Northern Health and Social Care Trust

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REFORM AND MODERNISATION PROGRAMME

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

Consultation Outcome Report

for consideration by Trust Board

March 2018

Contents

Alternative formats

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Acknowledgement

The Trust wishes to extend its thanks and appreciation to all those individuals, elected representatives, groups and organisations who responded to the consultation process. The Trust also wishes to thank all those who met with or contacted the Trust to express their views.

Introduction

Domiciliary care is the provision of personal care and practical support to an individual in their own home , that is necessary to maintain that individual with a measure of health, well-being, hygiene and safety (as assessed by professional staff working in 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.

We have consulted on how we propose to procure/purchase and deliver domiciliary care services from non-statutory providers in the future, with a consultation period from 27 October 2017until 26 January 2018. This report should be read in conjunction with the associated consultation document available at www.northerntrust.hscni.net or by contacting the Trust's Equality Unit on 028 2766 1377 or at equality.unit@northerntrust.hscni.net .

This report describes the background to the consultation and gives a summary of the feedback we received as a result of the period of public consultation and our response to this feedback.

We would like to extend our sincere appreciation to everyone who participated in this consultation process, by attending meetings or by providing considered responses. In the true spirit of partnership working we look forward to working with independent care providers to ensure the future provision of high quality domiciliary care services.

Our consultation process

On 27 October 2017 we commenced a public consultation on how we propose to procure/purchase and deliver domiciliary care services from non-statutory providers in the future. The consultation closed on 26 January 2018.

To raise awareness of the consultation process over 1500 groups, organisations and individuals listed in the Trust's Consultation Database received an email or letter informing them of the consultation arrangements. Consultation documents were made available on the Trust's website (i.e. available to the public) and intranet (i.e. available to Trust staff). Information about the consultation process was also disseminated to all independent sector domiciliary care providers.

A total of 25 written responses (see Appendix 1) were received during the consultation period.

The table below details a breakdown of response sources.

Source	Number of Questionnaires
Individual	2
Organisations including providers	20
Trade unions and professional bodies	2
Political representatives	1

To ensure effective engagement during the consultation process, the Trust facilitated two public engagement events in Ballymena and Coleraine to engage directly with service users, carers, the public and local representatives – see table below.

Date	Location
18 December 2017	Ballymena Showgrounds
18 January 2018	Sandel Centre, Coleraine

A total of 29 stakeholders participated in the public engagement events and a summary of the key issues raised are included in the feedback we have detailed below.

The Trust also held a number of meetings with domiciliary care providers during the consultation process. This provided the opportunity for the Trust to talk about its proposals, answer queries and gather feedback from participants.

Promoting equality and good relations

The Trust is committed to promoting equality of opportunity, good relations and human rights in all aspects of our work. A preliminary equality screening of this proposal was carried out. The outcome of the screening was the decision to subject the review process to ***'on-going screening'*** given its strategic nature and the need for further information and data from the consultation process. The Trust is committed to the promotion of human rights in all aspects of its work and 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.

A copy of the equality screening template can be found on our website www.northerntrust.hscni.net. The screening outcome was consulted on at the same time as the Trust consulted on its proposals.

What we heard during consultation

Below we have detailed a summary of the responses to the consultation process both those received in writing and feedback gathered at the public meetings.

Overall views on the reasons and the need for change

Overall the consultation was welcomed as if was felt that there is currently a disparity between different areas of the Trust in relation to the quality, consistency, flexibility and cost of domiciliary care. The key priorities for service users and carers highlighted in the consultation process were welcomed.

There was a call for change and a 'modern' approach to the delivery of community based services that meet the growing needs of a wide range of people. The view was expressed that the proposed new model of procuring domiciliary care would ensure that service providers with capacity and capability are recognised through the procurement exercise. It was also suggested that the proposal provides an opportunity to develop a uniform approach to communication, monitoring systems, training and administration. By utilising IT systems and planning appointments the amount of travel time can be minimised, services can be delivered in a more efficient manner by creating route planners to minimise travel times. There was a view that 'enhanced monitoring of the performance of contracts' is required and 'penalties' should be imposed when providers are found to be in breach of their contractual obligations.

