Adult Social Care Scrutiny Commission

Re-procurement of Domiciliary Care Support Services

Date: 8th September 2016

Lead director: Steven Forbes

Useful information

- Ward(s) affected: All

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1. Purpose of report

1.1 To provide the Adult Social Care Scrutiny Commission with an analysis of service user engagement completed as part of the re-procurement of domiciliary care support services.

1.2 The engagement exercise was undertaken for both Adult Social Care (ASC) and health service users. The exercise included both groups as consideration is being given to jointly procuring domiciliary care support with the Leicester Clinical Commissioning Group (CCG).

1.3 The existing domiciliary care contracts are due to expire in October 2017 and the tendering process needs to start in October 2016 in order to have completed the procurement and mobilisation process, so the new contracts are operational by October 2017.

1.4 The report also gives a brief overview of other relevant engagement.

2 Summary

2.1 The engagement exercise took place between 13th June and 29th July 2016. The engagement was prioritised for people who use services and patients, but was also widened out to include providers and interested stakeholders.

2.2 A total of 2,095 survey forms were sent or given out. Engagement also took place at provider forums, over the phone and during some face to face sessions. A press release was issued to the Leicester Mercury and local radio stations. Internal and external communication channels were also used as were web sites and social media.

2.3 A total number of 633 completed surveys were returned on or before the closing date, a response rate of 30%.

2.4 Further detail about the engagement is contained in appendix 1.

2.5 The survey form itself is contained in Appendix 2.

2.6 Specific provider engagement took place in August.

2.7 Scrutiny Commission were consulted on 11th August and further engagement is planned.

3 Recommendations

3.1 That Adult Social Care Scrutiny Commission is recommended to note the content

of the report and to provide feedback.

4 Report/Supporting information including options considered:

Background

4.1 LCC and CCG are considering jointly procuring domiciliary care for the residents of Leicester City. The joint approach is expected to result in an improved service for service users by achieving better outcomes, which reflect the aims of the Health and Social Care Act by joining up social care and health services and provide scale of economies. The new services will be operational by October 2017.

4.2 To inform this work and to shape the specification and contract, it was necessary to seek the views of people who currently use the services, their carers and any other interested parties. Therefore, a survey was sent out to 2,095 service users and patients and formal stakeholder events were arranged. Views were also sought about joint procurement of domiciliary care with the Leicester CCG.

4.3 The purpose is to make sure the patient/user voice is at the heart of any decisions we make in planning and buying local social care and health services and therefore it is critical that they are involved in the future plans.

Service Users/Patients

4.4 During the consultation period, a total of 2,095 surveys were sent out or given directly to patients and service users. Where possible service users or potential service users were directly informed of the survey.

4.5 The final response rate was 633 forms. A number of forms were received either blank or illegible. A small number were returned outside of the survey period and were therefore not counted. The number received represents a response rate of 30% which is good for this type of engagement.

Stakeholders

4.6 A wide range of stakeholders were asked for their views on Domiciliary Care services and the proposal for a joint commissioning approach as part of the engagement process.

4.7 As well as engaging with service users, patients and carers, we also asked for people to use their networks to spread the word and circulate the survey to any paid carers or support workers, or those who may have an interest. Finally, we asked for any opportunities they had where we could speak to existing or potential users face to face.

4.8 Two specific events for providers were held in August with a total of 80 providers in attendance. This aspect of the engagement was largely about technical aspects of the contract and specification, but intelligence about service

user/patient feedback has been incorporated where this was given. For information, the consultation feedback is included at Appendix 3.

4.9 Appendix 1 section 4 details the stakeholders engaged with and the methodology used. The methodology used included written surveys, face-to-face meetings, media (press and radio), internal and external channels (e-newsletters for staff and GP's), LCC and CCG websites, social media such as Face book and Twitter.

Profile of Respondents

4.10 587 respondents out of 633 completed the demographic profile. This showed 67% were female, and 31% male. 58% said they were over the age of 76 and 25% were aged between 60 and 75. 51% of respondents were Christian and 24% Hindu. 56% were White British and 33% Indian. This closely matches the profile of current Council users of domiciliary support.

4.11 Most service users said they were widowed or the surviving partner. 87% said they had a disability, main type stated was a physical condition (78%). 37% said they had a long standing illness or health condition but many respondents ticked more than one option here. Other disabilities not listed but stated in the comments field were dementia and Alzheimer's disease (17 respondents).

Summary of Findings

4.12 Appendix 1 gives more detail on the survey responses, but this is a summary:

- Current domiciliary support services are, in the main, very good
- Many services that were noted as being received by service users included personal care support.
- The vast majority of respondents were grateful for the support they receive.
- Reasons why services were good were stated as:
    - Someone to talk to, company
    - Reliable
    - Safe
    - Calm
    - Clean
    - Helpful
    - Friendly
    - Caring
- Suggestions of how services could be made better were:
    - Better visiting times

- Punctuality need addressing
- Not as rushed
- More flexibility
- More frequent visits
- Talk for longer
- More consistency
- Language is an issue
- Poor communication from agency offices
- More support with domestic chores

- The majority of respondents stated they were very grateful for the service as it enables them to stay at home longer, have support with daily tasks to keep them happy and live fuller lives.
- Many commented that they looked forward to their carers' visits, and enjoyed the company and having someone to talk to.
- A number said they were glad to give relief to family members and were appreciative of all that was done for them.
- The main concerns about jointly commissioning services were:
    - reduction in services
    - changes in carers and agencies
    - making care worse/more disorganised
    - reduction in standards
- Others questions about jointly commissioning services were:
    - "Would I have to be assessed again?"
    - "Would I lose my hours?"
    - "Will it cost more?"
    - "Will the care be the same standard?"

Next Steps

4.13 The information received will form part of the monitored process through the Quality Assurance Framework process once the new contract goes live. The following information provides an overview of the main concerns and details how these will be addressed in the future.

