



Consultation on the Proposed Outline Procurement Model for Domiciliary Care Services 2015/16

February 2015

CONTENTS

Foreword

Executive Summary

Consultation Document

| | | |
|-----|--|----|
| 1. | Introduction | 9 |
| 2. | Current Service Delivery | 9 |
| 3. | Strategic Context | 10 |
| 4. | Feedback from Service Users and Carers | 11 |
| 5. | The Need for Change | 12 |
| 6. | Service Principles and Future Service Model | 13 |
| 7. | Procurement Model for Purchasing Services from Non Statutory Providers | 14 |
| 8. | Procurement Model Options | 15 |
| 9. | Proposed Outline Procurement Model | 16 |
| 10. | Quality Monitoring Framework | 17 |
| 11. | Electronic Call Monitoring System (ECMS) | 18 |
| 12. | Draft Timescale for Procurement | 18 |
| 13. | Implementation Plan | 19 |
| 14. | Equality Screening | 19 |
| 15. | Consultation Questionnaire | 20 |

| | |
|------------|---|
| Appendix 1 | Glossary |
| Appendix 2 | Equality Screening |
| Appendix 3 | Consultation Questionnaire |
| Appendix 4 | Freedom of Information Act 2000 Confidentiality of Consultations |

Consultation on the Proposed Outline Procurement Model for Domiciliary Care Services 2015/16

Foreword

Belfast Trust currently provides domiciliary care services to over 6,000 Service Users in their own homes. Domiciliary care is the term used to describe a range of 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 including private companies and voluntary organisations.

In this paper the Trust is proposing new procurement arrangements for the purchasing of domiciliary care services from non statutory Providers. This includes the Trust Programmes of Care for Older People, Physical and Sensory Disability, Mental Health, Learning Disability and Children. The proposed outline procurement model applies to domiciliary care services purchased by the Trust from non statutory Providers. Through the proposed new procurement arrangements it is the intention of the Trust to ensure that domiciliary care services are fit for purpose for the future, including meeting new legislative requirements.

The Trust is seeking the views of stakeholders on the proposed outline procurement model detailed in the document. For the purposes of this consultation we invite the views of Service Users, Carers, Providers of Domiciliary Care Services, Care Workers, Trade Unions and any other interested parties.

Your opinion on the Trust's proposal will help us to ensure that the procurement model meets the needs of Service Users. Please take this opportunity to tell us what you think.

We hope that you will read the document and take the time to consider the questions on pages 39 to page 46 and share your views with us. The consultation opens on Monday 9th February 2015, and lasts for 13 weeks until Friday 8th May 2015.

Executive Summary

- 1.0 Belfast Trust currently provides domiciliary care services to over 6,000 Service Users in their own homes and these services are currently delivered by both statutory and non statutory Providers.
- 2.0 Domiciliary Care is formally defined as 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 directed by the Trust.
- 3.0 Belfast Trust is taking forward consultation because of legislative changes which require it to make fundamental changes to the way in which it purchases domiciliary care services from non statutory Providers.
- 4.0 The Trust considered a number of procurement models¹ including:
 1. Option 1 A Framework Agreement
 2. Option 2 A Cost/Volume Contract
 3. Option 3 A Cost/Volume Contract with Spot Purchase
- 5.0 The Trust undertook interviews with a range of Service Users and Carers and identified key priorities for domiciliary care services. These priorities included:
 - A preference for the same or a small number of Care Worker(s) per Service User with continuity of care a critical factor
 - The importance of adequate Provider staff training to meet individual Service User needs
 - The need for improved communication between the Provider and Service User
 - The need for Service Users to not feel hurried or rushed when care is being provided
 - The importance of the consistency and continuity of the quality of care delivered.
- 6.0 The Trust has identified Option 3 as the preferred procurement model, because of the flexibility of a combined guaranteed volume and flexible spot purchasing arrangement. The Trust proposes Option 3 as the outline procurement model and the key features are as follows:
 - A guaranteed volume equating to 80% of baseline activity
 - A range of tiered volumes to offer levels of business opportunity
 - A total of 9 Providers to be awarded contracts for service provision
 - A contract term of 3 years with potential to extend for up to 24 months.
- 7.0 Additional research undertaken with Service Users and Carers has shown the importance of the need for consistency and continuity in the quality of domiciliary care services, and the Trust believes that the proposal will deliver the improvements sought.

¹ See Glossary in Appendix 1 for definitions.

8.0 The preferred outline procurement model Option 3 is proposed for implementation in 2015/16 and this consultation is designed to ensure that the final procurement model delivers a sustainable domiciliary care service.

1.0 Introduction

- 1.1 Domiciliary care is formally defined as 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 directed by the Trust.
- 1.2 The provision of high quality domiciliary care services to the population served by the Belfast Trust is an important priority. A major theme of Transforming Your Care was making the home the 'hub of care'. More people should be offered the choice to be cared for at home, with the right support, and with increased emphasis on promoting independence. Domiciliary care services are central to achieving this service vision.
- 1.3 This consultation document provides a summary of:
 - The current arrangements for the delivery of domiciliary care services within the Belfast Trust area
 - The strategic context and the need for change
 - How the Belfast Trust is proposing changing purchasing arrangements for domiciliary care services from non statutory Providers in line with the strategic service direction outlined.

The direction proposed by the Belfast Trust has been informed by feedback from Service Users and Carers receiving domiciliary care services purchased by the Trust.

2.0 Current Service Delivery

- 2.1 The Belfast Trust provides domiciliary care and support to 6,437 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). This equates to approximately 41,693 hours* per week.²
- 2.2 Services delivered at present comprise of care and support provided to a Service User in their own home to enable them to live as independently as possible. They include assisting with:
 - Personal care
 - A Service User's health needs (e.g. managing medication)
 - Facilitating the provision of food and nutrition
 - Financial transactions
 - Social activities.