It was felt that the proposal would result in successful providers in each location having certainty in hours and better terms for care staff and reducing the number of service providers will assist in consistent working practice and quality standards. It was also suggested that the proposal should reduce the number of people who have delayed discharges.

There was a call for the Trust to ensure that effective provision of domiciliary care will contribute to the 'community planning process'.

It was suggested that 'genuine' partnership between statutory and non-statutory sector is required as all providers of domiciliary care are competing for a 'limited pool of staff' so the terms and conditions for staff should be consistent to ensure stability and continuity in service provision. It was also suggested that the Trust's contractual requirements with non-statutory providers should ensure staff are paid the real living wage, there are no zero-hour contracts, staff get allowances for mileage and are paid travel time and staff have the opportunity to access training.

The view was expressed that the 'existing primary providers' have gone through a selection process validating their skills which has provided the Trust with stability in service provision. It was suggested that current providers would welcome a process that would result in 'best value' to ensure 'sustainable' service provision.

While in general the proposal was viewed positively there were a few concerns. There was concern that the proposal may not be substantive enough to tackle the real challenges and opportunities over the next four to five years. It was also felt that the proposed tender process will create a 'monopoly' which will 'drive down prices' and result in increased prices at later date when demand continues to increase and is 'counter-intuitive' to the aspirations and desires of 'Power to People'. It was suggested that a 'more flexible approach' is required through working with experienced and skilled teams of service providers.

There was a view that the tender process must ensure that appropriate times for 'getting up' and 'going to bed' are established and there is continuity of care. There was also a view that the 'true cost of care is £18-19 per hour' and a 'regional tariff' should be considered. It was suggested that service delivery would be improved by ensuring that services are procured from organisations with 'sound employment practices' and good staff retention resulting in continuity of the service and that the tender process must take into account the specialist skills required such as 'peg feeds' and 'skills in dementia'.

Reference was made to "Systems not Structures: Changing Health and Social Care" (October 2016) being clear that social care is of 'vital importance' but that high levels of the domiciliary care workforce are employed in the private sector with recruitment and retention difficulties. There was concern that the proposal would 'introduce uncertainty and risk' to the system that is already destabilised for a number of reasons, particularly by introducing an element of cost in deciding the outcome.

It was suggested that the proposal does not consider the issues of recruitment of staff and the cost of service delivery in 'difficult to deliver areas'. There was a view expressed that prior to any tendering process for domiciliary care provision the Trust should outline in detail it's rationale for not providing the service 'in-house'.

It was felt that over a number of years there has been 'significant underfunding within the system', 'outsourcing' of domiciliary care which has led to concerns about capacity and quality of care, workforce concerns such as 'poor pay and terms and conditions' and procurement processes that 'lack transparency'. There was a call for the Trust to consider how the wider procurement process could be reformed to deal with the 'serious problems faced by the public and the workforce'.

There was also a call for union representation and involvement 'in all stages of any tender processes'.

Trust response

During the consultation period the Department of Health (DoH) published its Expert Advisory Panel Report 'Power to People – Proposals to reboot adult care and support in NI'. Many of the findings and proposals within the DoH paper are reflected in the views expressed through this consultation. There are aspects within the responses that will require a regional solution or response particularly in relation to the proposal about the creation of a regional tariff rate.

The Trust has a duty to ensure public funds are properly used and therefore must ensure a combination of quality and price is used when adjudicating bids. Quality would carry a larger weighting than price but in the absence of a regional tariff the Trust has a duty to ensure it obtains value for money and so there is a competitive aspect to any such tender process.

While some responses referred to specialist skills, these skills such as 'peg feeds' are not part of this consultation. The skills required to undertake these tasks require the provider to have dual registration with the Regulation and Quality Improvement Authority (RQIA) as both a domiciliary care provider and a nursing agency. This consultation relates to standard domiciliary care provision and not nursing care.

Quality of care in service delivery would continue to be monitored and managed as outlined in the consultation paper, including strengthening this through the recruitment of Trust monitoring officers. This combined with the DHSSPS Minimum Standards for Domiciliary Care and the contract management processes would we believe ensure the quality of care provided remains consistent across the Trust.

