Northern Health and Social Care Trust

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

Contents

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.

From 6 September 2021 until 29 November 2021 we publicly consulted on how we propose to procure/purchase and deliver domiciliary care services from non-statutory providers in the future. This Report provides a summary of the feedback we received and our response to this feedback. 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

Section 2: Our consultation process

In developing the proposal, we reviewed existing research and held an engagement event with our service users and carers, to hear what was important to them when receiving domiciliary care services. We also held an engagement event for our Independent Service Providers. We wanted to make sure that our contract model reflected the views of both of these groups.

We also issued a questionnaire asking eight straightforward questions covering areas of key importance to both a service user and their carer. The analysis of returns also helped us to shape the development and delivery of our proposal.

To raise awareness of the consultation process, over 1500 groups, organisations and individuals listed on our Consultation Database, MLAs, GPs, our Involvement Network and service user groups received an email or letter informing them of the consultation arrangements. Consultation documents were 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.

At total of 13 responses were received during the formal consultation period (see appendix 1). Consultees had the opportunity to respond by a variety of means including online proforma via citizen space, in writing, email or by telephoning.

The table below details a breakdown of response sources:

Source	Number of Responses
Individual	5
Organisations including providers	5
Trade unions and professional bodies	3

To ensure effective engagement during the consultation process the Trust held two online engagement events using the Zoom platform, one to engage directly with our service users and carers, and the other to engage with our independent providers. The events gave attendees the opportunity to ask questions directly to the project team, and for the Trust to listen and receive feedback – see table below:

Date of Event	Event	Number Attended
15 October 2021	Independent Providers	21
2 November 2021	Service Users and Carers	31

A total of 52 stakeholders participated in the engagement events and a summary of the key issues raised are included in the feedback we have detailed below.

The Trust also engaged at an additional event with Mid-Ulster Borough Council via zoom on 25 November 2021.

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. 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.

Section 3: Promoting equality, good relations and rural needs

We are committed to promoting rural needs, equality of opportunity, good relations and human rights in all aspects of our work. We carried out a Section 75 equality screening and rural needs assessment of this proposal. A copy of the equality screening template and rural needs assessment can be found on our website www.northerntrust.hscni.net. We consulted on the screening outcome and rural needs assessment at the same time we consulted on our proposal.

Section 4: What we heard during consultation

This section of the Report summarises the feedback we received which has been categorised into emerging themes.

Overall views on the reasons and the need for change

Overall the consultation was welcomed and seen as an attempt to improve services and current delivery. There was general agreement that the majority of people would prefer to remain in their own homes, supported with a service, which provides the highest possible standards. There was however some concerns about how a new procurement system will resolve the resourcing issues that prevent people having their care package in place.

It was 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. It was stated that the Covid-19 pandemic has further highlighted the importance of domiciliary care services.

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 continuity of care, consistent working practice and relevant quality standards.

While in general the proposal was viewed positively there were a few concerns raised about the current service provision, such as underfunding within the system for an ageing population, the over reliance on private sector provision and waiting times for care packages resulting in patients remaining in hospital. The view was expressed 15 minutes or less is not long enough time to spend with any service user and a minimum of 30 minutes should be required. It was felt that some service users are more comfortable with visits at set times to minimise disruption.

There was a query about Electronic Care Records and it was suggested that some providers are more advanced in relation to technology.

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.

Electronic Care Records will be considered as part of the regional ICT agenda (Encompass). Availability of technology will be taken into account –and Trusts may use this opportunity to link together to share ideas, experience and expertise. Providers are generally ahead of the Trusts when it comes to technology.

Proposed model for purchasing services

While the retention of the mixed economy of statutory and non-statutory provision was welcomed by some, there was also concern about the 'mixed economy' and 'opposition' to the use of the non-statutory sector to deliver domiciliary care services.

There was a call for services to be brought back 'in-house' and that 'privatisation' and 'outsourcing' should be ceased. It was felt this would improve the care provided and conditions for the workforce.

Assurances were sought that statutory provision will continue to be available across the whole Trust area if the proposal is implemented.

It was felt that more clarity was required on the 6 week short-term service and that this initial short term service should not result in re-admissions to hospital.

There was concern that independent providers are being paid the lowest rates across the UK for homecare services and they are having difficulty recruiting staff. It was suggested that the cost of the Trust's domiciliary care service compared to the service provided by the independent sector should be reviewed.

There was a view that if Model 2 is implemented, there is a need to ensure that the block hours are sufficient to sustain the required service. There was some agreement that providers must accept all referrals.

It was suggested that spot purchasing can breech minimum wage legislation and it does not work in rural areas when there is limited staff.

There was a query about the Short Term and Long Term lots, specifically in relation to the role of the Trust's domiciliary care service and how this will affect palliative care patients.