² Figures for the month of October 2014 at the 31.10.14. Source: Belfast Trust Information Department.

2.3 Statutory (Trust managed) services are those services where Trust staff provide domiciliary care services in different forms detailed in the table below. Statutory service provision is not included within this proposal.

| Statutory Service | Description |
|--------------------|---|
| Homecare | Delivering service to Service Users who require the support of one Care Worker. Overnight calls are not available. |
| Intensive Homecare | Delivering domiciliary care services for Service Users with higher dependency, including palliative care and Service Users under the age of 65 years. Care requiring 2 members of staff and overnight calls are provided. |

2.4 A total of 23 non statutory domiciliary care Providers (18 private and 5 voluntary organisations) currently deliver 30,763* hours of care per week to a total of 3,201 Service Users across all programmes of care including a small number of children in their own homes. The total value of non statutory domiciliary care expenditure is around £18.5m per annum (excluding supported living schemes). Contracts with Providers have rolled forward on a year on year basis and this method will not be compliant with proposed new procurement legislation.

2.5 In addition to the above, 498 Service Users** organised a response to their assessed care needs through direct payment arrangements for approximately 7,278 hours** of care per week.³

3.0 Strategic Context

3.1 The regional strategy, “Transforming Your Care”⁴ set out the strategic direction for Health and Social Care services in Northern Ireland emphasising care and support at home. It outlined:

- A focus on prevention, earlier interventions, integrated care and promotion of personalised care to enable more services to be provided in the community, closer to people’s homes where possible
- A need to adjust service models in order to provide Service Users with the services needed to remain independent for as long as possible within their own homes
- A focus on reablement to promote rehabilitation and independence rather than an unnecessary or premature reliance on hospital services
- Increasing the opportunity for people to have self-directed support and individual budgets, so they have more choice and control about services they receive
- Promoting the wider use of technology in the form of telehealth and telecare for remote health monitoring and to support activities of daily living

The review acknowledged that the independent sector (non statutory Providers) is a major local resource in providing care for older people.

³ Figures for the month of October 2014 at the 31.10.14. Source: Belfast Trust Finance Department.

⁴ Transforming Your Care, Health and Social Care Board, December 2011

- 3.2 Belfast Trust highlighted in its consultation on Older Peoples Services⁵ the commitment to undertaking:
- Further important change to redesign services and systems to support more older people in the community to maximise their independence.
 - Improve flexibility and responsiveness of domiciliary care services.
- 3.3 In Northern Ireland between 2011 and 2012 the number of adults aged 65 and over increased by 2.6% to 272,800; the largest year on year increase since 1981. Over the ten year period between 2002 and 2012 the population of this age group increased by 20.3%. This trend is expected to continue; the number of adults aged 65 and over is projected to increase by 12.2%, from 272,800 to 306,000, between 2012 and 2017, and by 63.5% (to 445,900) between 2012 and 2032.⁶
- 3.4 In summary, the Trust needs to ensure that its domiciliary model of care is fit for purpose and meets the needs of the Trust's current and future Service Users.

4.0 Feedback from Service Users and Carers

- 4.1 As part of the development of a procurement model, the Trust reviewed existing research and undertook interviews with Service Users and Carers to consider where improvements could be made in relation to domiciliary care services.
- 4.2 The Patient and Client Council "Older Peoples 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 of the questionnaire 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.
- 4.3 The Trust's engagement with Service Users and Carers focused specifically on those services provided by the non statutory Providers. The overall aim of the survey was to provide quality information and analysis to assess the areas of key importance to Service Users and Carers in receipt of domiciliary care provided by non statutory Providers. The survey was conducted with 143 Service Users and 85 Carers by Trust Care Management and Social Workers during August - September 2013.
- 4.4 Respondents to the questionnaire represented all Trust Programmes of Care and questions were designed to gather views and opinions on the quality of domiciliary care and identify potential areas of improvement. The overall results of the survey can be summarised in the following summary table:

⁵ Excellence and Choice: A Consultation on Older Peoples Services, Belfast Health & Social Care Trust, 2009.

⁶ Active Ageing Strategy 2014-2020 Consultation Document, Office of the First Minister and Deputy First Minister, February 2014.

| Question & Response | Total Respondents % of 228 | Total Service Users % of 143 | Total Carers % of 85 |
|--|-------------------------------|---------------------------------|-------------------------|
| Described quality of care delivered as good or very good. | 91% (208) | 93% (133) | 88% (75) |
| Strongly agreed or agreed that quality of care is the same on a weekly basis. | 89% (204) | 90% (129) | 88% (75) |
| Of very high importance or of high importance to maintain independence or improve quality of life. | 87% (198) | 90% (128) | 82% (70) |
| Strongly agreed or agreed that they felt listened to by Care Worker. | 92% (210) | 93% (133) | 91% (77) |
| Very important or important that there are the same or a small number of Care Workers. | 95% (217) | 94% (140) | 96%(82) |
| Very important or important to not feel hurried or rushed when being cared for. | 98% (223) | 98% (125) | 98%(83) |
| Communication very important or important between themselves and the Provider of care. | 97% (221) | 97% (139) | 96%(82) |

4.5 In conclusion the research highlighted that the majority of Service Users and Carers were satisfied with the domiciliary care provided. However from the responses Service Users and Carers identified the following key messages:

- A preference for the same or a small number of Care Worker(s) per Service User with continuity of care a critical factor
 - The importance of adequate Provider staff training to meet individual Service User needs
 - The need for improved communication between the Provider and Service User
 - The need for Service Users to not feel hurried or rushed when care is being provided
 - The importance of the consistency and continuity of the quality of care delivered
- The key messages identified by Service Users and Carers will inform the revised service specification for domiciliary care services.