The Trust is mindful of the community planning process and is committed to working with local partners, including local councils, to ensure best outcomes in the delivery of services.

Proposed model for purchasing services

The proposal to purchase domiciliary care services from non-statutory providers was welcomed as it is felt to provide local job opportunities and will offer stability of employment for staff. It was suggested that a 'mixed economy' refers to statutory,

private and voluntary sector as voluntary sector provides ‘added value’. It is important to note however that there was some concern about the ‘mixed economy’ and ‘opposition’ to the use of the non-statutory sector to deliver domiciliary care services.

It was felt that the proposed model has a good level of ‘purchasing innovation’ and has learned from other approaches in Northern Ireland. It was suggested that model 2 creates a more sustainable option with greater flexibility to meet the needs of more complex care package and it provides a level of security and sustainability for providers with a guaranteed level of service provision. It was also suggested that model 2 ensures that providers must accept all referrals within the contracted hours. There was agreement that the proposed cost/volume contract is ‘a good place to start’ and it was suggested that providers should be able to work across lot boundaries where there is availability of resources.

There was a call for the Trust to ensure that those employed by non-statutory providers are paid the same hourly rate as those employed in health and social care and that remuneration and staff skills are adequate to provide a service that meets the needs of the users and carers.

It was suggested that the procurement processes should be ‘fully transparent’ and a call for the ‘end to the creation of two-tier workforces’ with option appraisals being conducted which includes the benefits of the continued delivery of a service ‘in-house’ or of returning services ‘in-house’.

It was felt that the consultation document was unclear in relation to why a limit would be placed on the number of lots one provider can be awarded and when scoring potential providers the emphasis should be on quality rather than cost. It was also suggested that the contingency arrangements should be further defined and if a provider is providing contingency cover, it would be beneficial to have some block hours within contingency area. It was felt that consideration should be given to the Trust’s domiciliary care service being the contingency provider in each lot. It was suggested that the Trust should reserve the right to ask any supplier to provide contingency arrangements where capacity exists across any part of the geography.

There was some concern that the model will not solve issues such as unsustainable rates, will have an adverse effect on smaller providers and further consideration should be given to the size and location of the lots. There was also concern about the capacity of all the providers to accept all the referrals from the area they are working within. There was a view that the service start times stated in the proposal are ‘tight’ as a referral received before 12 noon must be actioned on the same day.

It was felt that the Trust should reduce the amount of 15 min calls and have a service that is not 'time and task' driven, but needs led and it was suggested that any tendering exercise should be 'delayed' until services are effectively re-designed and valued. It was also felt that the "service start times" are ambitious given workforce shortages in Northern Ireland and suggested that there will be a 'high number of contract defaults' if this system is imposed as a contractual obligation.

The Trust's reference to Electronic Call Monitoring Systems (ECMS) was noted but there was concern that the 'introduction of invoicing to ECMS times', unless it is accompanied by a review of contract price at the same time, is likely to affect the commercial viability of contracted providers. There were also concerns about the requirement for providers to accept additional spot-purchasing where demand exceeds the guaranteed hours in their primary lots. It was felt that this may force providers 'to take on commercially unviable tasks' without being adequately remunerated by the Trust.

The view was expressed that the proposed contracting relationship would mean the Trust will no longer have direct contact with the 'sub-contractor' as the contract arrangement will be between the' two contractors'. There was a preference expressed for and 'enhanced version' of model 1 as it would result in greater number of lots with areas dedicated to providers.

There was also a preference expressed for model 3 as it was suggested that it is 'wrong' to state that block contracts cannot be varied and certainty of income is essential to allow for planning.

Trust response

The Trust is committed to a mixed economy of service delivery for domiciliary care.

The Trust will continue to work at a regional level to support the recognition of domiciliary care staff as a professional workforce.

The duration of call times/visits are reflective of the care needs of the service user as determined by their care professional and subject to continual review.

The creation of block contracts for example would provide scope and flexibility to embrace a range of start times that would be very challenging within the current service delivery contracted arrangements which do not have guaranteed volumes of work for a provider.

