



INNOVATE TO SAVE DIRECT PAYMENTS PROJECT

Research & Development Report

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Solva resident at Solva Care's Friday Club

INTRODUCTION

Project Background

Solva Care is a voluntary-based, community-development charity centring on providing limited social support and well-being activities at a local level. Its services cover Solva and the rest of the Parish of Whitchurch, in the north-west of Pembrokeshire in south-west Wales, which has a population of around 1,000 people. A registered charity, its aims are to maintain and improve the health and well-being of its community's mainly older residents by enabling them to stay in their own homes and remain part of their community for as long as possible. Currently this is achieved by organising a volunteer service to provide assistance where needed, as well as running social events to counteract loneliness and isolation; extra support is also provided to those caring for their relatives.

The Direct Payments Project was a project funded by Innovate to Save; the Welsh Government's £5M research-and-development fund to help support public- and third-sector organisations to deliver services in Wales differently. Their programme was supported by Y Lab (a partnership of Nesta – the global innovation foundation – and Cardiff University) and the Wales Council for Voluntary Action. Solva Care – along with its partners – was one of seven organisations to participate in the second phase of Innovate to Save during 2018/19, and was awarded a £14,400 grant.

The Challenge

The Project was intended to investigate the potential service improvements – and financial savings – to social-care provision for older people that could be achieved via a community-organised Care Co-operative that utilised Direct Payments in the Solva Care catchment area.

The need for the investigation arose out of Solva Care's observations of the experiences of the residents that they assist. Most are generally satisfied with the level of personal care that they receive, which is provided by the local authority. However, many would prefer personal care that is more closely tailored to their needs and wishes, such as visits at times that better suit them, by the same care staff. Simultaneously, with demand for care growing as the number of older people increases, reducing the amount spent on providing care would be beneficial to society as a whole.

The Social Services and Well-being (Wales) Act 2014 (SSWA 2014) provided a legal framework for improving the well-being of people who need care and support. Under it, local authorities are able to provide Direct Payments to a person in order to meet their assessed care and support needs instead of providing them with services. People in receipt of Direct Payments can then purchase tailored care and support services directly.

The model of a Care Co-operative for providing these care and support services was felt to be the most appropriate in the context of Solva – a small, coastal, Welsh village – as there were potential advantages for both those requiring care and support as well as those providing it.

The Idea

The purpose of the Project was to:

- investigate the setting up of a co-operative of carers to provide domiciliary care in the village of Solva;
- act as support – along with agencies such as Care to Co-operate – to carers in order to set up the co-operative;
- canvas the views of its users about switching from their current care provider – be it agency care (paid for in whole or part by the local authority) or a private arrangement (paid for by Direct Payments and/or private financing) – to the co-operative (users could potentially also go further and form their own purchasing co-operative in order to have access to more flexible care); and
- provide the non-domiciliary care element and be funded by Direct Payments.

Partner Organisations

Solva Care's Partners in this Project are:
Hywel Dda University Health Board (HDUHB)
Pembrokeshire Association of Voluntary Services (PAVS)
Pembrokeshire County Council (PCC)
Rural Health and Care Wales (RHCW)



Gentle Fitness with Laura of Let's Walk Fitness, Health and Wellbeing

EXECUTIVE SUMMARY

The Direct Payments Research and Development Project undertaken by Solva Care and its Partners was intended to test whether the provisions in SSWA 2014 for local authorities to provide Direct Payments to individuals, to allow them to purchase care and support services independently, would result in improved service delivery and efficiency savings. The model of delivery chosen for investigation was a localised Care Co-operative, with the charity Solva Care providing some, non-personal care services. The Project's location was the village of Solva in west Wales, and the local authority was Pembrokeshire County Council.

Key lessons learned through the research process were as follows:

- The current rate of Direct Payments in Pembrokeshire – and across Wales – is too low to enable carers to switch to working for Care Co-operatives.
- The regulations governing care provision preclude individuals or Care Co-operatives from having enough clients to make a co-operative viable.
- Individuals using Direct Payments become Employers, and many are reluctant to take on such a responsibility and the complex administration required.
- PCC does not currently pay for existing services that are free to communities.
- The current framework conditions for care providers impede Care Co-operatives from getting on it, thereby limiting their market share to clients who only utilise Direct Payments.
- There is a low level of knowledge about Direct Payments and the choices that they offer, among both potential users and Social Workers.
- There is a capacity issue in the care sector generally, with a shortage of carers available to provide the care required for Pembrokeshire residents.

However, there are positive changes happening in Pembrokeshire such as:

- Three posts funded by LEADER and the Integrated Care Fund (ICF) which will address some of the issues with both the supply of care workers and with the setting up of Care Co-operatives.
- PCC liaising with the Care Inspectorate Wales (CIW) to review the regulatory requirements.
- An increase in the Direct Payment rate for 2019/20.

Therefore, although the Project has not succeeded in facilitating the setting up of a Care Co-operative, Solva Care is now in a better position to assist individuals interested in pursuing the Direct Payment route, and also to support organisations that are aiming to set up Care Co-operatives in the county. This will, however, not result in cost savings or service improvements at this moment in time.

The recommendation of this report is for PCC to consider making changes – for a trial period – on the St Davids Peninsula that would address a number of the barriers identified, and increase the opportunities for a viable Care Co-operative to be set up and to deliver care. This is, however, dependent on:

- an agreement being reached between the CIW and PCC;
- an increase in the rate of Direct Payments to the United Kingdom Homecare Association (UKHCA)-recommended level of £18.93 per hour;
- altering the eligibility requirements and tendering requirements structure of the care providers framework; and
- making some of Solva Care's services eligible for Direct Payments.

In conclusion, Care Co-operatives – subject to CIW regulatory changes and support for the LEADER- and ICF-funded posts – along with an increase in the Direct Payments rate, procurement changes and paying for Solva Care's services could deliver service-delivery changes and possible cost savings for PCC.



A Solva Care volunteer provides transport to the doctor's surgery



Former Welsh Government Minister for Health and Social Services (now First Minister) Mark Drakeford meets a Solva Care Trustee and users at a coffee morning

RESEARCH QUESTIONS

Choice of Questions

The Project arose out of the feedback that Solva Care was receiving from those using its voluntary service, and its volunteers: a desire for more flexibility and increased choice when arranging care. Care-company arrangements usually result in broad and varied time bands for morning, afternoon and evening calls – often with different carers – which align with the carers’ schedules rather than with the needs of the person receiving care; with the greater distances involved, this effect is exacerbated in rural areas.

Solva Care recognised that with individuals taking responsibility for their own care, more autonomy could reduce dependency. Individuals taking responsibility for their own future health and well-being could also contribute significantly to the prevention agenda.

Although the capacity for people to utilise Direct Payments had been in place for some time, the SSWA 2014 updated the guidance and re-established the mechanism for local authorities to provide Direct Payments to individuals in order for them to purchase services for their assessed care and support needs. People in receipt of Direct Payments can purchase tailored care and support services directly, which could potentially give them the personalised care that was sometimes felt to be lacking under the local-authority-delivered service.

The model of a Care Co-operative for providing care and support services, was felt to be the most suitable for Solva as there were potential advantages for those requiring care and support as well as those providing it. All involved in an integrated-working system could have the potential to benefit from such a co-production model. In particular, the positive attitude that it would encourage is, in itself, preventive – in that individuals are supported and encouraged to think ahead and take positive action to secure their health and well-being as they get older. The SSWA 2014 also encourages local solutions, and specifically mentions co-operatives as one of the delivery vehicles for increased Direct Payments usage.

Financially, an assumption was made – in part due to the wording of the SSWA 2014 – that Direct Payments, at rates being paid by Welsh local authorities, would be a viable source of funding for Care Co-operatives.

If a Care Co-operative model was viable, there was also the potential for savings for both PCC and HDUHB as people who receive early, better and more personalised care and support stay active and healthier for longer, thereby increasing the likelihood of avoiding health conditions that derive from inactivity and isolation.

Therefore, in summary, the main and supplementary questions (see below) came from the premise that

- it was felt that, for some people, more personalised and appropriate care could be provided by utilising Direct Payments;
- there was some evidence to suggest that carers, and those they care for, could benefit from Direct Payments;
- information available to those in need of care and support appeared limited, so that they were not fully aware of choices available around arranging personal care – the take-up of Direct Payments was therefore felt to be low, compared with the potential benefits;
- Solva Care’s service provision was already providing the ‘support’ element of many residents’ ‘care and support’ needs. This, and the charity’s experience of setting up and running a voluntary service, could benefit carers who joined Solva Care in a Care Co-operative; and
- financial savings – both short- and long-term – for PCC and HDUHB could be forthcoming.

Supplementary question two was included as, at application stage, it was identified that the potential shortage of skilled carers in a rural area may be a bar to progress, and this should be investigated further.

Research Questions

The workshop held on 10 December in Pembrokeshire's county town, Haverfordwest, with Y Lab distilled the main question as:

What needs to be in place to set up a sustainable Care Co-operative in Solva?

With the following supplementary questions:

What financial models would help to make it sustainable?

How could carers be recruited?

What levels of savings need to be achieved to make it viable?

How the Questions Developed

Although the main question remained valid throughout the Project, the expected scope of the parameters that would affect it widened. This was also the case for the first supplementary question.

Initially, both the aforementioned questions were considered in terms of working within the current set-up for utilising Direct Payments. As the Project progressed, its scope broadened and alternative models were investigated – both those proposed by Solva Care and other bodies, and by PCC. Towards the end of the Project, it became clear that changes need to happen on a county- or Wales-wide level in order for the use of Direct Payment-funded Care Co-operatives to become more widespread, sustainable and resilient.



VC Gallery painting workshop for Solva Care at West Angle Beach

PROJECT DEVELOPMENT

Project Work Streams Plan

In order to answer the Research Questions, at the start of the Project, a Project Plan – refer to Appendix A – was developed that identified 5 distinct work streams. These were revisited and refined as the Project progressed. Activities – a full list of which is included in Appendix B – were undertaken as required to support the development of each work stream. Some activities were anticipated and planned for from the start; others arose as the Project progressed.

A summary of the work streams, and how they contribute to answering the Research Questions, is as follows:

Work Stream 1: Review of Care comprised an analysis of care provision in Pembrokeshire and dealt with communication about care from the local authority and other bodies, current levels of uptake, how care was financed and procurement matters. This work stream formed the main background research phase of the Project. Initially, it was intended that it only happen at the start; however, due to the time needed to obtain data – and to also understand the complexities of the current system – it extended until the end.

Work Stream 2: Experience of Care was intended to find out about people's experience of care – either as direct recipients or as family members who were acting as carers. It was originally planned to be undertaken via Focus Groups, but this data ended up being mainly collected through one-to-one conversations. This work stream was essential in discovering the differences between how the system was *supposed* to work, and how it *actually* worked, and it therefore provided much of the evidence to answer the main Research Question: **What needs to be in place to set up a sustainable Care Co-operative in Solva?**

Work Stream 3: Advocacy Service dealt with publicising the Project, and explaining to people about Direct Payments. It also involved information gathering from organisations involved in providing care, or in assisting people to arrange their own care. This work stream was important as it provided an understanding of how a Care Co-operative could become a care provider for people in Solva.

Work Stream 4: Co-operative Set-up was the work stream that attempted to address the main Research Question, as well as the second supplementary Research Question: **How could carers be recruited?** It advertised for carers/people interested in joining a Care Co-operative, involved Focus Groups, conversations with a trade union and discovered the practical help that is available to set up a co-operative, as well as those care recipients interested in using one.

Work Stream 5: Financial Analysis comprised research on Direct Payment rates and current care-commissioning costs. It also covered Solva Care's costs. This work stream is key to answering the main Research Question and also feeds into the first supplementary Research Question – **What financial models would help to make it sustainable?** – and the third supplementary Research Question: **What levels of savings need to be achieved to make it viable?**

Answering the Research Questions

The main Research Question was: **What needs to be in place to set up a sustainable Care Co-operative in Solva?** In order to answer this, a range of topics were investigated – with the findings often coming from one or more different people, organisations or data sources.

