CABINET – 5 December 2013 EXECUTIVE SUMMARY OF AGENDA ITEM 16

Report title: Retender of the contract for home care delivered by independent sector providers
Wards affected: All
Strategic Director: Alison Comley, HSC
Report Author: Leon Goddard – Strategic Commissioning Manager, HSC

1. RECOMMENDATION for the Mayor's approval:

1.1 To undertake a tender process to re-commission the delivery of home care services in Bristol.

1.2 To delegate authority to the Strategic Director-People to award contracts to the Home Care Providers who are successful in the tender process.

Key background / detail:

2. Purpose of report:

2.1 To describe the reasons why the Home Care commissioning model needs to be changed, what the changes are and the benefits this will achieve.

2.2 Bristol City Council proposes to undertake a competitive tender process to select Providers that will be offered contracts to deliver home care services, on behalf of Bristol City Council, for the next 3-5 years. This process will identify the Providers that demonstrate they are able to deliver the best value home care services and Bristol City Council will do this by assessing information in the bids against quality and price criteria.

3. Key details:

3.1 Bristol City Council currently commissions home care services from over 50 independent sector providers. Each week these providers deliver approximately 20,000 hours of home care to approximately 1,800 service users. The cost of this service is approximately £16 million per year. Bristol City council has a net spend of approximately £11m, as approximately £5 million is received in service user contributions.

3.2 The current model requires Providers to complete a set of tasks within a specific amount of time. This is overly restrictive, with little flexibility or opportunity to improve the service user's health and wellbeing. In many cases this leads to the service user becoming increasingly dependent on home care services.

3.3 A Commissioning Model has been proposed that will ensure home care is commissioned arranged and delivered in a way that benefits the people that receive or rely on these services (service users, their family, their carers etc.) and allows the Local Authority to make best use of its scarce resources.

3.4 This model is based on the views of service users, providers and other key parties (e.g. carers, social care staff) and reflects national best practice, the challenges that affect the delivery of these services and the needs of the people of Bristol. This document has been the subject of a formal 12 week consultation.

3.5 There are 4 key features of this commissioning plan and these are outlined in 3.5.1 – 3.5.4. There is a clear rationale for each of these individually, but the major benefits are expected to be achieved when they are combined to deliver whole system changes and put in place the practice, processes and requirements to support the delivery of high quality services to people in Bristol.

3.5.1 Zones:
Under the proposed model, local communities have been grouped together to create 11 geographical zones in Bristol. For each of the 11 zones, a single Home Care Provider will be selected during the tender process and awarded the contract as the Main Provider for that zone. Therefore, there will be a maximum of 11 different Main Providers, one for each zone. This approach seeks to improve the reliability, predictability and flexibility of home care services received by vulnerable people and the prolife and transparency of the Provider and their connection with the service users and the local community. Maps of these zones are included in Appendix 4 of this report.

3.5.2 Secondary Providers:
A second tender process will be undertaken to identify a group of Secondary Providers of home care. These Providers are expected to deliver a service that is the same high quality as that offered by Main Providers, but is tailored towards the specific needs and requirements of individuals and groups. Service users will have the choice of the Main provider or a Secondary Provider. This will facilitate service user choice and enable smaller Providers who do not wish to be Main Providers to continue to deliver services on behalf of Bristol City Council.

3.5.3 Outcomes:
All Providers will be required to work with service users and Bristol City Council staff to identify, agree and deliver the outcomes that are most important to the service user. These outcomes will be specific to the individual, achievable for them and cover different aspects of their life. All decisions about what services are needed and how and when they should be delivered will be made to support the delivery of these outcomes.

3.5.4 Reablement:
Under the proposed model, Providers will be required to work with service users in a way that maximises their health, wellbeing and independence. For some service users this may lead to improvements in their independence and quality of life, for others it will help maintain their current situation and for others it may slow their deterioration or help them adapt to this.

AGENDA ITEM 16

BRISTOL CITY COUNCIL
CABINET
5 December 2013

REPORT TITLE: **Retender of the contract for home care delivered by independent providers**

Ward(s) affected by this report: All

Strategic Director: Alison Comley, HSC

Report author: Leon Goddard – Strategic Commissioning Manager, HSC

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1. Purpose of the report:

Context

1.1 Bristol City Council provides, or commissions, social care services for approximately 10,000 people in Bristol each year. Bristol City Council's main responsibility to these people is to ensure that the services they receive meet their assessed care needs. Where possible, these needs should also be met in a way that that helps people live the life they want, in the way they want.

1.2 The clear and consistent message from service users (and their carers, family and friends) is that they want to live in their own home for as long as possible. This desire to maintain independence is supported by National Policy, with the 2012 Government White Paper requiring all stakeholders "to do everything we can – as individuals, communities and as a Government – to prevent, postpone and minimise people's need for care and support". Local policy is also consistent with this, and a key principle of the Bristol Health and Wellbeing Strategy 2013-14 is that "Individuals are able to remain independent for as long as possible, with access to support and advice when needed".

1.3 One of the key services commissioned by Bristol City Council to help people to live at home is 'Home Care'. This service involves care workers visiting service users at home and helping them with personal care tasks (e.g. help getting in and out of bed, getting washed and dressed) to ensure they are safe, clean and able to live in their own home with dignity.

1.4 Bristol City Council currently commissions home care services from over 50 independent Home Care Providers. Each week these Providers deliver approximately 20,000 hours of home care to approximately 1,800 service users. The cost of this service is approximately £16 million per year. Bristol City council has a net spend of approximately £11m, as approximately £5 million is received in service user

contributions. People that receive care that is privately arranged and funded (known as self-funders) are not included in these figures or any part of this report.

Current Situation

1.5 The Health and Social Care department in Bristol City Council seeks to ensure that the social care services it provides to vulnerable people across the City:

- Meet their social care needs.
- Are delivered in a way that fits in with people's lifestyles and preferences.
- Offer value for money and financial sustainability.
- Reflects national and local government policy and best practice.

1.6 Bristol City Council currently collects information and evidence to monitor the quality of home care services and uses this to establish the quality of services being delivered and how well the whole system is working. This monitoring includes; investigation and analysis of service user feedback, undertaking a programme of quality monitoring visits of services and working with other Local Authorities to share information and understand alternative delivery models. As a result of this work, Bristol City Council staff responsible for commissioning home care services concluded that improvements can and should be made to the way these services are commissioned, arranged and delivered.

1.7 Before proposing or making any changes, Bristol City Council undertook a thorough and lengthy process of stakeholder engagement to obtain the views of service users (and those of their family, friends and carers and groups that represent them) and Home Care Providers. Work was also undertaken to establish best practice across the country.

Feedback from service users and their family, friends and carers

1.8 Bristol City Council staff spoke to many people that receive and rely on these services, and the groups that represent them. Over 1000 survey responses and around 500 individual stories, which share the service user's experience of receiving home care services commissioned by Bristol City Council, were also analysed. The different comments, feedback and complaints from individuals were very detailed and all very important. To ensure this information could be used in practical way, it was analysed; to identify the specific problems experienced by service users, to group these problems into the key themes and to obtain feedback from service users about the action required to make improvements. Here is a summary of this analysis:

1.8.1 **Reliability:** This was the main issue raised by service users in 68% of cases. The problems are; care workers not arriving to deliver services, care workers missing tasks or failing to provide medication correctly. The improvements required are that care workers must; arrive for every visit, know how to access the service user's home and know what needs to be provided to the service user.

1.8.2 **Predictability:** This was the main issue raised by service users in 22% of cases. The problems are; care workers not arriving at the expected time or different care workers arriving that did not know the preferences and routines of the service user. The improvements required are for; care workers to arrive when they are expected and Providers to be clear with service users about which care worker will arrive and what they will and won't do.

1.8.3 **Flexibility:** This was the main issue raised by service users in 10% of cases. The problems are; care workers sticking too rigidly to care plans and visiting at times that are unsuitable for the service user as the Provider is unable to meet service user requests to change the time of visits. The improvements required are for; Providers to be more flexible about when visits take place and what is done during the visit to reflect the needs, preferences and lifestyle of the service user.

Feedback from Home Care Providers

1.9 Bristol City Council also spoke to Home Care Providers, as a group and as individual organisations, to understand how they are set up to deliver services and the factors that impact on the quality of services. These discussions sought to identify the practice and process that must be in place for Providers to deliver services that offer what is important to service users and carers. Specifically, this work sought to establish any problems with the current model and identify any areas in need of improvement.

1.9.1 **Reliability:** Providers don't have much certainty or predictability about when they will be asked to deliver care, how much or where. This uncertainty means that Providers don't always have care workers available in the right areas, at the right times and with the right skills. Some Providers choose to factor this uncertainty into staff terms and conditions (i.e. no guaranteed hours for staff), which in turn leads to high staff turnover and inconsistent services. The improvements required are for Providers to; have greater certainty about what care they will be asked to deliver, pass this onto staff through improved terms and conditions and pass this on to service users through improved reliability and service quality.

1.9.2 **Predictability:** Many Home Care Providers deliver services across the City, care workers are only paid when they are with service users and the service user is given the expectation that care workers will arrive at very specific times. Where visits are planned too soon after each other this can have a negative impact on service quality, as delays inevitably occur (often caused by traffic at rush hour), care workers fall behind schedule and service user expectations are not met. The improvements required are for; Providers and service users to be involved in agreeing times of visits, Providers to cover a smaller geographical area and be more realistic about what visits can be delivered by each care worker.

1.9.3 **Flexibility:** The current situation is that all aspects of how care is arranged, commissioning and delivered are based on Bristol City Council informing Providers of what tasks need to be completed, when and in how much time. This creates an inflexible and pressured system, which offers the service user no encouragement to consider what they want from the service and the Provider no opportunity to meet fluctuating needs. The improvements required are for; greater flexibility to be built into the whole system to give service users and Providers greater incentive, opportunity and control over what services are provided, when and how.

Other Challenges

1.10 **Demographics:** In recent years, the change in the number of people living in the UK, their age profile, lifestyles and health and social care needs has been significant, challenging and is expected to continue. This will impact how Local Authorities plan and deliver social services for the people that need them. The 2011 census showed that the population in Bristol increased from 390,000 in 2001 to 428,000 in 2011, an increase of

38,200 (9.8%), which was the third highest growth rate of all Core Cities. A similar increase is expected by the time of the next census in 2021. The level of increase varies across the age ranges but indicates an increase in the number of people in the age groups most likely to receive home care services (i.e. 65 and over).

1.11 **Health and Wellbeing:** Home care services are crucial to maintaining and improving many people's health and wellbeing and to helping them live as full and independent a life as possible. However, as people live longer and remain medically fit to continue living in their own home for longer, the demand for home care services in Bristol increases. The average amount of care a service user receives per week has increased from 10.25 in March 2011, to 11.58 in March 2013, which is 8.8% over 2 years. These challenges and trends are expected to continue.

1.12 **Finance:** There is significant pressure on Local Authority budgets and whilst Bristol City Council has prioritised spending on health and social care services, value for money is clearly of paramount importance. This requires the Local Authority to use its resources in the right way to achieve the best results.

1.13 Any new model of home care must be sustainable now and in the future in light of the challenges linked to the changing population of Bristol, health and wellbeing and the financial situation. If no change is made to how Bristol City Council commissions home care services, then the cost to the Local Authority of these services is expected to increase as more people need more home care services at a time when the amount of funding available for the service could reduce.

