Northern Health and Social Care Trust

Care • Compassion • Community

Consultation

How we propose to purchase domiciliary care provided by non-statutory providers

Contents

Foreword

Foreword from the Director Strategic Development and Business Services

Over 5,000 service users in the Northern Trust area receive domiciliary care. It is a key part of our social care services, helping people to live in their own home for as long as possible. Domiciliary care services are partly provided by the Trust and partly by non-statutory service providers such as private companies and voluntary organisations.

This document sets out some proposals for a new way of purchasing domiciliary care services from non-statutory providers. This will include domiciliary care provided for older people, people with a physical, sensory or learning disability, people with a mental health condition and children and young people. Through these proposed new arrangements, we intend to ensure that domiciliary care services are provided equitably and sustainably, so we can meet the growing needs of our population.

In developing the proposal, we have engaged with our service users and carers, and they have told us what is important to them when receiving domiciliary care services. We want to make sure that our contract model reflects their views.

We welcome your views on our proposal and this document outlines how you can tell us what you think. At the heart of our plans are the people who use domiciliary care services. We look forward to this period of consultation to give us an opportunity to listen to your views and to develop services for the future.

NEIL MARTIN
Director Strategic Development and Business Services

Summary

Domiciliary care is the range of services put in place to support an individual in their own home. Services may involve routine household tasks within or outside the home, personal care and other services necessary to maintain an individual in an acceptable level of health, hygiene, dignity, safety and ease in their home.

The Trust and other providers currently deliver domiciliary care services to over 5000 service users in their own home. The way we purchase domiciliary care needs to change due to legislative requirements and to make sure services meet the current and future needs of our population. Approximately 25% of the population of Northern Ireland live within the Northern Trust area and this increases to 27% when only considering those aged 75 plus years. We expect the elderly population to increase significantly over the next ten years.

We have considered a number of ways to purchase services (contract models) including:

Model 1 - A framework agreement
Model 2 - A cost/volume contract
Model 3 - A block contract

We engaged with service users and carers and identified their key priorities for domiciliary care services, which include the following.

- Strong preference for care worker call times to be more consistent.
- Strong preference for the care workers not to 'chop and change' – reinforcing continuity of care.
- The need for the service user to not feel rushed or hurried by the care worker.
- The need for improved communication between the care worker and the service user.
- The importance of adequate care worker training to better meet the individual needs of the service user

After careful consideration, we have identified Model 2 as our preferred contract model. Model 2 has the following key features.

- A guaranteed volume of hours.
- Defined geographical areas, reducing travel time and improving contingency arrangements.
- A contract term of 3 years with potential to extend for up to 24 months.

Engagement with service users and carers has shown the importance of the need for consistency and continuity in the quality of domiciliary care services and we believe that the proposed model will deliver the best service to service users and carers.

Introduction

Section 1: Introduction

Domiciliary care is the provision of personal care and practical support that is necessary to maintain a service user in a measure of health, wellbeing, hygiene and safety as assessed by the Trust.

We are committed to providing high quality domiciliary care services to our population. It is important that more people are offered the opportunity to be cared for at home, with the right support and with increased emphasis on promoting independence and providing high quality domiciliary care services is central to achieving this.

This consultation document describes how domiciliary care services are currently provided and how we propose to procure/purchase and deliver domiciliary care services from non-statutory providers in the future.

Feedback from service users and carers receiving domiciliary care services has informed this proposal.

Section 2: Current service delivery

We currently provide domiciliary care and support to 5,088* people within their homes, through a combination of Trust delivered (statutory) care packages, services provided by independent sector domiciliary care providers (non-statutory) and care delivered by people employed directly by service users (Direct Payments). Statutory and non-statutory services equate to approximately 59,528* hours per week. The services currently delivered include assisting with personal care, assisting with medication and facilitating the provision of food and nutrition.

In the Trust area, 17 non-statutory domiciliary care providers currently deliver 36,083* hours of care per week to 3392* service users in their own homes. The total value of non-statutory domiciliary care expenditure in 2020/21 was around £32 million (excluding supported living schemes).

Contracts with providers have historically rolled forward on a year on year basis however, following the introduction of the Public Contracts Legislation (2015) we must revise this approach.

Approximately 818* service users received a direct payment as at 30 May 2021. Direct Payments is an amount of money paid instead of traditional services to let people arrange support in ways that suit them best and meet their assessed needs. Direct Payments are outside the scope of this proposed model.