The Process of Arranging Care

First, an investigation was required into how care provision is organised in Pembrokeshire. If someone gets to a point at which they think that they require personal care and support, they contact Social Services at

PCC. A Social Worker visits the individual at home and undertakes a care-needs assessment and completes a needs assessment form; this assessment form was provided to the Project by PCC. At this meeting, the individual should be informed of their options for receiving care, either arranged by PCC or arranged by themselves using Direct Payments.

PCC's panel then decides whether the individual has eligible needs, and the care package that can be provided. At that point, the individual requiring care can request that it is arranged by PCC; PCC would then arrange it through one of the care companies on its framework. Alternatively, the individual can be put in contact with the Welsh charity Diverse Cymru, which takes them through the process of accessing and spending Direct Payments on individually organised care.

The Project Manager had a number of conversations with those in the community who were going through the process of arranging or re-arranging care. Information provided to these people by Social Workers varied, and didn't always make it clear to people that they could go down the Direct Payments route. Refer to the case studies in Appendix C for further information.

In order to raise awareness of the Project and find out more about people's experiences of care, a *Community Open Day* was held in Solva on 27 November 2018. A presentation was given by the Project Manager, and she also talked to attendees; similar experiences of variances in the information provided were shared.

One requirement for the success of a Care Co-operative is potential users being given the appropriate information at the start of the process. When individuals needing care are not informed of the option to have Direct Payments, they may assume – unless they have other knowledge – that local-authority-organised care is their only option.

Although people may not wish to go down the Direct Payment route when they first need care – they are often in a vulnerable position, perhaps after a fall or illness – finding out about Direct Payments means that when they feel able, they can request that their care is switched from local-authority-organised to self-organised. The information provided in the needs-assessment meeting is therefore key to a person's management of their care over a number of years.

Uptake of Care

It was important to understand the current position in terms of numbers of people utilising Direct Payments for their care and support needs, compared with the numbers receiving local-authority-organised care.

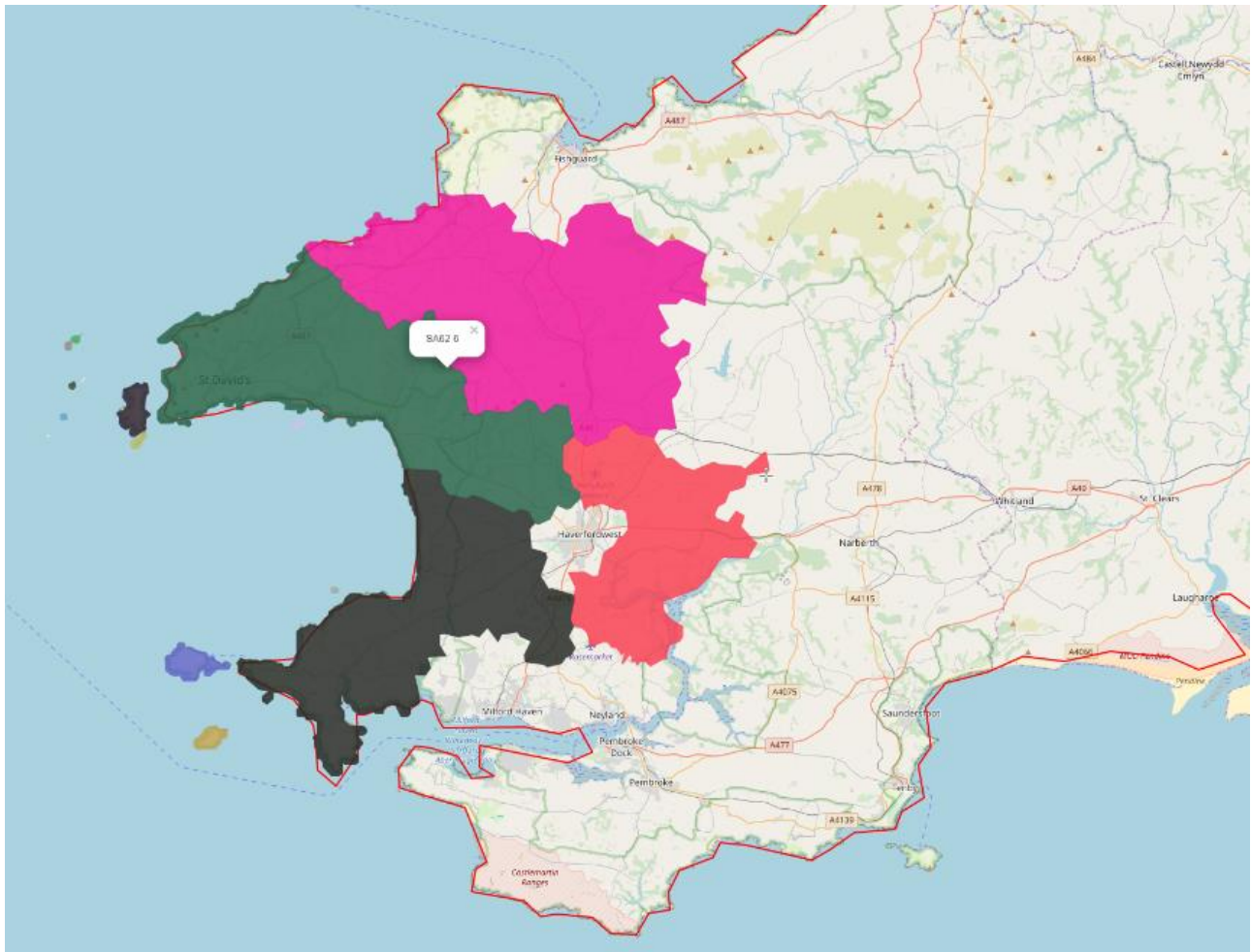
On 5 April 2018, a Freedom of Information Act Request was answered by PCC:

- The numbers of adults in Pembrokeshire aged 60 and above who received Direct Payments for all or part of their care in 2015/16 was 40, and in 2016/17 was 65. The numbers are therefore increasing.
- In 2015/16, none of these individuals lived in Solva. In 2016/17, this information was not provided due to the small numbers. However, this again shows that the numbers had increased but were still very low.

The Project Researcher requested information on the take-up of Direct Payments in the village. Because this was a relatively small number of people, PCC could not release this as it could be used to identify the individuals. The following general information provided is, however, relevant:

- The total number of over-60s in Pembrokeshire, calculated as mid-year population estimates, were for 2016: 39,425; for 2017: 40,103; and for 2018: 40,799. Their numbers are therefore increasing.
- The population of Pembrokeshire, calculated as mid-year population estimates, were for 2016: 124,237; for 2017: 124,711; and for 2018: 125,055.

- No data is recorded for the numbers of over-60s residents in postcode areas such as SA62.
- In February 2019, there were 705 people aged 60 and above in receipt of domiciliary care in Pembrokeshire. Of those, 110 live within the SA62 postcode area and their care is provided by 9 care companies. The coloured parts of the map below show the geographical extent of SA62:



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Additional, relevant statistics taken from the Domiciliary Care Service Specification provided by PCC, which formed part of the tender for the domiciliary-care framework agreement in 2016, are as follows:

- There is an increasing population in Pembrokeshire – 123,464 (mid-year estimate 2014), with significant numbers of older and disabled people.
- In 2014, those people aged 65+ made up 30% of the population, of which 13% were aged 85+.
- Average life expectancy for males is 79 and for females it is 83.
- By 2020, based on the latest estimates from 2015, further increases in numbers are expected: for 65+ (8%), 85+ (20%) and 90+ (41%). In contrast, it is expected that the number of adults aged 18–64 will decrease by 1.4% during the same time period.

In terms of specific interest or take-up of Direct Payments, this information was also provided by PCC:

- There are 260 people – of all ages – in Pembrokeshire in receipt of Direct Payments. Of these, 52 are in the SA62 postcode area.
- Of those aged 60 and above, 17 people access Direct Payments in the SA62 postcode area, 9 of whom are in receipt of daycare. No data is recorded for the numbers of 60+ residents in postcode areas such as SA62.
- There are no people in residential or nursing care homes receiving Direct Payments.
- No data is currently recorded on the number of people who are interested in Direct Payments.
- No data is recorded by PCC for the number of referrals to Diverse Cymru, and therefore a calculation cannot be made as to the percentage of those who are referred who do start using Direct Payments. This information has not been obtained from Diverse Cymru.

- A further request to find out previous years' data – in order to demonstrate a trend, if any – is still being processed by PCC.

Although data was not available specifically for Solva – and the reasons for it not being provided are understood – it is clear that the take-up of Direct Payments for older people in a wide, though not particularly densely populated, area is low. There is only a small cohort of people who are purchasing their own individually organised care, who could be persuaded to start using a Care Co-operative. This makes the start-up of a co-operative more difficult than if there was a large potential client base in place.

It was interesting that PCC does not hold data for referrals to Diverse Cymru, nor for how many referrals end up with people not pursuing the Direct Payment route. Such information could feed into informing why take-up of Direct Payments for older people is low. PCC have stated that Direct Payments are a more cost-effective way of providing care. Therefore, an increase in their use – for purchasing care from co-operatives or otherwise – could help reduce costs.

Procurement of Care

Before answering the Research Questions, it was important to understand how care is currently procured. Information was provided by PCC's Procurement, Finance and Social Care departments.

Care arranged by PCC is currently provided by care companies and (two) charities from a framework. PCC also directly employs care workers; this happened after the collapse of the care company Allied Healthcare in 2018. 45 carers were initially employed by Allied Healthcare, with around 30 remaining with PCC. There are currently no co-operatives on the framework.

For the framework, the county is split geographically into four areas – Lots 1–4, with Lot 5 covering the whole county. The charities – one being Mencap – are in Lot 5. Care packages are awarded on a rotational basis, with the option for a mini-competition for Lot 5.

The framework is set up as a dynamic purchasing system framework (DPS), and rates are reviewed yearly to allow for changes such as inflation. A DPS framework allows new entrants to join at any time if they meet the criteria. The framework commenced in March 2018 and runs until 2020, with the option to extend it by 24 months.

The Reablement Service is also currently outsourced. However, the PCC Cabinet of 1 July 2019 approved the decision by Social Services to bring it back in-house from November 2019 at the end of the current contract.

The care companies only provide non-health care and support. Where healthcare is required, HDUHB will provide it, however, costs are high and resources to deliver are limited. Where complex care is required, packages of care are organised jointly between PCC and HDUHB.

PCC is currently looking into what potential obstacles there are for preventing smaller providers getting onto the framework.

The framework documentation from 2016 has been reviewed as part of this project. The documentation is well-written and comprehensive, as would be expected given the consequences to PCC of unsuitable organisations getting on the framework. However, for a small organisation the requirements will appear

extensive and onerous; indeed, some will exclude them from tendering. The tender included a Qualification Envelope (with some pass/fail questions), a Technical Envelope and a Commercial Envelope. The following requirements from the Qualification Envelope are relevant to this Project:

- It comprises 117 questions, and a large number require additional information such as policies, assessments and insurance details.
- Two years of accounts are requested; however, this is not a pass/fail question as it gives the option to say why they are not available.
- Details are required of up to 3 relevant contracts that have been successfully delivered in the last 5 years and that show relevant experience. However, this is not a pass/fail question.
- It is a requirement that the provider be registered with the CIW to provide domiciliary care services.
- An electronic scheduling system for monitoring calls is also required.
- The National Living Wage is to be paid to workers.

Furthermore, those companies tendering for any of the Lots 1–4 would be obliged to provide care across the entire area of the particular Lot. Solva, for example, is in Lot 1, which is the ‘quarter’ of Pembrokeshire stretching from Dinas Head in the north to Haverfordwest in the south and Nolton Haven in the west. An estimate in 2016 of 179 clients and 3,308 hours of care per week was given (in the whole of Pembrokeshire, there were between 850 and 1,000 clients with a total of approximately 15,000 care hours provided per week).