1.14 Bristol City Council has undertaken detailed work to consider the value of the current Commissioning Model, which included obtaining feedback from service users and Home Care Providers on what currently works well and not so well in Bristol. This also considered alternative models of delivering home care services and the challenges facing Bristol City Council. The results have been described in this section and Bristol City Council has used this information to develop a proposal for a changed Commissioning Model that it feels will provide high quality, suitable and cost effective home care services for the people of Bristol for the next 5 years.

2. Recommendation for the Mayor's approval:

2.1 To undertake a tender process to re-commission the delivery of home care services in Bristol.

2.2 To delegate authority to the Strategic Director-People to award contracts to the Home Care Providers who are successful in the tender process.

3. The Proposal

Re-commissioning Process

3.1 Bristol City Council proposes to undertake a competitive tender process to select Providers that will be offered contracts to deliver home care services on behalf of Bristol City Council for the next 3-5 years. This process will identify the Providers that

demonstrate they are able to deliver the best value home care services and Bristol City Council will do this by assessing information in the bids relating to quality and price. The criteria for selecting Providers will have a weighting of 70% on quality (i.e. what service they will deliver and how) and 30% on price (i.e. what will be the cost of the service). This weighting will be sending a clear message to Providers that in order to have a chance of being awarded a contract, they must demonstrate that they can deliver high quality and cost effective services that are suitable (in all aspects) to meet the needs of people across Bristol.

3.2 All service users that start receiving home care after the completion of the tender process, the award of contracts and the implementation of the proposed model, will receive services in line with the proposals in this report. People that started receiving home care prior to implementation of the proposed model will be encouraged to change but will not be required to do so and may continue to receive a service under the current commissioning model. This is an important consideration when calculating expected cost savings as the proposed model will have a focus on reablement and an expectation that people will need less home care as a result of this.

Proposed model of commissioning, arranging and delivering home care

3.3 **Zones:** Under the proposed model, local communities have been grouped together to create 11 geographical 'zones' in Bristol. For each of the 11 zones, a single Home Care Provider will be selected during the tender process and awarded the contract as the Main Provider for that zone. Therefore, there will be a maximum of 11 different Main Providers, one for each zone. Maps of these zones are included in Appendix 4 of this report and each diagram shows the same zones but other additional geographical areas (e.g. Neighbourhood Partnerships)

The expected benefits of this approach are that Providers will;

3.3.1 Have increased certainty about the services they will be expected to deliver.

3.3.2 Be able to focus all their resources in a particular area of the City, building a presence in, and strong links with, the local community.

3.3.3 Improve the quality of services, with greater reliability and better use of other resources in the local community (e.g. activities).

3.3.4 Improve the staff terms and conditions, by offering greater certainty and less 'downtime' (e.g. through less travel).

3.4 **Secondary Providers:** A second tender process will be undertaken to identify a group of Secondary Providers to deliver services across the City. These Providers are expected to deliver a service that is the same quality as that offered by Main Providers, but is more appropriate to the specific needs and requirements of some individuals and groups. This is likely to be achieved because of; how they are set up, the type of service they deliver or the skills and training of their workforce.

The expected benefits of this approach are that:

3.4.1 Service users will have access to Providers that offer a wide range of high quality home care services.

3.4.2 Service users will have choice and control over which Provider delivers services to them.

3.4.3 It will ensure that those Providers that do not want to become a Main Provider have an opportunity to continue delivering high quality care to service users on behalf of Bristol City Council.

3.5 **Outcomes:** All Providers will be required to work with service users and Bristol City Council staff to identify and agree the outcomes most important to the service user. These outcomes will be; personal to the individual, achievable and cover different aspects of the service user's life. All decisions about what services are needed and how and when they should be delivered will be will be made to support the delivery of these outcomes. As the service user achieves their outcomes, new outcomes will be identified to continue the improvements in their independence and quality of life. All of this information will be documented in an Outcomes Based Support Plan that is specific to that individual service user.

The expected benefits of this approach are that:

3.5.1 Service provision will no longer be restricted to delivering a prescriptive list of tasks at a specific time.

3.5.2 All parties will be focussed on ensuring that services are arranged, delivered and received in a way that support the achievement of outcomes important to the service user. Providers, Bristol City Council staff and service users must play their part in this.

3.5.3 The type of service that is delivered, when and how this is done will be much broader than at present to fit in with the diverse and changing lifestyles of service users.

3.6 **Reablement:** Under the proposed model of commissioning home care services, Providers will work with service users in a way that seeks to maximise their health, wellbeing and independence. The service user will be helped to identify improvements that are personal to them, achievable and that will have a positive impact on their life. It is expected that many of the outcomes the service user identifies will be linked to reablement activity and all aspects of the proposed commissioning model will support the Provider to work in a way that helps the service user improve. This will deliver a reablement focussed home care service.

The expected benefits of this approach are that:

3.6.1 Providers will focus on maintaining or improving the service user's situation. At the moment, some of the input from Providers may inadvertently make people more dependent on health and social care services.

3.6.2 Service users will be helped to; learn new skills (e.g. how to prepare a meal), re-learn skills they have lost (e.g. getting in and out of bed unassisted) or maintain their independence despite a deterioration in their health (e.g. taking medication).

3.6.3 Resources will be used more effectively, with an emphasis on providing intensive short term support to reduce long term needs.

3.7 **Payment to Providers:** Providers will receive payment from Bristol City Council for the units of service they deliver. This will be measured per hour of service, or part thereof. This rate will be determined by the bids that each Provider puts forward as part of their tender. Bristol City Council will pay Providers for the amount of service they deliver and a single rate will apply at all times (i.e. there will be no enhanced rate at nights, weekends or bank holidays). Under this proposal, Bristol City Council will also pay Providers, in addition to the hourly rate, where they successfully help a service user achieve their outcome and the service user becomes less dependent on health and social care services.

The expected benefits of this approach are that:

3.7.1 There will be an incentive for all parties to work towards achieving service user outcomes.

3.7.2 Payment to Providers will reflect the amount of work they do (i.e. the hourly rate) and also the quality and impact of this work (i.e. if a service user achieves their outcomes).

4. Finance

4.1 The proposed commissioning model is expected to reduce the cost of home care services and create long term financially sustainability in the purchasing of home care services. If this proposal is approved and implemented, cost savings will be achieved by commissioning a reablement focussed home care service where service users are supported to maximise their independence and their care journey is slowed down.

5. Quality

5.1 During its review of the way that home care services are commissioned, Bristol City Council identified improvements that could be made to the quality of services that are delivered by Providers, and the Council's quality assurance of these services. The proposed model of commissioning home care services will have a very strong emphasis on quality. This will begin with a tender process that is heavily weighted towards the quality of the service delivered by the Provider and will continue throughout the proposed commissioning model. This section describes how this will be done.

Quality of services

5.2 Under this proposal, Bristol City Council will use the tender process to consider the actions and decision of Providers and the impact these are likely to have on quality. This will cover key areas such as staff, the organisation and its infrastructure, all of which will ultimately determine the quality of the home care services that are delivered. During this tender process, and once services are being delivered, Bristol City Council will look to identify the Providers that act in a way that ensures they deliver the highest quality services. 5.3.1 – 5.3.5 describes some of these factors that Bristol City Council believes will determine the quality of services:

5.2.1 **Staff recruitment, terms and conditions:** Bristol City Council believes that the way staff are recruited and rewarded has a big impact on the quality of the service they deliver. Bristol City Council will look to Providers to employ staff and reward them in a way that ensures they have a workforce that is consistent, reliable and motivated, resulting in high quality home care services.

5.2.2 **Staff training, development and management:** Bristol City Council will look to Providers to implement training and workforce practice and processes that ensure they have a workforce that is trained and supported to a high standard, and that this is reflected in the quality of services.

5.2.3 **Use of local resources:** Bristol City Council will look to Providers to interact with the local community in an open, positive and inclusive way for the benefit of service users. This should include making the best use of;

- Local staff – E.g. recruitment from local colleges.
- Local opportunities – E.g. leisure and social activities for service users.
- Local presence – E.g. opening an office on the high street.

5.2.4 **Impact on service user's health and wellbeing:** Providers must consider all aspects of a service user's situation that contribute to their health and wellbeing and support them to achieve their outcomes. These could relate to:

- Nutrition – E.g. ensure service users eat the right type and amount of food by checking the right type of food is available and being eaten. This may range from offering advice, signposting or preparing meals, as appropriate.
- Foot care / dental care – E.g. identify any deterioration and take appropriate action to prevent wider problems, such as with walking or eating.
- Mental health problems – E.g. look out for early warning signs, identify any deterioration, alert the relevant parties and work with other organisations if additional services need to be delivered.

5.2.5 **Work with Partners:** Bristol City Council expects Providers to work with all partners in an open, cooperative and positive way, for the good of these relationships and the service user. This is particularly relevant during interaction with Bristol City Council staff (e.g. agreeing the service user outcomes with a social worker) and colleagues from health organisations (e.g. when making a referral to a GP).

Quality Assurance

5.3 The proposals in this report will help improve the quality of home care services in Bristol. To ensure these standards are achieved and maintained, they will be supported by a 'Quality Assurance Framework'. This will include quality assurance measures that will apply to all health and social care services (which are currently being consulted on) and specific arrangements relating to home care services. This Framework will aim to deliver the following objectives:

- A clear set of standards, expectations and requirements of Providers and Bristol City Council.
- A link between these standards and any penalties or implications.
- Greater transparency and a clear set of information sharing requirements.
- Better access for service users to feed into the quality assurance process.

5.4 These objectives will be delivered through the implementation of the Quality Assurance Framework. Some of the key features of this Framework will now be described to set expectations that stakeholders (especially service users) can have of how Bristol City Council will monitor and improve standards.

5.4.1 **Documentation that set outs key requirements:** If this proposal is implemented, there will be a set of documents that communicate what is expected of all parties and they are:

- Tender documents – Will set out what Bristol City Council expects from Providers and how bids will be assessed and ranked.
- Service Specification – Will set out the detail of what services must be delivered by Providers and how this must be done.
- Contract – Will provide a legal basis for the relationship between Bristol City Council and Providers.

5.4.2 **Key Performance Indicators:** These will focus on aspects of home care that can be measured by numbers (e.g. if visits are on time). It is recognised that numbers will only

tell part of the story on quality, but where they are used, targets and results will provide a solid evidence base of how well the Providers is working. These measures will:

- Cover many aspects of service delivery.
- Demonstrate what is expected of Providers (targets).
- Demonstrate what is achieved by Providers (results).
- Be used in conjunction with the Provider Performance Meetings.
- Directly relate to what the Service Specification requires of Providers.

5.4.3 **Provider Performance Meetings:** Under the proposals, there are plans for Bristol City Council to arrange open meetings across Bristol, which will be attended by the Providers that deliver home care services in that area and Bristol City Council staff responsible for managing the home care contracts. Service users will be encouraged to attend and it is expected that other key stakeholders, such as Local Councillors, will also be present. The purpose of this meeting will be to review the performance of that Provider and this will be done through a combination of performance information (e.g. that will show punctuality results), open discussion and feedback from attendees. This meeting will be one of many ways in which service users and those relying on home care services can provide feedback, but it seeks to improve the 'presence' and transparency of the organisations that deliver home care services in the local area. It is proposed that information and minutes from these meetings will be published on the Bristol City Council website.