Concerns raised through engagement	Our response
Better visiting times	Timing of visits is agreed during assessment; the actual times that care workers visit is monitored by ECM (Electronic Care Monitoring) and is a performance Indicator in the contract.
Punctuality need addressing	This is monitored by ECM (Electronic Care Monitoring) and is a performance

	Indicator in the contract.
Not as rushed	Care packages are commissioned to meet needs and outcomes. If a package feels rushed to the service user they or the provider on their behalf can raise this with the appropriate care manager and ask for a review.
More flexibility	There is often a degree of flexibility built into the care package. This can also be discussed with the provider.
More frequent visits	Care packages are commissioned to meet needs and outcomes. If the service user or the provider on their behalf feels that a package needs to be reviewed, they can raise this with the appropriate care manager.
Talk for longer	We would expect care workers to chat with service users during the visit. If a service users feels that this doesn't happen, they should use the provider's complaints procedure.
More consistency	If this relates to consistency of care staff visiting the service user, we monitor this through ECM. It is a key performance indicator. It is also a question at ITT (invitation to tender) stage of procurement.
Language is an issue	We expect providers to recruit staff from their local communities and match service user requirements such as language and culture as much as possible. In practice it isn't always possible to do this all the time. At ITT we ask a question about providers intentions to recruit from the local community and how staff are matched with service users.
Poor communication from agency offices	We expect providers to have a local office and to be available to callers during office hours during their working week (which may include weekends). Outside of this they are required to have an answer machine. We set this out as part of the contract.
More support with domestic chores	The content of a package of care is subject to assessment by care managers.

4.14 In terms of the potential joint procurement with the Leicester CCG, it is clear that communication with individual service users needs to continue to reassure them

that any potential disruption will be minimised as far as possible. This will happen particularly during the mobilisation period of the new contract.

Concern raised through engagement	Our response
Reduction in services	There will be no reduction in services unless a change in care package is approved following a reassessment
Changes in carers and agencies	Unfortunately due to the nature of the procurement process, we cannot guarantee that there will be no change to carers or agencies. This is a potential change regardless of whether we work jointly or as a single agency. Some people may wish to choose a direct payment in order to stay with their current provider. Once procurement has taken place and changes are known, all users affected will be contacted and options discussed.
Making care worse/more disorganised	Where there is a change in agency, the contract will require agencies to transfer service users in a seamless way with as little disruption as possible
Reduction in standards	The contract sets out the standards required of agencies and workers, there is no diminution of these in the new contract
"Would I have to be assessed again?"	If there is a change of provider, the new provider will likely review the service user's care plan to ensure they fully understand the service user's needs but an assessment of how much support you get would not take place unless a review was due.
"Would I lose my hours?"	There will be no reduction in hours unless a change in care package is approved following a reassessment
"Will it cost more?"	The cost of care to the service user may change if you pay for your own care and have this arranged by the Council. Providers will all be assessed as part of the tender process to ensure quality and price are taken into account.
"Will the care be the same standard?"	The standard of care should not be affected

4.15 The information received from this engagement and from engagement with wider stakeholders is being used to inform the finalisation of the service design and contract.

4.16 The latest version will be presented to ASC Scrutiny towards the end of September.

4.17 The procurement exercise is planned for the autumn of 2016 and handover to new providers will take place the following year in readiness for contracts going live in October 2017.

5. Financial, legal and other implications

5.1 Financial implications

There are no direct financial implications to the contents of this report.

Stuart McAvoy – Adult Social Care Principal Accountant (Strategy) 37 4004

5.2 Legal implications

The proposed consultation continues to be in accordance DCLG Statutory Guidance on Best Value and the Cabinet Office Guidance as well as the recently reaffirmed principles that:

- consultation must be at a time when proposals are still at a formative stage;
- the proposer must give sufficient reasons for any proposal to permit of intelligent consideration and response;
- adequate time must be given for consideration and response; and
- the product of consultation must be conscientiously taken into account in finalising any proposals.

In certain circumstances the Council is obliged to consult on alternative proposals and therefore it is advised, particularly if the proposals are very narrow, that realistic alternatives option are considered and the reasons why they were discounted are outlined as background information as part of the consultation process.

Jenis Taylor, Commercial, Property & Planning Team, Legal Services Ext 37 1405

5.3 Climate Change and Carbon Reduction implications

There are no climate change implications at this time. Mark Jeffcote, Senior Environmental Consultant 37 2251

5.4 Equalities Implications

In order to ensure that we meet our Public Sector Equality Duty, we must have a clear understanding of the needs of our service users and how best to meet those needs from their perspectives. User and stakeholder engagement, as presented above, is an effective means of ensuring the council understands those needs and that the contract specification appropriately reflects what is required to meet them within service delivery. Irene Kszyk, Corporate Equalities Lead, ext 374147

5.5 Other Implications (You will need to have considered other implications in preparing this report. Please indicate which ones apply?)

None

APPENDIX 1

NHS
Leicester City
Clinical Commissioning Group

Leicester City CCG and Leicester City Council

Summary Report of Patient Engagement
Domiciliary Care Services
13th June – 29th July 2016

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1. Background

Domiciliary support helps people to remain independent and prevents them from needing a higher level of support such as residential or nursing care. Currently domiciliary care is commissioned separately by Leicester City Council (LCC), triggered by an assessment of social care needs and by Leicester City Clinical Commissioning Group (CCG), triggered if a patient is assessed as having continuing healthcare needs.

Two main types of care are commissioned by the CCG and LCC, non-complex and complex (the terminology used is 'Specialist' for the LCC). Non-complex care is commissioned to help patients meet the activities of daily living. This includes activities such as getting up / dressed, washed, assistance with toileting and skin care, communication, meals, moving and handling including the use of adaptations and equipment, medication, emotional and psychological needs.

