangements will benefit people with a disability.	Good		Good
<i>Gender reassignment</i>	There is no specific reportable field on WCCIS where data regarding gender reassignment is recorded. Under the mandatory 'Gender' field 'Transgender' is an option (along with 'Male', 'Female', 'Unknown', 'Other' and 'Declined To Disclose'). Of the 719 people who receive dom care all report as 'Male' or 'Female' – there are no recorded cases of the other options. So, whilst there is no specific field for gender reassignment, if someone identified as transgender and disclosed this it would be recorded and reportable.	Neutral		Neutral

Well-being Goal	How does proposal contribute to this goal?	<u>IMPACT</u> Please select from drop down box below	What will be done to better contribute to positive or mitigate any negative impacts?	<u>IMPACT AFTER MITIGATION</u> Please select from drop down box below
<i>Marriage or civil partnership</i>	<p>Eligibility for domiciliary care support is based on individual need, and does not take in to account marital status.</p> <p>It is however plausible that people who are part of a cohabiting partnership will seek less public support, with the remaining cohabiting partner providing required support. However, such habitation could be via marriage, civil partnerships, or non-married couples.</p> <p>An analysis of data recorded on each person in receipt of domiciliary care shows that of the 719 people in the cohort, only 147 are recorded as married or in a civil partnership, but 277 records do not record marital status. The remaining were divorced, separated, single, partner, cohabiting or widow/widower.</p>	Neutral	The need to fully complete recording of personal data will be raised with Care Managers undertaking domiciliary care assessments.	Neutral
<i>Race</i>	The vast majority of the 719 cohort were recorded on WCCIS as being white British – 538 people. 3 people were recorded as not being of white ethnic origin. 167 people had no racial recorded characteristic.	Neutral	The need to fully complete recording of personal data will be raised with Care Managers undertaking domiciliary care assessments.	Neutral
<i>Religion or belief</i>	Over two thirds of the 719 cohort were recorded on WCCIS as having no stated religion. 116 people were recorded as having a Christian based faith, and 87 people as having an unspecified or other faith.	Neutral	The need to fully complete recording of personal data will be raised with Care Managers undertaking domiciliary care assessments.	Neutral

Well-being Goal	How does proposal contribute to this goal?	IMPACT Please select from drop down box below	What will be done to better contribute to positive or mitigate any negative impacts?	IMPACT AFTER MITIGATION Please select from drop down box below
<i>Sex</i>	<p>More women than men will be impacted by the proposed beneficial procurement changes. The gender balance across the 719 people currently receiving domiciliary care from the commissioned service as recorded on WCCIS is:</p> <ul style="list-style-type: none"> • Female – 61.6% • Male – 38.4% 	Neutral		Neutral
<i>Sexual Orientation</i>	<p>This information is largely not recorded on WCCIS, with 436 of the cohort being 'Not Recorded', 138 of the cohort being 'Undeclared' or 'Not Known'. 142 of the remaining number are Heterosexual.</p>	Neutral	<p>The need to fully complete recording of personal data will be raised with Care Managers undertaking domiciliary care assessments.</p>	Neutral
<i>Pregnancy and Maternity</i>	<p>We do not currently record this information.</p>	Neutral	<p>The need to fully complete recording of personal data will be raised with Care Managers undertaking domiciliary care assessments.</p>	Neutral

Source of Outline Evidence to support judgements
WCCIS records.