**Figures sourced from 'Domiciliary Care Services for Adults in Northern Ireland 2020' published by DHSSPS and Trust Soscare system*

Section 3: The need for change

The following sets out why we need to change how we purchase domiciliary care from non-statutory providers.

3.1 Responsive and equitable service delivery

We must have a domiciliary care service that is responsive to service users' care needs, including the timeliness of when a service will start, both following an admission to an acute hospital and when a person is assessed as needing a service whilst living in their own home. The service must also be equitable across the whole Trust locality, with no service user being disadvantaged due to their home address or any other factors.

3.2 Strategic context

The regional strategy, 'Health and Wellbeing 2026 – Delivering Together', published in October 2016, stated:

"*The way we design and deliver services will be focussed on providing continuity of care in an organised way. To do so we will increasingly work across traditional organisational boundaries, to develop an environment characterised by trust, partnership and collaboration*."

The Expert Advisory Panel on Adult Care and Support report 'Power to People (2019) Proposals to reboot adult care and support in NI' stated the following:

'…there is a lack of knowledge of the challenges (in domiciliary care) that mean that the system needs to change: growing demand and a limited menu of support which fails to recognise changing needs and expectations means there will be an ever widening gap between what is available and what is needed.'

In line with the strategic direction, this proposal will result in a more person centred, flexible approach to the delivery of domiciliary care.

3.3 Governance arrangements

We must be satisfied that there are robust governance arrangements in place for the delivery of quality domiciliary care services to ensure that the right number of hours are adequately delivered. This will be measured against a number of performance indicators that will provide the required assurances including hours delivered and lone worker arrangements and must also be in compliance with the domiciliary care minimum standards.

3.4 Service users and carers

Feedback from service users and carers has been integral to the development of this proposal and in the selection of our preferred model. More detail on this feedback can be seen below but we have been particularly mindful of the importance of consistency and continuity of care.

3.5 Legislative compliance

Domiciliary care services have traditionally been purchased on an annual basis from established non-statutory providers with contracts rolling forward each year. Our procurement processes need to be compliant with Public Contacts Regulations (2015).

Section 4: Involvement of service users and carers in developing our proposal

As part of the development of the proposed new arrangements for purchasing domiciliary care services, we reviewed existing research and engaged widely with service users and carers to find out what improvements could be made to domiciliary care services.

The Expert Advisory Panel on Adult Care and Support in their production of 'Power to People – Proposals to reboot adult care and support in NI', formed the Adult Care and Support Reference Group, consisting of service users and carers and which was facilitated by the Patient Client Council.

Comments and suggestions made by this group included:

- Need to see a greater acknowledgement of the needs of other populations, specifically younger people with disabilities;

- Need for a ‘mutual approach’ to service delivery based on 3 elements – prevention, performance management and partnership working;
- Service users and carers should be empowered to determine the level of risk acceptable in their own homes.

We issued a questionnaire asking eight straightforward questions covering areas of key importance to both a service user and their carer with prompts included to assist with questionnaire completion. The analysis of returns has helped us to shape the development and delivery of our proposal. Trust care management and social worker staff carried out the survey of 133 service users and carers. The overall results of the survey are summarised in the following table.

Table 1 – Feedback from Service Users

Feedback	% Total
Described quality of care delivered as good or very good.	85%
Strongly agreed or agreed that quality of care is the same on a weekly basis.	85%
Of very high importance or of high importance to maintain independence or improve quality of life.	83%
Strongly agreed or agreed that they felt listened to by Care Worker.	89%
Very important or important that there are the same or a small number or Care Workers.	86%
Very important or important to not feel hurried or rushed when being cared for.	96%
Communication very important or important between themselves and the Provider of care.	91%

On 26 May 2021 we held an online engagement event with service users, carers and representative groups – a summary of the feedback we received is listed below.

- Strong support for locality based services.
- A strong preference for care worker call times to be consistent.
- A strong preference for the care workers to be consistent, reinforcing continuity of care.
- Service users do not want to feel rushed or hurried by the care worker.
- Improved communication between the care worker and the service user.
- Importance of care worker training to ensure individual service user's needs are met

Section 5: How we propose to provide our domiciliary care

5.1 Mixed economy

We want to provide support to service users to enable them, as far as possible, to live in their own homes. We will continue to deliver this through a mixed economy of both statutory and non-statutory provision.

We are proposing the following.

- We intend to continue to have our domiciliary service delivered by a combination of statutory and non-statutory service provision.
- We intend to create a service model where all new service users will receive an initial short-term service, to be delivered under a separate contract and upon care review may move to a longer-term service as appropriate.