Complex (specialist), care refers to cases where specialist knowledge, skills and training are required in order to be able to support the individual in the community. Complex cases will primarily relate to individuals with learning disabilities, mental health issues (including dementia) and long-term physical disabilities (including acquired brain injury).

LCC and CCG are proposing to jointly commission domiciliary care for the residents of Leicester City. Joint Commissioning is expected to result in an improved service for service users/residents by achieving better outcomes, contribute to the aims of the Health and Social care Act by joining up local care and health services and to provide economies of scale.

The jointly commissioned service has been scheduled to start in October 2017.

Before we put these plans into action we were interested to hear from people who currently use these services, their carers and any interested parties. We wanted to know what people think of the current services, and hear of suggestions for how we can improve them. We also asked for views about commissioning domiciliary care together as one organisation to ensure that we have considered all of the options. It was therefore proposed that the CCG and LCC held a period of engagement to ask patients, carers, family members and other interested stakeholders a series of questions (primarily via a survey) to help us develop a future service which would best meet their needs.

Our purpose is to make sure the patient voice is at the heart of any decisions we make in planning and buying local health services so it is critical that they are involved in the future plans.

2. Acknowledgements

We would like to take this opportunity to express our gratitude and to sincerely thank all of the service users and patients who have taken the time to speak to us and provide their views and feedback as part of the engagement process.

3. Our engagement approach

As public bodies we have a duty and a commitment to listen and engage with patients, service users and members of the public to ensure we understand their views on health and social care, the areas of health and social care which they are satisfied or dissatisfied, and how they would like to be engaged or informed going forward.

As such, the below outlines the engagement activity we undertook to ensure the views of those who use these services are taken into account before any changes to services happened.

We prioritised this engagement primarily with people who use the services. We then widened the engagement to include providers and interested stakeholders.

This engagement phase opened the week commencing 13th June 2016 and closed on the 29th July 2016 (following an extension). This report details a summary of the findings.

4. Stakeholders

A wide range of stakeholders were asked for their views on Domiciliary Care services and the proposal for a joint commissioning approach as part of the engagement process. As well as engaging with patients and carers, we also asked for people to use their networks to spread the word and circulate the survey to any paid carers or support workers, or those who may have an interest.

Finally, we asked for any opportunities they had where we could speak to existing or potential users face to face.

This information was circulated to the following audiences:

Internal audiences

- Adult Social Care – Care Management lead
- Adult Social Care Leadership
- Adult Social Care Scrutiny Commission
- Joint Integrated Commissioning Board
- CCG Board GPs and lay members
- GPs, Practice Managers and other practice staff
- Other CCG Staff
- Other providers of services potentially affected
- Partners

Domiciliary support services

- Four soft market testing events with providers, two in March and two in August 2016

Other stakeholders

- Network for change
- LGBT Centre
- Adhar project
- LAMP/Genesis group
- Stroke Association
- Diabetes Uk
- Breathe Easy (BLF)
- LCIL
- Headway
- Leicestershire Aids Support Services (LASS)
- Action Deafness
- Vista
- Age Uk
- 50+ network
- LOROS

- Parkinsons Uk
- Clasp the Carers Centre
- Motor Neurone Disease Association (Leicestershire and Rutland)
- Speaking up for health group
- Rethink
- BME Elders forum
- Rainbows
- Leicester Chinese Elderly Project
- Leicester Stroke Club
- Leicester Deaf Action Group
- Leicester Mencap Society
- CLASH - Arthritis support group
- West Indian Senior Citizens Project
- Alzheimers Society
- ANSAAR
- Learning Disability Partnership Board
- Leicestershire Kidney Patients' Association
- Healthwatch Leicester
- Leicestershire Down's Syndrome group

Stakeholder communications

- MPs/Councillors
- GP Practices
- OSC
- Local media channels (i.e. Leicester Mercury)
- Social media channels (Facebook and Twitter)
- LCC and CCG website

In response we attended:

The Leicester LGBT Centre (Silver Slippers Group) on the 17th September where we spoke to five people. They highlighted the importance of continuity of support worker, that workers should attend on time, that being assessed and treated as an individual was important, that as a user they wouldn't want to have to access services through a computer and that services should be required to monitor their workforce to ensure they were representative of the population of Leicester.

We Think Group on the 27th June where we spoke to a group of people. The key points raised were the need for a simple and independent (from the provider organisation) complaints system and the continuity of care worker (having the same worker each day wherever possible).

Communications planning

All communication on the development of this work involved a number of different channels to spread the messages. The below offers just some of the methods we used:

Media

We worked proactively and closely with the media to distribute a press release on the consultation and service developments. We distributed this to the Leicester Mercury, BBC Radio Leicester, Capital FM and local online news services.

Internal and External Channels

We used internal methods of communication such as e-newsletters to communicate with our staff and GPs as well as sending an update to the CCGs 4,500 strong membership base to make them aware of the service.

Website

We uploaded press releases, service information and detail of engagement and consultation opportunities on to our websites.

Social Media

We used our social media feeds on Facebook and twitter to publicise the activity. We also used these channels to encourage feedback directly from patients and stakeholders. Our partners in the health economy were encouraged to re-post any updates on their social media sites to reach as many relevant people as possible.

5. Survey feedback

Between 13th June 2016 to 29th July 2016 we received 633 completed surveys. Unfortunately 5 came in after the closing date so were not counted. In addition, 28 people chose to phone in and speak to a member of the commissioning team about their queries and responses, two completed forms over the phone which have been included in the number of forms submitted above. All calls were noted and where feedback in relation to the survey was give; their feedback is noted under section 6 below. The response rate for the survey returns is 30% percent of the service user/patient list.

Due to the number of comments received, the general themes of the comments repeated most often have been highlighted rather than including every single comment received. Any additional points to note or key findings have also been analysed.