5.4.4 **Feedback on the quality of services:** Bristol City Council will continue to gather information from the people that receive and rely on these services. However, the new health and social care quality monitoring measures will make this simpler and more effective as well as ensuring that information is received from all valuable sources. The steps that are being proposed will:

- Offer more opportunities for more people to feedback.
- Make it easier for people to feedback.
- Coordinate and collate this feedback so those interested in a service can see all available information.

5.5 In order for a Quality Assurance Framework to work effectively, the requirements must be linked to appropriate and proportionate penalties. 5.4.1 – 5.4.4 describes some of the ways in which information will be obtained and shared, 5.5.1 – 5.5.4 sets out some of the actions Bristol City Council may take.

5.5.1 **Public information sharing:** As set out in 5.4.3, Bristol City Council will use the information it obtains about the quality of Providers in a public meeting. As well as being an uncomfortable situation for poor performing Providers, the knowledge and expectation that the wider public may become aware of the situation will focus Providers thoughts on delivering the best service they can and the messages they want shared publicly about their organisation. The potential for positive or negative publicity is expected to drive high levels of performance.

5.5.2 **Increased Provider Performance Meetings:** Where a Provider is failing to meet the requirements on them, it may be appropriate for Provider Performance Meetings to be held with them more frequently. This would be most appropriate to observe and monitor the progress of the improvement actions they are taking to address problems

5.5.3 **Restrict the number of service users the Provider can work with:** This is a very specific action used where a Provider is unable to deliver high quality services to their existing service users and / or is unable to cope with providing services to any more people. This may be due to how they are set up as an organisation or may be due to issues such as temporary staff sickness. In either case, it is in everyone's interests for Bristol City Council to prevent, or limit, Providers taking on new service users so they can focus on the ones they currently work with. How long this restriction is in place for will depend on the specific circumstances.

5.5.4 **Terminate the contract:** This is the ultimate sanction Bristol City Council can impose and would occur where a Provider has made clear and significant breaches of the contract. The contract will set out possible reasons for termination and whilst this is obviously a last resort, it is one that Bristol City Council would be willing to impose.

6. Consultation and scrutiny input:

6.1 A key part of the process of implementing any big change is to hear the comments, suggestions and feedback from people closest to the subject. In this case that is the people who arrange, deliver, receive and rely on these services. Therefore, the Commissioning Plan in Appendix 1 has been the subject of a 12-week consultation. Bristol City Council used this time to engage with key groups and individuals to explore the content of the Commissioning Plan and provide an opportunity for analysis, scrutiny and challenge of the proposals. Here is an overview of the ways in which the proposals were publicised, communicated and discussed.

Internal consultation

6.2 **Elected Members:** The Assistant Mayor responsible for Adult Social Care was made aware of the plans prior to the 12-week consultation and all Members were provided with a written briefing when the consultation began. This Executive Summary was presented at the Health, Wellbeing and Adult Social Care Scrutiny Commission on 17th September 2013. It was done at this stage to enable the views of the Commission Members to influence the Commissioning Plan.

6.3 **Staff:** Health and Social Care Divisional Leadership Team and other key Managers have been kept informed of these proposals throughout 2013. This message has been provided through regular staff communication channels (e.g. The Source) and specific engagement sessions have taken place with key Health and Social Care, especially those directly involved in assessing service user's needs and arranging services on their behalf. This has continued throughout the formal 12-week consultation period, with 3 separate events held across Bristol for staff to attend. In total, over 100 Bristol City Council staff have provided direct contributions to inform the Commissioning Plan, including those that work closest to service users.

External consultation

6.4 **Events for Service Users, Carers, and Members of the Public:** 13 consultation events have been held for these groups across Bristol. Most of these took place at Extra Care Housing Schemes and Sheltered Accommodation venues, to ensure the environment was local, appropriate and accessible to those wishing to attend. These events shared key information with the people that will be affected by these proposals

and obtained detailed and useful feedback from them about Bristol City Council plans, or their thoughts on what should happen. In addition, the proposals have also been shared and discussed at Partnership Boards, VOSCUR, The Care Forum, Bristol Older Peoples Forum, and the Quarterly meeting of The Supported Housing for Older People.

6.5 **Communication with Service Users, Carers and Members of the Public:** People around Bristol have been made aware of the proposals in the Commissioning Plan, and the ways in which they can feedback on and inform the Commissioning Plan, through; press releases, 'Ask Bristol' e-bulletin, Health Watch, WellAware, Facebook / Twitter, 'Our City' newsletter and a local radio broadcast. Posters promoting the consultation have been displayed across the city in Bristol City Council offices, GP surgeries and libraries. Copies of the feedback survey have been distributed at libraries and by HSC staff.

6.6 **Direct contact with Service Users:** In addition to the various discussions, suggestions and information sharing that have taken place, Bristol City Council produced a survey to obtain feedback from service users and carers about the proposals. Service users were given the opportunity to send a written response by post / email, complete this over the telephone or on-line. Service users were also given the opportunity to complete this in their own home with a member of Bristol City Council staff, their care worker or a member of a specialist dementia organisation. There were separate surveys for i) service users and carers, ii) Employees of Care Providers, iii) Bristol City Council staff and iv) other interested parties and member of the public. In total, 162 surveys have been completed by service user and carers.

6.7 **Direct contact with Providers:** This also took place throughout 2013 and informed the proposals included in the proposed commissioning model. In addition to this, 3 events were held during the consultation period to obtain detailed feedback, information and evidence to shape the proposals and underpin the implementation.

Results of the Consultation

6.8 This section will provide a summary of the results from the survey. The key messages fed back during the consultation are provided and are representative of the overall feedback. A full list of comments provided during the consultation and the results of the surveys conducted are provided in Appendix 5 of this report.

6.9 Service Users

Theme	Response
Flexibility	Most service users stated a need for a service they can rely on. Flexibility is nice to have but would be secondary to reliability.
Reliability	It is very important to service users to receive a service at the time they expect to receive it, and where this can't be the case, they must be informed.
Predictability	Service users like to have consistent staff who know how things must be done. A typical comment was *"I like care staff that I know and feel comfortable with, especially for personal care".* They spoke about the disruption to their care and routine when care staff don't do things in a way they like.
Outcomes	Information included in Appendix 5.
Quality	Many of the comments focussed on how this will be achieved, with many service users referring to training and terms and conditions of staff.

6.10 Family, friend or carer of someone that receives home care.

Theme	Response
Flexibility	Some carers expressed that they would like more flexibility in the short term, but most expressed that they want a service that is reliable and fits in with other aspects of their life.
Reliability	This is very important to carers, particularly where the service user has an impairment such as dementia and may not be able to identify and raise problems. E.g. care worker hasn't arrived or hasn't completed certain tasks.
Predictability	For carers it is important to have a service that is predictable. This allows them to plan their own life around the service and also gives them trust that when they are not present, things will still be done properly. A typical comment was *"It's important that the care worker arrives at the due time, not just that day."*
Outcomes	Information included in Appendix 5.
Quality	As with service users, many comments focussed on how this will be done.

6.11 Employees of Home Care Providers

Theme	Response
Flexibility	As most service users need care visits to enable them to get in and out of bed, there are peaks around these times. An employee of a Provider summed it up, "what's the point in putting someone to bed at 6pm when they'd only got up at 10am?"
Reliability	This is often affected by things outside the control of a Provider, such as the changing needs of a service user. Therefore, the expectations of service users and carers must be managed to reflect this.
Predictability	As with reliability, sometimes things happen beyond their control leading to a less predictable service. Providers are often not given the appropriate equipment, e.g moving and handling equipment, necessary to provide support and yet are still expected to provide a service. Hospitals often expect Providers to be able to provide a service at very short notice without everything in place for the service user to return home.
Outcomes	This can be done, with many Providers reporting that they are currently focussing their work on service user outcomes. This may be were another LA requires them to work in this way or where they have taken this decision as an organisation.
Payment	Main thing is to be given clear and simple requirements by Bristol City Council and then be paid an amount that reflects these requirements. Incentives would work and would help, but what is more important is that they basic rate allows them to recruit, train and reward staff appropriately.
General Approach	Geographical zones make sense. Need to ensure that small providers are able to bid. Payment will need to reflect the difficulties in each zone (e.g. parking). The new system needs to be simple and not bureaucratic and accommodate outcomes that can change within short time scales and no longer reflect the practitioner's assessment. If there is a system of payment by results the way of capturing the achievement of service user outcomes needs to be robust.

	Procurement needs to be robust to ensure that some providers don't win a zone purely based on them putting in a low priced bid.

6.12 Employee of Bristol City Council or a Health Organisation, that work with people that receive home care.

Theme	Response
Flexibility	More flexibility around certain times of the day is important, particularly in the evenings to avoid Service users having to go to bed unreasonably early. Specialist services also need to be provided on a citywide basis so that Service users with particular needs can have these meet by staff with the necessary skills.
Reliability	Some Providers are more reliable than others. Reliability is very important, and in the instances where this is not possible, Providers needs to communicate with those involved.
Predictability	Training is crucial to ensure that care workers have the correct level of knowledge and skills, this is not always the case. Some Providers do not have a consistent staff group so some can be unknown to SU's, not adequately trained and not familiar with the service user's needs and wishes.
Challenge for Providers to work differently	A lot of staff raised concerns about the ability of Providers to be able to work differently in the proposed model "without a commitment to enforcing standards the service is unlikely to change". "The private sector is profit driven, which leaves me questioning how they will continue to make a profit if they become more reliable, flexible and predictable".
Outcomes	Information to be included after the end of the consultation.

6.13 Member of the public or interested party (many respondents were ex-care workers)

Theme	Response
Flexibility	It is important to have flexibility, but it's more important to do what's agreed. Most services are based on what is needed (going to the toilet etc) where there is little room for flexibility about the time of day of the service.
Reliability	It's important to know the care worker and to be able to rely on them doing what you expect.
Predictability	This is very important, particularly for service users who are unable to make their own decisions. The care worker needs to be adequately trained and be given enough time when they are with the service user.
Outcomes	Information to be included after the end of the consultation.

7. Other options considered:

7.1 **No change to the current approach:** Bristol City Council will continue to purchase care from any of the 50 Providers it currently uses on a case by case basis. There would be little or no scope to change the hourly rate Bristol City Council pays, to influence how Providers recruit, retain and train staff or to affect the way that the services are arranged and delivered. This would contradict emerging best practice and service user views on focusing on outcomes and promoting independence.

7.2 **Implement a Framework Agreement:** Bristol City Council could require Providers to

apply to be on the Framework and then run a mini-tender for each care package to decide who will provide this. This would create an extra layer of process and delay in setting up care for each service user. It would not address issues around the quality of care or the reliability, predictability and flexibility of the service. The only improvement is likely to be that the increased competition could see Bristol City Council paying a slightly lower price for some services.

7.3 **Specialist Providers:** Bristol City Council could let contracts to specialist providers to work with service users that require specialist skills and care provision. It is likely that this would be implemented along with option 7.1 or 7.2 and could improve the quality of the service to these people, but would not address the issues for other service users or meet the financial and demographic challenges.