The Trust is committed to a service model that will strengthen current services. The Trust has information on the demand for domiciliary care over the past number of years and also the census information that can be used to assist in predicting future demand. Both these information sources are used to determine future demand and optimise the number of hours that can be offered in the block element of new contracts. There is however a need to ensure a portion of hours is held in reserve to allow for unpredictable elements of service demand such as an uptake in managed budgets as part of self-directed support.

The Trust is mindful that providers may decline packages if a 'framework' is selected as a procurement model. This would result in the Trust being unable to eliminate the current inequity in service provision caused by providers not wishing to operate in certain areas either because of geography or because of limited demand.

The Trust is mindful of the range of concerns raised and will consider them in full when determining engagement with the non-statutory sector and in setting out the way forward.

Creation of geographical areas or lots within the Trust area

There was agreement that the creation of geographical areas would allow providers to focus on quality and deliver consistency in service delivery across a defined area, reducing travel time and creating better efficiency. It was felt that defined areas will mean limited resources can be used in the most cost effective and efficient ways and will support continuity of staffing and reduce movement between providers. It was suggested that the use of lots, with the removal of the restriction on the lots that can be awarded to a single provider, would allow smaller providers to compete in areas with a suitable profile.

It was emphasised that local expertise and knowledge cannot be underestimated in meeting the needs of the local population but the view was expressed that the rural nature of some areas should be acknowledged in the payment structure and a mileage allowance will have to be paid.

There was a suggestion that the geographical areas should be aligned with borough council areas rather than Trust localities. There was concern that the proposed geographical areas match the Trust's service areas and it was felt that consideration should be given to providers working across Trust boundaries.

There was some concern that lots will only benefit providers who get urban areas whereas and rural lots will struggle with recruiting staff. There was also concern that only two areas may be awarded to any one provider which may disadvantage current providers who work in more than two of the new geographical areas. The view was expressed that the creation of lots and limiting of providers per lot could result in significant differences in cost and quality of service delivery. It was suggested that unplanned visits into the neighbouring area may be costly and resource intensive.

There was concern that the expectation that one provider would meet the operational difficulties of another provider would result in lack if capacity to provide the service while maintaining quality. There was also some concern that the current proposed lots are too large requiring smaller providers to scale up, placing larger providers at a 'distinct' advantage, limiting competition within the market and reducing capacity particularly in remote areas.

The view was expressed that one contractor providing services across these proposed large areas will result in smaller providers being offered the clients which are not economically viable to the main provider making it unlikely that these providers will survive. It was suggested there should be a greater number of lots allowing all of the current providers the opportunity to compete.

Trust response

The Trust envisages that bid prices will vary across the lots as bidders will have to determine the cost of service delivery based on the geographical spread and service hours within the lot area.

The proposed lots are aligned to the Trust's management structures to optimise operational management of the service delivery.

The Trust is seeking a healthy, sustainable pool of providers and does not wish to force small and medium enterprises from the market as they are capable of delivering quality services and are valued providers.

Quality across all lots should be similar as the same requirements and standards of care and training are required.

The Trust is of the view that the creation of more or less lots would not provide more stability.

Views on outcome of equality screening considerations

There was a call for 'best practice' in the operation of public procurement to ensure the protection of equality and human rights with reference made to guidance produced by the Northern Ireland Human Rights Commission and the Equality Commission for Northern Ireland.

There was general agreement with the outcome of the initial equality screening and the Trust's commitment to commitment to providing high quality services was welcomed as it would have a positive impact on equality across all Section 75 groups.

There was a suggestion that the domiciliary care service provided by the Trust should be subject to the same screening and tendering process.

The view was expressed that while the screening refers to 'family carers' consideration is not given to the impact on providers and care workers. There was concern if providers are unsuccessful in a tendering exercise its care workers would be faced with the option of a TUPE transfer. There was also a suggestion that the screening template should consider the impact of the proposals on the majority female care workers with contracts that meet the needs of their caring responsibilities.