It was also queried if independent providers will be expected to provide both a day and overnight service within the localities they bid for.

Trust Response

Views have been welcomed on the proposed Short-Term and Long-Term Lots, including the Trust role. This was a particular aspect of the proposed model where the Trust wanted to obtain views and opinions. It is acknowledged there are certain patients where it would not be appropriate to engage a short-term service. Work will continue to ensure the model is appropriate for all patients.

The service specification will impose minimum staffing terms and conditions on providers which will seek to ensure staff are valued.

The proposal to create block hours will increase stability and sustainability within in each Lot. The service specification will require providers to commit to growing the service to meet the increasing demands of an ageing population. Spot purchasing will be minimal and terms will ensure staff are not disadvantaged.

If there is a demand for night services it will be part of the modelling.

Recruitment/retention of staff

There was concern expressed throughout the feedback we received about the recruitment and retention of domiciliary care staff.

It was suggested that attracting and retaining domiciliary care workers has resulted in workforce pressures which is 'rapidly becoming more acute'. It was felt that Brexit has had an impact along with Access NI responses times. It was also suggested that domiciliary care workers in the independent sector experience 'poor pay and terms and conditions of employment', within the non-statutory sector in particular and which is under 'significant strain and pressure'.

The view was expressed that domiciliary care staff are amongst the lowest paid and if working in the independent sector they do not receive expenses such as mileage. It was felt that they should be paid the real living wage, have contracted hours, receive allowances for mileage, are paid for travel time and do not have to pay for essentials such as uniforms or mobile phone usage.

It was suggested that compliance with minimum wage legislation is difficult for independent providers because of vacant periods in staff rotas.

It was suggested that TUPE can be a difficult process to manage and will result in some staff deciding not to transfer.

It was felt that domiciliary care workers should have the opportunity to access training, have career development opportunities and should be well supported.

Trust Response

The Trust will incorporate minimum staffing terms and conditions into the service specification.

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

Tendering Process

Throughout the feedback, there were a number of queries and suggestions relating to the tendering process.

There was a query about the weighting of quality and price in the tendering process and how the Trust will score for social value criterion. It was suggested that the tendering process should not commence until the Department of Health (DOH) has designed, communicated and appropriately funded a new model of homecare delivery.

It was also suggested that the tendering process should use plain English, be transparent and comply with best practice in the operation of public procurement processes, protecting equality and promoting human rights.

There was a view that the tender document should make the provision of some services mandatory, such as staff training and development.

The Trust was asked to commit to the involvement of trade union in all stages of any tendering process.

Trust Response

The Trust will work in partnership with key stakeholders to ensure the tendering process is fair, transparent and equitable, resulting in services that are Fit for Purpose.

BSO as the Trust's Centre of Procurement Expertise will complete the tendering process.

The DoH and HSCB will be involved as key stakeholders, thus ensuring the model reflects any new design or requirements.

Trade Unions will be advised and involved as appropriate throughout the process.

Monitoring of contracts

There were several comments throughout the feedback received relating to the monitoring of contracts when established. It was suggested there should be a robust and transparent performance review structure to ensure continuous and ongoing improvement in service delivery and that this process should monitor the social care conditions of the contract.

It was felt that contracts should be reviewed after one year, rather that the proposed three years and any extension to contracts should be subject to review and amendment based in light of new regional policies. It was stated that the Trust should be mindful of the effective handing of complaints and response times as delays can cause stress.
There was a query about the effectiveness of setting time bound targets for providers and it was suggested that measuring satisfaction would be more useful. There was also a query if the Trust is considering having a call monitoring system to capture real time calls.

One respondent asked if the standardisation of training would be monitored in relation standards.

Trust response

It is important to note that quality of care in service delivery would continue to be monitored and managed as outlined in the consultation paper, including the contract compliance work that is completed on a regular basis by Trust Compliance Officers. This combined with the DHSSPS Minimum Standards for Domiciliary Care, working in partnership with RQIA and the contract management processes, would we believe ensure the quality of care provided remains consistent across the Trust.

The standardisation of training will be included in the service specification.

Impact on family carers

Some respondents felt that the proposal would have an impact on informal, family carers. There was a view that family carers would have to 'step in' and it was suggested that service users with certain conditions require routine and this was vital to important to their carers.

Trust Response

Proposals would result in increased stability and sustainability and should not adversely impact on family carers.

Creation of geographical areas or lots

There was agreement that the creation of geographical areas would improve service delivery and that defined areas would mean that resources can be used in the most effective way, supporting continuity of staffing and reducing travel time between calls.

It was felt that the proposed geographical areas would support staff financially, in terms of transport expenses. Travel expenses and travel time can have an impact on the ability to recruit staff and can have a negative impact on staff morale.

