



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

Consultation Document

27 October 2017 to 26 January 2018

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Foreword



The Northern Trust currently provides domiciliary care services to over 5,000 service users in their own homes. Domiciliary care is the term used to describe a range of social care services put in place to support a service user in their own home. These services are currently delivered by both statutory and non-statutory providers. Non-statutory service providers include a range of independent providers such as private companies and voluntary organisations.

This document outlines our proposed new arrangements for purchasing domiciliary care services from non-statutory providers. This includes 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 going forward domiciliary care services meet the 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.

A handwritten signature in black ink that reads "Briega Donaghy".

BRIEGA DONAGHY

Director Strategic Development and Business Services

Executive summary

Domiciliary care is the provision of personal care and practical support that is necessary to maintain a service user in a measure of health, well-being, hygiene and safety as assessed by the Trust. We currently provide domiciliary care services to over 5,000 service users in their own homes and these services are currently delivered by both statutory and non-statutory providers. New legislation requires us to make changes to the way we purchase domiciliary care services from non-statutory providers. 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 included 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.

We have identified Model 2 as our preferred contract model which has the following key features.

- A guaranteed volume of hours.
- Defined geographical areas, reducing travel time and improving contingency arrangements.
- A minimum of 4 and maximum of 8 providers to be awarded contracts for service provision.
- A contract term of 3 years with potential to extend for up to 24 months.

Extensive 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.

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, well-being, 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 choice to be cared for at home, with the right support and with increased emphasis on promoting independence. The provision of high quality domiciliary care services is central to achieving this.

This consultation document provides a summary of the following.

- The current arrangements for the delivery of domiciliary care services within the Trust area.
- The strategic context and the reason for the procurement initiative.
- How we propose to procure/purchase and deliver domiciliary care services from non-statutory providers in the future.

This proposal has been informed by feedback from service users and carers receiving domiciliary care services.

Section 2: Current service delivery

We provide domiciliary care and support to 5,125 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 51,200 hours* per week. The services currently delivered include assisting with personal care, managing medication and facilitating the provision of food and nutrition.

A total of 18 non-statutory domiciliary care providers (15 independent and 3 voluntary) currently deliver 26,176* hours of care per week to a total of 3,192* service users in their own homes. The total value of non-statutory domiciliary care expenditure in 2016/17 was around £21.3 million (excluding supported living schemes). Contracts with providers have historically rolled forward on a year on year basis however following the introduction of new public contracts legislation this approach requires to be revised.

Furthermore through this proposal we wish to create a contracts model that will ensure an equitable service is delivered based on assessed care needs. Approximately 500 service users receive a direct payment – that is an amount of money paid instead of

traditional services to let them arrange support in ways that suit them best and meet their assessed needs. Direct Payments are outside the scope of this proposed model.

*Sourced from 'Domiciliary Care Services for Adults in Northern Ireland 2016' published by DHSSPS

Section 3: Strategic context

The regional strategy, 'Health and Wellbeing 2026 – Delivering Together', published in October 2016, set out the strategic direction for health and social care services in Northern Ireland which includes the following.

“People to be supported to keep well in the first place with the information, education and support to make informed choices and take control of their own health and wellbeing”

“When they need care, people have access to safe, high quality care and are treated with dignity, respect and compassion”

“Care and support will be delivered in the most appropriate setting, ideally in people’s homes and communities.”

“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.”

Our vision is:

“To deliver excellent integrated services in partnership with our community”

Our 'CORE' values are:

- We will treat the people who use our services and our colleagues with **C**ompassion;
- We will display **O**penness and honesty with our patients, service users and colleagues, acting with integrity, providing professional, high quality services and support;
- We will **R**espect the dignity, diversity and individuality of all our patients, service users and colleagues promoting equality and addressing inequality;
- We will strive for **E**xcellence, as a community of leaders, through consistent delivery of services and applied learning.

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

As part of the development of a contract model, we reviewed existing research and engaged with service users and carers through interviews to find out where improvements could be made in relation to domiciliary care services.