There was concern that the screening was incomplete as it does not include data relation to workforce of the provider organisations and patient/client data is not adequate to assess the likely impact of the proposals. It was suggested that the Trust should carry out a full Equality Impact Assessment (EQIA) in relation to the proposed new model to 'demonstrate the likely positive outcomes of a policy and to seek ways to more effectively promote equality of opportunity and good relations'.

Trust Response

In keeping with the commitments in the Trust's Equality Scheme the outcome of the equality screening of this proposal was 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.

The Trust completed the Section 75 screening of its proposal in line with the Equality Commission for Northern Ireland Section 75 Guidelines. Consultation on the screening outcome enables consultees to identify any adverse impact in relation to the 9 equality categories and allows the Trust to make a judgement on

the extent of the impact on Section 75 groups.

Section 75 requires the Trust to assess the impact of proposals on the equality groups relating specifically to service users, family carers and Trust staff. Trust staff will not be affected by this proposal as the scope of the proposed procurement model is non statutory providers. It would not be appropriate for the Trust to collect or analyse equality data for staff working in non-statutory provider organisations.

The Trust is mindful of its commitments in relation to TUPE and ensures it follows due process when required.

Rural needs

The view was expressed that the proposals may have a positive impact as successful providers will have to ensure their business models meet the needs of both rural and urban service users and that as providers will have certainty there will be the opportunity to invest in the rural model that recognises the cost implications of meeting rural needs.

It was suggested that the Trust should 'robustly' assess the potential impact on rural residents of the proposed delivery model. There was concern that delivering a service in rural areas has an impact on travel times, travel capability and lone worker arrangements. There was also a suggestion that there would be an adverse differential impact on staff who live in rural areas as their ability to access sustainable employment may be affected by the proposed changes.

It was felt that if contracts are awarded in lots on the basis of volume of hours required, there is a risk that areas (including rural areas) may not attract suitable bids and it was suggested that the provision of a service in rural areas should not be at 'the expense of the care agency'.

Trust response

The Trust is currently considering the impact of the Rural Needs Act and developing structures and processes to ensure compliance.

We are aware that there are some rural areas where it is particularly difficult to provide domiciliary care services and is committed to ensuring that future service development will address rural needs.

Engagement process

It was suggested that the 'expertise' of current providers should have been sought in a 'pre-consultation exercise' in order to produce a more holistic service.

Concern that small percentage of service users of non-statutory domiciliary care providers were consulted on this issue.

It was suggested that as older people are most affected by this proposal the Trust should be mindful of effective ways of consulting them.

Trust response

This consultation has been carried out to ensure an open and transparent engagement with providers.

To ensure effective engagement during the consultation process, the Trust facilitated two public engagement events in Ballymena and Coleraine and specifically invited providers to attend.

The Trust is committed to receiving feedback from all service users and carers and the consultation process was open for a 13 week period. To raise awareness of the consultation process, over 1500 groups, organisations and individuals listed in the Trust's Consultation Database received an email or letter informing them of the consultation arrangements. All non-statutory providers were also informed of the consultation arrangements. All GPs in the Trust area were informed of the consultation process. Consultees were also reminded of the closing date for consultation. Consultation documents were made available on the Trust's website (i.e. available to the public) and intranet (i.e. available to Trust staff). Documents were also available in paper copy or in different formats on request.

The Trust has established a number of mechanisms to engage with older people including the Trust's Older People's Panel and ongoing engagement with local older people's networks.

APPENDIX 1

Written responses were received from the following.

The Trusts received 25 written responses in total. One response was anonymous.

Antrim and Newtownabbey Council
Bluebird Care Coleraine
Care Point
Citizen Advice
Connected Health
Conor McCarthy
Crossroads Care NI
Domestic Care Group - Optimum Care
Doreen Patton
Homecare Independent Living
Jackie's Domiciliary Care
Jim Allister, MLA
MEAAP
MENCAP
Mid Ulster Council
Mindwise
NIPSA
Parenting NI
Parkinson's UK
Platinum Support & Care Services
Potens
South Eastern HSC Trust
UKHCA
UNISON

We want to thank everyone who took the time to be part of this consultation, either through attending one of the consultation meetings or by writing or filling in a consultation form.

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