Question 1: Please tell us who you are completing this survey as:

379 I am a person who is receiving support at home
262 I am a family carer or friend of someone who is receiving support in their home
4* I am interested in the service but not receiving support

Most responses were completed by the individuals who are currently receiving domiciliary support however many were also from family members who stated that they also care for their parent/child.

*If respondents were not receiving a service but would like to give views, they were asked to skip to question 12

Question 2: Please tell us who did your assessment for the help you receive at home.

61 A nurse did my assessment
497 A social worker or care manager did my assessment
69 I don't know

Question 3: Please tell us where you were when your assessment was done:

467 It was done when I was at home
133 It was done when I was in hospital
23 I don't know
14 My assessment was done elsewhere

My assessment was done somewhere else. Please write where your assessment was done:

This questions appears to have been missed by most respondents, but out of the 24 replies, they stated Care home, LRI, Respite, and Day Centres.

Question 4: How long have you been receiving support at home?

79 Less than 6 months
85 Less than 1 year
139 1 - 2 years
154 2 - 5 years
161 Over 5 years

Question 5: How often do you receive support at home?

316 1- 2 times a day
187 3 times or more a day
57 1 - 3 times a week
72 4 - 6 times a week

Most respondents were seeing carers 1-2 times a day for a variety of different reasons.

Question 6: What services do you receive? (Please tick all that apply)

553 Support with personal care such as washing and dressing or toileting
196 Help with taking medication
271 Help with domestic tasks, such as shopping, laundry and making a meal
32 Support with regaining or learning new skills to help you to live independently
53 Support with getting out and about such as using the bus to go and see your GP
74 Help with specific health needs such as treating pressure sores or managing a colostomy bag
91 Help to get around your home using special equipment like a hoist

Other services received included financing, paying bills, applying cream, social skills and company, walking frames and other aids

Question 7: Please tell us what you think is good about the support you receive?

We received 512 comments where nearly all of the respondents left positive comments. The below were the most common points/words stated:

- Someone to talk to, company
- Support
- Reliable
- Safe
- Calm
- Clean
- Helpful
- Friendly
- Caring
- Independence

“Having a carer come to my house on a daily basis helps greatly. I would not be able to get out of bed and get ready myself due to my disabilities so it is nice to have support from someone who is happy and willing to help me”

A number of family members commented on the role they undertake with the person receiving care and how they found the support:

“I am the wife of a person who receives the care and support. I am his main carer, but the help we receive is vital to keep my husband at home, he has home oxygen and also needs 8 hrs a day on a ventilator.”

“I am writing as main carer that Mum and I get really good help as with my small children it was too much of a burden on me to look after her daily hygiene. Although I am there with her in between the carers.”

Question 8: Please tell us how your support could be better?

We received 380 comments to this question. The below were the most common points/words stated:

- Better visiting times
- Punctuality need addressing
- Not as rushed
- More flexibility
- More frequent visits
- Talk for longer
- More consistency
- Language is an issue
- Poor communication from agency offices
- More support with domestic chores

“It would be better if I know who and when the carer is turning up”

"To have familiar faces instead of someone different every day. To read the notes daily in case there has been any changes. To ask where the dustbin is instead of putting soiled pads in the kitchen bin. To have a manager/supervisor to call once a month so that the care can be discussed. To arrive at an agreed time daily so not to leave vulnerable people stuck in bed for sometimes an hour and a half late!"

"Punctuality/time keeping erratic"

However a large amount of respondents stated that they were satisfied with the help they are currently receiving and could not offer any suggestions.

Question 9: Do you know who to contact if you want to change the way your support is organised, for example if you wanted to cancel a visit for a day?

559 Yes
30 No
26 I don't know

Question 10a: Do you feel the support you receive at home helps you to stay well and as independent as possible?

586 Yes
28 No
20 I don't know

Question 10b: Can you tell us how the help you receive at home supports you to stay well and as independent as possible?

Question 11: Is there anything else you would like to tell us about the support you get at home?

Question 12: If you have any general views on domiciliary care services please tell us.

Due to the nature of responses received, the responses to the above 3 questions have been combined to give an overall summary:

Many people reiterated comments left in question 7 when responding to the support they receive. The majority stated they were very grateful for the service as it enables them to stay at home longer, have support with daily tasks to keep them happy and live fuller lives. Many commented that they looked forward to their carers visits, and enjoyed the company and having someone to talk to.

A number said they were glad to give relief to family members and were appreciative of all that was done for them.

There were however many suggestions for improvements; the most common are highlighted below:

- Specialist nurses needed

- More help of family carers
- More consistency of quality of carers
- Communication with agencies needed improving
- Some carers did not speak to the service user on visits which left them feeling isolated
- Better training for carers including how to deal with elderly patients and dementia care

Other suggestions:

"To help train the family to get patient into routine of eating, sleeping, resting during the day. This enables family to plan their daily duty around these times."

"Some carers are very good but some try to do as little as possible. I think carers need to know more about dementia, they should do what is in the care plan and not ask the person with dementia because they forget. Sometimes my grandma will say she'll do it herself something to eat, some carers say ok not realizing she'll forget"

Question 13: If you have any views about way the NHS and Council are thinking about buying and managing domiciliary care services together as one organisation in future, please tell us what you think.

We received 231 comments to the final survey question. Although the majority of respondents said they would be happy for this change, there were a number of caveats and uncertainties about what this would mean in the future for patients.

The main concerns were:

- reduction in services
- changes in carers and agencies
- making care worse/more disorganised
- reduction in standards

Others asked questions such as:

"Would I have to be assessed again and would I lose my hours"

"I hope we are notified what is happening"

"I don't know, will it cost you more? Will the care be the same standard?"