The Patient and Client Council “Older People’s Experiences Report” (June 2012) recorded the experiences of older people receiving a domiciliary care package (from both statutory and non-statutory providers), as well as the views of carers. The findings revealed that levels of satisfaction with the quality of domiciliary care were high, with 87% of people rating the quality of care as “good” or “very good”. The most frequent issue raised was the duration of time care workers spent in service users’ homes, with more time needed. Many respondents commented on the lack of continuity of care and that the quality of care received was very much dependent on the individual care worker.

We wanted to ensure meaningful engagement and provide both service users and carers the opportunity to express opinions and explore potential areas for improvement. A questionnaire was issued asking eight straightforward questions covering areas of key importance to both a service user and their carer with prompts included to assist and with questionnaire completion. The analysis of returns are helping to shape the development and delivery of the Trust’s domiciliary care services. Trust care management and social worker staff carried out the survey of 133 service users and carers from June to December 2016. The overall results of the survey are summarised in the following table.

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 of 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%

In conclusion the engagement with service users and carers highlighted that the majority were satisfied with the domiciliary care provided but the following key messages were also identified.

- There was a strong preference for care worker call times to be more consistent and not so variable.
- There was a strong preference for the care workers to be consistent and a small number which do not 'chop and change' reinforcing continuity of care.
- Service users do not want to feel rushed or hurried by the care worker.
- There is a need for improved communication between the care worker and the service user.
- It is important that adequate care worker training is provided to better meet the individual needs of the service user.

Section 5: The need for change

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

5.1 EU procurement directives and 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 new Public Contracts Regulations (2015). We intend to procure domiciliary care services in line with EU processes.

5.2 Governance arrangements

We must be satisfied that there are robust governance arrangements in place for the delivery of quality domiciliary care services that provide the required assurances including, but not limited to, hours delivered and lone worker arrangements.

5.3 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. 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.

5.4 Service users and carers

We have considered the feedback from service users and carers regarding the current service and are mindful of the importance of both the consistency and continuity of care.

5.5 Strategic context

We must ensure that the requirements for services are met. In line with the strategic direction, the Trust's service will be a more person centred, flexible approach to the delivery of care.

5.6 Stakeholders

The Trust intends to hold a Stakeholder Engagement Event to allow current and future stakeholders to comment on the proposed contract model. This event will occur during the consultation period and all consultees will be informed of the date and venue.

Section 6: How we propose to provide our domiciliary care

6.1 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.

- Statutory domiciliary care provision will remain a highly valued part of domiciliary care services, as part of a range of social care provision. We are committed to the continuous improvement of the statutory home care workforce to deliver efficient, effective and flexible responsive services as a valued part of social care services.
- Non- statutory domiciliary care providers will continue to deliver domiciliary care services and the Trust will work with providers to ensure services are effectively delivered.
- We intend to continue to have our domiciliary service delivered by a combination of statutory and non-statutory service provision.

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 needs of service users. While developing the proposed model the Trust has considered the following.

6.2 Defined geographical areas

The Trust's geographical area is considered too large for any one provider to deliver services and therefore will be broken down into localities or areas (see Appendix 2 for Trust locality map). The approach considered most appropriate is to create areas based on each community care team location. These are referred to hereafter as 'lots'.

Table 1 below is for illustrative purposes and is based on the Trust's community care teams, who along with mental health for older people teams account for the most usage of domiciliary care services. Hours used by all teams however have been populated into the figures.

Table 1 – Activity analysis by area 2016/17

Primary Area	Team	Contingency Area	Total Non-Statutory Hours Delivered
Lot 1	Newtownabbey	Carrickfergus & Larne	337,194
Lot 2	Carrickfergus & Larne	Newtownabbey	297,391
Lot 3	Ballymoney & Coleraine South	Coleraine North & Moyle	211,515
Lot 4	Magherafelt	Cookstown	169,114
Lot 5	Ballymena	Antrim	168,107
Lot 6	Coleraine North & Moyle	Ballymoney & Coleraine South	167,394
Lot 7	Antrim	Ballymena	132,797
Lot 8	Cookstown	Magherafelt	55,033
8 Lots			1,538,545

Colour used to show locality
Antrim & Ballymena
Causeway & Glens
East Antrim
Mid-Ulster

6.3 Variable start times

It is proposed that the contract model will require the provider to provide varying times for initiating the service, depending on the care needs of the service user and Trust service pressures. This will include the ability to start or re-start services over a weekend or bank holiday period.