Because of the number of people accessing Direct Payments in the postcode SA62 – a roughly similar area to Lot 1 – there are unlikely to be enough people accessing Direct Payments in the Solva area to make the operation of a Care Co-operative viable without being able to provide care commissioned by PCC. Currently, a small co-operative that is not registered with CIW would not be able to get on the framework.

Should it be possible to get around the barrier of CIW registration – refer to ‘The Developing Model’ later in this section – the level of detail and supplementary information required would preclude a small, new Care Co-operative from applying unless they had funds to pay a staff member or consultancy to write the required documents and complete the application. It is possible that an organisation such as PLANED – who provide some support to small businesses following the closure of Pembrokeshire Business Initiative (PBI) – or Social Business Wales – Business Wales’ arm that supports social businesses – could assist, but this has not been pursued.

Financing of Care

To answer the Research Questions, an understanding of the current financing of care was required.

In Pembrokeshire, care companies generally charge within the range of £16.32–£22.00 per hour, with the highest rate paid being £28.00. The variations are mainly due to geographical reasons. Care provided in a relatively dense urban area will cost less than that provided in a rural area where there is a greater distance between clients. Carers themselves are required to be paid the National Living Wage.

The hourly rates are all-inclusive, and cover all the costs that the care companies have; there are no additional payments made to the care companies for the costs of management, training or providing the electronic scheduling system.

In terms of PCC costs, when hours of care are submitted weekly, monitoring of this reporting is undertaken within PCC's commissioning team by less than a full-time equivalent (FTE) post. The majority of the administration costs for PCC are spent on negotiating care packages, and require 3–4 FTE posts.

Management costs to PCC for individuals choosing to use Direct Payments are substantially less than using the framework, as Diverse Cymru are contracted to manage the process. There is some monitoring of activities and bank accounts, with more time needed for those people who use individually managed Direct Payments. The cost of PCC's contact with Diverse Cymru is £48.24 per client per 4-week period, which equates to £627.12 per client per year.

The Direct Payment rate has been increased from £10.34 in the financial year 2018/19 to £12.00 for 2019/20. This is to accommodate the National Living Wage, acknowledge oncosts and include a 10% contingency.

Figures for Direct Payment rates in Wales for 2019/20 have been obtained from 11 other local authorities. The average, general, rate is £11.74 with the lowest (daytime) rate being £9.50 and the highest rate £12.66. Only 3 local authorities pay a higher rate than Pembrokeshire does. Some authorities, however, allow the rate to be higher if Direct Payments are used to purchase care from agencies. One authority allows for the rate to vary for goods and services on an individual basis if there is justification.

There is currently a waiting list of approximately 70 care packages outstanding; with around 900 people in Pembrokeshire in receipt of care, this amounts to roughly 0.008% of the population. This is put down to the lack of capacity in the sector – i.e. difficulty in recruiting carers due to the low wages and current high employment levels. The process of assessments – Social Workers are working at full capacity and their numbers have increased – with assessments being considered by a weekly panel, is relatively efficient. It is the process of finding a provider that is time-consuming.

In tandem, demand for care homes has grown, which has increased costs substantially. PCC reports that residential care-home costs are, on average, £570 per person per week. According to a report by healthcare specialists Laing & Buisson in 2018, care-home costs can range from £27,000 to £39,000 per person per year for a residential care home, or £35,000 to £55,000 if nursing is required.

Those who require care are means tested. They either receive it free of charge, or pay a maximum of £90 per week for whatever care is assessed as being required. There are instances in which people receive care that is worth less than £90.

The finances of providing care involve enormous complexity, simply owing to the fact that the numbers and locations of people requiring care are constantly changing. Coupled with the varying amounts that different care companies are paid for the service that they provide in different geographical areas, the amounts allocated to Direct Payments and the £90 'top-up' contribution that is paid by some people receiving care, for PCC to accurately forecast what its budget allocation should be per annum is recognised as extremely difficult.

PCC has acknowledged that it makes financial savings when Direct Payments are chosen; this is in part why the rate was raised for this financial year, and new posts are being funded to look at increasing usage – see 'Other Organisations and Direct Payments' later in this section.

There is a lack of capacity in the care sector, which is causing higher costs to local authorities due to care packages not being fulfilled and more people subsequently needing to use care homes.

Regulation of Care

A comprehension of the regulation of care industry was required in order to understand if or how the proposal would work within the current regulatory environment.

The regulations in Wales are tighter than in, for example, Scotland. The Regulation and Inspection of Social Care (Wales) Act 2014 says that Personal Assistants are only exempt from registration if they care and support no more than 4 people. This would limit the number of people that a co-operative of carers would be able to look after legally without having to fulfil the more onerous requirements of CIW. So, for example, 3 carers in a co-operative would be limited to supporting 12 people. If those people's needs were, on average, three 15-minute visits a day, this would leave a shortfall in hours for those carers should they need to be working fulltime. Refer to Appendix D for more detailed calculations.

As discussed in 'Financing of Care' above, registration with CIW is required of providers wishing to join the framework.

Currently, without being registered with CIW, carers working in a co-operative would find it difficult to have enough clients to make a living.

Experience of Care

To answer the Research Questions, it was important to find out about people's own, personal experience of care. The Project's premise was that although people were not dissatisfied with their care, they felt that it could be improved. This led to the hypothesis that Direct Payments could be a better way of providing care.

Although the Project Plan suggested using Focus Groups for this work stream, this approach was revised as it was felt that one-to-one conversations with users of the Solva Care Voluntary Service was more appropriate, given people's general circumstances. The Project Manager therefore spoke to 8 users of Solva Care's services with either care packages arranged by PCC or with private carers. She also spoke to 4 family members of individuals who used Solva Care. People's experience of care did reflect the assumption at the start of the project that whilst they were generally satisfied with the care that they received, they felt that it could be more personalised and tailored to their requirements. This was particularly true with regard to timings of visits and varying the number of visits from day to day, to align with how they were feeling on a particular day. Refer to the case studies in Appendix C for further information.

Time constraints are a big issue for people receiving care. What is written into the care plan is often not provided due to the timetabling of the carers' visits, and needs change on a day-by-day basis. For example, if someone has severe arthritis, being washed may take much longer one day if their symptoms are bad, than if they were having a 'good' day. Fixed timings are therefore unrealistic due to the length of visits, high workload and variability of demand.

The Project Manager also spoke to all of Solva Care's volunteers who care for members of their own family or who work – through Solva Care – with people who are in receipt of care. Their views were broadly similar to those of the individuals receiving care.

The Focus Group sessions held on the *Volunteers' Day* on 30 April 2019 also touched on this subject, with the same views being reported. It should be noted that no one in the Focus Groups was receiving care for themselves, but many had family and friends who were.

The greatest dissatisfaction was recorded from people who have been assessed and are waiting for a care package to be put in place. As mentioned earlier (in 'Financing of Care'), around 70 packages are outstanding.

It has also been reported that little information is available for people who are looking for ‘low-level’ support. If they call Social Services, they tend to start an assessment process. However, Diverse Cymru could help them find this type of support – but this is not widely known. This is less of a problem in Solva, where Solva Care provides this type of support.

People who have care packages organised by PCC and provided through care companies are generally satisfied with their care. Dissatisfaction tends to occur leading up to the assessment stage and when they are waiting for that package to be put in place.

Those with care packages have, in many cases, struggled to get them. Once they have local-authority-organised care, they are reluctant to change. The group most keen on using Direct Payments or their own funds to pay for their care are those who are planning for their future, many of them being Solva Care volunteers who are in their 60s or 70s.

Knowledge of Direct Payments

For a Care Co-operative utilising Direct Payments to be successful, people need to be aware of them, what they can do and how they can be accessed. This is relevant both for people who are planning for their future and those who suddenly find themselves needing care beyond that provided by their family and friends.

In order to publicise the project, a *Community Open Day* was held in Solva on 27 November 2018; a presentation was given on Direct Payments, inviting people who were interesting in finding out more to contact the Project – both in terms of utilising Direct Payments to fund their care and as carers interested in being part of a Care Co-operative.

A press release – refer to Appendix E – was issued on 16 November. The Project and its aims were publicised locally, in the village newsletter and on noticeboards; social media was also used.

At Solva Care’s *Volunteers’ Day* on 30 April 2019, the Project Manager gave a presentation and Focus Group sessions were held with volunteers. Refer to Appendix F for the questions asked.

People’s knowledge of Direct Payments was found to be very limited. Some had heard of them, but weren’t really aware what they were or what they could be used for. No one knew how to go about getting them. All were interested in their potential use for themselves or a family member.

As well as PCC, there are a number of different agencies that provide services related to the provision of care and Direct Payments, but with overlaps; many are funded by Welsh Government (WG). For individuals looking for care and support, it is difficult to find out about the different agencies – much of the information is also online, which is often an issue for older people who do not have the skills or access – and then work out what they do and where to go to first in order to meet their particular needs.

It is clear that one of the requirements for a successful Care Co-operative funded by Direct Payments is people having much better knowledge and awareness of Direct Payments – prior to a needs assessment – in order to make an informed decision on how to arrange their care and support.

Support for Potential Purchasers

As it became obvious that potential purchasers of care through Direct Payments were not aware of them, and were also not being provided with consistent information from the Social Workers who made the needs assessments, it became clear that in order for a Care Co-operative to succeed additional support was needed for those potential purchasers or care.

The Project Manager received the documents *Direct Payments Information (October 2015)* and *Guide to Managing Direct Payments (October 2015)* from PCC, and so was able to provide information about Direct Payments, as a way to procure care, to the relevant people and their families ahead of a care assessment.

The Project Manager also connected with Diverse Cymru's Independent Living Advisors and head office to find out more about how management of Direct Payments is handled, should an individual choose to utilise them. Diverse Cymru is a Welsh charity that aims to support people faced with discrimination because of their protected characteristics (as defined under the Equality Act 2010). In terms of Direct Payments, Diverse Cymru is contracted by the local authorities of Carmarthenshire, Pembrokeshire and Ceredigion to provide free support services and advice to recipients of Direct Payments. In Pembrokeshire's case, it is currently around 18 months into a 3-year contract.

When a person expresses an interest in Direct Payments, they undergo an assessment and their care package must be approved by PCC's panel (see 'Financing of Care' above). Diverse Cymru then works with them to identify their needs, advertise for carers and assist with – or deal completely with – the payments to carers. They also provide advice on budgeting, explanations of employment legislation and Employer duties, can register the person in receipt of Direct Payments as an Employer with HM Revenue and Customs, put together employment documentation, advise on insurance and undertake managed banking or payroll as required.

The Wales Co-operative Centre can also support potential users of a Care Co-operative by assisting with the pooling of payments (where possible) for non-personal care – as happens with people with disabilities utilising Direct Payments.

Because of this research, the Project Manager was then in a position to provide guidance to a number of people who were in the process of organising care, so that they could make an informed choice. Refer to the case studies in Appendix C for further information.

Solva Care's knowledge is now such that it can act as a local support network to those who would wish to use Direct Payments in the future to purchase care from a Care Co-operative.

Social workers who undertake the care assessments are either not aware of the option that people have of paying for their care through Direct Payments, or don't have enough information to tell people how to go down this route. There is a need either to ensure that a consistent message is being given to people by social workers at the right time, or that someone in an 'advocate' role is present at each care assessment.

The management of the Direct Payments route for organising care is entirely outsourced to Diverse Cymru, which is based in Carmarthen. It is appreciated that the services that it provides are substantial, and would require PCC to increase resources were it to undertake them instead; however, it does appear to lead to a disconnect from Pembrokeshire-based social workers, as well as making the process feel like a separate one to that of 'just' dealing with PCC.

There has been a difficulty in obtaining data from PCC and Diverse Cymru. With the former, this is mainly due to the workload pressures on officers, but also certain data sets are not being collected (see 'Uptake of Care' above). With the latter, there have been difficulties in making contact with the right people who could provide that data for the Project.