5.0 The Need for Change

5.1 *EU Procurement Directives & Legislative Compliance*

Domiciliary care services have traditionally been purchased on an annual basis from established non statutory Providers. Contracts with Providers have previously rolled

forward on an annual basis. Trust procurement needs to be compliant with new legislation (deriving from EU procurement directives) to be implemented in 2015. It is the intention of the Trust to procure domiciliary care service via an EU compliant tender process, to meet the requirements of the EU Directive on Public Procurement (2014), and comply with subsequent UK legislation (when implemented).

5.2 *Service Users & Carers*

The Trust has considered the feedback from Service Users and Carers regarding the current service and is mindful of the importance of both the consistency and continuity of care to Service Users.

5.3 *Strategic Context*

The Trust must ensure that the requirements for services are met (as set out in section 3). In line with the strategic direction outlined in section 3 the Trust's future model of service will have a greater focus on Reablement, with a more person centred, flexible approach to delivery of service. The current approach to domiciliary care is task orientated. The future model will focus on the changing needs of Service Users providing the right level of care and support within the widest context of community care.

5.4 *Service Providers*

The Trust has also taken into consideration the views and experiences expressed by Providers regarding the issues faced by non statutory organisations. This information has been considered and presents a set of requirements, identified by the Trust, which present the case for change as follows:

- Need for stronger focus on quality
- Need for greater flexibility
- Need for greater certainty in the quantity of service for domiciliary care Providers
- Need for greater financial stability.

6.0 Service Principles and Future Service Model

6.1 To ensure the domiciliary care services delivered respond to the strategic direction outlined above, and taking account of the need for change the following core principles have been developed.

6.2 Services delivered should:

- Be safe, high quality and person centred
- Ensure Service Users and Carers human rights, dignity and diversity are respected and service Providers comply with equality legislation
- Promote independence and choice, and offer flexibility
- Ensure stability, delivering consistency and continuity of care to all services users and carers
- Promote engagement and involvement with stakeholders including Service Users, Carers and Providers to develop and improve services
- Ensure efficiency and effectiveness in outcomes delivered.

6.3 *Future Service Model*

In designing the model of service to meet the future needs of Service Users, it is the Trust's aim to provide support to Service Users to enable them to live in their own homes. This will continue to be provided through a diverse range of statutory and non statutory provision.

Therefore the Trust is proposing that:

6.2.1 *Statutory domiciliary care provision:* will remain a highly valued part of domiciliary care services, as part of a range of social care provision. The Trust is committed to the continuous improvement of the statutory home care workforce to deliver efficient, effective and flexible responsive services underpinned by Reablement principles as a valued part of social care services.

The Trust has invested resources to develop and improve the statutory domiciliary care service and will continue to invest around £10M per annum into this service through new contracts of employment for care workers. The statutory service will continue to provide a vital role which underpins the overall range of domiciliary care services provided by the Trust to Service Users.

6.2.2 *Non statutory domiciliary care Providers:* will continue to deliver a significant range of domiciliary care services and the Trust will work with Providers to ensure services delivered support the Reablement person-centred approach.

6.2.3 The Trust proposes no significant alteration to the proportionate split between statutory and non statutory services. The scope of the procurement process is those services to be delivered by non statutory Providers.

7.0 Procurement Model for Purchasing Services from Non Statutory Providers

7.1 The Trust is proposing to take forward a tender process for the purchasing of services from non statutory Providers. This will enable the Trust to modernise the current arrangements, including:

- Developing the future service model to be delivered by non statutory Providers through a defined service specification
- Enhancing the current purchasing process through a modernised service specification
- The allocation of referrals to Providers by the Care Bureau department via a centralised administration process
- Improving and strengthening the quality monitoring framework of contracts with non statutory Providers
- The implementation of technology e.g. electronic call monitoring systems.

7.2 It is essential that the Trust takes forward the most effective and efficient model of purchasing services from non statutory Providers which will ensure the achievement of value for money. This will enable the implementation of the key principles outlined and help meet the needs of Service Users. In relation to this the development of the proposed outline procurement model the Trust has considered;

7.2.1 *Geographical zoning of services*: presents the opportunity to divide the total available area into localised zones, particularly in larger more rural settings. Having extensively researched the model with Local Authorities in Great Britain, the evidence suggests that there is no significant cost benefit in introducing this arrangement in a condensed urban area. The Trust is therefore not proposing to operate geographical zones within the Trust area as part of its procurement model.

7.2.2 *Specialist Care*: Research has shown that for a limited number of more complex packages, requiring clinical intervention, a specialist rate has been applied. Whilst some local authorities in Great Britain have adopted this approach, the Trust proposal is that complex needs will be subject to a separate regional procurement process which will involve a combination of personal care services and nursing care services.

7.3 *Specification Development*

The specification for the service will be based on the principles outlined in section 6.0 and Providers will be required to demonstrate their ability to comply with the requirements. In line with the service principles, all Providers must be committed to:

- Achieving Service User outcomes in line with Service User needs
- Promoting Service User independence and reducing dependency on social care services
- Flexible provision of services to reflect changing needs and priorities
- Continuous improvement in the quality of services with a focus on staff training.

7.4 The service specification document is currently being developed by a nominated group with membership representation from all Trust Programmes of Care. This document will form part of the tender documentation and will be available when the tender is advertised.

8.0 Procurement Model Options

8.1 The Trust has undertaken research across the rest of the United Kingdom, analysing the procurement models. In summary there were 3 options for consideration for domiciliary care services as follows:

Option 1: Framework Agreement

- A Framework Agreement is a general agreement of terms and conditions with a Provider
- New care hours needed purchased from Providers during the life of the Framework Agreement as individual contracts which would be called off the Framework

Option 2: Cost/Volume Contract

- A contract with Providers for a set or guaranteed amount of work based on current level of care hours purchased by the Trust
- Based on the current level of purchased care hours requests for service would be allocated to a defined number of Providers

Option 3: Cost/Volume Contract with Spot Purchase

- A contract with Providers for a guaranteed level of care hours. In total this would be a % (to be determined) by the Trust
- The remaining % of care hours would be purchased using a flexible spot purchasing arrangement.