7. How does your proposal impact on the council's other key guiding principles?

Principle	How does the proposal impact on this principle?	IMPACT Please select from drop down box below	What will be done to better contribute to positive or mitigate any negative impacts?	IMPACT AFTER MITIGATION Please select from drop down box below
Sustainable Development Principle (5 ways of working)				
<p>Long Term: Looking to the long term so that we do not compromise the ability of future generations to meet their own needs.</p>	<p>Recommissioning the domiciliary care service is designed to develop the domiciliary care market across Powys. It is recognised that the number of people of working age is projected to reduce over the coming years. The proposed changes in the way domiciliary care is procured in the future seeks to secure and grow capacity across both geographic communities, and communities of interest.</p>	Good		Good
	<p>The continuity of care proposed seeks to secure appropriate market capacity and response to meet communities' short to medium-term needs.</p>			
<p>Collaboration: Working with others in a collaborative way to find shared sustainable solutions.</p>	<p>Commissioners are continuing to work with PTHB colleagues.</p>	Good	<p>Building market capacity will enable the externally commissioned domiciliary service to support more people across Powys and reduce waiting times.</p>	Good
	<p>External domiciliary care provision operate within a larger health and social care system. It operates to meet the needs of citizens, and the objectives of PTHB to ensure safe and expedited hospital discharges.</p>			

Page 79

Principle	How does the proposal impact on this principle?	<u>IMPACT</u> Please select from drop down box below	What will be done to better contribute to positive or mitigate any negative impacts?	<u>IMPACT AFTER MITIGATION</u> Please select from drop down box below
Involvement (including Communication and Engagement): <i>Involving a diversity of the population in the decisions that affect them.</i>	Feedback from service users will continue to be obtained via monitoring of the service and any issues raised with Care Managers or management. Service users are also able to choose to take a Direct Payment where they wish to. This provides additional service user control over the nature of the support received and how services are delivered.	Good		Good
Prevention: <i>Understanding the root causes of issues to prevent them from occurring.</i>	The service will work to deliver a high quality service, with a focus on Early Intervention and Prevention.	Good	Further market development and resilience building work will be undertaken with the external market.	Good
Integration: <i>Taking an integrated approach so that public bodies look at all the well-being goals in deciding on their well-being objectives.</i>	The domiciliary care service works to meet the objectives of PTHB, reducing unnecessary admissions to hospital and safe hospital discharges.	Good	Recommissioning the domiciliary care service, should increase the capacity of the service over time, which will allow expedited hospital discharges. Also, there is an opportunity for other public services to join the DPS's, in order to access services.	Very Good
Preventing Poverty: Prevention, including helping people into work and mitigating the impact of poverty.	See comments above regarding 'The Economy'.	Good	An increased demand for domiciliary care will result in a need to increase the number of people employed delivering domiciliary care.	Good
Unpaid Carers: Ensuring that unpaid carers views are sought and taken into account	The domiciliary care service provides 'home based respite', which gives unpaid carers a break from caring responsibilities.	Good		Good

Cyngor Sir Powys County Council

Impact Assessment (IA)

The integrated approach to support effective decision making



Principle	How does the proposal impact on this principle?	IMPACT Please select from drop down box below	What will be done to better contribute to positive or mitigate any negative impacts?	IMPACT AFTER MITIGATION Please select from drop down box below
Safeguarding: Preventing and responding to abuse and neglect of children, young people and adults with health and social care needs who can't protect themselves.	Domiciliary care is a critical conduit for improving safeguarding. In addition to providing opportunities to enhance safeguarding through direct contact with residents, all care staff receive safeguarding training that may further reduce future potential safeguarding issues.	Good		Good
Impact on Powys County Council Workforce	See comments under section 4. 'Impact on Other Service Areas'. There will be little other impact on PCC staff, if any. However, it is a well-known fact that the domiciliary care workforce is predominantly female <ul style="list-style-type: none"> • 83% female • 17% male. 	Neutral		Good

Source of Outline Evidence to support judgements

WCCIS records.
Skills for Care - The state of the adult social care sector and workforce in England, September 2019.

