Customer Insight

Domiciliary Care Recommissioning

Consultation Report April 2015
1. Summary of main findings

- Consultation has supported the plan to commission care in 8 zones across the county.
- Implementation has multiple risks and will need sufficient time and resources to ensure success.
- Terms and conditions for staff are a factor in the delivery of good care.

2. Introduction

North Somerset is proposing to change the way it commissions domiciliary care in the community. A proposal was released for consultation from Oct 2014 to Jan 2015. People were asked to consider specific questions about the proposal as well as comment freely on each section. The consultation was undertaken as an electronic survey published on “E-Consult” and was also available in paper form on request. Notification of the consultation included letters to interested parties as well as email notification to specific interest groups. The consultation was available for anyone to contribute to. In addition providers of domiciliary care were identified as the key stakeholder in this proposal and a separate provider’s day was held to allow them to discuss the proposals with commissioners and records were kept of the discussions as part of the consultation process.

The response to the online consultation was limited but comments have been included as well as results from engagement exercises undertaken before the formal consultation which involved presenting proposals at:

- Older People’s Champion Group
- Senior Community Links Meetings
- Older People’s Transformation Programme Board sub group 1 Prevention
- Domiciliary Care Provider Forums

Engagement also involved a service user questionnaire regarding their domiciliary care service and what was important to them and a questionnaire to domiciliary care staff to establish what they felt should be taken into account and what could be improved in terms of their role.
The consultation paper covered a range of topics pertinent to the delivery of domiciliary care. These included: quality of care; geographical zoning; implementation of change; price; and tender process.

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3. Main results

Providers:
Discussions with providers raised the following:

- Paying staff a living wage requires paying their travel time and will increase the cost per hour.
- Outcome based re-ablement is a good but expensive model if delivered well, likely to cost in the region of £25 per hour.
- TUPE transfer of staff can be problematic with exiting providers potentially causing a number of difficulties.
- Exiting providers might encourage service users to take a direct payment which could impact on the volume of work offered.
- There will be an impact on the commissioning resources of the local authority to deliver such a large programme of change.
- Incoming providers will have to pick up staff from a number of exiting providers who will have differing terms and conditions for their staff which might prove problematic.
- Some providers felt that one provider per zone was more risky than two, others felt that one allows a more viable business.
- Providers felt that there are 2 stages to the process, the tender itself and implementation which is a bigger and more complex process than procurement.
- There is a risk that providers might choose not to tender and hand back work immediately.
- There is a risk that capacity might be reduced by the process.
- A staged implementation has inherent difficulties in that exiting providers will need to hand work back and they cannot continue to provide if their business is no longer viable.
- There is a concern over loss of staff from care industry as a result of the process – a bigger shortfall results and the provider is signed up to more hours.
- Re-ablement work will increase demand for the service
- Small businesses are likely to be more challenged by the process than large.
• Communication is key: if staff are not kept informed and “on board” they can project fears onto service users.
• There is a huge amount of communication required and 6m is not a long time to implement such a big project.

**Care Managers:**

We had 10 responses from the adult care teams, mental health team and the continuing health care team.

1. Care managers commented that they feel care staff require better training around more specialist areas. These areas are re-ablement, dementia and complex health needs.

2. Care managers also expressed that they would like better communication directly with providers around changes to care packages and reviews. One made a suggestion of an annual joint meeting with all providers.

3. They acknowledged that there is not enough capacity in the market currently and advocate improved terms and conditions for care staff.

4. Care managers commented that they would like NSC to monitor staff turnover, to give incentives for starting packages of care quickly, to work with care providers around sending care staff or key workers to reviews rather than reviewing officers and for providers not to give notice so quickly when working with complex cases.

**Service User Questionnaire:**

There were 327 responses to the service user questionnaire regarding domiciliary care.

1. Name of the organisation

Sixty percent of respondents felt that that the name of their provider was important.

2. Care staff

Over ninety percent of respondents felt that their care staff are important to them.

3. Regular staff

Over ninety percent of respondents felt that seeing regular staff was more important than the name of the organisation providing them.

4. Call times
Nearly ninety percent of respondents felt that having predictable visits was more important than the organisation that provides them.

5. Local organisation

Eighty-five percent of respondents felt that a local organisation was important.

6. Continuity of care

Eighty percent of respondents wanted to have the same staff supporting them if their needs change over time.

7. Have you any comments you would like to make about your service or any suggestions for ways in which you feel it could be improved?

180 comments were made regarding the service, 10% were negative, 42% were constructive and 48% were positive. The comments can be broken down into the following general areas: Assessment; communication; communication/travelling time; continuity; continuity/communication; continuity/rostering; continuity/training; feel comfortable; flexibility; happy with their service; language; nutrition; office staff; organisation; pay; relationships; reliability; rostering; rostering/communication; service user preferences; service user preferences/staff attitude; timings; training; travelling time; visit length.

Figure 1 illustrates the spread of comments, the highest number were those expressing satisfaction with their service. The next most common comment was about continuity of provision, some of these comments were positive, a few were negative and the majority constructive. An example of a constructive comment is:

“I did have X agency but found my carers and times changed weekly which is very unsettling and they were not very helpful. I am now with Y agency and they provide a friendly and caring service. I have the same carer and if it is going to change I am told in advance, it is always the same time which suits me, it’s generally, on the whole, a much better service.”

The third most common topic was around communication. In this area there were more negative than positive comments but the majority of comments were constructive. An example is:

“It would be nice to be informed in advance if there is a change to my call time.”
Figure 1

Question 7: Comments - Breakdown by Type

- Neg.
- Constr.
- Pos.
**Staff questionnaire:**

There were 23 responses to the staff questionnaire:

1. How would you rate the following things about your role using the following statements,
   
   - Very important
   - Important
   - Neither
   - Not important

1a Contracted/guaranteed hours

Over eighty percent of respondents felt that reliable work was very important.