9.0 Proposed Outline Procurement Model

This section outlines the proposed procurement model to be adopted by the Trust for domiciliary care services. The proposed procurement model has been selected following a review of each of the possible options as outlined in section 8 and legal advice obtained to ensure compliance with EU Treaty Principles. The need to ensure a degree of flexibility is considered a key future of the proposed service model. Therefore the proposed procurement model is Option 3 a Cost/Volume Contract with Spot Purchase. This option allows for a combination of a cost/volume contract and a flexible spot purchase arrangement built upon current baseline volumes.

9.1 Features of Proposed Outline Procurement Model

Option 3 offers:

- A mixture of guaranteed volume and flexible spot purchasing arrangement, to offer sustainability of service and also allow for flexibility
- A guaranteed volume of 24,500 hours (at current baseline estimate) per week which equates to 80% (note actual volume TBC on advertisement of tender process) of current level of activity commissioned from non statutory Providers across all programmes of care
- The remaining volume up to 20% to be allocated using a flexible spot purchase Framework
- A range of tiered volumes to offer levels of business opportunity
- The guaranteed volume is proposed to be divided into 3 parts (known as 'lots') according to volume tiers allowing Providers allowing Providers to apply to tender at 3 volume levels with lots with opportunities for Providers of differing sizes. Final contract volumes are to be confirmed
- A total of 9 Providers to be awarded contracts in total with 3 Providers awarded contracts within each lot
- The 9 Providers awarded contracts will be placed on the Spot Purchase Framework
- 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 all Programmes of Care i.e. Older People, Physical and Sensory Disability, Mental Health, Learning Disability and Children.
- Under the tender process Providers can apply for multiple lots and express an order of preference for successful award. However,
- Under this model Providers would be successfully awarded one lot each.

9.2 Benefits of the Proposed Outline Model

The proposed model would support the following benefits:

- A more sustainable service provides greater continuity for the Trust, Service Users, Carers and their families.
- A reduction in the number of Providers allows the consolidation of volume for fewer organisations with guaranteed levels of activity, promoting Provider sustainability, stability and increased efficiency.
- By offering different tiers of volume for Providers the Trust is seeking to provide sufficient opportunities for **all** types of Provider organisations under the tender process, including Small and Medium Sized Enterprises (SMEs) and Social Economy Enterprises (SEEs) including the opportunity for consortia and sub contracting arrangements.

9.3 Procurement Outline Model Design

The proposed procurement model is represented in the following diagram

Proposed Procurement Model for Non Statutory Services

80% of Current Baseline Volume (Non Statutory Services) = 24,750 Weekly Hours*

| Number of Providers | | | |
|---------------------|-------|-------|--|
| 1 | 4,500 | Lot 1 | |
| 2 | 4,500 | | |
| 3 | 4,500 | | |
| 4 | 2,500 | Lot 2 | |
| 5 | 2,500 | | |
| 6 | 2,500 | | |
| 7 | 1,250 | Lot 3 | |
| 8 | 1,250 | | |
| 9 | 1,250 | | |

| | |
|--------------------------------|---------------|
| Total Estimated Volume* | 24,750 |
|--------------------------------|---------------|

**NB: Above activity volumes (hours of care per week) are based on current estimates and are for illustrative purposes. The final volumes for the proposed procurement model are to be confirmed.*

10.0 Quality Monitoring Framework

10.1 In preparation for the procurement process, the current arrangements for quality monitoring were reviewed. The Quality Monitoring Framework has been reviewed and revised to ensure that the highest quality standards and safety of care are delivered. A proactive programme of service monitoring for a reduced number of Providers will provide an effective and efficient use of quality monitoring resource.

- 10.2 The Quality Monitoring Team 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 User's needs. In addition to investigations into complaints, adverse incidents and serious adverse incidents, a proactive, comprehensive audit programme will be delivered and reported upon.
- 10.3 The Quality Monitoring Team 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 RQIA.

11.0 Electronic Call Monitoring System (ECMS)

- 11.1 In line with the service principles outlined in section 6, and as part of the service specification development, it is proposed to implement an Electronic Call Monitoring System (ECMS).
- 11.2 The introduction of an ECMS will ensure that Service Users receive the care purchased by the Trust by accurately recording the time spent by Care Workers in the home. Also the facilitation of communication between Care Worker and Provider 'base' can assist with the protection of lone workers.
- 11.3 There are currently no arrangements in place to provide real time monitoring of the actual hours and times delivered by non statutory Providers. The Provider's staff maintain paper based records in the Service Users home. However the current system 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.
- 11.4 This is not dependant 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.

12.0 Draft Timescale for Procurement

- 12.1 The indicative timescales for implementation are as follows:

| <i>Activity</i> | <i>Timing</i> |
|--------------------------------------|---------------------------|
| Consultation Process Open | 9 th Feb 2015 |
| Consultation Process Closes | 8 th May 2015 |
| Outcome of Consultation Process | May 2015 |
| Report Outcome to Trust Board | 4 th June 2015 |
| Advertisement of open tender process | July/Aug 2015 |
| Implementation | 2015/2016 |

The above timescales are proposed and may be subject to change.

- 12.2 A separate process is being taken forward for the procurement of a service for complex needs, defined as a combination of personal care and nursing care needs. The specification for this service is currently in development on a regional basis.

13.0 Implementation Plan

13.1 Continuity of care for Service Users, Carers and their families is of paramount importance. Accordingly, 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.

13.2 Key Elements of the Implementation Plan

Issues that are central to successful implementation process include:

13.2.1 TUPE transfer of Provider Staff

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 9 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.

13.2.2 Trust Information Transfer

Accurate and timely provision of Trust information will be required to ensure that the successful Provider has the Care & Support Plans for each individual Service User. Provision of accurate information within Care & Support Plans will be fundamental to ensuring continuity of care for Service Users

13.2.3 Contract Monitoring

Monitoring and reporting functionality is required to ensure ongoing implementation and ongoing contract monitoring. The Trust's current implementation of a Community Information System and report functions will facilitate the monitoring of contract performance.