8. Risk management / assessment:

FIGURE 1

The risks associated with the implementation of the *(subject) decision*:

No.	RISK Threat to achievement of the key objectives of the report	INHERENT RISK (Before controls) Impact	INHERENT RISK (Before controls) Probability	RISK CONTROL MEASURES Mitigation (ie controls) and Evaluation (ie effectiveness of mitigation).	CURRENT RISK (After controls) Impact	CURRENT RISK (After controls) Probability	RISK OWNER
1	**Quality** Lack of skilled Providers able to deliver a home care service with the required reablement focus	**HIGH**	**MED**	Robust procurement process leading to Bristol City Council choosing the best Providers. Robust contract and service specification. Thorough monitoring and quality assurance.	**MED**	**LOW**	Leon Goddard (LG)
2	**Cost effectiveness** Bids from Providers may be too expensive and increase current costs of service delivery	**HIGH**	**MED**	Give clear expectations in the Commissioning Plan of the expected rate. Stimulate the market to increase competition and drive bids down in price.	**HIGH**	**LOW**	LG
3	**Low interest from Providers** There are insufficient bids from Providers and / or they do not reach the expected quality standard.	**MED**	**LOW**	Give clear expectations in the Commissioning Plan of the expected quality standards. Stimulate the market to increase competition and quality.	**LOW**	**LOW**	LG
4	**Main Provider going out of business** Bristol City Council would have to source alternative provision for service users in that zone.	**HIGH**	**LOW**	Robust procurement process with thorough checks around the Providers stability and history. Close proactive working relationship with providers to ensure this does not happen, or if it does, sufficient contingencies are in place to minimise service disruption. Capacity building among Providers to offer contingency if this happened.	**LOW**	**LOW**	LG
5	**Loss of current Providers in the market** A Provider may go out of business if they are not selected as a Main Provider. This may affect the market profile and lead to fewer Providers being available for the self-funding market and service users in receipt of direct payments. Could also lead to adverse publicity for Bristol City Council.	**LOW**	**HIGH**	This will be an inevitable result of the process we are undertaking. Bristol City Council will look for early signs of problems and ensure contingency plans are in place to ensure service continuity. Clear and robust messaging from Bristol City Council about the benefits of what we are doing.	**LOW**	**HIGH**	LG

6	**Council reputation** The re-commissioning of home care is very high profile. Some parties may not agree with the plans and this may result in some bad publicity particularly if there are 'teething problems' or if any of the current Providers go out of business.	**MED**	**MED**	Bristol City Council to provide clear messages about why this is being done. Bristol City Council to share potential impacts of the plans before implementation to demonstrate foresight about what will happen, why and how any problems will be minimised.	**LOW**	**MED**	LG

FIGURE 2

The risks associated with <u>not</u> implementing the *(subject) decision*:

No.	RISK Threat to achievement of the key objectives of the report	INHERENT RISK (Before controls) Impact	INHERENT RISK (Before controls) Probability	RISK CONTROL MEASURES Mitigation (ie controls) and Evaluation (ie effectiveness of mitigation).	CURRENT RISK (After controls) Impact	CURRENT RISK (After controls) Probability	RISK OWNER
1	**Quality** Increasing number of safeguarding incidents as a result of this process	**HIGH**	**HIGH**	Continue to address safeguarding by trying to work with Providers in a more proactive way than at present.	**HIGH**	**MED**	Ann Wardle (AW)
2	**Costs** Cost of home care services continue to increase.	**HIGH**	**HIGH**	The proposed model contains some actions that aim to address this situation. There will be no mitigation against this risk if the proposed model is not approved.	**HIGH**	**HIGH**	LG
3	**Number of providers** Unable to effectively manage the current number of Providers (over 50)	**HIGH**	**HIGH**	Unable to mitigate against this if no action is taken	**HIGH**	**HIGH**	LG
4	**Lack of balance and diversity in the home care market** The home care market is dominated by a small number of large powerful Providers.	**HIGH**	**HIGH**	Unable to mitigate against this if no action is taken	**HIGH**	**HIGH**	LG
5	**Provider development** Little incentive for Providers to develop their service expertise	**HIGH**	**HIGH**	Develop market through Provider forums, training, and relationships with Providers who need to improve the way they work	**MED**	**MED**	LG
6	**Growth in demand** Increasing population results in a dilution of services as the same level of service / funding needs to be shared with an increasing number of people.	**HIGH**	**HIGH**	Unable to mitigate against this if no action is taken	**HIGH**	**HIGH**	LG
7	**HSC Practitioner staff** Practitioners struggle to meet service user expectations	**HIGH**	**HIGH**	Unable to mitigate against this if no action is taken	**HIGH**	**HIGH**	LG
8	**Sourcing packages** Difficulty sourcing some care packages, particularly for people waiting to leave hospital, with complex needs and packages for service users living in particular areas of the city	**HIGH**	**HIGH**	Unable to mitigate against this if no action is taken	**HIGH**	**HIGH**	LG
9	**Lack of reablement** Service users continue to receive a service that does not promote independence, creating a culture of dependence and reliance on social care services.	**HIGH**	**HIGH**	Unable to mitigate against this if no action is taken	**HIGH**	**HIGH**	LG
10	**Council reputation** Council reputation due to the provision of poor quality home care services	**HIGH**	**HIGH**	Unable to mitigate against this if no action is taken	**HIGH**	**HIGH**	LG

8.1 **Public sector equality duties:** The Equality Impact Assessment has been completed and is in Appendix 2.

8.2 **Eco impact assessment:** This has been completed and is in Appendix 3. Here is a summary of the information provided by the lead officer, Claire Craner-Buckley:

8.2.1 **Significant Impacts:** Re-tendering the independent provider delivered home care service in users' homes and at supported living accommodation across the city, will result in the emission of climate changing gases, consumption of fossil fuels, air and noise pollution as a result of care worker travel. Introducing single provider geographical zones across the city may result in better route planning & less net travel by Providers.

8.2.2 The re-tendering agreements with home care providers should include the following measures to mitigate the impacts and maximise environmental performance:

- Route planning & eco-driver training for care workers.
- Potential specification of fuel efficient vehicles in contracts.
- Consideration of more sustainable travel modes, e.g. electric bike or moped instead of single occupancy car travel.
- The level to which these mitigation measures for environmental and climate related impacts are included in the re-tendering process, and on-going contract management will determine the degree of success achieved.

8.2.3 **The net effects of the proposals are:** In comparison with the current arrangements, the proposals are likely to deliver a small environmental benefit.

8.3 **Resource and legal implications**

8.3.1 **Financial (revenue) implications:** Currently Bristol City Council's net spent on home care services from the independent sector is £11m per annum. A total of £16m is paid for services and £5m is recouped in service user contributions. This proposal will not have a revenue impact over and above the current revenue commitments outlined above and in the Medium Term Financial Plan. The Council aim to achieve efficiency savings as a result of the proposed commissioning model in this report.

8.3.2 **Financial (capital) implications:** There are no capital implications from this report.

Advice given by Robin Poole, Finance Business Partner
Date 25th October 2013

8.4 **Legal implications**

8.4.1 **Procurement:** Home care services are Part B services for the purposes of the Public Contracts Regulations 2006 and will not be subject to the full European procurement regime. The tendering exercise must however still comply with the general obligations regarding fairness and transparency. Procedures will also need to comply with the Council's own procurement rules, which include a requirement for a formal tendering exercise. There may also be TUPE issues in connection with any change in service provider.

8.4.2 **Public Sector Equality Duty:** It should be noted that the Council must comply with its duties under section 149 of the Equality Act 2010, including ensuring due regard is paid to the public sector equality duty and its requirements at all times during the decision-making process.

8.4.3 **Consultation:** Extensive internal and external consultation has taken place over a 12 week period as identified and detailed in point 6 of this report. In making any decisions on the recommendations set out in this report, the Mayor must be satisfied the consultation process was carried out in a fair, adequate and timely manner. The Mayor must also take the outcome of the consultation into account in the decisions he makes on the recommendations set out in this report.

Advice given by Kate Fryer, Contracts Lawyer
Date 24th October 2013

8.5 **Human resources implications:**

8.5.1 There are staff employed by Bristol City Council who provide home care services and a decision on the future of this service is yet to be made. We should ensure that staff who are indirectly employed via provider contracts are employed on equitable terms and conditions and that the use of zero hours contracts is explicitly prohibited as part of the tender process as this is not something Bristol City Council advocates.

Advice given by Lorna Laing, People Business Partner
Date 24th October 2013

8.6 **Appendices:**

Appendix 1: Home Care Commissioning Plan that was issued for the 12-week consultation period that began on 7th August 2013.
Appendix 2: Equality Impact Assessment
Appendix 3: Eco Impact Assessment
Appendix 4: Full details of all consultation responses.
Appendix 5: Maps of the home care zones

Appendix 1

Home Care Commissioning Plan

Delivering high quality care and support services to people living in the community

2014-2017

August 2013

Contents

1. Glossary

Terms will be used throughout this document that may be unfamiliar to some people, or that mean different things to different people. To ensure a common understanding of what is being described, these have been listed below in order of relevance to this document.

Home Care services (Current Model)	A service that is delivered to a person in their own home to help them remain independent as long as possible. The type of home care service fall into two categories; - Personal care: The Care Worker does something to a SU. E.g. Lifting, moving, dressing, feeding or washing the SU. - Domestic care: The Care Worker does something for a SU that that helps them to continue living in their own home. E.g. cleaning, doing laundry or cooking for the SU. A key distinction is that personal care will involve physical contact between the Care Worker and SU, but domestic care will not.
Home Care services (Future Model)	This will include many of the same tasks as in the current model, but the distinction relates to role of the Care Worker and SU in completing tasks, rather than exactly what that task is. A service that is delivered to a person in their own home to help them remain independent as long as possible, which comes into one of two categories; - Care: The Care Worker does something to or for the SU to help them live in a safe and dignified way, where the SU makes little or no contribution to completing the task. E.g. Two Care Workers use a hoist to physically lift a SU out of bed. - Support: The Care Worker does something to or for the SU to help them maintain or improve their independence, where the SU makes a significant contribution to completing the task. E.g. The Care Worker steadies and supports the SU while the SU lifts themselves out of bed or the Care Worker arranges activities for the SU and helps them attend.
Service user (SU)	A person that receives a social care service, which is arranged and funded by BCC. In this document, the term will specifically relate to the people that receive a home care service.
Bristol City Council (BCC)	The organisation that has overall responsibility for arranging and funding social care services and ensuring that these meet the needs of the people of Bristol who receive them. BCC has decided that it will not directly deliver home care services, but will commission other organisations to deliver these services on its behalf. These organisations will be referred to as 'Home Care Providers' and BCC as the 'Commissioner'.
Home Care Providers (or Providers)	External organisations that are separate from BCC and deliver home care services. They can be very different from each other in their; size, approach, infrastructure, vision and aims.
Care Worker	Employees of Home Care Providers who visit people's homes to deliver home care services to them.
Zone Provider	The Home Care Provider that has been awarded the contract to deliver care to new SUs in each Zone.
Zone	A geographical area of Bristol that is made up of several Wards.