A small number thought this was a bad idea, and asked for the service to be *"left alone."*

"Mum is happy as things are. Mum has got dementia and to change things just upsets her and it takes a long time for her to adjust"

Demographic highlights

A total of 587 out of the 633 respondents completed the demographic data; some was however left incomplete. From the responses received the majority stated they were female (67%) to 31% male. A total of 7 respondents did not state their gender. For of the female respondents

none identified that they were currently or recently pregnant. The majority of respondents (58%) stated that they were over 76 year old and 25% were between 60 and 75 years old. All age ranges collected were from between the ages of 25 and 76+. The most popular stated religion was Christian (51%) and 24% stated they were Hindu. The majority of respondents were British (56%) with the second most popular choice as Indian (33%).

Most patients stated they were widowed or were the surviving partner (38%). Of the 87% who said they had a disability, the main type stated was a physical condition (78%). 37% said their condition was a long standing illness or health condition, but many respondents ticked more than one option.

Other disabilities not listed but left in the comments ranged considerably however 17 responses stated Dementia or Alzheimer's as conditions.

A full breakdown of feedback is available from the Leicester City CCG engagement team on request.

6. Other feedback

28 respondents that contacted the commissioning team over the phone and some chose to leave comments. Individuals made the following comments in relation to the service they or their family receive:

- I'm very happy with the care worker, last week I went out for three hours for the first time in ages, I know my mum is in safe hands and that they will call me or get medical help if my mum is unwell
- It's important that workers are friendly and reliable – my current workers are
- The quality of care is generally good but I'm frustrated by some carers who struggle to communicate with my daughter who has limited speech
- The care my dad gets is generally very good but I've been frustrated by some carers not being trained to give eye drops, the district nurse has to come out then and this seems like a waste of time when the carer could have been shown how to do this
- I'm determined not to go into residential care and this service helps to ensure I can stay at home

7. Summary of findings

The below bullet points highlight the combined key themes from all qualitative and quantitative data collected from patients during the engagement phase:

- Current domiciliary support services are, in the main, very good
- Many services that were noted as being received by service users were personal care support.
- The vast majority of respondents were grateful for the support they receive.
- Reasons why services were good were stated as:
  - Someone to talk to, company
  - Reliable
  - Safe
  - Calm
  - Clean

    - Helpful
    - Friendly
    - Caring
- Suggestions of how services could be made better were:
    - Better visiting times
    - Punctuality need addressing
    - Not as rushed
    - More flexibility
    - More frequent visits
    - Talk for longer
    - More consistency
    - Language is an issue
    - Poor communication from agency offices
    - More support with domestic chores
- The majority of respondents stated they were very grateful for the service as it enables them to stay at home longer, have support with daily tasks to keep them happy and live fuller lives.
- Many commented that they looked forward to their carers visits, and enjoyed the company and having someone to talk to.
- A number said they were glad to give relief to family members and were appreciative of all that was done for them.
- The main concerns about jointly commissioning services were:
    - reduction in services
    - changes in carers and agencies
    - making care worse/more disorganised
    - reduction in standards
- Others asked questions about jointly commissioning services were:
    - "Would I have to be assessed again?"
    - "Would I lose my hours?"
    - "Will it cost more?"
    - "Will the care be the same standard?"
- A total of 587 out of the 633 respondents completed the demographic data; some was however left incomplete.
- the majority stated they were female (67%) to 31% male.
- The majority of respondents (58%) stated that they were over 76 year old and 25% were between 60 and 75 years old.
- All age ranges collected were from between the ages of 25 and 76+.
- The most popular stated religion was Christian (51%) and 24% stated they were Hindu.
- The majority of respondents were British (56%) with the second most popular choice as Indian (33%).
- Most patients stated they were widowed or were the surviving partner (38%).
- Of the 87% who said they had a disability, the main type stated was a physical condition (78%). 37% said their condition was a long standing illness or health condition, but many respondents ticked more than one option.
- Other disabilities not listed but left in the comments ranged considerably however 17 responses stated Dementia or Alzheimer's as conditions.

8. Next Steps

This feedback is now being considered by the commissioning teams and where it relates to aspects of service that can be addressed through contract terms, these will be added in. The key positive aspects of a good service will be captured in the specification to enable providers to build this into recruitment and training. The areas for improvements identified through the

feedback are listed below with suggestions for how these should be handled. This approach is also taken for the areas of concern in relation to joint commissioning.

Concerns raised through engagement	Our response
Better visiting times	Timing of visits is agreed during assessment; the actual times that care workers visit is monitored by ECM (Electronic Care Monitoring) and is a performance Indicator in the contract.
Punctuality need addressing	This is monitored by ECM (Electronic Care Monitoring) and is a performance Indicator in the contract.
Not as rushed	Care packages are commissioned to meet needs and outcomes. If a package feels rushed to the service user they or the provider on their behalf can raise this with the appropriate care manager and ask for a review.
More flexibility	There is often a degree of flexibility built into the care package. This can also be discussed with the provider.
More frequent visits	Care packages are commissioned to meet needs and outcomes. If the service user or the provider on their behalf feels that a package needs to be reviewed, they can raise this with the appropriate care manager.
Talk for longer	We would expect care workers to chat with service users during the visit. If a service user feels that this doesn't happen, they should use the provider's complaints procedure.
More consistency	If this relates to consistency of care staff visiting the service user, we monitor this through ECM. It is a key performance indicator. It is also a question at ITT (invitation to tender) stage of procurement.
Language is an issue	We expect providers to recruit staff form their local communities and match service user requirements such as language and culture as much as possible. In practice it isn't always possible to do this all the time. At ITT we ask a question about providers intentions to recruit form the local community and how staff are matched with service users.
Poor communication from agency offices	We expect provides to have a local office and to be available to callers during office hours during their working week (which may include weekends). Outside of this

Concerns raised through engagement	Our response
	they are required to have an answer machine. We set this out as part of the contract.
More support with domestic chores	The content of a package of care is subject to assessment by care managers.