13.2.4 Resources

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

14.0 Equality Screening

The Equality Screening Document is attached as Appendix 2.

15.0 Consultation Questionnaire

The Trust is seeking your views on this document. Please use the attached questionnaire (Appendix 3) to tell us your views on the content of the document. Please note that all responses will be treated as public and may be published on the Trust website. If you do not want your response to be used in this way or if you would prefer it to be used anonymously, please indicate by selecting this option on the completed questionnaire. Completed questionnaires are to be returned to stakeholdercomms@belfasttrust.hscni.net

by 5pm on Friday 8th May 2015.

Appendix 1

Glossary

Terms will be used throughout this document, in relation to the subject matter, which may be unfamiliar or where there may be a different understanding of its meaning. These terms have been listed below along with any abbreviations that are used.

| | |
|-----------------------------------|---|
| Care | Where a care worker performs a task for the Service User that they cannot do for themselves. |
| Care Bureau | A department within the Trust that liaises with Trust social care staff and Providers to set up a care package. |
| Care Worker | Employees of domiciliary care Providers that deliver care and support to Service Users in their home. |
| Carers | A person who provides care and/or support, but is not employed or paid to do so e.g. a friend or a family member. |
| Contract | The agreement entered into by the Trust and the service Provider which sets out the terms and conditions. |
| Cost/Volume Contract | A contract with a Provider whereby an agreed fixed price is paid for a defined range and volume of service. |
| Direct Payments | Payments made directly to the Service User or their carer to enable them to buy their choice of domiciliary care services. |
| Domiciliary Care | Care and support services delivered in a Service User's home. |
| Electronic Call Monitoring System | Technology which facilitates the measurement of the amount domiciliary care services delivered in the Service User's home typically using either a landline telephone or a mobile device. |
| Framework Agreement | An general agreement with a Provider which sets out the terms and conditions for purchases, under which individual contracts can be called off throughout during the period of the agreement. |
| Geographical Zones | A geographical area subdivided into smaller localised areas. |

| | |
|-------------------------|--|
| Home Care | Domiciliary care services delivered to a Service User in their own home where the assessed needs of the Service User requires one Care Worker. |
| Intensive Home Care | Domiciliary care services delivered to a Service User in their own home where the assessed needs of the Service User requires two Care Workers. |
| Lots | Where the subject of a procurement is subdivided into several separate units of the same kind and detailed within the tender documents. |
| Non Statutory Providers | Those Providers delivering domiciliary care services with staff employed by the independent Provider organisations, including private companies and voluntary organisations. |
| Procurement Model | The type of approach taken to describe the activities and processes used to acquire and purchase services. |
| Reablement | A person centred service which enables Service Users to learn or relearn the skills of daily living. |
| Purchasing | The process of buying or securing services. |
| Purchaser | A budget holder who contracts to buy services from a Provider. |
| Specialist Care | Care services provided to those Service Users with complex needs. |
| Specification | A document which describes the services required and would be published as part of a tender process. |
| Spot Purchasing | Services purchased for a Service User at an agreed price and where the contract is only for that Service User. |
| Statutory Providers | Those Providers delivering domiciliary care services with staff employed by the Trust. |

Appendix 2

Equality Screening

Equality, Good Relations and Human Rights Screening Template

Title:

**Consultation on the Proposed Outline Procurement Model for Domiciliary Care
Services**

(1) Information about the Policy/Proposal

| |
|--|
| (1.1) Name of the policy/proposal |
| The proposed outline procurement model for the purchase of domiciliary care services. |
| (1.2) Is this a new, existing or revised policy/proposal? |
| New |
| (1.3) What is it trying to achieve (intended aims/outcomes)? |
| To implement a tender process for the purchase of domiciliary care services from non statutory Providers adopting the proposed procurement model. To ensure that Service Principles outlined in Section 6 of the consultation paper are met. |
| (1.4) How will the proposal be implemented? |
| The consultation document outlines the Implementation Plan in section 13 of the consultation paper. |
| (1.5) Are there any Section 75 categories (see list in 2.1) which might be expected to benefit from the intended policy/proposal? |
| The provision of high quality domiciliary care services to the population served by the Belfast Trust is an important priority. The ethos of the care is to ensure that the individual needs of each Service User are accommodated. A number of monitoring mechanisms are in place including a quality monitoring framework. The majority of Service Users are over 65 and have a disability. Assuming that a quality of care is achieved, it is anticipated that the said section 75 categories will benefit. |
| (1.6) Who owns and who implements the policy/proposal? |
| BHSCT Adult Social and Primary Care Directorate. |
| (1.7) Are there any factors that could contribute to/detract from the intended aim/outcome of the policy/proposal/decision? (Financial, legislative or other constraints?) |
| Compliance with new legislative requirements is a contributing factor as outlined in section 5 of the consultation paper. |
| (1.8) Who are the internal and external stakeholders (actual or potential) that the policy/proposal/decision could impact upon? |
| Service Users, Carers, non Statutory providers of Domiciliary Care, Care Workers (employed by non statutory Providers) and Trade Unions. |

(1.9) Other policies/strategies/information with a bearing on this policy/proposal (for example internal or regional policies) - what are they and who owns them?

EU Procurement Directives and subsequent UK Legislation.

Transforming Your Care.

HSCB Regional Review of Domiciliary Care Services.

Excellence and Choice: A Consultation on Older Peoples Services (BHSCT 2009).

(2) Available Evidence / Needs, Experiences and Priorities

(2.1) Taking into account the information above what are the different needs, experiences and priorities of each of the Section 75 categories for both service users and staff.

Please note there are separate tables for Service Users and Staff.