There were some concerns that some of the geographical areas may result in only one provider meeting all the requirements and in worse cases none at all. There were also concerns raised regarding the weighting applied to remote areas, as longer travel time impacts on the timing of visits.

One respondent asked if the ratio of Trust domiciliary care services versus independent sector services be the same across all the 10 lots.

Assurance was sought that statutory provision of domiciliary care services will continue to be available with the introduction of 'lots' for

non-statutory providers and that the provision of care by statutory services will not be weakened over a period of time.

Trust Response

The Trust is confident it will be able to secure sufficient quality providers across all Lots. Existing Trust-delivered domiciliary care services will be maintained.

The creation of Lots will allow Providers to factor in travel time and associated costs in their bids depending on urban or rural locality.

View on outcome of equality screening considerations

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

One respondent felt that the Section 75 screening proportion of the document be reviewed further to consider the Section 75 needs of the domiciliary care staff as well as the service users.

There was a view that the Trust is committed to reviewing its screening decision if a consultee raises a concern about a screening decision based on supporting evidence. It was suggested that the Trust should carry out a full Equality Impact Assessment (EQIA) in relation to the proposed new model of purchasing domiciliary care services to ensure that the policy actively promotes equality of opportunity for both patients/clients and staff. It was also suggested that the data collected in relation to the potential patients/clients affected by the introduction of the new model is limited, with no data having been collected in relation to six of the nine Section 75 categories. It was felt that a fundamental issue affecting considerations relating to the workforce in these areas is the lack of data available in relation to the independent sector provision.

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.

Rural needs

There was a call for regard to be given to the Rural Needs Act NI 2016, to ensure that service users in more rural areas are not disadvantaged by living in more rural areas.

There were concerns around the general population figures for each geographical location or 'lot' and if they will they be used to determine the amount of care hours purchased. It was suggested that decisions should relate to the size of the population most likely to need domiciliary care rather than on generalised population.

It was also felt that the proposal would provide equal access to those living in rural and remote areas.

Trust Response

The Trust is committed to complying with the Rural Needs Act and has established structures and processes to ensure compliance. The Trust completed a Rural Needs Assessment of the proposal and included this in the consultation process.

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

While feedback indicated that respondents were content that the consultation was inclusive and that service users and carers views were taken into account, there was a suggestion that the Trust should broaden the scope by consulting the wider public on the quality of, and satisfaction with, domiciliary care services provided on the ground.

There were concerns about the approach used to get feedback from service users and carers. There was also a query as to whether the providers were consulted on their preferred model, as Model 2 seems to have been already decided. It was suggested there was potential to engage with social economy providers.

There was a request for the Trust to work in partnership with UNISON and other trade unions in order to address issues of concern for both service users and staff.

There was also a query about the approach the Trust will use to get feedback from service users and carers going forward.

Trust Response

The Trust has had a number of pre consultation events and received feedback from service users in receipt of domiciliary care. We have a number of service users groups and an Involvement Network of over 300 service users and carers who had the opportunity to be involved in developing this consultation. The consultation document went out to over 1500 organisations and groups via a range of methods.

The Trust has a duty to ensure that everyone is involved and consulted upon, and to ensure effective engagement during the consultation process the Trust held two online engagement events using the Zoom platform. One to engage directly with our service users and carers, and the other to engage with our independent providers. Online engagement is not our usual method to engage with service users, carers and the public, but due to the COVID 19 pandemic it was used in this instance to keep everyone safe.

Section 5: Next steps

Trust Board will consider the feedback received during the consultation process. All those who participated in the consultation will receive a copy of the consultation feedback report, which includes a detailed response from the Trust. The Feedback Report, including the outcome of the consultation, will be available on the Trust's website.

We want to thank everyone who took the time to be part of this consultation.

Alternative formats

This document can be made available, upon request, in other formats including Braille, large print, audio or in another language for anyone not fluent in English. For alternative formats please contact:

Equality Unit
Route Complex
8e Coleraine Road
Ballymoney, BT53 6BP
Tel: 028 2766 1377
Textphone: 028 2766 1377
E-mail: equality.unit@northerntrust.hscni.net

Appendix 1

The Trust received thirteen written responses from the following.

Shauna Irwin	NW Care
Celene ONeill	Mid Ulster Council
Richard Best	Crossroads Care NI
Gillian Cochrane	Carer
Cathy Henderson	Workers Party
John-Patrick Clayton	UNISON
Rebecca Watters	COPNI
Shaun McCook	Platinum Care
Gwyneth McQuiston	Individual
George Robinson	Individual
Evelyn Booker	Individual
Alan Ritchie	Individual
J.P. Watson	Domestic Care NI

Our vision

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