1b Being able to work the hours I want, when I want

Ninety percent of respondents felt it was important or very important that they had working hours that suited them.

1c Being paid when the service user is absent i.e. hospital admissions

Ninety percent of respondents felt that being paid when the service user is absent was important or very important to them.

1d Having regular service users

Nearly ninety percent of respondents felt that it was important or very important to have the same service users.

1e Feeling valued by my employer

One hundred percent of respondents felt that being valued by their employer was important or very important.

2. What would make you more inclined to stay with the same employer

Figure 2 illustrates the spread of response to this question. Of the potential incentives suggested the most popular was a reward scheme and the second most popular was if the employer offered transport. Most potential incentives got a positive response though with the least interest being shown in potential childcare support.
3 What do you love about your role?

- The clients
- Being able to help people
- Doing something good for people
- Making life more comfortable for people
- Keeping people as independent as possible
- Variety
- Flexible hours

Most comments related to the service users and the job satisfaction gained form helping them. There was some appreciation for the nature of the role as well.

4 What would you change about your role?

- Better hourly rate - 2
- Paid travelling time - 8
- Better mileage rate - 1
- Long hours of work - 3
- Training - 2
- Electronic monitoring – feel mistrusted - 1
- Nothing - 7

The most common comment was regarding being paid for travelling time and nearly as many people felt they would not want to change the job at all.

5 Why do you think people leave the care sector?

- Poor pay/low wages/not paid travelling time
- Lack of interest from employer
• Being forced to work overtime
• Long hours
• Poor status/lack of recognition
• Vulnerable environment for low pay
• Negative media coverage
• Child Care

Most comments related to the terms and conditions of the job such as pay, hours and expectations of the role. There were also comments about recognition in the role.

6 What do you think attracts people to the care sector?

• Providing help/caring
• Wanting to make a difference
• Vocational career choice
• Flexible working hours
• High levels of unemployment
• Easy to get into
• Thinking the work is easy
• Training given for people lacking formal qualifications

Comments mostly related to the role being a vocation but there was also a recognition that it is reasonably easy work to get into.

7 Do you think care work is seen as a meaningful role?

• Yes - 6
• By general public but not employers - 1
• No - 8
• By those who need care - 1
• Not always - 5
• By those who understand the role - 1
• Most of the time except for bad press - 1
• Very! - 1
• Care workers are undervalued by government and local authorities - 1

Whether care work is seen as “meaningful” received a mixed response which hinged on who was doing the perceiving. It was felt that service users and the public might value care staff but that employers and statutory bodies do not.

8 Do you have suggestions to improve the status of being a care worker?

• Increasing pay
• Being paid for petrol
• Where properly training should be afforded better work conditions and pay
• Better public awareness of the role
- Minimum levels of qualification/better training
- Promote good care staff not bad
- Promote a more positive image – it is a true profession
- Be more respected by the companies

Most suggestions for improvement focused on terms and conditions and recognition in the role.

4. What the results mean

From Home Care Providers responses we learned:
1. The price of a quality service will not result in savings for the authority.
2. Large scale implementation has multiple risks.
3. Communication of the tender process will be crucial throughout and with all parties.

From Care Managers we learned:
1. Communication between care management staff and providers could be improved.
2. The quality of service from providers could be improved.
3. There is insufficient capacity in the market currently.

From people using home care services we learned:
1. Whilst people are attached to their provider, regular carers and consistent delivery is more important to them.
2. People would prefer their provider to be based locally.
3. People want to have continuity of care and would prefer to always have the same care workers.
4. People feel that communication by their providers could be improved.

From care staff we learned:
1. Staff need reliable work and a dependable income, current terms and conditions can mean it is not sustainable as a long term job choice as it does not provide a viable living.
2. Staff value the flexibility of the work – they can work hours which suit them and feel it is relatively easy employment to get into.
3. Staff value the caring element of their role and the ability to help others they prefer to work with the same people and build relationships where possible.
4. Staff do not feel valued or even recognised by society and very often by their employer.

5. What has been done?

Over all the responses from our consultation support our objectives and reaffirm our opinions around what the current issues with domiciliary care are:

1. There is a lack of capacity in the market.
Proposal: to commission by area thus reducing travel time improving efficiency.

2. There are issues with quality of provision. Proposal: to reduce the number of providers to allow more effective quality assurance processes. Also see point 4 below which should also have a positive impact on quality and NSC will also be implementing a competency based training tool for use by providers and care staff.

3. There are issues with communication. Proposal: allocation of 1 or 2 providers to each specific area to develop closer working relationships with teams.

4. There are issues regarding the terms and conditions for staff which add to the problems with capacity and consistency of service. Proposal: Guaranteed minimum hours for provider should ensure a dependable income for the provider who can pass on this advantage by offering better terms and conditions for staff. This should in turn assist with the recruitment and maintaining of staff.

5. There are issues around perception of the caring role and the value placed on it. Proposal: NSC are carrying out a campaign to raise awareness and prestige of paid caring role. This is happening outside of and as well as the tender process and will be an ongoing process.

As a result of the consultation process the commissioning model for domiciliary care has undergone one significant change:

Consideration of how to achieve a safe and effective implementation has resulted in the decision to take the procurement ahead one zone at a time. This change will reduce the scale of the change being implemented and will also give the opportunity to pilot the proposed new model. By using a staged approach it will be possible to evaluate the success of the model and to adapt it as required for each individual area. It is planned to start the tender with Worle area which would be complete by Sept 2015 and follow a planned programme of procurement thereafter.