Service Users

| Category | | Details of evidence/information | | |
|----------|--|---|--|---|
| | Service users | Belfast/Castlereagh population as a whole | Service users affected | Needs, Experiences & Priorities |
| Gender | Female Male | 51% 49% *2011 census | The gender uptake ratio is currently estimated at Female 65%/Male 35%. The higher ratio of females in comparison with the census figures would accord the fact that women tend to live longer and that 82% of Service Users are over 65. | Due to the nature of the service provided which requires the assessment of the Service User's individual needs in their own home, it is not anticipated there would be an adverse impact in terms of gender. |
| Age | 0-16 16-24 25-34 35-44 45-54 55-64 65+ | 22% 11% 12% 14% 14% 12% 15% *2011 census | The majority of Service Users receiving domiciliary care are aged 65+ with the most recent breakdown indicating that approx 82% of Service Users were 65+. | Due to the nature of the service provided which requires the assessment of the Service User's individual needs in their own home, there is no evidence to suggest an adverse impact in terms of age. There may be a differential impact due to the higher proportion of Service Users being |

| Category | Details of evidence/information | | | Needs, Experiences & Priorities |
|-------------------|---|--|---|--|
| | Service users | Belfast/Castlereagh population as a whole | Service users affected | |
| | | | | over 65. However, there is no evidence to indicate that this impact would be negative. Indeed the end Service User should experience a positive impact in terms of quality and consistency of care delivered. |
| Religion | Protestant Roman Catholic No Religion or No Religion Stated | 42% 41% 17% *2011 census | This information for Service Users is not recorded. | Using the census statistics as a proxy indicator for religious make up, it may be estimated that there would be a majority of service users from the Protestant community that may be affected. The service however, is provided in the service users homes. All service providers must comply with the Trust's service contractual terms and conditions which includes adherence to equality legislation including religion and promoting good relations. It is not anticipated there would be an adverse impact in terms of religion. |
| Political Opinion | Broadly Unionist Broadly Nationalist Other Do not wish to answer/Unknown | 48.3% 45.4% 2.3% 4% * 2011 Assembly election | This information for Service Users is not recorded. | It is not anticipated there would be an adverse impact in terms of political opinion. |
| Marital | Single | 36% | This information | There is no available |

| Category | Details of evidence/information | | | |
|------------------|--|---|---|--|
| | Service users | Belfast/Castlereagh population as a whole | Service users affected | Needs, Experiences & Priorities |
| Status | Married Other/Not known | 47% 17% *2011 census | for Service Users is not recorded. | evidence to indicate any specific needs or experiences regarding the proposal in terms of marital status. |
| Dependent Status | Caring for a child dependant older person/ person with a disability None Not known | 12% of usually resident population provide unpaid care * 2011 census | This information for Service Users is not recorded. | It is not anticipated there would be an adverse impact in terms of political opinion. |
| Disability | Yes No Not known | 21% 69% n/a *2011 census | All Service Users will have some form of disability. Belfast Trust Domiciliary Care Service Users There are 507 users with a Physical Disability, 152 users with a Learning Disability and 153 users with a Mental Health Disability. NISRA statistics indicate that of the over 65 population in Belfast and Castlereagh, 59% have a long term illness. The prevalence of disability rises with age. Over one-fifth (21%) of adults | Due to the nature of the service, all service users will have a disability. The service is designed to accommodate the needs of each service user. There is no evident adverse impact. |

| Category | Details of evidence/information | | | Needs, Experiences & Priorities |
|--------------------|---|--|---|--|
| | Service users | Belfast/Castlereagh population as a whole | Service users affected | |
| | | | in Northern Ireland have at least one disability and only 3% of people are born with a disability. ⁷ | |
| Ethnicity | White Black/Minority Ethnic Not known | 98.21% 1.8% n/a *2011 census | This information for Service Users is not recorded. | <p>It is estimated that the majority of Service Users are white. The service, however is designed to accommodate the needs of each Service User.</p> <p>All service Providers must comply with the Trust's contractual terms and conditions which includes adherence to equality legislation including ethnicity and promoting good relations.</p> <p>It is not anticipated there would be an adverse impact in terms of race.</p> |
| Sexual Orientation | Opposite sex Same sex/Same and Opposite sex Do not wish to answer/Not known | <p>The general view in NI is that an estimated 6-10% identify as lesbian, gay, bisexual</p> <p>*2012 report by Disability Action & Rainbow Project</p> | This information for Service Users is not recorded. | Due to the nature of the service provided which requires the assessment of the Service User's individual needs in their own home, it is not anticipated there would be an adverse impact in terms of sexual orientation. |

⁷ <http://www.csu.nisra.gov.uk/NISALD%20Household%20Prevalence%20Report.pdf>

Staff – Trust Staff are not affected by this proposal

| Details of evidence/information | | | | |
|--|---|--------------------------------------|-----------------------|--|
| Category | Staff | Trust Workforce January 2014 | Staff affected | Needs, Experiences & Priorities |
| Gender | Female Male | 78% 22% | None | |
| Age | 16-24 25-34 35-44 45-54 55-64 65+ | 4% 24% 26% 29% 15% 2% | None | |
| Religion | Protestant Roman Catholic Not known/Other | 44% 50% 6% | None | |
| Political Opinion | Broadly Unionist Broadly Nationalist Other No answer Unknown | 7% 6% 7% 26% 54% | None | |
| Marital Status | Single Married Other Not known | 38% 56% 2% 4% | None | |
| Caring Responsibilities | Yes No Not Known/Other | 21% 20% 59% | None | |
| Disability | Yes No Not known | 2% 67% 31% | None | |
| Ethnicity | White Black/Minority Ethnic Not known | 79% 3% 18% | None | |
| Sexual Orientation (towards people of the) | Opposite sex Same sex/Same and Opposite sex Do not wish to answer/Not known | 37% 1% 62% | None | |

Details of evidence/information

(2.2) Provide details of how you have involved stakeholders, views of colleagues, service users and staff etc when screening this policy/proposal.