	For each Zone, a contract will be awarded to a Home Care Provider to deliver all home care in that Zone (with some exceptions – see Secondary Provider).
Secondary Provider	The Home Care Providers that will be given a contract by BCC that will allow them to deliver home care to SUs on behalf of BCC. They will be asked to deliver services to SUs where they are able to provide a more suitable service than a Zone Provider.
Carers	People that provide care and support, but who are not employed to do this and do not receive payment for it. This is usually a friend or family member of the person receiving the care and support.
Package of Care	This does not refer to any specific document or plan, but is a general term to describe the amount, level and type of care that is provided by the Home Care Provider to the SU.
Reablement	This describes the process of a SU learning or re-learning to participate in or complete tasks that will maintain or improve their health, wellbeing or independence. This may be in evidence through a specific task or situation (e.g. a Care Worker showing the SU how to cook a meal). However, it is best considered as an overall approach to care and support, where everything the Care Worker does with the SU is geared towards helping the SU be able to do things for themselves.
Needs	This describes the things that a SU needs help. These needs are the reason a SU receives a home care service. An example of a need is 'help getting out of bed'.
Outcomes	These are things the SU wants to be able to do as part of their lifestyle. The home care services that a SU receives will be focussed on helping them achieve these outcomes. It is likely that many of the outcomes will relate to a need that has been identified. For example, the SUs need is for 'help getting out of bed' and the outcome they want to achieve is 'get out of bed without assistance'.
Preferences and Wishes	This covers all aspects of how the SU wants their home care service to be delivered. This will be personal to that SU and may relate to any aspect of their care and support and their interaction with the Home Care Provider or Care Worker. All parties are expected to strive to meet these preferences and wishes.
Support Plan	A Plan created by the BCC social care staff, which documents the outcome of the assessment by BCC staff. This will include information on the SU, their needs, the outcomes they want to achieve and how this can be done. The SU and their advocates will be actively involved in the completion of this document, where possible.
Outcomes Plan	A Plan that is created by the SU, Home Care Provider and BCC social care staff. This provides full details of what outcomes the SU wants to achieve, how the Home Care Provider will help the SU achieve these, how BCC will confirm they have been achieved and the reward the Home Care Provider will receive.
Programme of Care and Support	A Plan that will describe all aspects of how and when home care services are delivered, by whom and in what way. This will be completed by the SU and Home Care Provider and will be updated frequently to reflect any changing needs, preferences and wishes.
Commissioning	This is an overarching term for the practice and processes that are

Model	implemented by a Local Authority to govern how services are arranged and delivered and how services providers are chosen, paid and monitored.
Home Care Commissioning Plan	This document, which describes the current 'Commissioning Model', the potential changes being considered and made and the future 'Commissioning Model'. This will consider current levels of supply, demand and quality and future needs, requirements and best practice.
Advocate	Somebody who is 'on the side' of the SU, providing advice assistance and support. This is often SUs friend or member of the SUs family.
Self-funders	People that privately arrange and fund social care services. This may be done by the person receiving the service or their advocate. In this Strategy, the term will specifically relate to those with privately arranged and funded home care services.
Social Work Locality Areas	5 distinct geographical arrears have been created within Bristol, and a different BCC social work team covers each of these areas. These will soon be changed and there will be 3 areas, which will be identical to the CCG areas.
Clinical Commissioning Groups (CCGs)	Sometimes abbreviated to CCGs, these are groups of GP Practices that are responsible for commissioning health and care services for patients. Three CCG areas have been created within Bristol and one of the 3 CCG's covers 1 of these areas.
Neighbourhood Partnerships (NP's)	These have been set up in Bristol to give local communities have a greater say in the way services and local issues are managed by Bristol City Council, and partner agencies. There are 14 of them.
Core Cities	A group of large regional cities outside of London that have selected and organised themselves as a group. They have been described as the 'largest and most economically important English cities outside of London' and include Bristol, Birmingham, Leeds, Liverpool, Manchester, Newcastle, Nottingham, and Sheffield.

2. Executive Summary

2.1 What is the scope and focus of this Commissioning Plan?

BCC delivers many different types of service to people living in their own home and there are also different types of environment and setting that people consider to be their own home. This Commissioning Plan will cover all services that sit within Home Care, which is 'a service delivered to a person in their own home to help them remain independent as long as possible'. A fuller definition is in the Glossary. This Plan does not include any services that are not within this definition of home care. The 2,000 people that currently receive these services will be affected in different ways and this will be explored further during the consultation. The vast majority of people affected by these proposals will live in their own private or social housing in communities throughout Bristol. There will also be a small number of people affected that live in supported accommodation that is specifically built and run to help tenants with their health and social care needs. This distinction has been made to inform the reader, and avoid the assumption, that not everyone is in the same living environment.

2.2 What is the current situation?

Bristol City Council (BCC) is responsible for ensuring that people in Bristol receive the home care services they require. BCC commissions these services from over 50 Home Care Providers and under this arrangement each week, these Providers deliver approximately 20,000 hours of home care to approximately 2,000 people in Bristol. The amount of home care an individual receives ranges from as little as one hour a week, to 24 hours a day and 7 days per week.

The total cost of this care is approximately £16 million per year; with BCC paying £11 million and SUs making contributions to the cost of their own care that total approximately £5 million. This does not include people that arrange and fund care privately (self-funders).

Many SUs say there are aspects of their care they are not satisfied with and some of these problems relate to the way BCC commissions services. Therefore, BCC is committed to reviewing all aspects of how home care services are commissioned, arranged and delivered within this Home Care Commissioning Plan. This will cover practice, processes and relationships between BCC, Providers and SUs. The section of this Plan will describe; the review of the current Commissioning Model, (Section A), how the Current Model can be improved (Section B) and the proposed future Commissioning Model for home care (Section C).

The process of re-commissioning of home care will consider the detailed feedback from SUs and carers about their current service, as well as looking at what Providers have told BCC about how they deliver these services. The aim is to introduce a new Commissioning Model with practice and processes that underpin the delivery of high quality care and improve reliability, predictability and flexibility of these services. This model must also reflect the diversity of Bristol as a city and the needs of its residents.

2.3 What is the suitability of the current model and the case for change?

The feedback and information received by BCC points to specific problems with the current situation. These are described in more detail in Section B and include:

Too much focus on time and tasks: The delivery of the service is orientated around the delivery of a specific task within a specific amount of time.

Need for greater flexibility: The time, duration and requirements for every visit are agreed and documented when the package of care begins. All parties are expected to stick to the information, which is rarely reviewed or changed. This creates a double problem of information that may not reflect the current needs of the SU and a system that does little to encourage or create flexibility.

Need for stronger focus on quality: There are 50 Providers delivering care to people in Bristol, on behalf of BCC. It is very difficult to work closely with all 50 and build up a picture of the quality of their services and how they could be improved. Therefore, the focus of BCC's Quality Assurance function tends to be on the few Providers where things have gone wrong, not on the many Providers that are good but could be even better. BCC needs to work in a way that helps improve quality, and build a culture of striving for excellence, amongst all Providers.

Need for greater emphasis on reablement: There is currently no focus on reablement in the delivery of home care. There is no incentive or encouragement for Providers to work with SUs in a way that will reduce their level of dependence on home care services.

Need for better Care Worker terms & Conditions: Some Providers employ Care Workers on contracts that do not offer the rights that most people in employment receive as a minimum. E.g. Staff not paid for the time they are travelling between SUs and contract that offer no guaranteed hours of work / pay (zero hour contracts).

Need for greater certainty for Home Care Providers: Providers are currently given little certainty over how much care they will be asked to provide on behalf of BCC, when, where or what skills their Care Workers will require. This increases the risk that Providers take on certain care packages only because they don't know when further work will come their way. It may also impact on staff, as this uncertainty is passed on to them through poor terms and conditions (e.g. zero hour contracts) and the Provider focuses on the short term, rather than the long term picture around retaining and training high quality staff.

Need for greater financial sustainability: BCC and Providers are facing the similar challenge of pressure on their finances, with the increase in costs outweighing any increase in income.

Need to reduce the time Care Workers spend travelling between visits: Most Providers work across much of Bristol and this means that a lot of Care Workers time is spent driving to between SUs. This leads to higher costs, greater risk of delays, greater traffic congestion and environmental harm. It also becomes less likely that the Provider will be connected to the local community and recruit local staff to work with local SUs.

2.4 Description of future model of home care

In considering what improvements could be made, BCC developed a set of principles that focussed on the most significant problems and the greatest potential benefits. These were then used to identify the changes that would be made. This is described in more detail in Section B.

2.4.1 The key principles relating directly to the SU are:

Focus on Outcomes: Identifying what the SU wants to be able to do for themselves and what lifestyle they want to live, then focussing all aspects of their care and support towards achieving these outcomes.

Focus on Reablement: Supporting the SU to make improvements in their health and wellbeing, to achieve their outcomes and the lifestyle they want. This may require them to maintain their current levels of ability, re-learn skills they previously had or learn new skills. Providers will be expected to take a wide view of the person's health and wellbeing and take action to minimise the risk of; social isolation, unplanned hospital admissions, malnutrition etc.

Service User-Led Personalised Support Plans: The SU will be the key person in making decisions about what outcomes they want to achieve and exactly how, when and by whom their service will be delivered.

2.4.2 The key principles relating directly to Providers are:

Universality: Providers will deliver a high quality and comprehensive service that is suitable for all SUs in their Zone. This service must adapt to the many and varied needs, preferences and wishes of these SUs.

Community Engagement: Providers will have a strong presence in their local community and will be expected to make use of the local infrastructure and resources to improve the lives of SUs (e.g. make use of local libraries and activities at leisure centres) and recruit staff (e.g. local colleges).

Partnership Working: There will be a commitment from BCC to work with Providers to create strong and transparent relationships for the benefit of the SU. Providers will take the same approach with BCC and also with other Providers, sharing skills and knowledge for the benefit of the SU.

Care Worker term and conditions: There will be an overall improvement in the employment terms and conditions received by Care Workers, coupled with the elimination of certain terms and conditions currently used by some Providers (e.g. Zero Hour contracts).

Service innovation and development: It is expected that Providers will proactively identify ways in which they can improve the quality of their service, the type of services they offer (e.g. with a greater reablement focus) and the suitability of their services (e.g. to reflect changing future needs).

Commonality with Bristol Clinical Commissioning Group: The CCG will use BCC's Home Care contract to commission Home Care services for SUs in receipt of Continuing Health Care (CHC).

2.4.3 Key proposals in the Commissioning Plan:

Zones: Local communities have been grouped into 11 geographical areas that cover Bristol (known as 'Zones') and in each Zone a single Provider will be awarded the contract to become the 'Zone Provider'. The Zone Provider will be asked to deliver services for all new SUs in that Zone and it is expected that over time they will deliver most, if not all,

home care on behalf of BCC in their Zone. These Providers can also be used as an alternative to a Provider in another Zone.

Secondary Providers: A group of Secondary Providers will be awarded contracts to deliver care to people in Bristol on behalf of BCC. It is expected that the Secondary Providers will offer more specialist services than the Zone Providers and they will be used where it is agreed (by the SU, BCC and the Providers involved) that the service they are able to provide is more suited to the needs, preferences and wishes of the SU, than the Zone Provider is able to offer. The 'specialism' could relate to how they are set up, the type of care they focus on delivering, the way they deliver services or their ability to meet the preferences and wishes of specific groups of SUs.