- This will be supported by a robust review process, Providers will be involved in the planning and review process throughout

It is essential that we establish the most effective and efficient model for purchasing services from non-statutory providers to ensure value for money and help meet the care needs of service users.

While developing the proposed model the Trust has considered the following elements:

5.2 Gateway (Short-Term) and Long-Term Service Provision

We are considering creating a service model whereby **all** new service users are provided with an initial short-term service for up to 6 weeks. During this time their care needs will be reviewed to determine what, if any, are their long-term needs. Service Users with long-term needs would then transfer to a long-term service.

Short-term and long-term services would have differing service requirements and be purchased separately by the Trust.

5.3 Defined geographical areas

The Trust's geographical area is considered too large for any one provider to deliver services across and therefore will be broken down into localities or areas. The approach considered most appropriate is to create areas based on the 10 large towns (historic Borough Councils) across the Trust area. These are referred to hereafter as 'lots'.

The table below is for illustrative purposes and shows the 10 lot locations and the NISRA population size. (This is for indicative purposes only).

Table 2 – Population by area 2021

Location of Lot	Trust Locality	Population size
Antrim	Antrim/Ballymena	55,541
Ballymena	Antrim/Ballymena	67,230
Carrickfergus	East- Antrim	39,340
Larne	East-Antrim	32,704
Newtownabbey	East-Antrim	87,963
Ballymoney	Causeway & Glens	32,465
Coleraine	Causeway & Glens	60,159
Moyle/Ballycastle	Causeway & Glens	17,395
Cookstown	Mid-Ulster	38,952
Magherafelt	Mid-Ulster	47,611

5.4 Variable start times

It is proposed that the contract model will require the provider to be able to start or re-start services 7 days per week including over a weekend or bank holiday period.

Services should be able to commence on the day the referral is made when the required information is provided by 12 noon or within 24 hours where the referral is made after 12 noon.

5.5 Timing of calls/visits

The times of the day at which the domiciliary care service will be delivered are broadly defined in the table below.

Table 3 – Time bands for daily support tasks

Daily support tasks may include personal care and meal preparation	Time band	Hours within time band
Morning Call	7 a.m. to 11 a.m.	4
Mid-day	12 noon to 3 p.m.	3
Early evening	4.30 p.m. to 7 p.m.	2.5
Assistance with evening and preparation for bedtime routine	7 p.m. to 11 p.m.	4
Through the night service	11 p.m. to 7 a.m.	8

The service user's care plan will detail the times the service will be provided. Providers will be expected to deliver the service within 30 minutes of the start time stated in the care plan unless there is a requirement for an explicit service delivery time, for example insulin dependent diabetes in which case the service must be delivered at the specified time. Where a requested service delivery time is not available, the provider will be expected to have a process in place to offer the preferred time allocation in the event of circumstances changing.

5.6 Call duration

The Trust will detail the duration of the service in the service user's care plan and it will be dependent on the assessed needs of the service user.

Analysis of the duration of calls/visits across the total contract volume in September 2020 showed the following.

Table 4 – Analysis of duration of calls/visits across total contract volumes – September 2020

Call duration	Percentage of calls/visits
0-15 minutes	51.8%
16-30 minutes	41.2%
Over 30 minutes	7%

5.7 Service development

All providers must:

- Work in partnership with Trust professionals and service users in the development and ongoing monitoring of person-centred care plans;
- ensure the requirements of each service user's care plan is met according to their needs;
- promote service user independence and reduce dependency on social care services;
- provide a responsive and flexible provision of services to reflect changing needs and priorities; and
- provide continuous improvement in the quality of services with a focus on staff training.

Section 6: Proposed type of contract model for the non- statutory sector provision of domiciliary care

We have considered a number of contract models as follows:

Model 1: Framework agreement

- A framework agreement is a general agreement of terms and conditions with a provider
- Care hours needed are purchased from providers during the life of the framework agreement as individual contracts, which would be called off the framework
- Providers can decline referrals

Model 2: Cost/volume contract

- A contract with providers for a guaranteed level of care hours (block)
- The remaining percentage of care hours would be purchased using a spot purchasing arrangement from the contracted Provider
- Contracted providers must accept all referrals both guaranteed and spot purchase

Model 3: Block contract

- A contract with providers for a pre-determined number of hours
- Based on 100% of current/anticipated care required
- Contracted providers must accept all referrals

After consideration the following was concluded.