8. What is the impact of this proposal on our communities?

Severity of Impact on Communities	Scale of impact	Overall Impact
Low	Medium	Medium

Mitigation

9. How likely are you to successfully implement the proposed change?

Impact on Service / Council	Risk to delivery of the proposal	Inherent Risk
Low	Medium	Medium

Mitigation

Page 82

Risk Identified	Inherent Risk Rating	Mitigation	Residual Risk Rating
Market capacity: Not all providers may wish to join the DPS.	Medium	Work with providers to alleviate concerns. 4 out of 5 existing providers in the DPS pilot area have chosen to join the DPS.	Low
Financial Viability: Not all providers may be admitted to the DPS.	Medium	One new provider was not admitted to the DPS pilot due to being unable to demonstrate financial viability.	Medium
Market stability: Continuity of care is maintained, however implementation of the new arrangements will need to be carefully managed over time to ensure minimum disruption to the market. This is because as 'holes' appear in existing provider runs, these can become financially unviable.	Medium	A combination of block and individual packages will be available to the market, in order for providers to consolidate working in a particular geographic location or to fill 'holes' in rotas.	Medium

Cyngor Sir Powys County Council

Impact Assessment (IA)

The integrated approach to support effective decision making



Page 83

Procurement: Unsuccessful providers may encourage their existing clients to take Direct Payments and stay with them, meaning that the block hours cannot be reached.	Medium	Where one provider stopped working with Council, outside of the DPS pilot, a number of clients chose to take a Direct Payment to remain with the provider. Mitigation – during transfer ensure good communication, so all parties aware of the situation.	Medium
Financial viability: As the DPS is a new procurement option for Adult Social Care, and it is yet to be confirmed which providers will join the DPS, it is not possible to confirm total impact on budgets.	High	Pilot DPS in one area to assess impact. Budget projections show an increase in rate but this is caveated with a 0% uplift in 2019/20. Budgets to be closely monitored by budget holders. There is an option to add ceiling prices or guide prices into the DPS's and this will be given due consideration.	Medium
Workforce: New providers may find it challenging to recruit additional domiciliary care staff in areas of growing need without the guarantee of work in the future	High	Block contracts give guarantees of all future work, up to a threshold. Two recruitment events have taken place, outside of the pilot area. Further events to be arranged, to promote domiciliary care as a career.	High
Workforce: Lack of Care Managers to conduct reviews in a timely manner	Medium	Alert Care Managers to any packages of care and support where a timely review is needed due to changes in need or concerns.	Low
Workforce: Staff could leave the care sector if providers are not able to 'win' sufficient care package tenders to provide them with work.	Medium	Domiciliary care workers are in demand and able to move to other providers.	Medium
Risk of legal challenge: The proposals seek to maintain continuity of care. However, such maintenance is not fully in line with EU procurement regulations.	Low	Existing packages of care will be recommissioned over time. Existing providers unlikely to challenge this decision.	Low
Data quality: The current lack of equality data recorded in WCCIS inhibits the ability to fully understand the scope for unintended consequences to occur.	Low	Data quality: Work with care staff to improve the recording of equality data on WCCIS.	Low
Overall judgement (to be included in project risk register)			
Very High Risk	High Risk	Medium Risk	Low Risk
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Cyngor Sir Powys County Council

Impact Assessment (IA)

The integrated approach to support effective decision making



10. Overall Summary and Judgement of this Impact Assessment?

Outline Assessment (to be inserted in cabinet report)	Cabinet Report Reference:	
The impact of this proposed change should have a positive impact on residents who receive domiciliary care support, generating greater feelings of wellbeing.		

11. Is there additional evidence to support the Impact Assessment (IA)?

What additional evidence and data has informed the development of your proposal?
N/A

12. On-going monitoring arrangements?

What arrangements will be put in place to monitor the impact over time?
The service will be closely monitored over the next 12 months by the Strategic Commissioning Manager, Finance Manager, Team Leader Brokerage Service and the Commissioning Project Co-ordinator.
Please state when this Impact Assessment will be reviewed.
October 2019

13. Sign Off

Position	Name	Signature	Date
Impact Assessment Lead:	Sally Beech		07.10.19
Head of Service:	Dylan Owen		11.10.19
Director:	Ali Bulman		
Portfolio Holder:	Clr Myfanwy Alexander		

14. Governance

Decision to be made by	Portfolio Holder	Date required	October 2019
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FORM ENDS

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