Table 2 – Service start times depending on service user circumstances

Circumstances	Service start times
Discharge from acute hospital bed (inc regional hospitals)	Referral by 12 noon – service to commence same day Referral after 12 noon – service to commence following day (including weekend and bank holidays)
Community located – end of life	
Restart of existing care package	
Discharge from community hospital bed	Service must commence within 48 hours of referral
Community located – other	

6.4 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. There may be occasional circumstances where times for service user calls fall outside of these time bands, for example (but not limited to) 6.30am for preparation for the day or 11.30pm for preparation for bed time.

Table 3 – Time bands for daily support Tasks

Daily support tasks	Time band	Hours within time band
Breakfast and assisting with preparing for the day ahead	7 a.m. to 11 a.m.	4
Lunch and mid-day	12 noon to 3 p.m.	3
Dinner and early evening	4.30 p.m. to 7 p.m.	2.5

Daily support tasks	Time band	Hours within time band
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. 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.

6.5 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 2016 showed the following.

Call duration	Percentage of calls/visits
0-15 minutes	45%
16-30 minutes	46%
Over 30 minutes	9%

6.6 Service development

All providers must:

- ensure the requirements of each service user's care plan is met in line with 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 7: 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. In total this would be a high percentage (to be determined) by the Trust
- The remaining percentage of care hours would be purchased using a spot purchasing arrangement.

Model 3: Block contract

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

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 8: 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 6 and 7 and reflect the feedback from this consultation process. The service specification will form part of the tender documentation and will be available when the tender is advertised.

8.1 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 each aligned to Trust community teams and from those areas the Trust has created 8 lots (Table 1)
- One contract will be awarded per lot
- The geographical areas will be combined into 4 localities – Antrim/Ballymena, Causeway, East Antrim and Mid-Ulster
- Each geographical area will have a primary provider who is required to provide the domiciliary care service in that area. They will further be required to provide contingency in a second lot in a neighbouring area as defined in Table 1.
- 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 of 2 x 12 month 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 would be successfully awarded a maximum of 2 lots although these will not be the same locality to ensure there are 2 providers delivering services into each locality and thus able to provide contingency support.
- The number of awarded contracts/providers will range from 4 to 8.
- We will have monitoring officers who will undertake both planned and unplanned checks to ensure the services are delivered appropriately.

8.2 Contingency arrangements for responding to problems in service delivery

Arrangements will be factored into the contract model to manage the situation in the unlikely event that the provider of a lot is unable to fulfil the contract terms in delivering the domiciliary care service. These will include the following.

- Each lot contains two areas known as a primary area and a contingency area (refers to Table 1, page 10). A provider cannot be awarded a lot with a contingency area if they have been awarded the primary area for that lot, as this would result in them being both the primary and contingency provider for the geographical area.
- 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 a lot, they will be removed from lots which relate to the contingency area and those lots will be remarked in respect of pricing.
- Potential providers can bid for all lots but can only be awarded 2 lots in total. When a provider has won two lots any remaining bids will be removed from the tender process.

8.3 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 9: 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 10: Electronic call monitoring system

The service specification will allow for the implementation of an electronic call monitoring system (ECMS). The introduction of an ECMS will monitor that service users receive the care purchased by the Trust, by accurately recording the time spent by care workers in the home. It will also support communication between the care worker and provider to assist with the protection of lone workers.

The current manual system for monitoring actual hours and times delivered is not easily audited and information on service failures such as missed and late calls is not readily available. Currently invoicing and payments systems between the Trust and providers are based on hours delivered which is difficult and time consuming to audit, as this is dependent on the paper based systems.

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 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.