A summary of feedback from Service Users and Carers is outlined in section 4 of the consultation paper. In addition to the feedback obtained to date, the purpose of this consultation process is to invite and obtain further comment and opinion from stakeholders.

Trust staff will not be affected by this proposal as the scope of the proposed procurement model is non statutory Providers.

(3) Screening Questions

You now have to assess whether the impact of the policy/proposal is major, minor or none. You will need to make an informed judgement based on the information you have gathered.

Service Users

| (3.1) What is the likely impact of equality of opportunity for those affected by this policy/proposal, for each of the Section 75 equality categories? | | | |
|---|--|--|---|
| Section 75 Category | Details of policy/proposal impact | Level of impact? Minor/major/none | (3.2) Are there opportunities to better promote equality of opportunity for people within Section 75 equality categories? If yes, provide details. If no, provide reasons. |
| Gender | | None | This proposed outline procurement model seeks to ensure that services are safe, high quality and person centred. |
| Age | | None | |
| Religion | | None | |
| Political Opinion | | None | |
| Marital Status | | None | |
| Dependent Status | | None | |
| Disability | | None | |
| Ethnicity | | None | |
| Sexual Orientation | | None | |

Staff – Trust Staff are not affected by this proposal

| (3.1) What is the likely impact of equality of opportunity for those affected by this policy/proposal, for each of the Section 75 equality categories? | | | |
|---|--|--|--|
| Category | Details of policy/proposal impact | Level of impact? Minor/major/none | (3.2) Are there opportunities to better promote equality of opportunity for people within Section 75 equality categories? If yes, provide details. If no, provide reasons. |
| Gender | | None | |
| Age | | None | |
| Religion | | None | |
| Political Opinion | | None | |
| Marital Status | | None | |
| Dependent Status | | None | |
| Disability | | None | |
| Ethnicity | | None | |
| Sexual Orientation | | None | |

| (3.3) To what extent is the policy/proposal likely to impact on good relations between people of different religious belief, political opinion or racial group? Minor/major/none | | |
|---|--|---|
| Good relations category | Details of policy/proposal impact | Level of impact Minor/major/none |
| Religious belief | The Trust is committed to the promotion of good relations and has incorporated compliance to Section 75 equality duties into its contracts with service providers. Through Section 75 Equality duties non statutory Providers have a duty to ensure equality of opportunity and the promotion of good relations for staff and Service Users. | None |
| Political opinion | | None |
| Racial group | | None |

| | |
|---|-------------------------------|
| (3.4) Are there opportunities to better promote good relations between people of different religious belief, political opinion or racial group? | |
| Good relations category | Please provide details |
| Religious belief | As above |
| Political opinion | |
| Racial group | |

(4) Is there an opportunity to better address the health and social inequalities of groups/areas in greatest social, economic or educational need by altering the policy/decision?

| |
|--|
| Suggestions |
| <p>Statistics provided by Disability Action Belfast indicate that:</p> <ul style="list-style-type: none"> • The poverty rate for disabled adults in the UK is twice that for non-disabled adults (30%). • 56% of households in NI with 1 or more disabled people live in poverty (Hillyard et al, 2003). <p>In addition to the users having a disability, as stated above, the service is predominantly provided to people that are in the 65 plus age group. The domiciliary service is a service provided to those most in need of the service and therefore aimed at addressing inequalities and improving and enhancing the quality of life for Service Users.</p> |

(5) Consideration of Disability Duties

| |
|--|
| How does the policy/proposal or decision currently encourage disabled people to participate in public life and promote positive attitudes towards disabled people? Consider what other measures you could take. |
| The proposal is aimed at enabling Service Users with disabilities to maintain independence and be cared for in the home thus upholding the duties. |

(6) Consideration of Human Rights

(6.1) Does the policy/proposal affect anyone's human rights in a positive, negative or neutral way? Complete for each of the articles

| Article | Positive impact | Negative impact = human right interfered with or restricted | Neutral impact |
|---------------------------|-----------------|---|----------------|
| Article 2 – Right to life | | | √ |

| Article | Positive impact | Negative impact = human right interfered with or restricted | Neutral impact |
|--|-----------------|---|----------------|
| Article 3 – Right to freedom from torture, inhuman or degrading treatment or punishment | | | √ |
| Article 4 – Right to freedom from slavery, servitude & forced or compulsory labour | | | √ |
| Article 5 – Right to liberty & security of person | | | √ |
| Article 6 – Right to a fair & public trial within a reasonable time | | | √ |
| Article 7 – Right to freedom from retrospective criminal law & no punishment without law | | | √ |
| Article 8 – Right to respect for private & family life, home and correspondence. | | | √ |
| Article 9 – Right to freedom of thought, conscience & religion | | | √ |
| Article 10 – Right to freedom of expression | | | √ |
| Article 11 – Right to freedom of assembly & association | | | √ |
| Article 12 – Right to marry & found a family | | | √ |
| Article 14 – Prohibition of discrimination in the enjoyment of the convention rights | | | √ |
| 1 st protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property | | | √ |
| 1 st protocol Article 2 – Right of access to education | | | √ |

(6.2) Please outline any actions you will take to promote awareness of human rights and evidence that human rights have been taken into consideration in decision making processes.

The general terms and conditions of contract with Providers will include a clause regarding Provider compliance with Human Rights legislation. The Provider must comply with the Human Rights Act 1998 as if it were a 'Public Authority' within the meaning of the legislation.

(7) Screening Decision

(7.1) Given the answers in Section 4, how would you categorise the impacts of this policy/proposal?

| | |
|--------------|---|
| Major impact | |
| Minor impact | √ |
| No impact | |

(7.2) Do you consider the policy/proposal needs to be subjected to ongoing screening?

| | |
|-----|---|
| Yes | √ |
| No | |

A full Equality Impact Assessment (EQIA) is usually confined to those policies or decisions considered to have major implications for equality of opportunity.