Concern raised through engagement	Our response
Reduction in services	There is no intention to reduce services
Changes in carers and agencies	Unfortunately due to the nature of the procurement process, we cannot guarantee that there will be no change to carers or agencies. This is a potential change regardless of whether we work jointly or as a single agency.
Making care worse/more disorganised	Where there is a change in agency, the contract will require agencies to transfer service users in a seamless way with as little disruption as possible. Alternatively people may choose to take a direct payment or personal health budget in order to continue with the current provider.
Reduction in standards	The contract sets out the standards required of agencies and workers, there is no diminution of these in the new contract
“Would I have to be assessed again?”	If there is a change of provider, the new provider will likely review the service user’s care plan to ensure they fully understand the service user’s needs
“Would I lose my hours?”	There will be no reduction in hours unless a change in care package is approved following a reassessment
“Will it cost more?”	The cost of care to the service user may change if you pay for your own care and have this arranged by the Council. Providers will all be assessed as part of the tender process to ensure quality and price are taken into account.
“Will the care be the same standard?”	The standard of care should not be affected

APPENDIX 2

NHS
Leicester City
Clinical Commissioning Group

Have Your Say - Local NHS and Adult Social Care (Council)

Domiciliary Support Services Customer Survey

Domiciliary Support is a term we use to describe the support and care you receive in your home. This support is provided by an organisation that employs a paid carer or support worker to help you. The support you receive at home can include help with a number of things. This can be help with housework or with personal care such as washing and dressing or with going shopping.

This survey will help us find out what you think about these services and how this support helps you remain well and as independent as possible.

Question1: Please tell us who you are completing this survey as: (Please tick a box)

- I am a person who is receiving support at home ☐
- I am a family carer or friend of someone who is receiving support in their home ☐
- I am interested in the service but not receiving support ☐

If you are not receiving a service but would like to give your own views please go to question 12.

Question 2: Please tell us who did your assessment for the help you receive at home (Please tick a box)

A nurse did my assessment ☐

A social worker or care manager did my assessment ☐

I don't know ☐

Question 3: Please tell us where you were when your assessment was done (Please tick a box)

It was done when I was at home ☐

It was done when I was in hospital ☐

I don't know ☐

My assessment was done somewhere else ☐

Please write where your assessment was done here:

……………………………………………………………………………………

Question 4: How long have you been receiving support at home? (Please tick a box)

Less than 6 months ☐

Less than 1 year ☐

1 - 2 years ☐

2 - 5 years ☐

Over 5 years ☐

Question 5: How often do you receive support at home?

(Please tick a box)

1 - 2 times a day ☐

3 times or more a day ☐

1 - 3 times a week ☐

4 - 6 times a week ☐

Question 6: What services do you receive?
(Please tick all that apply)

Support with personal care such as washing and dressing or toileting ☐

Help with taking medication ☐

Help with domestic tasks, such as shopping, laundry and making a meal ☐

Support with regaining or learning new skills to help you to live independently ☐

Support with getting out and about such as using the bus to go and see your GP ☐

Help with specific health needs such as treating pressure sores or managing a colostomy bag ☐

Help to get around your home using special equipment like a hoist ☐

If there are other things you get support with please tell us what they are here:

....

Question 7: Please tell us what you think is good about the support you receive?

Please write here:

Question 8: Please tell us how your support could be better?

Please write here:

Question 9: Do you know who to contact if you want to change the way your support is organised, for example if you wanted to cancel a visit for a day? (Please tick a box)

Yes ☐

No ☐

I don’t know ☐

Question 10a: Do you feel the support you receive at home helps you to stay well and as independent as possible? (Please tick a box)

Yes ☐

No ☐

I don’t know ☐

Question 10b: Can you tell us how the help you receive at home supports you to stay well and as independent as possible?
Please write here:

Question 11: Is there anything else you would like to tell us about the support you get at home?

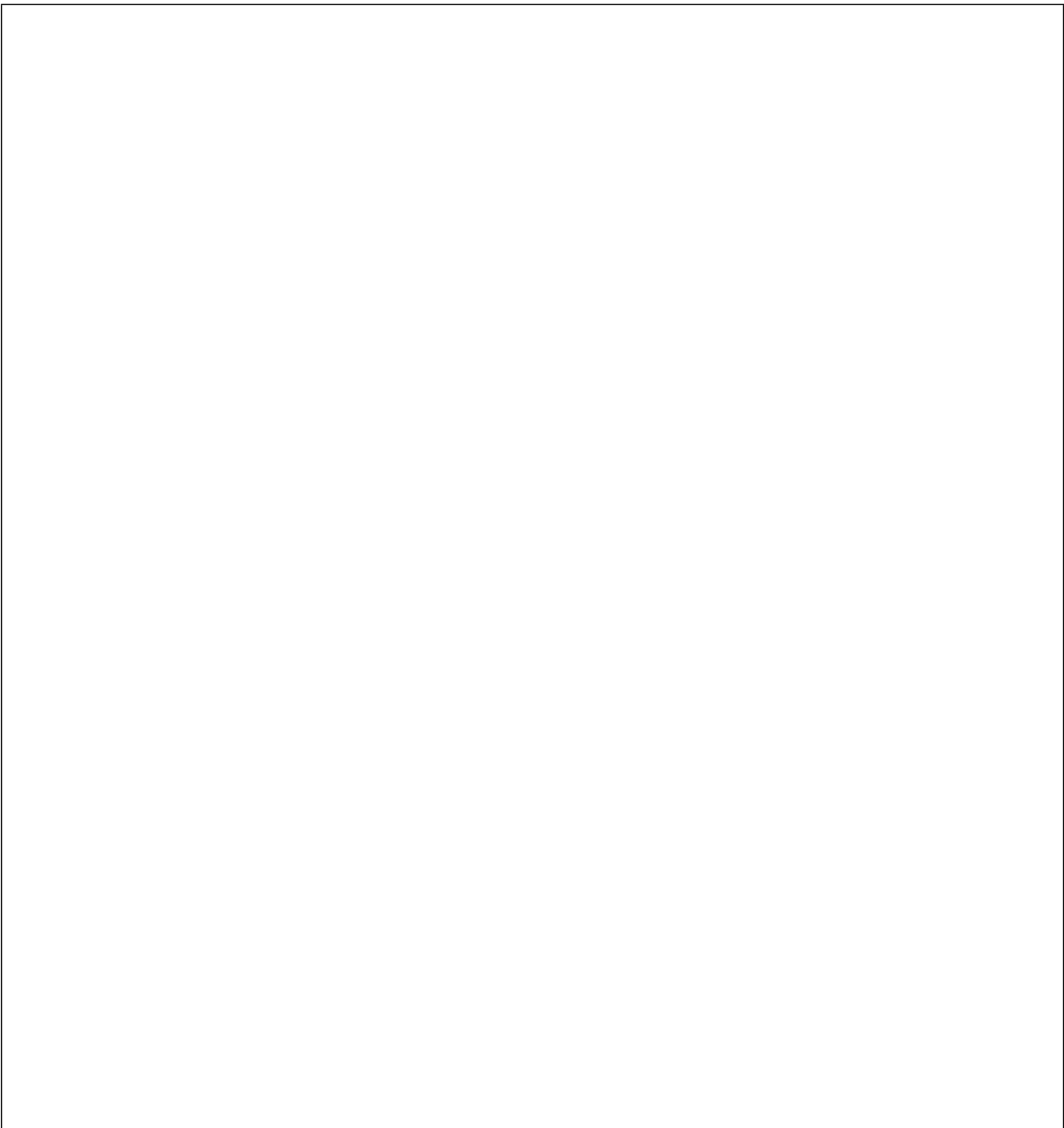
Please write here:

Question 12: If you have any general views on domiciliary support services please tell us below.

Please write here:

Question 13: If you have any views about way the NHS and council are thinking about buying and managing domiciliary support services together as one organisation in future, please tell us what you think below.

Please write here:



To finish, here are some questions about you, but you do not have to answer these if you do not want to.

Appendix 3

Soft Market Testing - Domiciliary Care Provider Engagement Event - 1st August / 2nd August 2016

1) What have you liked and has been positive from today?

Left Blank – 1

- Joint Commissioning (social & CCG)
- Specific number of providers (15-20)
- Duration of contract (7yrs makes it more manageable)
- Carrying over under-utilised hours offer –Flexibility
- The presentation was good, done in a good atmosphere and all the questions raised were adequately dealt with.
- Well considered with awareness of “unknowns” and areas for further thinking / contributions by service users, providers, etc.
- Accepting different size companies – good communication is crucial
- I think the spec will be fair on the way the tenders will be provided
- Tender looks positive.
- Like that the lots are not zoned and that providers can bid for all lots or just the lots they specialise in.
- It could be considered a positive that there are no material changes to the contract. Ranking providers in a live basis is a step forward.
- Seems to be clear lots.
- Ethical considerations are positive
- Open communication and ongoing questions to test provider knowledge and thoughts on the procurement process, examples. Within framework – number of providers to be capped although may open annually if providers exit the market. Call off arrangements – providers to be selected by CQC rating.
- Jointly commissioned
- High quality aspect
- 7 yrs. commissioning
- Open framework
- Useful information provided regarding the contract and specification. Also questions answered.
- Open discussion about the intention of the procurement team
- Good delivery of information
- No PQQ
- Framework not zones
- length of contract
- Openness of LA / CCG partnership approach
- More clarification

- Clarity on what this contract is all about
- Citywide 7 year contract
- So far what has been proposed seems good.
- Banking of hours is positive for the service user. Looking for a number of providers, rather than 1 provider per zone lot
- Joint commissioning allowing continuity of care to service user
- Review of existing contract
- Clear direction and able to answer questions openly and honestly
- Info given has been clear and allowed for a number of questions
- Open sharing of information
- Increase in the number of providers
- The proposal from authorities about discouraging zero hour contract
- More time for carers and clients
- Travel time payments
- Ethical Care Charter
- Waiving ECM from complex care cases (may be)
- 7 years contract gives stability and gives you time to work with your staff
- Contract opening
- PQQ
- Proposed type of Framework i.e. no zones – this means that a specialist niche provider providing high quality specialist services to those clients with Neurological conditions and practicing at the leading edge of this specialism will not be disadvantaged.
- Lots – Complex
- Very much positive today. I have high spirits to fill up the tender and had a
- Meeting with major personalities from LCC and Leicester City CCG.
- Was able to suggest Care Services in Prison.
- Learnt about consortium.
- Price analysis was good.
- The meeting went well, good presentation and clear communication, questions were answered well.

2) What have you disliked or has been negative from today?

Left Blank – 3

N/A - 3

- Rate window is not a good thing as different costs are involved per provider
- No nothing really
- Very little
- Children's tender very low
- The limit to number of providers for contracts

- Continued billing using contact time from ECM increases the level of risk for a provider significantly
- Leicester is known for the lowest pricing structure nationally and my worry is the prices are too low
- Was hoping to have an indication of hours / pricing today as we need to see that the additional impacts of NLW currently and recruitment, usual on costs, travel, time, etc. are taken into consideration.
- None
- Assumption that everyone is at the same level
- Not anything
- Banking hours – complex, potential for issues and to zones
- Presentations good but appears as if certain information was being held
- ECM – being a small provider may find difficult to invest in IT for ECM. All our service users don't have landline. Training for staff in ECM is also expensive.
- Nothing in specific
- There has not been enough information provided like the draft spec for us to form a proper opinion
- If you want an outcome based model of care how will this really work with ECM and having banding
- Would have liked to have seen the specs from Lot1 – Lot3
- A presentation from potential children's lot explaining what is needed from providers and the type of support required
- No contribution on ECM
- Number of providers in the framework is less
- No contribution in care monitoring but may factor that in pricing
- Not enough information provided to enable me to form an opinion
- Nil
- There was nothing to be disliked. Everyone seemed to be happy and
- Very informative. Preference must be given to those companies who are in Leicester (to apply for this tender).