Model 1 - A framework agreement was rejected as this would allow providers the option to decline a referral, potentially due to the remoteness of the service user's home. We want to ensure an equitable approach to service delivery which is based on assessed needs and not any selection criteria created by the provider.

Model 2 - A cost/volume contract was selected due to the need to ensure a degree of flexibility for the Trust within the service model. This option allows for a combination of a cost/volume contract and a spot purchase arrangement built upon current baseline volumes. Providers must also accept all referrals within the contract hours.

Model 3 - A block contract was rejected as we want to ensure flexibility within our contracts. Demand may vary over the life of the contract and therefore there is a need to be able to vary the service hours depending on service demands.

Model 2 was therefore selected as the preferred model.

Section 7: Key features of proposed contract model

A representative group of Trust professionals will develop a service specification document that will combine the proposals outlined above in Sections 5 and 6 and reflect the feedback from this consultation process. A pre-tender market engagement event will be held for potential providers with the service specification being made available.

7.1 Outcomes of proposed contract model

A cost/volume contract offers the following.

- A mixture of guaranteed/block volume and spot purchasing arrangement, to offer sustainability of service.
- A guaranteed/block volume of hours per week across all programmes of care
- The remaining volume to be utilised using a spot purchase arrangement
- The guaranteed/block volume is proposed to be divided across geographical areas and from those areas the Trust will create lots (Table 1). There will be separate contracts within the lots for short-term and long-term services
- At least two contracts will be awarded per lot – one short term and one long term, however a higher number of contracts will be created in lots with the highest populations
- Providers awarded a contract within a lot will be expected to provide contingency within the lot for other providers delivering services within the same lot.
- The providers will be required to provide additional spot-purchased hours where demand for services within their geographical area exceeds the guaranteed/block hours.
- A contract term of 3 years with the option to up to 24 months extensions which offers the opportunity for a more stable and sustainable environment for providers, enabling better continuity of care for service users and carers.
- Includes services for older people, people with a physical, sensory or learning disability, people with a mental health condition and children and young people.
- Providers could be successfully awarded contracts within a number of lots although they will not be able to be the sole provider within any lot to ensure contingency arrangements/support is available.
- A Provider can be successful in being awarded contracts within a lot for both short-term and long-term services provided the lot

requires at
least 3 contracts and thus another provider will also be operating in the lot for the purpose of contingency.

- We are considering a cap on the number of contracts awarded to any provider to ensure a wide range of providers across the Trust area.
- It is anticipated the number of awarded contracts/providers will range from 20 - 40.
- The Trust have monitoring officers who will undertake both planned and unplanned checks to ensure the services are delivered appropriately during the lifetime of the contracts

7.2 Contingency arrangements for responding to problems in service delivery

Arrangements will be factored into the contract model to manage the situation that a provider is unable to fulfil the contract terms in delivering the domiciliary care service. This will be managed under Unsatisfactory Performance within their contract. Contingency arrangements will NOT be for the purpose of finding an alternative provider because a provider chooses not to accept a particular package.

Arrangements will include the following.

- Each lot will have a minimum of two providers. A provider cannot be awarded all contracts within a lot to ensure at least one contingency provider exists.
- The contracts within the lots will be awarded based on the number of hours of service delivery available with the highest number of lot hours being awarded first, the second highest awarded second, and so on. Once a provider has won the maximum number of contracts available to them within a lot, they will be removed from the remaining evaluation of that lot to ensure at least one contingency provider exists within each lot. Lots will be re-marked in respect of pricing.

- Potential providers can bid
  for all lots but once they have been awarded the maximum contracts available within a lot will be removed from the remaining evaluation of that lot tender process.

7.3 Benefits of the proposed contract model

The proposed model will support the following benefits.

- A more sustainable service that will provide greater continuity for the Trust, service users, carers and their families.
- The creation of geographical areas/lots that will enable providers to create robust infrastructures and contingency arrangements.
- Guaranteed levels of activity that will promote provider sustainability, stability and increased efficiency.

Section 8: Quality monitoring

We will establish robust quality monitoring processes that provide evidence of high quality and safe care delivery. Quality monitoring will ensure that non-statutory providers are compliant with their contractual obligation, and in doing so, deliver a safe and effective service that meets the required standards and service users' needs.

In addition to investigations into complaints, adverse incidents and serious adverse incidents, a proactive, comprehensive audit programme of service delivery will be delivered by the Trust's Commissioning and Contracts Department and BSO Auditors.

Quality monitoring will ensure that there is regular engagement with service users to provide assurance regarding service quality. This will be supported through a robust engagement process with providers and

other agencies, including the Regulation and Quality Improvement Authority (RQIA).