(7.3) Do you think the policy/proposal should be subject to an Equality Impact Assessment (EQIA)?

| | |
|-----|---|
| Yes | |
| No | √ |

(7.4) Please give reasons for your decision.

The proposal is aimed at providing high quality domiciliary care services to the population served by the Trust. The proposed outline procurement model proposal sets the Trust's future procurement arrangements with non statutory service Provider organisations ensuring that services purchased are in line with the strategic direction and legislative compliance.

The proposal may result in TUPE arrangements being put in place for some non statutory service Provider staff, which may have the potential to have an adverse effect on Service Users. Mitigation to avoid this situation and ensure continuity of care services is set out in section 13 in the consultation paper.

The screening has been deemed as an on- going detailed screening to allow on- going monitoring of the proposal to enable identification of any possible unforeseen adverse impact over a period of time in terms of equality of opportunity, good relations and Human Rights. This will allow for further mitigating measures to be implemented if and when appropriate.

(7.5) If you have identified any impact, what mitigation have you considered to address this?

The proposal set out 3 key areas to mitigate against any potential disruption to service delivery and to improve ongoing monitoring of the service to be delivered. These are detailed within the consultation paper as follows:

- The Trust's Quality Monitoring Framework is set out in Section 10.
- The Trust's intention to implement an ECMS (Electronic Call Monitoring System) is outlined in section 11.
- The Trust's Implementation Plan is set out in section 13.

(8) Monitoring. In line with the guidance, you will be obliged to monitor this policy every 2 years.

Please detail how you will monitor the effect of the policy/proposal for equality of opportunity and good relations, disability duties and human rights?

The Trust will monitor the effect of the proposal through the following:

- Service User feedback – through compliments and complaints
- Feedback from Carers, families and Advocates
- The Trust's Quality Monitoring Framework

| | |
|------------------------------|--|
| Approved Lead Officer: | Clare McMahon |
| Position: | Procurement Project Manager |
| Date: | 27 th January 2015 |
| Policy/proposal screened by | Orla Barron, Health & Social Inequalities Manager |
| Equality Manager: | |
| Employment Equality Manager: | |

Appendix 3

Questionnaire

The aim of this consultation is to obtain views from interested stakeholders and the Trust would be most grateful if you would respond by completing this questionnaire. Please answer each question by writing (preferably typed) your comments in the space provided. The closing date for this consultation is 5pm on Friday 8th May 2015 and we need to receive your completed questionnaire on or before that date. You can respond to the consultation in writing to the following address:

Chief Executive
Belfast Health and Social Care Trust
c/o Corporate Communications
Communications Department
1st Floor, Nore Villa
Knockbracken Healthcare Park
Saintfield Road
Belfast
BT8 8BH

You can email your response to:
stakeholdercomms@belfasttrust.hscni.net

Text Phone: 07827 974240

Before you submit your response, please read Appendix 4 at the end of this questionnaire regarding the Freedom of Information Act 2000 and the confidentiality of responses to public consultation exercises.

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

SECTION 1: ABOUT YOU

Consultee Details

Question 1(a):

I am responding as... *(Please tick one option only)*

A Service User

A Carer

A Care Worker

On behalf of a Provider Organisation

Other.....*(Please specify)*

I want my response to be treated as anonymous.

Question 1(b):

Please enter your details below:

| | |
|--------------------------------------|--|
| Name | |
| Job Title: <i>(if applicable)</i> | |
| Organisation: <i>(if applicable)</i> | |
| Address: | |
| City/Town: | |
| Postcode: | |
| Email Address: | |

SECTION 2: THE REASONS AND NEED FOR CHANGE

The reasons and the need for change is outlined in section 5 of the document informed by the following:

- **EU Procurement Directives & Legislative Compliance**
- **Feedback from Service Users and Carers**
- **Strategic context and requirements of *Transforming Your Care***
- **Feedback from Service Providers**

Question 2:

Do you agree with the reasons and the need for change in the document?

(Please tick one option only).

Yes

No

If no, please explain why.

SECTION 3: SERVICE PRINCIPLES

Question 3:

Do you agree with the service principles outlined in section 6 of the document?

(Please tick one option only)

Yes

No

If no, please explain why and / or let us know how you think these could be improved.

SECTION 4: PROPOSED PROCUREMENT MODEL

The model for purchasing services from non-statutory providers is outlined in section 9 of the document.

Question 4:

Do you agree with the Trust's proposed model for purchasing services from non-statutory providers? *(Please tick one option only)*

Yes

No

If no, please explain why and let us know how you think this could be improved.

SECTION 5: EQUALITY SCREENING

Question 5:

This proposal has been equality screened as an ongoing screening. Do you agree with this outcome?

Yes

No

If no, please let us know why..

SECTION 6: FURTHER COMMENTS

Question 6:

Do you have any further comments you would like to make regarding the Trust's proposal for the procurement model for domiciliary care services?

Yes

No

If yes, please let us know what you think.

Appendix 4

Freedom of Information Act (2000) – Confidentiality of Consultations

Belfast Trust will publish an anonymised summary of responses following completion of the consultation process; however your response, and all other responses to the consultation, may be disclosed on request. We can only refuse to disclose information in limited circumstances. Before you submit your response, please read the paragraphs below on the confidentiality of consultations and they will give you guidance on the legal position about any information given by you in response to this consultation.

The Freedom of Information Act gives the public a general right of access to any information held by a public authority, namely, Belfast Trust in this case. This right of access to information includes information provided in response to a consultation. We cannot automatically consider information supplied to us in response to a consultation as information that can be withheld from disclosure. However, we do have the responsibility to decide whether any information provided by you in response to this consultation, including information about your identity, should be made public or withheld.

Any information provided by you in response to this consultation is, if requested, likely to be released. Only in particular circumstances would information of this type be withheld.