- I can suggest, 5% reserved quota for those companies who want to open offices in Leicester. You need to decide how many companies can be approved under this quota
- There was nothing that I would say was negative maybe if we attend more meetings in future we will be able to compare and have a feedback.

3) Is there anything that you have heard today that would stop you from applying at tender? If so, what and why?

Left Blank – 2

No - 13

- Would select specific lots, due to inherent specialism in current organisation
- The price range combined with recovering rate from the ECM needs to be sustainable. A recent contract in an existing location was unsustainable and we did not bid.
- Pricing model and volume
- Nothing from the presentation today would prevent application
- If all the ethical charter was implemented this could impact upon the provider financially. It will be interesting to see what areas are covered within the ITT. We are all striving for the same thing and want to provide the very best service supporting the service users and staff. It would be a shame if providers were penalised for doing their very best to provide these.
- If the price did not incorporate the travelling time and travel costs and mobile expenses it would prove expensive to the company.
- Not sure about the criteria and whether it is worthwhile for new providers to apply. The criteria have not been explained.
- Don't think so
- Nothing yet
- Very limited numbers of contractors required meaning no chance for me a small Leicester based provider to pull through. Large established providers will go through.
- ECM
- No if anything it has allowed me to go back to my provider and want to apply more
- Nothing from today, However final decision on whether to tender will depend on the price range
- Yes, right now EVERY PROVIDER IS expecting to be on the framework by next year. I think it will be really bad and huge loss for the community if someone else takes over who is not even operating in Leicester and does not know the community of Leicester in full.
- No everything was well presented and we will be looking forward to applying for future tenders.

4) How much interest would there be from the market in a children's lot were included in the tender?

No Interest – 4

Yes Interested – 10

Left Blank – 4

Not sure – 4

- With distinct caution. The breath and nature of the service would need significant clarification to include all care needs; such as Mental health, Autism, LD?
- As a provider who already supplies to LCC disabled children, we would be very interested in a lot and would bid for this
- Will look at it
- Need further information but at this stage we would be interested
- We don't provide children's services currently and don't envisage that would change.
- The contract would not currently be able to deliver by the business as we wold have to employ additional staff with additional training
- £220k was the figure given. This is a very small need. Detail would need to be provided on the numbers of service users and hours.
- It may limit the interest as not all providers are registered for this. It can be extremely hard to deliver these services.
- Would like more information on what type of care you are looking to be provided.
- Interested in children's complex, nurse led packages
- Very keen for this lot as per our expertise
- Confident care providers will bid
- Very interested – this could attract young carers who may not be very much interested in working with older adults but would then be comfortable in working with children
- We do not deliver children's services
- As a specialist Neuro provider for all ages CYP / transition and adults we would be interested in both CCG and CC complex care clients.
- We assume 20%.
- 40%

5) Are there any specific details you would like to know from children's services point of view.

No Interest – 5

Yes Interested – 4

Left Blank – 6

N/A – 6

- Breakdown of complex children
- Would the services include CCG packages?

- Not at this time. We are aware of children's services and already have relationships with the team that provides the services.
- What kind of support for the child or support for the family?
- Number of cases, hours, geographical areas (numbers in each area), complexity
- breath, nature, demand and related support networks
- Is there any specific / special registration or requirement need in order to provide services to children and their families
- It would be helpful to know statistics in relation to how many fall into different categories e.g. hearing disabilities and the current age range with numbers that currently receive services.
- Possible potential hours, service draft spec to understand groups needing support
- Complex support service definition would be helpful, with a breakdown of needs / volumes
- Yes, what kind of support for the child or support for the family
- Number of children's care packages
- Expected number per year
- Clinical interventions
- % complex V Dom care packages
- Pricing Matrix
- Spec information, number of children expected to support
- Value
- Need to have more information on the hours of the children care provision
- Amount of work
- Authorities expectations
- Number of providers required
- How else be utilising the framework
- Eligibility criteria
- I engaged with the representative from Children's service on the day.
- Average number of cases per month or year / number of care hours and duration of a shift / value of the tender
- Types of cases and what specialisms are required?
- CCG to also participate in the CYP part of the framework
- No, we are already working towards this subject.
- At the moment we are registered to provide adult care but in future, if there are new openings we might consider.

6) Any other comments / information / issues you wish to share?

Left Blank –10

No – 4

- I have some concerns regarding ECM. We currently use ECM and there are instances where the system fails – service user using the phone, phone not working, etc. I therefore feel it will be very onerous to reconcile invoicing & performance based reports on an ECM system supplemented with normal sign in sheet when the ECM is down.
- Complex support service definition would be helpful, with a breakdown of needs / volumes.
- Any home care service can be delivered by a provider within reason. It always comes back to the cost to deliver that service request
- Price is what providers want to know this was not discussed today and therefore difficult to comment if this is a tender viable for complex
- Any indication of uplifts, rather than just a provision to review, considering it is a 5 year contracts any future pay implications.
- Case studies for types of children's day care
- Confirmation of hours available across the 2,000 approx. clients
- To look at a kind of tolerances or variations in the commissioned hours and invoice processes
- Breakdown by user group / age range
- Transition children / adult service –Nice Guidance on Transition April 2016
- Ethical charter – stage 2/3, living wage / zero hours
- ITT
- NHS Toolkits
- Ethical Charter – zero hours, living wage of £7.65 as opposed to NLW of £7.20
- Just completed a day services tender in Leics County Council was simple and easy to follow, portal was easy
- Can you pleas provide QMF info
- Communication between all parties is really needed
- Any year you planning on adding new supplier
- Care services in Prison should be considered
- Every provider thinks they are the best. Bidding process is not easy to win a tender.