Section 9: Electronic call monitoring system

The service specification will allow for the implementation of an electronic call monitoring system (ECMS).

The introduction of an ECMS is not dependent on the procurement process for domiciliary care services and can be implemented during the lifetime of the contracts to be awarded under the proposed procurement process.

Section 10: Data Protection and Cyber Security

Requirements for data protection and cyber security will be considered as both part of the procurement process and the awarding of new contracts.

Section 11: Proposed timescale for procurement

The proposed timescales for implementation are as follows. It is important to note that these timescales may be subject to change.

Table 5 – Proposed Timescales

Activity	Time Scales
Engagement Process Commences	May 2021
Pre-Tender Stakeholder Engagement Event	28 May with service users and 2 July 2021 with Provider Stakeholders
Public Consultation	September to November 2021
Advertisement of open tender process	Summer 2022
Implementation Post Tender Award	Commencing Financial Year 2022/23

Section 12: Transition

Continuity of care for service users, carers and their families is of paramount importance. It is essential that any potential disruption to service is minimised during the procurement process and in particular during the period where new contracts are awarded and put in place. Therefore, a robust implementation plan will be developed to ensure continuity of care.

Issues that are central to successful implementation process include the following:

12.1 TUPE/SPC - transfer under protected employment /service provision change

We will request, receive and collate employee liability information from existing non statutory providers to make available as part of the tender process. Advance notification and consideration of total costs will facilitate tenderers to take into consideration potential service provision change and/or TUPE implications as part of the tender response. Following contract award, transfer of work would be managed over a time period, which will be outlined within the tender documentation. It is proposed to allow around 6 months to 1 year in order to ensure continuity of care and taking into consideration transfers which may occur as a result of contract award.

12.2 Trust information transfer

Accurate and timely provision of Trust information will be required to ensure that successful providers have the care and support plans for each individual service user. Provision of accurate information within care and support plans will be fundamental to ensuring continuity of care for service users.

12.3 Contract monitoring

During the transition phase the Trust's monitoring and reporting processes will continue to ensure that providers meet their contractual obligations.

12.4 Resources

We will establish an implementation team to ensure that arrangements are in place to ensure a seamless provision of service.

Section 13: Consultation arrangements

We wish to consult as widely as possible on this proposal. The consultation period is from 6 September 2021 to 29 November 2021, a 12 week period.

The consultation document will be issued to all consultees listed on the Trust's consultation database and all domiciliary care providers listed on RQIA website detailing the consultation process. A list of consultees can be found on the Trust's website or by contacting the Equality Unit (contact details below). A copy of this consultation document is available on the Trust's website at http://www.northerntrust.hscni.net.

Some people may need this information in a different format for example a minority language, easy read, large print, Braille or electronic formats. Please let us know what format would be best for you. Contact the Equality Unit – contact details below.

The Trust plans to hold further Stakeholder Engagement Events during the consultation period, ensuring stakeholders have an opportunity to ask further questions on the proposals and to comment on the proposed contract model. All consultees will be informed of the date and venue. Details will also be available on the Trust website.

For those who wish to provide written feedback, a **Consultation Questionnaire** is available in Section 14. It is also available on the Trust Website at http://www.northerntrust.hscni.net in a format that is easier to complete. However we welcome your feedback in any format.

You can respond to the consultation document by e-mail, letter or fax as follows:

Equality Unit,
Route Complex
8e Coleraine Road
Ballymoney
Co. Antrim
BT53 6BP

Tel: 028 2766 1377
Fax: 028 2766 1209
Mobile Text: 07825667154
E-mail: equality.unit@northerntrust.hscni.net

Before you submit your response, please read the section on Freedom of Information Act 2000 and the confidentiality of responses to public consultation exercises at the end of the consultation questionnaire.

In compliance with legislative requirements, when making any final decision the Trust will take into account the feedback received from this consultation process. A consultation feedback report will be published on the Trust website.

The Northern Trust is committed to promoting equality of opportunity, good relations and human rights in all aspects of its work. In keeping with the commitments in our Equality Scheme we have carried out an equality screening of this proposal the outcome of which was to subject the implementation of the proposal to *'on-going screening'*. At this stage, no major adverse impacts have been identified and the outcome of this proposal will result in positive impacts on Section 75 groups. This screening will be kept under review.

The Rural Needs Act 2016 requires the Trust to have due regard to rural needs when developing plans, and when designing and delivering public services. The Trust has also carried out a Rural Needs Impact Assessment.