Activity	Timing
Engagement Process Commences	October 2017
Pre-Tender Stakeholder Engagement Event	November 2017
Engagement Process Ceases	January 2018
Advertisement of open tender process	April/May 2018
Implementation Post Tender Award	2018/19

A separate process is being taken forward for the procurement of a service for complex service user needs, defined as a combination of personal care and nursing care needs. The specification for this service is currently being developed regionally.

Section 12: Transition plan

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 - transfer under protected employment

We will request, receive and collate TUPE information from existing non statutory providers to make available as part of the tender process. Advance notification and consideration of total costs will facilitate providers to take into consideration potential service provision change and/or TUPE implications as part of the tender application. 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 27 October 2017 to 26 January 2018, a 13 week period as consultation is being held over a holiday 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 a Stakeholder Engagement Event 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 15. 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.

Section 14: Equality duties

Section 75 of the Northern Ireland Act 1998 requires the Trust, when carrying out its functions in relation to Northern Ireland, to have due regard to the need to promote equality of opportunity between nine categories of persons, namely:

- Between persons of different religious belief, political opinion, racial group, age, marital status or sexual orientation;
- Between men and women generally;
- Between persons with a disability and persons without; and
- Between persons with dependents and persons without.

Without prejudice to its obligations above, the Trust must also have regard to the desirability of promoting good relations between persons of different religious belief, political opinion or racial group.

Under Section 49A of the Disability Discrimination Act 1995 (as amended) the Trust when carrying out its function must have due regard to the need to:

- Promote positive attitudes toward disabled people; and
- Encourage participation of disabled people in public life.

The Trust is committed to the promotion of human rights in all aspects of its work. The Human Rights Act gives effect in UK law to the European Convention of Human Rights and requires legislation to be interpreted so far as possible in a way which is compatible with the Convention Rights. It is unlawful for a public authority to act incompatibly with the Convention Rights. The Trust will make sure that respect for human rights is at the core of its day to day work and is reflected in its decision making process.

The Equality Scheme outlines how we propose to fulfill our statutory duties. Within the scheme, the Trust gave a commitment to apply the screening methodology below to all new and revised policies and where necessary and appropriate to submit these policies to further equality impact assessment.

When screening policies/proposals the Trust will consider:

- What is the likely impact of equality of opportunity for those affected by this policy/proposal, for each of the Section 75 equality categories?

- Are there opportunities to better promote equality of opportunity for people within Section 75 equality categories?
- To what extent is the policy/proposal likely to impact on good relations between people of different religious belief, political opinion or racial group?
- Are there opportunities to better promote good relations between people of different religious belief, political opinion or racial group?

The possible screening outcomes include:

- The policy has been 'screened in' for equality impact assessment (Major Impact)
- The policy has been 'screened out' with mitigation or an alternative policy proposed to be adopted (Minor Impact)
- The policy has been 'screened out' without mitigation or an alternative policy proposed to be adopted (No Impact)

In keeping with the commitments in our Equality Scheme we have carried out a equality screening of this proposal the outcome of which was the decision to subject the implementation of the proposal to '*on-going screening*' in order to carry out further analysis throughout the implementation process. Where adverse impact is identified, the Trust will take steps to mitigate its effects.

A copy of the equality screening template can be found on the Trust's website www.northerntrust.hscni.net.

The Trust invites views on this screening assessment and will consider all feedback received during the consultation period.

Section 15: 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 26 January 2018 and we need to receive your completed questionnaire on or before that date. 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

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

<input type="checkbox"/>
<input type="checkbox"/>

This document sets out the Trust's proposed outline procurement 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 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 issues will be carefully considered before any disclosures are made.

Thank you for taking the time to complete this questionnaire.

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.
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.

Northern HSC Trust Locality Map



our vision

To deliver excellent integrated services
in partnership with our community

our values

COMPASSION

OPENNESS

RESPECT

EXCELLENCE

www.northerntrust.hscni.net

 Northern Health and Social Care Trust

 @NHSCTrust

If you would like to give feedback on any of our
services please contact:

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Telephone: 028 9442 4655