Outcomes: All Providers will be required to focus on outcomes and deciding the type of support is needed to help them achieve these outcomes. It is accepted that some care (i.e. doing things for the SU) will be needed to ensure the SU is safe, secure and comfortable in their home. The right balance must be achieved between care and support to create a culture of improvement and independence amongst SUs.

Quality Assurance: Under the new model of Commissioning home care there will be a very strong emphasis on quality. The criteria used in the tender process to select the Zone Providers and Secondary Providers will be weighted so that 70% relate to quality and 30% to cost. Once these Providers are delivering services in Bristol, the Quality Assurance measures from BCC will be a lot stronger than at present and will include regular Zone Provider Performance Meetings, that will take place in the Zone and be open to the public.

Provider payment and incentives: Providers will receive payment for the care and support they deliver through a single hourly rate. Each provider will receive a rate agreed between them and BCC and this will be for all care and support they deliver regardless of variables, such as the time of day. BCC may agree different rates with different providers and all rates will be published by BCC. Providers will also receive a payment based on when they help a SU achieve an outcome. This payment will be a share of the savings made as a result of the SU achieving their outcome and therefore requiring and receiving less care and support.

Role of Provider's in agreeing the care and support: Providers will have a much greater and earlier role in this process than they do at present. Input from the SU, BCC social care staff and the Provider from the start, means that any decisions about what care and support will be delivered, how, when etc, will reflect the knowledge, experience and wishes of all parties and will be realistic and deliverable.

Example Scenario

Here is an example of how the proposed new model would operate. This is for illustrative purposes and uses assumptions and hypothetical details (e.g. outcome and time of visits).

BCC social care staff assessed a SU to understand their social care needs and identified a need for a home care service. The Zone Provider was invited into this discussion along with the SUs family / friends and all parties discussed and agreed the SUs outcomes, the type / level of care and support to be provided and exactly how and when this will be done.

The assessment identified that the SU needed help getting out of bed and the SU stated that 'getting out of bed without assistance' was their key outcome as this would give them

greater flexibility over when to get up. The SU and Provider agreed that visits would start sometime between 8am and 9am and would last approximately 60 minutes. The service began and as the Care Worker became familiar with what the SU could and couldn't do for themselves, they and the SU agreed a plan to achieve the outcome. This would include shorter visits in the morning but additional visits on Tuesday and Thursday afternoon where the Care Worker would do exercises with the SU to help them improve their strength and stability. Over the next few months the SU became stronger until they were getting out of bed without assistance, but with the Care Worker on hand if needed. This continued for another few weeks and the SU was given a walking frame by their bed, which they could use for stability if needed. A few weeks later the SU confirmed they were able to get out of bed alone and were confident to do so without the Care Worker present.

As a result of this success, the SU is more independent and the level of service BCC asks the Provider to deliver has reduced by 7 hours because the SU no longer needs help getting out of bed. Part of the savings achieved from this will be given to the Provider and the rest to fund care and support for other SUs. This SU is now being helped by the Provider to achieve other outcomes they have set themselves.

3. Introduction

3.1 Overview

This section will outline why this document has been produced, its purpose and what it will and won't contain.

3.2 Purpose of this Commissioning Plan

This Plan provides an overview of the way home care services are currently commissioned, reasons why changes are needed to this model and a full description of the proposed future model of home care commissioning.

3.3 Consultation on this Commissioning Plan

BCC has undertaken detailed work to consider the value of the current Commissioning Model. This included obtaining feedback from SUs, Home Care Providers and BCC staff on what currently works well and not so well in Bristol. This also considered alternative models of delivering home care services and the challenges facing BCC. As a result of this work, much of which is outlined in this document, BCC has developed a proposal for a future Commissioning Model that it feels will provide high quality, suitable and cost effective home care services for the people of Bristol.

A key part of the process of implementing any big change is to hear the comments, suggestions and feedback from people closest to the subject. In this case that is the people who arrange, deliver, receive and rely on these services. Therefore, the sharing of this document marks the beginning of a 12-week formal consultation period that BCC will use to engage with people to explore the content of this document and provide an opportunity for analysis, scrutiny and challenge of the proposals.

BCC will provide formal opportunities for people to be involved throughout this period with events set up across Bristol and an on-line survey. Further details about how you can provide feedback in the way that suits you, and on the parts of the plan that affect you, can

be found in Appendix 3. It is not in anyone's interests to rush, shortcut or avoid this process and the final document will only be completed once the consultation has ended.

This document will describe things as if they have been agreed to make it easy to distinguish between the current and future processes, however, no part of this document has been set in stone and it is all open to for comment, challenge and change. To help with this process, where BCC wishes to draw your attention to a key proposal or important information, a grey box is used like the one.

Key information / notes / feedback prompt:

To make this document easier to follow, boxes like this will be included to highlight key proposals, key information or relevant notes.

How to Feedback:

Feedback is welcomed on any part of this document and can be provided to Victoria Baker at BCC by:

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Email: bristolhomecarerecommissioning@bristol.gov.uk
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3.4 What is in this Commissioning Plan?

Section A

- Provides a description of how the current model of home care commissioning operates.
- This will be factual and aim to create a shared understanding of the current situation, without providing judgement on how well this model functions.

Section B

- Shows information to help assess the quality of the current model of home care commissioning and the services that are provided.
- This will be informed by the experiences and feedback of the people that arrange, deliver, receive and rely on home care services.
- Information will also be shared about local and national factors that inform the design of services, such as Government Policy, National Best Practice and local population.

Section C

- Contains proposals for the new model of home care commissioning.
- This explains what changes will be made, how these will work in practice and their expected results.
- This section will not explain why changes are being made, this is covered in section A.

Appendices

- Contains information relating to the Plan that is too detailed or complex to be included in the main document.
- This will include information on the amount of care currently provided in Bristol, processes to be followed when setting up a Package of Care and maps of the Zones.
- This section will also include an Equalities Impact Assessment that describes how people may be affected by these changes according to their disability, gender, ethnicity, sexuality etc. and how BCC will address these impacts.

3.5 BCC approach to reviewing existing model and implementing changes

BCC has a clear and formal structure for reviewing commissioning arrangements, which has been followed in producing this document. The key steps are:

Analyse the current situation

- Clarify what the home care service needs to deliver, assess how well this is done at present and understand the issues faced by SUs and Providers.

Plan what changes are needed

- Identify the gap between the current and future model and action needed to bridge this.

Following the completion of this document, BCC will then begin to:

Deliver the required action

- Doing so in the most efficient and effective way.

Review the impact of these changes

- Review the changes made and establish if they have had the required impact.

Further information about this process and its uses within BCC can be found at:
http://www.bristol.gov.uk/page/business-bristol/enabling-commissioning

This process will be conducted in a way that reflects the principles and guidance in the agreement BCC has with the Voluntary Community and Social Enterprise sector (VCSES) in Bristol. Further information about this agreement can be found at:
http://www.bristolcompact.org.uk/node/8772

3.6 What information is in other related documents?

Further documents will be produced as part of the commissioning process, which will contain key information that is not in this document. These are:

Tender Documents

- Once this Commissioning Plan has been agreed, BCC will share documents with Providers that set out the details of how this process will be run, what BCC expects of Providers and what information will BCC requires from them.

Service Specification

- This will be written jointly with the Bristol Clinical Commissioning Groups (BCCGs) and will provide details on what is required of Providers when delivering services in the new Commissioning Model. The document will outline the expected quality standards and the Quality Assurance and Contract Management that will be undertaken.

Contract

- This document will make the agreement legally binding and set out the rights and duties on BCC and Providers. This is a legal document, but also contains practical information that will guide the relationship and support delivery of high quality services.

These three documents will contain a lot of information that supports the implementation of these changes. However, this cannot be shared in this document because it will only be confirmed once the Commissioning Plan has been finalised after the 12-week consultation. Where possible, detail and examples will be shared in this plan to give an indication of what may be included in the tender documents, specification and contract.

Section A – Current Model of Home Care

4. Description of current model of Home Care

4.1 Arranging Home Care Services

Here is an overview of how this process currently works.

Type of help required

- Many people in Bristol living in their own home need help with:
  - Personal tasks – e.g. getting in and out of bed, washing and dressing themselves
  - Domestic tasks – e.g. shopping and cleaning
  - Help to maintain or improve their independence (e.g. support paying bills)

Arranging and funding home care services

- This may be provided by:
  - Friends or family – Most people receiving home care services also receive this help.
  - Home Care Providers, with the care arranged and funded privately
  - Home Care Providers, with the care arranged and funded by BCC.

Assessing a person's needs

- This is done by a social care professional once the person becomes known to BCC.
- The outcome of this assessment is a Support Plan that documents the person's:
  - Health and social care needs
  - The outcomes they want to achieve and
  - The type and level of help they need to do this.
- The Support Plan will also contain statements such as:
  - The SU needs a 30 minute visit at 8.00am on Mon-Fri to get them out of bed.
  - The SU needs a 15 minute visit at 12 noon to help them take their medication.
  - The SU needs another 30 minute visit each night at 10.00pm to help them into bed.

Arranging care

- The Support Plan is passed to another BCC team (Care Brokerage) to arrange for a Provider to deliver the home care service described in the Support Plan.
- The decision to approach a particular Provider is based on the broker's knowledge of the SUs needs and their experience of which Provider is best able to meet these needs and deliver care in that location at the required time / duration.
- Whilst there is a strong rationale for which Provider is chosen, this process offers little predictability or certainty for Providers about how much care they will be asked to deliver, when it is required, or even where in the City it is to be delivered.

Amount of care being delivered in Bristol

- There are approximately 2,000 SUs currently receiving home care services in Bristol, which have been arranged in the way described above.
- In an average week these 2000 people will receive approximately 20,000 hours of care.
- Based on national estimates, in a City such as Bristol is it expected that of all the people receiving home care services, around ¾ will have this arranged and funded by BCC and ¼ will do this privately.

BCC's accreditation of Providers

- Providers wanting to deliver care on behalf of BCC must be accredited by BCC.

- The first stage of this process is registration with the Care Quality Commission (CQC).
- They must then provide BCC with satisfactory information and evidence to demonstrate
  - How they are organised
  - What experience they have as individuals and as an organisation.
  - How they will arrange and deliver care
  - The standard of care they provide

Key information:

Appendix 1 includes various documents that show how much care is delivered, in what areas of Bristol and at what times of the day.

Of the 50 Providers currently accredited by BCC, almost all of them also provide care to individuals that arrange it themselves. Even with this many Providers there are situations where it is not possible for BCC to find an organisation to deliver care at the right time or to the required standard. Where services cannot be arranged, or where they are arranged but do not reflect the exact requirements of the SU, this can have a negative effect on the ability of SUs to remain living safely in their own home.

4.2 Delivering Home Care Services

Setting up a care package

- Before delivering care, a senior member of staff from the Provider will visit the SU (their family or friends are often present) and assess their needs, discuss their preferences and wishes and agree details of how care will be delivered.
- This stage will include a lot of detail, such as; what clothes the SU wants to be dressed in, how Care Workers will access the property and how the SU likes their cup of tea.
- The Provider will then organise how visits to the SU will be incorporated into their existing delivery schedules.