Developing Solva Care's Knowledge on a Co-operative Set-up

In tandem with it becoming clear that Solva Care's knowledge about the process of accessing Direct Payments for potential purchasers of care had to increase, further knowledge was required about how a Care Co-operative could operate using Direct Payments.

One of Innovate to Save's first cohort was charity Leonard Cheshire. Early conversations highlighted the difference between Solva's case and that of Direct Payments being used for people with disabilities. This is that for those people, Direct Payments can be pooled to make them more financially viable – so that, for example, a single personal assistant can be employed, using Direct Payments, by a number of people to accompany them on joint activities.

A number of meetings were held with the Wales Co-operative Centre, and the Project Researcher participated in the *Co-operation: Your Social Care Future* workshop, run as part of the Care to Co-operate Project in Carmarthen on 28 January 2019. Valuable information was provided, particularly with regard to how Direct Payments are used by people with disabilities.

The Wales Co-operative Centre provide support and practical advice to those who wish to set up a Care Co-operative. They have experience of setting up co-operatives for people with disabilities. Diverse Cymru provides free manual handling training, free Disclosure and Barring Service (DBS) checks and insurance advice to carers who wish to be employed independently or as part of a co-operative.

With personal care, there is little opportunity for Direct Payments to be pooled as one personal assistant generally provides care for one person. This research first alerted the Project to a potential issue of financial viability – further detail is given in 'Assessing the Interest of Carers in Forming a Co-operative', below.

There are well-established – and, it appears, adequately funded – organisations that are able to provide substantial support to help set up a co-operative.

Other Organisations and Direct Payments

The bodies mentioned above in 'Support for Potential Purchasers' are established organisations that are funded either by local authorities or by WG to provide 'continuous' support to people about Direct Payments – both on the receiving and the spending side – as well as those who provide care paid for by them. Throughout the course of the Project, we became aware of other organisations that have identified issues around Direct Payments, and have secured short-term funding to appoint people to address them.

A post of Community Enterprise Development Officer has been created in Pembrokeshire, and the appointee will be in post from September 2019. It sits within a 2-year LEADER-funded project: Building Pembrokeshire's Capacity to Care. This aims to support the development of a network of micro-providers and social enterprises providing a range of flexible, person-centred and high-quality local care, support and

well-being services that give people real choice and control over their care. That project will be delivered jointly by PAVS, PLANED and the social enterprise and community interest company, Community Catalysts.

This project seeks to build market supply of new providers in order to deliver a range of care-and-support services to help people live independently for longer in their homes. Its Officer will work closely with one of PAVS' third-sector-led prevention and well-being initiatives, Community Connectors, who are an established social enterprise and comprise a team of 4 Connectors and a Team Leader working out in communities across Pembrokeshire.

Partners PAVS, PCC and HDUHB sit on the same regional health board. This year, two posts relevant to Direct Payments have been funded from the ICF. The first is for a Direct Payments Co-operative Development Officer post, and the successful applicant is likely to start in September 2019. This Officer will work on the demand side of the market, encouraging people to take up Direct Payments, pool their resources (as appropriate) and purchase their own packages of care and support – hopefully, using the new micro-providers/social enterprises established under the Capacity to Care project.

The second post is for a Domiciliary Care Project Officer. This post has been created in response to the shortage of carers and is intended to help to increase the capacity in the care sector. Carers attracted to the sector will be signposted to the most appropriate employment model for them – be that PCC employment, care-company employment, co-operatives or micro-providers/social enterprises. This post is currently being advertised.

There has been regular liaison with the Lead of the Provision of Home Based Social Care Services through the Development of a Social Enterprise Model Feasibility Study commissioned by Neath Port Talbot Council for Voluntary Services (NPTCVS) on behalf of the West Glamorgan Regional Partnership. Though this project focused on a social-enterprise model rather than a co-operative one, there are a number of similarities in the findings.

The need for these posts, and the findings from other projects, demonstrates that the barriers that this Project has discovered are also being acknowledged by other, larger organisations. Close involvement with the postholders will be pursued in the future.

The intended close working of the ICF posts with PCC Social Workers will assist with the communication issues identified in 'The Process of Arranging Care', above.

Assessing the Interest of Carers in Forming a Co-operative

In order to form a Care Co-operative, it is necessary to find carers to join it – and thereafter continue to attract people who could fill those posts.

Advertisements for carers interested in becoming part of a Care Co-operative were placed in the Solva village newsletter; on noticeboards; and, in parallel, on social media. The Project Manager spoke to 8 professional carers who, between them, work for 3 care companies, as well as 7 privately employed carers.

Although some carers – both employed by care companies and those working independently – were interested in the concept, they were generally satisfied with their current arrangements. Both groups expressed concern that they would lose out financially. Those employed by the care companies were concerned that they would lose entitlement to pensions, sick pay, holiday pay and also suffer when applying for mortgages and credit were they to become self-employed. Those employed privately saw no advantage

in joining with others to form a co-operative. If they require additional hours, they also have the possibility of answering a Diverse Cymru advertisement for individual carers paid for by Direct Payments.

Not all independent care workers are aware of agencies that can support them with information and knowledge to help them to work on a self-employed basis.

Direct Payment figures – £10.34 per hour in 2018/19 and £12.00 per hour for 2019/20 are too low to provide an incentive for enough people to choose this option. With over-65s care, there is less opportunity to pool payments; much of what is provided is one-on-one care. By contrast, in the case of Direct Payment utilisation for younger, disabled people, Direct Payments are often pooled to pay for one personal assistant to accompany recipients on leisure or social outings. The payment is taxed and must be used for the carer's wage, work clothing, holiday pay, sickness pay, transport, National Insurance contributions, insurances and pension contributions – meaning that the equivalent of 'take-home pay' is less than the National Living Wage. Refer to Appendix D, which models the categories and costs that would be incurred by a single co-operative member under the current regulatory system, as well as the potential income available. In summary, an individual carer's income through Direct Payments, based on a co-operative of 3 carers with a total of 12 clients, would be £8,640.00 per annum. Costs – both personal and co-operative – would total £2,286.70. With deductions for National Insurance – income tax would not be payable as it would be below HMRC's Personal Allowance Threshold – take-home pay would be £6,197.30 per annum. It is telling that UKHCA suggests a minimum hourly rate of £18.93 for Direct Payments.

Carers did not identify the following as issues; however, Unison – the trade union that PCC-employed carers belonged to before being transferred to care companies – report that restrictions on the eligibility for Universal Credit, and impact on Pension Credit, could also affect carers' incomes should they become self-employed. For the purposes of Universal Credit, the Department of Work and Pensions requires that an individual be assessed as being 'gainfully self-employed'. This threshold is around £9,000 per year. This adds a further element of risk to carers who are contemplating leaving salaried employment to become a member of a Care Co-operative in that they may not be eligible for Universal Credit if their earnings are below a certain level. For those carers who are past the retirement age but are also considering working as a carer to supplement their income, the rules on Pension Credits mean that these may be affected.

The route for many people, in all sectors of work, to becoming self-employed is to work independently while they are in salaried employment. Some carers – because of their conditions of employment – who perhaps wish to reduce their hours with a care company, are not permitted to work as a carer for the same clients as they were working with for their Employer. Flouting this rule could affect their future job prospects through poor references and word-of-mouth blacklisting.

One of the issues with developing a Care Co-operative is the resilience of its structure and how it can become sustainable. Unlike a large care company – who have more flexibility and resources available to adapt to changing circumstances – a small Care Co-operative could be adversely affected by changes to their client base or membership.

In the Focus Groups, volunteers were approached about working as carers. None was interested, and this was not a surprise; they had joined the service in a voluntary capacity. However, most – though not all – were not opposed to Solva Care being part of a co-operative with the charity's services being charged for; they saw that as not dissimilar to accepting grants or donations to keep the charity operational.

The Project did not discover a pool of carers who were interested enough in pursuing being part of a co-operative model to hold a Focus Group with.

Currently, with the Direct Payment rate at £12.00 per hour, there are not enough benefits to make working for a Care Co-operative attractive enough for existing carers to make the move from salaried or private employment.

Assessing the Interest of Potential Care Purchasers in Using a Co-operative

As well as carers, in order to form a Care Co-operative it is necessary to find clients who would use it.

As shown in 'Assessing the Interest of Carers in Forming a Co-operative', above, advertisements were first placed in the village newsletter, on noticeboards and on social media for people interested in finding out more about Direct Payments, with a view to becoming purchasers via a co-operative. Solva Care users were also spoken to individually about Direct Payments, and about whether they would be interested in using a Care Co-operative.

Although some people were interested in the idea, they were generally satisfied with their current arrangements. Concerns were raised about what they perceived as the onerous process involved in obtaining care. Diverse Cymru will find a carer for a person wishing to take up the Direct Payment option. It can also manage the payment to that carer. However, should the carer no longer be willing to carry on with the arrangement, the process would have to start all over again, potentially leaving the person in need of care without cover; this would not happen, in theory, with agency-provided care organised by a local authority. There were also concerns about becoming 'an Employer' and the risk of not receiving cover when their preferred carer was on holiday, sick or in an emergency. This is correct as the person requiring care would also be liable for other costs such as sick, maternity or redundancy pay as they are 'the Employer'. These risks and responsibilities are something that a person requiring care – often older and in a vulnerable position – is not always willing to take on.

As mentioned above under 'Experience of Care', the Focus Group sessions held on the *Volunteers' Day* on 30 April 2019 revealed that those volunteers in their 60s and 70s were most interested in utilising a Care Co-operative should they require future care.

The Project did not discover a pool of potential users of a Care Co-operative to hold Focus Groups with.

This exercise reinforced earlier findings that before a Care Co-operative could operate, general information about Direct Payments and the process of obtaining them needs to be accessible to people.

The greatest level of interest in using Direct Payments to purchase care from a co-operative came from those who are currently thinking about their future care needs, and are receiving information from Solva Care.

Format of a Co-operative

Solva Care's intention was to be part of a Care Co-operative in Solva. This is permitted, as long as Solva Care's members do not outnumber those in the co-operative who are providing care. Solva Care wished to provide the 'support' element currently undertaken by the volunteers. Indeed, of the 52 items on the list of activities to be undertaken by carers working for the domiciliary-care companies on the framework, Solva Care volunteers or employees undertake at least 15, could do a further 4 with a food-hygiene qualification, and are capable of doing (Solva Care's policy is to generally not undertake work that should be paid for) the

remainder of the non-personal care tasks. However, it is important to note that of the remainder, Solva Care does undertake some things on request, when the care companies are not able to make adjustments to the care that they provide. This demonstrates the responsive nature of the service and how a local Care Co-operative would be more flexible and improve service delivery in Solva.

PCC has, however, stated that it will not pay for services that are free in a community. For example, if a person's assessment stated that they were entitled to socialisation support such as a 'Knit and Natter' group, if that group charged, this would be paid for – either directly by PCC or by that person's Direct Payments. If the group was free, they would not pay. Currently, Solva Care's services – the voluntary service and the social events – are free, although there is a cost to running the 'basic' service of around £39,000 per annum – refer to extracts from annual accounts 2018/19 in Appendix G.

One care company will satisfy the requirements of an individual's care assessment; there are no instances in which two care companies will provide services to a single client.

It is interesting that Diverse Cymru thinks that it would be a good idea for Solva Care to provide some, paid-for care. It says that finding a carer to take someone a meal for an hour a day is nearly impossible to do, but is something that Solva Care could do quite easily – if it were to be paid. It is known that there are currently around 70 care packages un-assigned; there are around 900 care packages allocated in Pembrokeshire. The possibility exists that a proportion of these could be organised by Solva Care-type organisations providing relatively simple support, or with Solva Care-type organisations supplementing the care packages let to the care companies on the framework.

The original premise of Solva Care being part of a Care Co-operative, and being able to access Direct Payments for services that it provides – even though some are deemed eligible – is not possible given the current position of PCC.

Solva Care could still be part of a Care Co-operative, and provide non-personal care elements of the eligible support, but these would not be paid for by Direct Payments. This is unsustainable in the long run as grants and donations are not a sustainable model by which to run an organisation like Solva Care.