A copy of the Equality Screening Template and Rural Needs Impact Assessment can be found on the Trust's website www.northerntrust.hscni.net.

The Trust invites views on these assessments and will consider all feedback received during the consultation period.

Section 14: Consultation questionnaire

How we propose to purchase domiciliary care provided by non-statutory providers

The aim of this consultation is to obtain views from stakeholders and the Trust would be most grateful if you would respond by completing a questionnaire, which is available on the Trust website or from the Equality Unit (details below). The closing date for this consultation is 29 November 2021 and we need to receive your completed questionnaire on or before that date. You can respond to the consultation document by e-mail, letter of fax as follows:

Equality Unit, Route Complex, 8e Coleraine Road, Ballymoney, Co Antrim BT53 6BP
Tel: 028 2766 1377 Fax: 028 2766 1209 Mobile Text: 07825667154
E-mail: equality.unit@northerntrust.hscni.net

The following sets out an overview of the questionnaire.

So that we can acknowledge receipt of your comments please fill in your name and address or that of your organisation. You may withhold this information if you wish but we will not then be able to acknowledge receipt of your comments.

Name:	
Position:	
Organisation **(if appropriate):**	
Address:	

I am responding: **as an individual** ☐
On behalf of an organisation ☐

This document sets out the Trust's proposed outline contracting model for non-statutory domiciliary care.

Question 1: Do you agree with the reasons and the need for change outlined in the document?

Question 2: Do you agree with the Trust's proposed model for purchasing services from non-statutory providers?

Question 3: Do you agree with the creation of geographical areas or lots within the Trust area?

Question 4: An outcome of initial equality screening considerations is available on the Trust website. Do you agree with the outcome of this screening?

Question 5: The Rural Needs Act NI 2016 places a duty on public authorities, including government departments, to have due regard to rural needs when developing, adopting, implementing or revising policies, strategies and plans and when designing and delivering public services. Do you have any evidence to suggest that the proposal within this document would create an adverse differential impact?

General Comments: Please provide any other comments.

Before you submit your response, please read the following section on Freedom of Information Act 2000 and the confidentiality and commercial sensitivity of responses to public consultation exercises.

Trust Response and Freedom of Information Act (2000)

The Northern Health and Social Care Trust will publish an anonymised summary of the responses received to our consultation process. However, under the Freedom of Information Act (FOIA) 2000, particular responses may be disclosed on request, unless an exemption(s) under the legislation applies.

Under the FOIA anyone has the right to request access to information held by public authorities; the Northern Trust is such a public body. Trust decisions in relation to the release of information that the Trust holds are governed by various pieces of legislation, and as such the Trust cannot automatically consider responses received as part of any consultation process as exempt. However, confidentiality and commercial sensitivity issues will be carefully considered before any disclosures are made.

Thank you for taking the time to complete this questionnaire.

Appendix 1

Glossary	
BSO	Business Service Organisation - established to provide a broad range of regional business support functions and specialist professional services to the health and social care sector in Northern Ireland.
Care Worker	The individual employed and trained by the provider to deliver care to the service user.
Carer	Means any relative, family, friend or neighbour who provides help and support to the service user otherwise than under the contract.
Contingency arrangements	The process of identifying an alternative method of service delivery to manage service issues if a provider is no longer able to deliver a contract
Direct Payment	A sum of money paid to an individual by the Trust to arrange their own support.
Provider	Successful organisation(s) who will enter into the contract with the Trust following any award(s) under a procurement process.
RQIA	Regulation, Quality and Improvement Authority.
Service users	Individual(s) assessed by the Trust to receive the service.
Stakeholders	Individuals or organisations interested in the service.
The Trust	Northern Health and Social Care Trust.
EU procurement directives and legislative compliance	The EU Directives set out the procedures which all public sector authorities must follow when conducting procurement above the relevant threshold. This legal framework is designed to ensure that contracts are awarded transparently, without discrimination.
Public Contracts Regulations 2015	The specific legislation that defines procurement procedure.
Governance	**Governance** is the mechanisms, processes and relations by which providers are controlled and directed.
Contracts model	The contractual model for the delivery of domiciliary care services.
Service specification document	A **service specification** is a document that quantifies the minimum acceptable standard of **service** required and will form a part of the contract with the provider.
tender documentation	The set of documents that provide information on the service and processes for obtaining a provider
Mixed economy	A combination of both statutory and non-statutory provision.

Our vision

We provide compassionate care with our community, in our community.