Delivery of care

- Providers will deliver care to hundreds of people and will organise these visits into ‘rounds’ or ‘runs’, which is a list of which Care Worker will visit which SU and when.
- Providers will aim to provide SUs with the care they need at the agreed time and will also try and do this in the most reliable and efficient way possible.
- However, there are various factors that affect the reliability of providers, which include:
  - Providers cover large parts of Bristol and so visits may be spread out.
  - SUs may have significant and changing health and social care needs which make it difficult for Providers to predict the length of each care visit.
  - Further delays can be caused by traffic and difficulties accessing a SUs property.

There are a number of factors that impact on all Providers and the way in which they deliver services. These will be outlined in section B, which presents information, evidence and feedback to assess the suitability of the current model and identify where changes are required and what they are.

Section B – Suitability of current model and the case for change

Key information:

Appendix 2 includes documents that summarise the feedback BCC obtained from SUs and Providers.

5. Feedback on the current home care model

5.1 Overview

This section will assess the suitability of the current home care model in a fair and balanced way. There is no intention to apportion blame, or put a positive or negative spin on the situation. Wherever possible, any judgements will be accompanied by information, evidence and feedback to support the conclusion that has been reached. Inevitably, there will be a focus on what is not working well to highlight what improvements needs to be made to service quality and how this can be achieved.

5.2 Feedback from people that receive home care services (SUs and carers)

At the start of this process and before any decision was made to change how home care is commissioned, BCC spoke to groups that represent SUs and carers to ask how they wanted to be involved in this process. These groups gave a strong response that they have made it clear on many occasions in the past what they expect from these services, what they currently receive and what needs to change. Their request was that rather than undertake further consultation at this stage, BCC should review the extensive feedback it has received in recent years, and which is still relevant, and identify proposals for what changes should be made. This feedback exists in different forms, with over 1000 survey responses and around 500 individual stories. All of these inform this document.

The overall message from this feedback is that things work quite well, most of the time, but when they go wrong, the impact can be huge. The different comments, feedback and complaints from these individual were very detailed and are all very important to BCC. In order to make the best use of this information, BCC has identified the key themes that emerged about what led to the problems and what people want from these services.

These key themes were; Reliability, Predictability and Flexibility.

5.2.1 Reliability

- In 68% of cases this was the main issue raised by the SU.
- Specific problems: Care Workers not arriving, missing some tasks or failing to provide medication correctly.
- Required improvements: Care Workers to arrive for the visit, to know how to access the property and to know what care needs to be provided. This should happen in all situations to give the SU and carer confidence that they can rely on this service.

5.2.2 Predictability

- In 22% of cases this was the main issue raised by the SU.
- Specific problems: Care Workers not arriving at the expected time or a different Care Worker arriving and not knowing the preferences and routines of the SU.

- Required improvements: Care Workers to arrive when they are expected, Providers to be clear with SUs about which Care Worker will arrive and what they will and won't do.
- This issue is fundamentally about Providers setting realistic expectations for SUs and then consistently meeting these expectations. Only then will confidence in them grow.

5.2.3 Flexibility

- In 10% of cases this was the main issue raised by the SU.
- Current Problems: Care Workers sticking too rigidly to care plans, visiting at unsuitable times and Providers being unable to change the times of visits to meet a SUs wishes.
- Required improvements: Providers to be more flexible about when visits take place and what is done during the visit to reflect the needs, preferences and lifestyle of the SU.

Our regular engagement throughout this process with groups that represent SUs and carers reinforced these messages.

Appendix 2 provides an overview of the information BCC has received from SUs, carers and its own staff (following communication with SU).
Appendix 2 shows a summary of the main issues in the feedback from SUs and BCC

Feedback prompts for SUs and Carers:

What are the most important aspects of a home care service to you?
What aspects of your home care service work well and should be kept?
What aspects of your home care service don't work well and should be changed?
What comments do you have about how services could be improved?

5.3 Feedback from people that deliver home care services (Providers)

Having established the most important aspects of home care services to SUs and Carers (reliability, predictability and flexibility), BCC held detailed discussions with Providers, as a group and as individual organisations. The purpose was to understand how these organisations deliver home care services and what impact their practice and policies, and those of BCC, have on the quality of these services. This has helped BCC identify changes required to deliver some key improvements. Here are the findings from these discussions, including the impact and improvements that were suggested.

5.3.1 Reliability

- Current situation: Providers have no certainty or predictability about when they will be asked to deliver care, how much, where, what type of care etc.
- Impact on service quality: This uncertainty means that Providers don't always have Care Workers available to deliver care in the right areas, at the right times and with the right skills. This can also lead to poor terms and conditions of employment for Care Workers, high staff turnover and inconsistent services (e.g. Changes in Care Worker at short notice as people leave or join).
- Required improvements: Providers to have greater certainty about what care they will be asked to deliver and to pass this onto staff through improved terms and conditions and SUs through improved reliability and service quality.

5.3.2 Predictability

- Current situation: Providers work across Bristol, only paid when the Care Worker is with the SU and SUs are given the expectation that Care Workers will arrive at very specific times (e.g. 8.15am)

- Impact on service quality: Visits are planned too soon after each other and when the inevitable delays occur (related to a SU or external reasons), Care Workers soon get behind schedule, meaning that Sus expectations are not met.
- Required improvements: Providers should be involved in the process of agreeing times of visits, be more realistic about what visits can be delivered by a single Care Worker and have contingency plans for when things go wrong.

5.3.3 Flexibility

- Current situation: All aspects of how care is arranged, commissioning and delivered are based on the need to undertake a list of tasks within a set time.
- Impact on service quality: Providers are given specific requirements by BCC about what tasks must be done, when and for how long. This creates little or no scope for the SU or the Provider to change what services are provided / received. This contradicts the fluctuating needs of SUs and changing circumstances of Providers.
- Required improvements: Greater flexibility to be built into the system to give the SUs and Providers greater incentive, opportunity and control to change what is done, when and how. This will be driven by the needs and wishes of the SU.

In summary, there are aspects of how home care services are planned, arranged and delivered that work against the principles of reliability, predictability and flexibility and this needs to be changed.

Appendix 2 provides a summary of the discussions BCC had with Providers.

6. Current and future Home Care needs in Bristol

6.1 Overview

Home care services (and the people that arrange deliver and receive these services) are experiencing significant challenges that vary in what they are, how they have come about and the impact they will have, but all need to be considered as part of future plans for home care services in Bristol. This section will highlight and discuss these factors.

6.2 Challenges

6.2.1 Demographics

In recent years, the change in the number of people living in the UK, their age profile, lifestyles and health and social care needs has been significant and this is expected to continue. This is having a big impact on the way Local Authorities plan and deliver social services for the people that need them.

The 2011 census showed that the population in Bristol increased from 390,000 in 2001 to 428,000 in 2011, an increase of 38,200 (9.8%). This is higher than the average increase for the South West of England (7.0%) and England and Wales combined (7.1%) and the third highest growth rate of all Core Cities. Bristol's population is forecast to increase by a further 8.1% between 2010 and 2020. The expected increase varies across different age bands but there will be significant pressure on home care services as they are predominantly used by people over the age of 65.

Appendix 1 provides further detail on the expected changes in the UK population from now until 2020, including the detail by age banding.

6.2.2 Health and Wellbeing

Home care services are crucial to maintaining and improving many people's health and wellbeing and helping them live as full and independent a life as is possible. However, as the type and level of need changes this creates pressure in the home care market. This is being experienced with increases in; the number of people with dementia that will need home care services and the average number of hours of home care commissioned by BCC per SU per week, from 10.25 in March 2011 to 11.58 in March 2013.

There is a responsibility on BCC and Providers to look for ways to help stabilise or reduce SUs needs and enable them to maintain and improve their independence.

6.2.3 Society

The perceptions and expectations of the people receiving services create another challenge. There is a lot of information to support the view that, historically, people have had low expectations of the home care services they receive and some SUs feed back that they are grateful to receive a service, no matter how good or bad this is. This comes across during informal discussions with SUs and complaints provide strong evidence to support this. Each year, there are hundreds of thousands of home care visits and hundreds of cases where BCC staff highlight problems with service delivery, yet BCC only received 20 formal complaints from SUs about their home care service during 2012/13. Where people do complain often this is only after a long history of service failure, where things have since improved or where sadly the SU has passed away. People often mention in their letters of complaint that they have been reluctant to make this complaint.

Any new model of home care must create, and meet, higher expectations. It must drive a change in attitude from all those involved in home care services, away from an acceptance that things will go wrong but at least people receive a service, to one where people will demand high quality services that reflect, promote and facilitate the lifestyle the SU wants.

6.2.4 Finance

The current economic situation also creates pressures. Local Authority budgets are being reduced and whilst BCC has prioritised spending on health and social care services, value for money is clearly of paramount importance. Value for money does not mean reducing quality or stopping services, but making sure that resources are used to achieve the best results. To illustrate this point, consider where a SU is helped to become more independent and do things for themselves. Clearly the SU benefits form this but the cost of helping a person achieve these improvements is much less than the cost of continuing to care for people as they become de-skilled, less independent and reliant on higher levels of care. Taking action now to improve the way in which services are delivered will lessen the impact of any future budget reductions.

Another expected consequence of the national economic situation is that the number of people that arrange and fund their own care is likely to reduce. The responsibility for picking up this cost will, in most cases, sit with the Local Authority. This will further increase the number of people with home care services arranged by BCC and add to the existing pressure on Local Authority budgets and the need for value for money services.

6.3 Government Policy

There are 2 key areas of Government Policy that will shape home care services:

6.3.1 Putting People First – 2007

- This policy had the ambition of putting SUs first and enabling people to live their lives as they wish, confident that the services they receive are of high quality, and to promote the SUs independence.
- The focus on choice and control launched the principle of "Personalisation"

6.3.2 Government White Paper – 2012

- This extended Personalisation of care services.
- Key principles are; i) to do everything we can – as individuals, communities and as a Government – to prevent, postpone and minimize people's need for formal care and support and ii) people should be in control of their own care and support.

This has, quite rightly, placed a big responsibility on Local Authorities to ensure their approach to home care offers SUs choice and control, provides quality services and promotes community development and early intervention. This approach should lead to a diverse range of high quality care services with a focus on people's needs and outcomes. These efforts will be supported by a new legal framework in which Local Authorities will have a duty to promote a diverse, sustainable and high quality market of care and support services and consider the needs of individuals, families and carers.

6.4 National Research and Best Practice

This Home Care Commissioning Plan is being produced at a time when significant concerns have been raised in a number of national reports about the quality of home care services. Recent reports by 'Which?' and the 'Equality & Human Rights Commission' have identified some serious failings in the standards of home care and raised concerns about the extent to which SUs are treated with dignity and respect. It is accepted by most people involved in commissioning, delivering or receiving home care that these problems do exist. BCC takes these reports, and the issues they raise, very seriously and the proposals in this Plan will focus on where these issues are most likely to occur and what actions must be taken by BCC now to avoid them happening.