On the framework currently, care packages are always let to one company. There are no instances in which personal care is provided by one company and other support by another. Were this to change – along with certain requirements stipulated by the framework (see 'Procurement of Care', above) – Solva Care could be paid to provide some of the support work that it does.

Investigation of Other Structures and Models

During the Project, a number of alternative models were suggested that the Project considered as possible ways to deliver care differently.

Co-operative of PCC-employed Care Workers

One alternative proposal that was not pursued, during the limited timescale of the Project, was the possibility of the Allied Healthcare workers – who have been re-employed by PCC following Allied's collapse in 2018 –

changing their employment status to that of a Care Co-operative. The new ICF post holders will, however, be working closely with the Wales Co-operative Centre, and this option may emerge as a viable one.

The ‘Boleskine Model’ from Scotland

An idea arose out of a conversation with PCC staff Jason Bennett, Head of Adult Care and Housing; Christine Harrison, Head of Strategic Joint Commissioning, Carmarthenshire & Pembrokeshire; and Jonathan Griffiths, Director of Social Services and Housing, at the Innovations in Care Models in Communities conference in Haverfordwest on 29 January 2019.

The suggestion was for PCC to pilot a ‘Boleskine’ model of care in Solva. This model is named after the Boleskine community in Scotland that, until recently, had no functioning domiciliary-care provision due to the lack of professional carers and increasing numbers of over-65s – both issues being exacerbated by its rural location. Boleskine Community Care (BCC) is a charity that provides a voluntary service of a more limited scope than Solva Care does. It also sources potential carers who are then trained and employed by Highland Home Carers, a social enterprise in the form of an employee-owned domiciliary-care company. Both parties call their arrangement a ‘partnership’. It allows local people to work in their local community to provide domiciliary care. Generally, the hours worked by individual carers are less than would normally be expected. People purchasing care use Option 2 of Self Directed Support (SDS), which was introduced in 2014 and which places a duty on local authorities in Scotland to offer people who are eligible for social care a range of choices over how they receive their social care and support. SDS offers either:

- Option 1 – Direct Payments;
- Option 2 – funding allocated to a chosen provider, but with the person receiving care in charge of how it is spent; or
- Option 3 – care arranged by the local authority.

The interest arose following a presentation by BCC at the Haverfordwest event, and the fact that PCC had recently again become an Employer of carers after the collapse of Allied Healthcare and were, once again, directly employing carers.

This idea was not progressed, it is assumed, due to the regulatory differences between Scotland and Wales.

The Developing Model

At a meeting between the Project Team, Jason Bennett and Services Manager Sue Thomson, the attendees professed themselves to be keen to pursue a version of BCC, but with carers being self-employed through a Care Co-operative and PCC acting as the ‘overseeing body’ (an ‘overseeing body’ is required when more than four people are being cared for). Direct payments, managed via Diverse Cymru, would be used for this care. PCC is in the process of arranging a meeting with the regulators, CIW, to explore the feasibility and agreement for this arrangement. This meeting has not yet happened.

However, we feel that the proposal still has issues with its viability, particularly in terms of Solva Care’s involvement:

- The reason that carers are reluctant to change from employment by a care company to being part of a co-operative would not be completely addressed by this proposal; BCC worked because carers could join an established care provider, so that the variances in available hours would be cushioned by scale, and there were other benefits to the arrangement.
- PCC does not currently accept that services provided by Solva Care for free could be charged for, and therefore become eligible for Direct Payments. Solva Care’s involvement as a member of the co-operative (providing, say, financial, payroll and organisational support as well as support from volunteers) would not be recompensed, making its involvement subject to other grants and donations, a financially unsustainable model.

- People purchasing care via Direct Payments – as far as it is known, Option 2 of SDS, Individual Service Funds, does not exist in Wales – would still carry risks and responsibilities that many people are reluctant to take on.

Drivers for Change

There were some positive developments during the lifespan of the Project, which should be regarded as catalysts to change some of the barriers earlier identified, and which have contributed to how it might move forward over the coming months. They are as follows:

- The ICF post for a Direct Payments Co-operative Development Officer and also the LEADER-funded post of a Community Enterprise Development Officer, who will work with the established Community Catalysts team. These two posts will increase knowledge and awareness of Direct Payments as well as working to develop the supply of care through Direct Payments.
- The second ICF post of a Domiciliary Care Project Officer will work to increase capacity in the care sector.
- The proposed meeting with CIW to look at reviewing the requirements is positive in terms of making a Care Co-operative viable. It may also mean that the framework requirements are also relaxed, thereby allowing a Care Co-operative to get on it.
- Acknowledgement by PCC that Direct Payments were too low, and that the authority has therefore increased them in 2019/20 to £12.00 from £10.34.
- Increased knowledge of, and contact with, agencies that are involved with supporting and providing information to individuals requiring domiciliary care in Pembrokeshire. Solva Care is now better able to signpost people to obtain crucial information about their choices, and will develop its advocacy skills.
- Increased business knowledge from contact with PCC, Care to Co-operate and Unison, which enabled Solva Care to signpost people who are interested in working with a more co-operative approach to deliver care independently of the local authority or care companies.
- A better understanding of what other organisations – including our Partners – are doing to explore similar issues, and making connections with them in order to inform their ongoing work.
- The co-produced aspect of the Project contributed to the breadth of findings that emerged in a relatively short space of time.

Barriers to Progress

There were a number of barriers to the Project's success, and the majority are listed under 'Answering the Research Questions', above. In terms of how the project was set up and progressed, the following points are relevant:

- Some data was difficult to access. The level of detail that was asked for was not always provided due to the possibility of identifying people. It also took some time to access as the Officers finding it for us were reported as being under extreme resource pressure.
- Some data, such as the number of referrals to Diverse Cymru, was not collected by PCC.
- The Partners who sat on the Partnership Board – in effect, the Project's Steering Group – were fully committed to the Project and attended the majority of meetings, which showed great commitment to the Project given their seniority in their respective organisations. In hindsight, a Working Group that included representatives of all the partnership organisations may have helped to drive the Project forward faster.
- Solva Care as an 'outsider' had advantages in that the current state of affairs could be assessed from a more detached viewpoint than sometimes happens when people are within organisations. It also had disadvantages as there was no incentive for some organisations – outside of the Partnership – to speak to Solva Care.

Financial Analysis of the Developing Model

Solva Care is keen to continue to support the development of a Care Co-operative that would provide care for Solva residents, working with the newly appointed Officers. In order to do this, the employment of a

part-time Direct Payments Co-ordinator within Solva Care is envisaged. The annual costs of that post, over-and-above the running costs of Solva Care, would be as follows:

	Annual Cost
1 day a week (gross)	£4,992.00
NI Employers' Contribution	£688.90
Pension Employers' Contribution	£146.76
Expenses (including duty mileage)	£200.00
Total	£6,027.66

The annual cost of c.£39k per annum of running Solva Care would still be required, but would be met by grants or donations. Therefore, at the end of the Project, there are no cashable savings or service improvements to report.



Solva residents dancing at Solva Care's Friday Club



A Solva Care user and volunteer overlooking Solva harbour

FINDINGS

Summary Position

The original idea for this Project was for Solva Care to:

- investigate the setting up of a co-operative of carers to provide domiciliary care in the village of Solva;
- act as support – along with agencies such as the Wales Co-operative Centre – to carers to set up the co-operative;
- canvas the views of its users about switching from their current care provider – be it agency care (paid for in whole or part by the local authority) or a private arrangement (paid for by Direct Payments and/or private financing) – to the Care Co-operative (users could also go further and form their own purchasing co-operative in order to have access to more flexible care); and
- provide the non-domiciliary care element and be funded by Direct Payments.

The main finding is that the original model is not currently workable for the people that it would need to involve – or financially feasible. The main reasons for this are as follows:

- Lack of awareness of Direct Payments and how to access them until too late in the process; this impacts on the number of people who would be available to use a Care Co-operative.
- Current requirements and organisation of the care-providers framework – regulatory, the amount and complexity of information required to get on it, and how the geographical areas are organised. This means that small providers cannot get on it, so a client base beyond those using Direct Payments cannot be accessed.
- Current regulations that mean that although a Care Co-operative could operate without being registered with CIW, the number of clients that they could take on would be too small to be viable financially for members on such a small scale.
- The current Direct Payment rate is too low – across Wales, not just Pembrokeshire – for it to be an attractive alternative for most carers in salaried or private employment.
- There is real lack of capacity in the care sector – and, given current demographic trends, this will become more pronounced unless there are changes.
- One of the reasons that the Direct Payment model works for people with disabilities is that its pooling can surmount the low rate; personal care is a one-to-one activity, and it is not possible to pool for that type of care.
- People who have care arranged by PCC are unwilling to change. They are generally satisfied with their care and are concerned about the onerous and complex implications – not to mention the risks – of becoming an Employer.
- PCC currently does not pay for eligible activities that are provided in Pembrokeshire free of charge.
- Small care teams lack resilience.

It is, however, clear that if an increased use of Direct Payments could be achieved, there would be savings for PCC in the following areas with:

- reduced reliance on care homes to provide back-up care in some instances when care packages cannot be allocated to care companies;
- reduced PCC staffing costs, given that fewer staff are employed to deal with those residents who use Direct Payments than when care is organised by PCC. The caveat being that each additional client handled by Diverse Cymru costs PCC £627.12 per year; and
- reduced PCC staffing costs, as the most time-intensive part of the process is negotiating care packages; increased use of direct payments would ease this (again, a caveat being that a permanent post would probably have to be created to deal with the awareness side of Direct Payments).

Recommendations

The three staff appointments through LEADER and the ICF are positive steps to deal with the lack of awareness of Direct Payments, and also to increase capacity in the sector. So, too, is PCC's commitment to work with CIW to find an innovative way to work within the regulations in order to make it easier for a

Care Co-operative to become financially viable in terms of client numbers and ability to access the framework of care providers. However, three additional actions are recommended:

1. Increase the Rate of Direct Payments

The rate for Direct Payments is still too low to allow many carers to change their current employment arrangements. It is recommended, therefore, that it is increased for a trial period of 2 years to the UKHCA-recommended level of £18.93 per hour.

2. Alter the Sizes of the Geographical Areas on the Care-providers' Framework

It is also recommended that the care-providers' framework review considers incorporating the solution that, it is hoped, PCC arrives at with CIW, thereby making it possible for Care Co-operatives to join the framework in future. In tandem, it is suggested that a wider range of geographical areas is introduced – ranging from, say, a St Davids Peninsula Lot to a Pembrokeshire Lot. It is not known whether the framework will be extended for a further 2 years to 2022 or whether it will be re-tendered in 2020. Should it be the former, the feasibility should be investigated of allowing dispensation for a Care Co-operative to join it under its current terms and conditions.

3. Make Solva Care's Services Eligible for Direct Payments

Finally, again for a trial period of 2 years, it is recommended that PCC pays Solva Care for any support or socialisation services that are deemed eligible by a person's care assessment. This would allow Solva Care – which is an established organisation – to become part of the Care Co-operative and be instrumental in setting it up. A further step – and one that would need to be subject to the correct sub-letting procedures – would be to allow care companies operating in Solva to sub-contract these services to Solva Care, thereby easing some of its capacity issues and making it easier for care packages to be fulfilled. Subject to agreement by Solva Care's Trustees, the rate could be lower than the standard Direct Payment rate in order to kick-start the trial. An exercise would have to be undertaken to assess the staffing and other costs involved, as well as establish the basis on which Solva Care could accept payments.

The intended result of these changes would – with the support of the LEADER- and ICF-funded posts – be to create a Care Co-operative on the St Davids Peninsula that acknowledges that the client base in Solva is currently too small to be viable. From confirmation that regulatory changes were possible, it is estimated that it would take a year to set up a Care Co-operative operating as proposed.

Should the above recommendations be undertaken, joining a Care Co-operative becomes more attractive to carers, or those considering a career in the care sector. The costs of the proposal are modelled in Appendices H and J. In summary, a carer in a co-operative with 2 other carers could have take-home pay of £16,944.33. Based on Solva Care's volunteer-hours records (see Appendix K) – and therefore working on the assumption that each client of the co-operative would require, on average, a quarter of an hour of 'support' per day – Solva Care would receive £13,781.04 per annum in Direct Payments for the 728 hours of work that its volunteers would do. Its 'basic service' costs would remain at £38,758.72, but its extra-over costs for being part of a Care Co-operative would be £11,211.93. The Direct Payments would therefore cover the additional costs of Solva Care being part of a co-operative. The biggest outgoing would be the Direct Payments Co-ordinator post, but that would only be envisaged for 2 years in order to establish the Care Co-operative.

Using these figures, and the average cost paid to care companies of £22.06 per hour, there would be a saving to PCC of £16,305.04 on care delivered via Direct Payments by a Care Co-operative, compared with a care company, per 8 individuals per annum requiring care (refer to Appendix L). Were this to be scaled up, there would be a resource saving for PCC of Officers involved in finding care packages; however, PCC's contribution to Diverse Cymru would need to increase by £5,016.96 per year. It should be noted that this calculation allows for PCC paying for Solva Care's services, which it currently does not do. By removing Solva Care support hours from this calculation, there would still be a saving of £13,953.60 (excluding resource savings or increased payments to Diverse Cymru).

Conclusion

Care Co-operatives – subject to CIW regulatory changes and support from the LEADER- and ICF-funded posts – along with an increase in the Direct Payments rate, procurement changes and paying for Solva Care's services could deliver service-delivery changes and cost savings for PCC.



Solva Care visit to Daisy Bus Gardens, Solva



Solva Care visit to Daisy Bus Gardens, Solva

NEXT STEPS

The next steps in the Project are to:

- meet with the LEADER- and ICF appointees in September 2019 to share the findings of the Project;
- review the appraisal of the care-providers' framework that is being undertaken by PCC, and feed back any relevant findings;
- provide assistance, if required, to PCC in their negotiations with CIW;
- continue to provide support to people in Solva making their care choices, and increase awareness of Direct Payments to those currently receiving care and those planning for their future care;
- Hold a seminar in October with relevant, Wales-wide stakeholders to publicly release the findings of this report, share knowledge and investigate alternative solutions;
- encourage PCC to consider the recommended proposal on a trial basis;
- encourage WG to engage with local authorities across Wales to increase the rate for Direct Payments on a permanent basis; and
- suggest that WG actively work with CIW to make appropriate changes that allow flexibility in the regulations Wales-wide to encourage Care Co-operatives to be set up.

Repayable finance, such as Innovate to Save loan funding, is not the appropriate model to meet this challenge. Should the recommended solution be adopted, it would be self-financing through the payment of Direct Payments. Currently, due to the reasons listed in 'Findings', above, there are unlikely to be cashable savings whilst the rate of Direct Payments is so low and the regulatory restrictions still exist.

Therefore, the model that will go forward is not the best model that could be designed, but is the one that currently meets with general consensus. As noted in the 'Project Development' section, above, there are still a number of identified barriers that will not be overcome with this model; however, the 'Findings' section does make some recommendations that would overcome them.



Solva Care volunteers, users and their instructors are the opening of the 'Great Solva Mosaic Steps Project'



Solva residents doing ceramic work at Solva Care's Friday Club



Ceramic work from a Solva Care Friday Club craft session

APPENDICES

- Appendix A – Project Plan
- Appendix B – Record of the Research Process
- Appendix C – Case Studies
- Appendix D – Care Co-operative Costs: Current Regulatory Position (Individual Carer's Costs)
- Appendix E – Press Release
- Appendix F – Focus Group Questions
- Appendix G – Solva Care 'Basic' Service Costs
- Appendix G – Care Co-operative Costs: Proposed Model (Individual Carer's Costs)
- Appendix H – Care Co-operative Costs: Proposed Model (Solva Care's Costs)
- Appendix J – Volunteer Hours
- Appendix K – Care Company vs Co-operative Costs Comparison

Appendix A

Project Plan

Innovate to Save												
PROJECT PLAN												
3 June 2019 rev. e												
<div>SOLVA CARE</div> <div>GOFAL SOLFACH</div>												
	November	December	January	February	March	April	May	June	July	August	September	
Workstream 1 - REVIEW OF CARE	a) Communication about care											
	Lesley to speak to PCC about what information is provided when assessments are carried out.											
	Lesley to speak to potential purchasers about what information is provided when assessments are carried out.											
	Lesley to speak to the community generally at awareness event (27 November) & Volunteers Day (30 April).											
	b) Uptake of care											
	Maria and Lesley to review FOI information.											
	Maria to request further statistics from PCC.											
	Maria to analyse information received, along with Perago.											
	c) Financing of care											
	Maria to obtain information from PCC Direct Payments team.											
Workstream 2 - EXPERIENCE OF CARE	a) Data collection											
	Data gathered through focus groups and analysed.											
	Data gathered from individual conversations by Lesley in her role as advocate.											
	Stories gathered through SC's MSC story collections (subject to timescales).											
	Data collected from Lesley's attendance at assessment meetings.											
	a) Publicising the project											
	Hold awareness event (27 November) in Solva Memorial Hall.											
	Press release on project (16 November).											
	Raise awareness of the project in Solva Newsletter, SC website, PCC website, posters and social media.											
	Talk to volunteers about carer and purchases opportunities, including at Volunteers Day (30 April).											
Workstream 3 - ADVOCACY SERVICE	b) Providing support to potential purchasers											
	Volunteers put Solva Care users interested in DPs in contact with Lesley to find out more about the process and be supported.											
	Refer also to Workstream 4 b) & d).											
	c) Developing SC's knowledge											
	Liaison with CCW Leonard Cheshire, Diverse Cymru, PAVS (Leader Project), Margaret Lake (NPT project), PCC etc.											
	Literature review (courtesy of Y Lab & Partners).											
	Workstream 4 - COOPERATIVE SETUP	a) Assess interest of carers in forming										
		Advertise for carers interested in Newsletter, SC website, PCC website, posters and social media.										
		Speak to volunteers about becoming carers.										
		Meet/hold focus groups with carers interested, including Volunteers Day (30 April).										
b) Invite care purchasers to consider using												
Advertise for purchasers interested in Newsletter, SC website, PCC website, posters and social media.												
Speak to SC users at SC events e.g. Friday Club.												
Meet/hold focus groups with purchasers interested, including Volunteers Day (30 April).												
c) Support the set up												
Knowledge gathering on setup with CCW.												
Workstream 5 - FINANCIAL ANALYSIS	a) Identify comparison groups											
	Via process in Workstreams 3 b) & 4 b).											
	From SC's users.											
	b) Analyse financial effects											
	Agree methodology with Y Lab finance support.											
	Analyse data collected under Workstream 1 c) & 4 e).											
	Compare alternative											
	c) Identify SC services that can be charged for											
	If any, identify with PCC.											
	d) Review studies											
Extract relevant data from literature review and other studies/projects.												

Appendix B

Record of the Research Process

The following activities were undertaken:

Community and Stakeholder Engagement

- Press Release issued on 16 November 2018, which was picked up by local newspapers' websites and social media.
- A *Community Open Day* was held in Solva on 27 November 2018; a presentation was given on Direct Payments, inviting people who were interesting in finding out more to contact the Project – both about utilising Direct Payments to fund their care and regarding carers interesting in forming a Care Co-operative.
- Advertisements locally – in the village newsletter and on noticeboards – for carers interested in becoming part of a Care Co-operative; also, in parallel, advertisements were placed on social media. These actions happened throughout 2019.
- Presentation on Direct Payments at Solva Care's *Volunteers' Day* on 30 April 2019.
- Focus Group sessions with volunteers at Solva Care's *Volunteers' Day* on 30 April 2019.

Research into Co-operatives and Alternative Delivery Formats

- Met Donna Coyle of the Wales Co-operative Centre on 8 January 2019.
- Participated in the *Co-operation: Your Social Care Future* workshop run by the Care to Co-operate Project, part of the Wales Co-operative Centre, in Carmarthen on 28 January 2019.
- Participated in the *Innovations in Care Models in Communities* conference in Haverfordwest on 29 January 2019.
- Met Donna Coyle of the Wales Co-operative Centre on 8 April 2019.
- Met Jonathan Griffiths (PCC Director of Social Services and Housing) and Christine Harrison (Head of Strategic Joint Commissioning, Carmarthenshire & Pembrokeshire) on 7 May 2019.
- Met with Margaret Lake (who is leading the Provision of Home Based Social Care Services through the Development of a Social Enterprise Model Feasibility Study commissioned by Neath Port Talbot Council for Voluntary Services [NPTCVS], on behalf of the West Glamorgan Regional Partnership); Andrew Davies, then Chairman of ABMU Health Board (now Swansea Bay University Health Board); and Gaynor Richards, Director of Neath Port Talbot Council for Voluntary Services on 17 April 2019.
- Met Jason Bennett (PCC Head of Adult Social Care) and Sue Thomson (PCC Services Manager) on 14 May 2019.
- Met with Unison representative on 25 June 2019; Unison represent the carers who are employed by care companies that PCC uses to deliver the care that it arranges.

Research into Direct Payments Information Sharing

This was done both by reviewing available information and in an advocate role when people interested in utilising Direct Payments, as well as those users of Solva Care who are being assessed for care.

- Linda Tucker-Jones (Service Manager – Adult Care Management) provided PCC's 'Direct Payments Information' (October 2015) and its 'Guide to Managing Direct Payments' (October 2015), as well as the current Assessment of Needs form.
- Met with adult support and accommodation body Shared Lives on 9 May 2019.
- Met one of Diverse Cymru's Independent Living Advisors and a Social Worker Assistant in an advocate role with a Solva resident on 16 May 2019, and had conversations with Diverse Cymru's head office in Carmarthen.
- Discussion with representative of Leonard Cheshire at Bootcamp 1, and subsequent follow-up phone conversation.

Research into Tendering Procedures for Social-care Delivery

Held discussions with PCC's Procurement Team and Finance Officers about current and intended procurement of care.

Policy and Literature Reviews

A literature review was carried out by Y Lab. The Project Team also carried out their own review, with the assistance of the Partners.

Research into Direct Payments Rates in Wales

Liaison with the AWDPF (All Wales Direct Payments Forum) on current rates and procedures for paying them.

Partnership Engagement

Partners meetings were held on:

- 23 November 2018
- 28 February 2019
- 2 May 2019
- 4 July 2019

Project Team Meetings and Reporting

Throughout the Project, the Project Manager and Project Support Officer generally met fortnightly – and also regularly with the Project Chair. In addition, the Project Team reported to the Solva Care Strategic Board of Trustees; the Operational Board of Trustees; and the Research, Monitoring and Evaluation (RME) Subcommittee.

Review of Surveys

Reviewed the surveys that Solva Care undertook during 2014 and 2016.

Potential User Engagement (People Currently Receiving Care)

‘On-the-ground’ conversations with people who were receiving PCC-arranged care, including those who were experiencing problems getting care packages arranged.

Potential User Engagement (People Currently Working as Care Workers)

‘On-the-ground’ conversations with carers who were working in Solva as personal assistants – either in a private capacity or for care companies.

Y Lab Activities

Bootcamps were held in Swansea on:

- 16 and 17 October
- 19 February 2019
- 12 June 2019

Project Journal telephone calls on:

- 15 January 2019
- 11 February 2019
- 11 March 2019
- 15 April 2019
- 20 May 2019
- 17 June 2019
- 15 July 2019

Workshops were held in Haverfordwest:

- Project Set-up, 10 December 2018
- Financial Modelling, 29 April 2019

Appendix C

Case Studies

A number of people living in Solva, who are aware that Solva Care is undertaking a project to investigate the feasibility of setting up a Care Co-operative to provide domiciliary care in the village, were happy to participate in conversations and interviews with the Project's Project Manager in order to share their care needs and how these were, or were not, currently being met.

All participants verbally agreed that anonymised information from their discussions and interviews could be used for the Project report. Conversations regarding the Project are ongoing with individuals who have participated in the interviews and discussions, and this helps Solva Care to develop its voluntary-service provision.

Participants were asked several questions:

- Do you have support – and, if so, who is supporting you?
- Do you know about Solva Care?
- Do you know where to go for support /information?
- Are you aware of the Social Services and Well-being (Wales) Act 2014 (SSWA 2014)?
- Have you had a Care Needs Assessment undertaken by Social Services from Pembrokeshire County Council (PCC)? If yes, what was the outcome? If no, why not?
- Do you know about Direct Payments and that they could be used to support your care needs?
- Do you have any additional comments?

The following are a summary of interviews held with recipients of domiciliary care provided at home, and their families:

Case Study I

Mr A, an 81-year-old widower, lives alone in a bungalow in Solva. He has multiple medical problems and must attend hospital three times a week for a chronic long-term condition. He has serious mobility problems and uses a mobility scooter. He has family locally, who provide support whilst working full time. Solva Care volunteers visit Mr A at home on weekdays when he is not attending hospital.

Following a recent hospital admission, his discharge home was delayed due to the inability of PCC to provide a suitable care package. Consequently, he went into a nursing home for almost 6 months. Eventually, after this period, a care package was provided.

This demonstrates the shortage of care packages and carers, which is a far-from-unique situation. At the time of writing, there are around 70 people who have been assessed by Social Services and are awaiting care packages.

Mr A had been home with a care package in place for a while when he was informed by Social Services that the company providing his care was unable to continue to provide further care. PCC would have to re-tender the care package to other care companies on its framework in order to see if another care company had the capacity to take on his care.

Mr A was not informed of other options of care delivery that he could consider. He contacted Solva Care, which was able to offer some help and support, with his family becoming more involved on a daily basis.

As time progressed, the Project Manager was asked by Mr A if she could help to phone and negotiate care options with Social Services, specifically in relation to looking into the possibility of using Direct Payments to be able to employ individual carers for his care needs.

The Project Manager assisted Mr A in obtaining the information required, it was agreed with Social Services that Direct Payments for his care would be explored and the process to do this was activated. At the same

time, Mr A's Care package was put out for re-tender with care companies on the framework to see if any of them had the capacity to take up the provision of care required.

Mr A understood the potential of utilising Direct Payments to provide his domiciliary care needs, and was keen to explore this option with the help of the Project Manager, and Diverse Cymru helping to manage the process of employing a private carer.

Until the Project Manager spoke with Mr A, he was not aware of the Social Services and Well-being (Wales) Act 2014 (SSWA 2014):

“No one told me about the Act until you told me about my rights and choices under the Act, when you came to visit me through Solva Care's project”

Once Mr A had been assessed by Social Services for a care package, there was no mention of the possible options for provision of care as outlined under the SSWA 2014.

Mr A contributes to his care costs and was prepared to pay a higher hourly rate than the current Direct Payment rate in order to attract a private carer to deliver his personalised care; he was desperate to have his care needs met.

Within 6 weeks of Mr A activating the Direct Payment process, PCC contacted him to offer a care package with another care company that had the capacity to provide for his care needs.

Mr A accepted this care package and stopped the process of obtaining Direct Payments. He was keen to have his care needs met as soon as possible, and had not wanted to wait to see if the Direct Payments process would be able to find a suitable carer. Mr A and his family could once again leave all the management in the hands of PCC and the allocated care company.

Mr A pays top-up fees for his care package at the standard rate of no more than £90.00 per week.

Case Study 2

Mr B, in his 70s, lives alone in a small cottage in Solva, supported by his family and has chronic long-term health problems and complex needs. He receives a care package from PCC. He has experienced multiple hospital admissions during which his care package was stopped on admission each time. There have been difficulties in re-starting care, resulting in a delayed discharge home.

He was assessed as needing a health and social care package. When the assessment for care was made, options for care delivery were explored and Mr B and his family thought that it would be better if PCC managed the package because of the complexity of his needs.

In discussion with the Project Manager, it became clear that Mr B and his family were not aware that they could have used Direct Payments to provide some elements of his care jointly with the NHS local Health Board teams providing the health element of his care.

The family members were also unaware of the SSWA 2014 and, although they had been given some information regarding types of care delivery, they had not been told what all the potential options were. They felt that Social Workers were the experts, and relied on the information given at the time, although they were aware that there were more options for care delivery.

Mr B is happy to stay with the care company that is providing his care, as he has a good working relationship with the carers.

Case Study 3

Mr Z, a widower in his late 90s, lives alone in a bungalow that has adaptations. He has complex long-term medical problems, being visually and hearing impaired. He has some family support but, due to his health needs and poor mobility, Mr Z rarely leaves the house.

He currently has a PCC-organised care package that provides 4 calls a day. Mr Z contributes to the cost of his care, and employs a cleaner. He enjoys the contact that he has with Solva Care volunteers, who visit daily.

Mr Z is aware of the project that Solva Care is undertaking. He has recently experienced an increase in his care needs. Mr Z made it very clear to the Project Manager that he was mostly happy with his care provision with the care company, but did express a desire for the care company to be more flexible about what could be provided in the allocated time slot.

Mr Z doesn't remember if, when he was assessed for care, he was given choices of potential ways in which to meet his care needs. The Project Manager did talk to him about some options that may be available. Mr Z was not aware of the SSWA 2014:

"I hadn't heard of this Act before and didn't know that I've got the choices you've told me about"

Mr Z informed the Project Worker that he felt that he had confidence in most of the carers delivering his care. He did not want to change as he felt that this would be very difficult for him, even if he was supported in changing over to using Direct Payments to provide his care. Mr Z could understand the potential benefits and choice that might be gained through utilising Direct Payments for care, but felt that at his age it was too late to change.

Case Study 4

Mrs P is nearly 100 years old. She lives with her daughter, who is her main carer, in a multi-level house with adaptations. She has complex long-term disabling medical conditions, and has recently experienced multiple hospital admissions. She is confined to her house and receives four visits a day from carers working with a local care company. Mrs P also receives nursing care at home, which is delivered by NHS Community Nurses. She pays for part of her care package.

Mrs P was assessed by Social Services, and has carers who visit 4 times a day. The care is provided by a local care company. During the assessment process, Mrs P's daughter asked about utilising Direct Payments for care provision and was informed that the Social Worker did not know what was available to support this process.

Mrs P's daughter was aware of the SSWA 2014 and discussed with the Project Manager the various potential options for care delivery. PCC was able to find a local care company to provide the care package, and this option was taken up.

The Project Manager worked with Mrs P's daughter to access Direct Payments for respite care. This was managed through the contract that PCC has with Diverse Cymru. It has enabled her daughter to visit family outside Solva and to take a holiday knowing that her mother would be cared for in her own home by chosen carers.

The family members are pleased that they have found care utilising different methods, which gives some flexibility to meet their needs. Mrs P also has visits from Solva Care.

Case Study 5

Mrs T is an 84-year-old widow with long-standing dementia, short-term memory loss and significant medical problems. She lives in a ground-floor flat provided by her relatives. She receives 2 care visits a day on weekdays, and 3 each day at the weekends.

Mrs T requires daily input from her family. She pays for part of her care. Mrs T makes extensive use of Solva Care volunteers and participates in many activities provided in the village.

When Mrs T was assessed for care, options for provision of care and processes were not discussed in full. A decision was taken to ask PCC to manage Mrs T's care package. Through the tendering process, a package of care was allocated to a care company. The care package has been managed well over 7 years, with a single change of provider as one care company was unable to continue providing care. The family met all the care needs for Mrs T when the re-tendering of the care package was required – enabling her to stay at home and avoid her being placed in a residential care home. This was only possible because family members were able to take some holidays and change working hours to meet Mrs T's care needs until another care company could be found.

Case Study 6

Mr C is an 82-year-old widower with long-standing medical problems, who walks with a walking stick. He lives in a flat within the family home.

Mr C enjoys Solva Care activities and is supported by Solva Care volunteers on a weekly basis. He was assessed by Social Services. It was found that Mr C's care needs were being met by family members and support from Solva Care. Provision of a care package is not required at the time of assessment.

In discussion with the Project Manager, Mr C and his family were able to confirm that, following an assessment by Social Services, they were better informed about the assessment process for care needs and potentially had choices of care delivery when the need arose. This provision, it was understood, would be dependent upon an appraisal of care demand against resources available. They feel informed about Direct Payments and how they may be used, and the managed process that might be available through Diverse Cymru.

Comments and Conclusion

The information gained from the aforementioned discussions and interviews within the community of Solva has helped to inform the report, and supports some of its findings.

Solva Care plans to continue to work with this project, and to examine the findings within the report in order to work with those delivering hands-on domiciliary care in Solva. It is hoped that by combining public-service provision of domiciliary care and Solva Care voluntary services, Solva Care can deliver seamless, user-focused continuity of care. Solva Care will be trying out ways of extending and expanding its services in order to take a more preventative approach, so that it can help and support people in the local community to delay, and perhaps prevent, the slow slide into dependency and isolation.

A register of local people who work as private carers has been recorded, and Solva Care will be looking at ways of supporting those carers – above all, with a desire to concentrate on responding to individual need, to stay local and to focus on keeping the local community viable and sustainable.

The successful implementation of a new care model utilising Direct Payments will require organisations to work very differently than hitherto towards the care and well-being of older people. People and their needs will have to be placed at the centre of strategies, power will need to be shared and agreement to be reached on what is done, why and how.

The model that emerges must combine the social with the medical, and strategies will need to move more closely towards prevention and the promotion of well-being.

Lesley Robertson -Steel

Project Manager of Innovate to Save Direct Payments Project

Appendix D

Care Co-operative Costs: Current Regulatory Position (Individual Carer's Costs)

CURRENT REGULATORY POSITION									
Care Co-operative Costs: One Personal Carer									
05.08.19 rev. 3									
Caveats: Calculations are based on a carer working in a care co-operative of three carers, that is not registered with C1w/ Calculations are based on a Direct Payment rate of £12 per hour * based on 4 local clients requiring three 15-minute visits per day (assume that each visit includes 5 minutes travelling time, so £12/h for 3 visits @ 20 mins each = £3 per visit) ** based on a 5-day week; weekend work on a rota basis *** based on 48 weeks' employment a year (assume that sickness is covered by insurance so includes 4 weeks holiday including bank holidays) **** shared between 3 carers									
INCOME									
	no. of 15-minute visits per day*	rate per visit	rate per hour	rate per day	rate per week**	rate per month	rate per year****	comments	
12		£3.00	£9.00	£36.00	£180.00		£8,640.00	4 hours work per day (including travelling)	
OUTGOINGS									
item		cost per visit		cost per day		cost per month	cost per year		
Personal Costs									
Carer & personal assistance insurance							£89.00	Fish Insurance quotation	
Sickness insurance						£5.00	£60.00	Estimate	
Uniform purchase/hire and laundry							£200.00	Assume £60 per outfit, 3 per year, home laundered.	
Travelling				£0.90			£216.00	Assume 45p/m, 2 miles a day	
Mobile phone on contract						£20.00	£120.00	Assume 50% use of personal mobile	
Home office allowance							£100.00	Estimate (percentage of mortgage/bills/telephone/broadband)	
Computer hardware							£75.00	£400 laptop, £50 printer over 3 years, assume 50% personal use	
Software subscription						£3.00	£17.97	Office 365 Personal subscription, assume 50% personal use	
Total							£877.97		
Co-operative Costs****									
Accountancy/tax returns							£133.33	Third of shared accountancy costs of £400	
Office hire and utilities							£0.00	Assume homeworking - see personal costs	
Stationary, stamps, printing cartridges etc.							£33.33	Third of costs of £100	
Training							£100.00	Assume majority training is provided FDC, third of £300 allowance	
HR costs							£100.00	Estimate	
Pension contribution							£864.00	Estimate - 10% of income	
Payroll services							£30.00	Estimate	
Contingency							£126.07	10% for unforeseen costs	
Total							£1,386.73		
Summary									
INCOME							£8,640.00		
OUTGOINGS							£2,264.70		
PROFIT							£6,375.30		
Tax									
National Insurance							£0.00	Nil as below Personal Allowance of £12,500	
TAKE-HOME PAY							£6,219.30	Class 2: £3 a week as profits are more than £6,365 but less than £8,632	

Appendix E

Press Release

PRESS RELEASE

Solva Care Announces Innovate to Save Success

Solva Care is delighted to be one of the organisations chosen to participate in the second phase of Innovate to Save; Welsh Government's £5M research and development fund to help support public and third sector organisations to deliver services in Wales differently. Their programme is supported by Y Lab (a partnership of Nesta – the global innovation foundation – and Cardiff University) and the Wales Council for Voluntary Action.

Led by Solva Care's Project Manager Lesley Robertson-Steel, the project will investigate how Direct Payments can be organised in a way to provide people with greater choice, more personally appropriate care and support to maintain and improve their wellbeing. The project will also investigate how Solva Care, a community-led charity, can support the creation of a Care Cooperative to achieve this aim.

Solva Care will work closely on the project with Partners Hywel Dda University Health Board, Pembrokeshire County Council, Rural Health and Care Wales, and Pembrokeshire Association of Voluntary Services (PAVS).

Solva Care's chair Mollie Roach said, "We are very excited to have been selected for this prestigious project, and look forward to working with our Partners to find new ways of empowering older people in Pembrokeshire to take positive action to secure their health and wellbeing".

Pembrokeshire County Council's Cabinet Member for Social Services Tessa Hodgson said, "We are delighted to be able to partner Solva Care on this ground-breaking project. The potential opportunities for the wellbeing of the people of Pembrokeshire – given the constraints on the finances of local authorities – are really exciting and we look forward to working together".



One of our volunteers with a Solva resident



Dancing at our 'Friday Club'

Solva Care is a community-led charity focusing on care, support and wellbeing. It was set up in 2015, and made permanent following a successful pilot phase. Direct payments are payments made by local authorities to people wanting to organise, commission and pay for their own personal care.

The aims of Solva Care are to maintain and improve health and wellbeing by:

- *enabling residents to stay in their own homes and remain part of the community;*
- *offering a way to counteract loneliness, isolation and social disadvantage; and*
- *providing extra support for those who are caring for relatives.*
- *Running activities to connect the community and enhance well-being.*

For further information about Innovate to Save, please contact Solva Care's Project Manager Lesley Robertson-Steel on 07722 091664 or lesleys.solvacare@gmail.com

Appendix F

Focus Group Questions

INFORMATION

Do you know how the social care process works if you think that you might need help to stay living at home?

How well are you informed about Direct Payments?

How well are your family, friends and people you support informed?

Is there any way in which information to the public could be improved (e.g. sources of information including Solva Care, method by which conveyed, language)?

ATTITUDES

Are Direct Payments a good idea?

If yes – why, in your opinion?

If no – why not, in your opinion?

Would you recommend them or use yourself (now or in the future)?

UPTAKE

Why do you think the uptake of Direct Payments is poor at present?

Is there any way in which the uptake of Direct Payments could be improved?

POOLING PAYMENTS

Why do you think pooling payments in a good idea?

What are the positives?

What are the negatives?

How could a local co-operative style organisation be best made to work?

Appendix G

Solva Care 'Basic' Service Costs

EXPENDITURE													
Solva Care Manager salary	1500.95	1289.49		1331.26	2686.82		1058.15	1284.47	2568.94	1274.63	1333.67	1107.35	£15,435.73
Solva Care Manager duty travel				17.20									£17.20
Solva Care Manager expenses & consumables	52.48	62.32		33.91	129.97		31.92	139.97	110.03	38.90		131.83	£731.33
													£0.00
Web Administrator payment (gross)	75.00	159.00	168.00		180.00	93.00	108.00	120.00		192.00	120.00		£1,215.00
Web Administrator duty travel													£0.00
Web Administrator expenses & consumables													£0.00
Treasurer/Clerk salary	650.40	650.40		650.40	1300.80		715.50	715.50	1365.90	910.40	715.50	780.40	£8,455.20
Treasurer/Clerk Duty Travel					12.89	7.11	19.49	27.99	9.90				£9.90
Treasurer/Clerk Expenses & Consumables					420.40	452.60	348.40	473.00	430.40	391.40	504.60	486.40	£4,768.40
HMRC PAYE	186.40	311.60	371.80	413.40	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	£0.00
HMRC NI Employers Contribution	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	£0.00
NEST Employee Pension Contribution		31.49	23.75	25.28	26.09	25.37	15.29	23.57	47.14	269.99	23.21	25.37	£286.56
Local Prevention Activities (Friday Club)	266.32	75.00	503.79	192.87	228.46		150.00	81.55	83.57			366.51	£2,218.06
Memorial Hall		37.50							100.00	26.00		45.00	£208.50
Trustees Duty Travel				40.70	131.37	160.15	24.00	200.00	54.60	177.64	59.15	156.25	£939.16
Trustees Duty Travel					11.00				30.80	12.00			£142.50
Trustees Expenses & Consumables		45.89											£45.89
Volunteers Expenses & Consumables		12.00											£12.00
Solva Care Expenses & Consumables	198.88			64.00		181.10		25.87	326.50	193.52		198.88	£790.99
Zurich Insurance													£397.76
Web & Server (Webzter Ltd)		72.00					156.00			365.98			£593.98
Home Office Equipment		499.99											£499.99
Payroll LM Griffiths & Co Ltd		103.20			46.80		46.80			46.80			£243.60
Membership				96.00						15.00		35.00	£146.00
Audit (& submission to Charity Commission)							900.00						£900.00
Training/Courses (employees, volunteers, carers)	300.04				12.00		130.00						£442.04
Powys County Council									128.00				£128.00
TOTAL EXPENDITURE	3230.47	3349.88	1067.34	2865.02	5186.60	919.33	3701.55	3115.92	5257.67	3932.26	2819.69	3312.99	£38,758.72

Appendix H

Care Co-operative Costs: Proposed Model (Individual Carer's Costs)

PROPOSED MODEL

Care Co-operative Costs: One Personal Carer

05.08.19 rev. a

Caveats:

Calculations are based on one carer working in a care co-operative of three carers, that is registered with C1w (under an arrangement with PCC yet to be determined)

Calculations are based on a Direct Payment rate of £18.93 per hour

Personal administration costs are paid by the carers individually; the co-operative's administration costs are paid for by Solva Care (funded by the Direct Payment rate received for 'support' services)

* based on 8 local clients requiring three 15-minute visits per day (assume that each visit includes 5 minutes travelling time, so £18.93/h for 3 visits @20 mins each = £4.73 per visit)

** based on a 5-day week, weekend work on a rota basis

*** based on 48 weeks' employment a year (assume that sickness is covered by insurance so includes 4 weeks holiday including bank holidays)

**** shared between 3 carers

INCOME						
no. of 15-minute visits per day *	rate per visit	rate per hour	rate per day	rate per week **	rate per month	rate per year ***
24	£4.73	£14.19	£113.52	£567.60		£27,244.80
OUTGOINGS						
item	cost per visit	cost per day		cost per month		
Personal Costs						
Sickness insurance				£5.00		£60.00
Uniform purchase/hire and laundry						£220.00
Travelling		£5.40				£1296.00
Mobile phone on contract				£20.00		£120.00
Home office allowance						£100.00
Computer hardware						£75.00
Software subscription				£3.00		£17.97
Total						£1,888.97
Co-operative Costs****						
Electronic scheduling system				£69.00		£828.00
Registration fee				£20.00		£240.00
Insurance						£275.00
General co-operative administration				£0.00		£0.00
Framework tender documentation, policies etc.						£1000.00
Accountancy/tax returns						£200.00
Office hire and utilities						£0.00
Stationary, stamps, printing cartridges etc.						£33.33
Training						£100.00
HR costs						£100.00
Pension contribution						£2,724.48
Payroll services						£50.00
Contingency						£555.08
Total						£6,105.89
INCOME						£27,244.80
OUTGOINGS						£7,994.86
PROFIT						£19,249.94
Tax						£1,349.99
National Insurance						£955.61
TAKE-HOME PAY						£16,944.33
Tax-deductable nature of outgoings has not been checked						
20% over £12,500 personal allowance						
Class 4: 9% as profits over £8,632						

Appendix J

Care Co-operative Costs: Proposed Model (Solva Care's Costs)

PROPOSED MODEL									
Care Co-operative Costs: Solva Care's Costs									
05.08.18 rev. a									
Caveats: Calculations are based one Solva Care being part of a care co-operative, that is registered with CIW (under an arrangement with PCC yet to be determined) Calculations are based on a Direct Payment rate of £18.93 per hour Carer's pay their own personal administration costs * based on 8 local clients requiring quarter of an hour of support per day at £18.93/h *** based on a 7-day week **** based on a 52-week year ***** extra-over costs to Solva Care of being part of a care co-operative									
DIRECT PAYMENTS INCOME									
	no. of hours of support per day*	rate per visit	rate per hour	rate per day	rate per week**	rate per month	rate per year***	comments	
	2		£18.93	£37.86	£265.02		£13,781.04		
OTHER CONTRIBUTIONS									
Framework tender documentation, policies etc.									
OUTGOINGS									
item	cost per visit		cost per day		cost per month		cost per year		
Solva Care Costs									
'Basic service' costs							£38,758.72	Refer to spreadsheet in Appendix 4	
Total							£38,758.72		
Co-operative Costs****									
Administration							£1,000.00	Estimate - includes additional hours by Treasurer and Manager	
Registration fee						£20.00	£240.00	Estimate - potential contribution following PCC negotiations with CIW	
Direct Payments Co-ordinator							£6,027.66	Refer to calculation on p.26	
Framework tender documentation, policies etc.							£2,000.00	Estimate - £10,000, spread over life of framework.	
Accountancy/tax returns							£200.00	Estimate	
Office hire and utilities							£50.00	Memorial Hall costs	
Stationary, stamps, printing cartridges etc.							£100.00	Estimate	
Training for volunteers							£100.00	Estimate	
Insurance							£275.00	Estimate - extra-over costs	
HR costs							£200.00	Estimate	
Contingency							£1,019.27	10% for unforeseen costs	
Total							£11,211.93		
INCOME									
							£14,781.04		
OUTGOINGS									
							£49,970.65		
PROFIT									
							-£35,189.61		

Appendix K

Volunteer Hours

SOLVA CARE

VOLUNTEER HOURS

<i>month</i>	<i>individuals support</i>	<i>group activities</i>	<i>total support</i>	<i>volunteer numbers</i>	<i>user numbers</i>
December 2018	89	33.5	122.5	25	16
January 2019	133	77	210	29	30
February 2019	126	43	169	30	24
March 2019	150	100	250	30	27
April 2019	118.5	135.5	254	29	29

Average per month	123.3	77.8	201.1	28.6	25.2
Average per day	4.1	2.6	6.6	0.9	0.8

Each volunteer donates in hours per month: 7.0314685

Each user gets in hours per month: 7.9801587

Each volunteer donates in hours per day: 0.2311713

Each user gets in hours per day: 0.2623611

Appendix L

Care Company vs Care Co-operative Costs Comparison

CARE PROVISION

Costs Comparison

<i>provider</i>	<i>costs ph</i>	<i>personal assistant hours</i>	<i>Solva Care support hours</i>	<i>total hours</i>	<i>total costs</i>	<i>total costs (excluding Solva Care hours)</i>
Care Co-operative*	£18.93	4320	728	5048	£95,558.64	£81,777.60
Care Company**	£22.16	4320	728	5048	£111,863.68	£95,731.20
Cost Difference					£16,305.04	£13,953.60

* recommended Direct Payment rate

** average of care company rates