Appendix 4 contains many of these National Reports and Government policy documents

6.5 Local Context

6.5.1 Bristol's Joint Health and Wellbeing Strategy 'Fit for the Future 2013-2014'

This document is currently being prepared, with these key themes relating to home care:

- Integration and collaboration from BCC, Providers and the communities they work in.
- Making the best possible use of available resources (right quality care, right place, right time, right value, best results).
- Ensure SUs and Carers have direct choice, advice and control over their own health and care services.
- Individuals are able to remain independent for as long as possible, with access to support and advice when needed.
- Ensure SUs and Carers are supported to manage their own care, health and wellbeing.
- Reducing health inequalities related to social care.

6.5.2 Bristol City Council – Corporate Priorities

The City Council's long-term aims and priorities are aligned with those of Bristol's City Strategy, known as 'The 20:20 Plan'. The 20:20 Plan, developed by the Bristol Partnership, has four main outcomes, and the one that relates specifically to home care is Priority 2: Reduce health and wealth inequalities. Personalisation is one of the key

objectives identified under this priority, with the objective being to ensure "people are involved in identifying, deciding and where appropriate taking control of, the outcomes they want to achieve and the care and support they receive".

There is also reference in the 20:20 Plan to financial challenges and the need to make the best use of available resources. Any failure to achieve this will be felt most by those who rely on the services BCC provides and so, regardless of political views and opinions, this must be a key consideration in any future Commissioning Model.

6.5.3 Health and Social Care – Departmental Priorities

The vision for the Health and Social Care department (the part of BCC that is responsible for home care services) states that; 'People who need social care and support in Bristol will have easy access to support and services, real choice in the help they receive and maximum control over the way they live their lives'. A new Commissioning Model must and will reflect this vision.

6.6 What improvements are required?

This document has summarised key points from discussions BCC has had with SUs, carers, Providers and other Local Authorities and from the research BCC has undertaken into national and local policy and best practice. This information tells us that things are not working as well as they should and provides a strong case for changes to be made to the Home Care Commissioning Model.

Here is a summary of what changes BCC believes need to be made, based on the feedback and information obtained by BCC:

6.6.1 Focus on the outcomes the SU wants to achieve

- An approach to home care that focuses on delivering set tasks within a specific time is overly restrictive and inflexible for all concerned. This can ultimately lead to a breakdown in the SU / Care Worker relationship and affect the dignity of the SU.
- The new model needs to measure success according to what the SU wants and if this has been achieved. This has been referred to throughout this document as the SUs 'Outcomes', which is the impact (often improvement) on the SUs health, wellbeing or lifestyle that can be achieved with the help of a home care service. A new model must focus on this end result, with flexibility for the SU and Provider on how this is achieved.

6.6.2 Valuing the contribution of Providers

- There needs to be a re-evaluation of the relationship between BCC, Providers and SUs. Well-intentioned Local Authorities have controlled what care is provided, when, how and by whom to such an extent that the whole system has become robotic.
- The result is a system that works against Care Workers using their skill, flexibility and professional judgment when providing care to SUs, and only being required / allowed to deliver set tasks, in a set way in a set time.
- If BCC removes many of the current restrictions and gives Providers greater flexibility to work with the SU, the whole model can become much more responsive and flexible to the needs and preferences of the SU.

6.6.3 Shared responsibility to deliver high quality service and achieve outcomes

- The increased flexibility given to Providers must be accompanied by increased responsibility on them to do what is required. Examples of current Provider practice will no longer be acceptable under the new model. These include;

  - Care Workers only doing what is in a Care Plan
  - Providers failing to meet the SUs expectations about when the visit will take place
  - Providers failing to show the level of flexibility required by the SU
  - Providers failing to appropriately reward, train and value their staff.
- Providers will need to improve standards of care and will be required to broaden their current remit to take a much greater responsibility for the SUs wider health, wellbeing and independence. The feedback, research and evidence states that Providers will welcome this and it will lead to better services for all.

6.6.4 BCC to identify its priorities and design the commissioning model to support them

- BCC must establish the priorities for home care services and ensure that the Commissioning Model and all practice, processes, requirements, incentives and penalties are set up to support the delivery of these priorities.
- Evidence that BCC found in other LA's was that where these things are in line with the priorities, the model tended to be successful. The reverse was also true.

6.6.5 Considering local needs in the design of services

- The evidence from the research and analysis of best practice will only be useful if it fits with the current situation in Bristol. This includes the culture, financial conditions, needs of SUs the structure of the organisations in the City.

Feedback prompt for all:

Are these the improvements you think are required?
What other improvements do you think are required?
What improvements do you think are most needed?
Do you agree with how these improvements will be made?

Section C – Description of future model of Home Care

7. Why are these changes being made and what must they achieve?

7.1 The need for change

Information in Section B outlines the reasons why changes are needed to the way that home care services are commissioned, arranged and delivered in the future.
This section will focus on what those changes will be.

7.2 Vision for the changes

7.2.1 For Service Users

- To receive a home care service that is high quality and appropriate to their needs, wishes and preferences. The services must be predictable, reliable and flexible and help the SU live the lifestyle they want.

7.2.2 For Home Care Providers

- To operate under a Commissioning Model that gives them the flexibility and responsibility to deliver high quality home care services to all SUs, all of the time.
- All incentives and penalties will be aligned with what is being asked of Providers.

7.2.3 For Bristol City Council

- To have the assurance that services delivered on its behalf are of high quality and meet the needs, preferences and wishes of the SUs.
- The Commissioning Model will be sustainable from a service delivery and financial point of view.

7.3 Aims of changes

7.3.1 Service Users (SUs)

The new model will be successful if the SU receives services that are:

- High Quality and the service:
  - Meets their outcomes.
  - Maximises their independence.
- Reliable and the service:
  - Meets the expectations of all SUs and carers.
- Predictable and the service:
  - Meets the needs, preferences and wishes of the SU and carers.
  - Provides the level of stability and continuity required by the SU and carer.
- Flexible and:
  - The SU has choice and control about all aspects of their service.

7.3.2 Home Care Providers

The new model will be successful if the Provider has:

- Clarity about:
  - What BCC and SUs require from them.
  - The requirements, incentives and penalties in place for the Provider.
- Certainty about:
  - What type and level of care it will be asked to deliver and when.
- Responsibility for:

  - Meeting the care and support needs of the SU
  - Supporting the SU to achieve their outcomes.
  - Forming strong links with the community to provide greater visibility, transparency and to understand how SUs can make use of opportunities within their local area.
  - Giving SUs clear expectations and for meeting them.
- Flexibility to:
  - Agree with the SU a programme of delivery that meets the needs of all parties.
  - Respond to and meet the changing needs, preferences and wishes of SUs.
  - Offer a wide range of services and Care Workers to meet the needs, preferences and wishes of SUs.

7.3.3 Care Workers

If the new model is successful, Care Workers will:

- Have the training, skills and attitude required of them to deliver high quality services.
- Be able to use their professional skills and judgement to help meet SUs outcomes.
- Benefit from the employment terms and conditions and career development opportunities offered by the Provider.
- Be committed and motivated to their job and loyal to their employer.

7.3.4 Bristol City Council (BCC)

If the new model is successful, BCC will:

- Make the best use of its financial resources by using them in a way that leads to more SUs having more independent lifestyles and less dependency on social care services.
- Improve the connection between health services and social care services in Bristol.
- Improve the quality and sustainability of the home care market in Bristol.

8. Overview of New Home Care Commissioning Model

Subsequent sections describe the key features of the proposed new Home Care Commissioning Model. These features will be described in sufficient detail to give a clear picture of what future services will look like, but the service specification and contract documents will contain most of this detail. The features will be listed in order of significance and it will be highlighted where and how this is a change from current practice.

At the heart of this model is the creation of a series of Zones and the awarding of a contract to a single Provider (the Zone Provider) to deliver care in that Zone. This will be supported by Secondary Providers that will offer an alternative to the Zone Provider. All home care services provided to people in their own home will be arranged and delivered through this method, with one exception. The Executive Summary in section 2 refers to people that receive home care services in supported accommodation. The services for these people will not be arranged through the Zone / Secondary Provider model, but a single contract will be awarded to a Provider to deliver all care and support services to the people living there.

Any reference to Zone or Secondary Providers will not apply to people in supported accommodation, but all references to ‘SUs’ or ‘Providers’, will apply to everyone that receives or delivers a home care service, regardless of the specifics of their situation, needs or living environment.

9. Zones and Zone Providers

9.1 What is the proposal?

The new model of home care delivery will be based on 11 geographical Zones within Bristol, that have been designed by combining local communities together to make home care delivery 'Zones'. BCC will undertake a formal and competitive tender process, with Providers bidding for the Zone they want to deliver care in. These bids will be assessed against specific criteria and the Provider that is best able to meet these criteria will be awarded the contract to be the Provider for that Zone (known as the Zone Provider). One Zone Provider will be chosen for each Zone. Section 9.5 describes this selection process in more detail. The requirement is for a Zone Provider that can play a key role in their local community, making the best use of the local infrastructure and resources to improve the lives of SUs (e.g. make use of local libraries and activities at leisure centres) and contribute to the local community (e.g. by recruiting staff that live locally).

9.2 What is the rationale for this proposal?

Many issues raised in the feedback can be traced back to the need for more structure in the home care market. These include the problems of maintaining quality across the high number of Providers delivering home care on behalf of BCC, uncertainty for Providers about how much care they will be asked to deliver and the issue of staff moving from one Provider to another.

In the review of alternative models of home care delivery, the use of geographical Zones emerged as the best way of adding structure and predictability to a home care market. This was also shown to overcome many of the other issues BCC is facing that are linked to geography (e.g. travel, traffic and retention of Care Workers). Therefore, the Zones will sit at the heart of the new Home Care Commissioning Model. The model requires Zone Providers to pass on these benefits, such as greater predictability, to Care Workers (through improved terms and conditions) and to SUs (through more predictable, reliable and flexible services).

9.3 How will this proposal work in practice?

Once this new model is implemented, the Zone Provider will be given the opportunity to deliver home care services to all new SUs in that Zone. Existing SUs will be able to continue to receive their service from their current Provider, or choose to receive their care from the Zone Provider. In the future, BCC expects most existing SUs to choose the second of these options and move to the Zone Provider.

It is possible that there will come a point where so many SUs receive home care under the new model, that Providers of services to existing SUs choose to stop delivering home care in certain areas of the City, or that the quality of their services falls. In these situations, BCC will take responsibility for finding an alternative Provider for the SU and the Zone Provider for that area will be given the first opportunity to deliver this home care. BCC can make the commitment that there are no plans to make all existing SUs change Provider and BCC would only consider doing this is if absolutely necessary, on a gradual basis and not within 12 months of the new model being introduced. Further details and exceptions will be outlined later in this section.

9.4 How have the Zones been designed?

Here is an overview of the process to design the Zones (which are shown in Appendix 5):

- Establish the current Electoral Wards in Bristol (there are 35 of them).
- Establish the number of people receiving home care in each ward, the amount of care they receive and the total amount of home care delivered in each ward
- This information helped create Zones with a similar number of SUs and similar demand for home care (now and in the future). Full details are in Appendix 5.

This gave a good starting point to create the Zones and small changes were made to:

- Minimise the impact of factors with an adverse effect on service delivery.
  - E.g. Traffic bottlenecks at peak service delivery times.
- Ensure the Zones reflect what people consider as their local community.
- Create some smaller and some bigger Zones to encourage different types of Providers to bid to become a Zone Provider.
- Align the Zones with existing and related models of zoning in the City.
  - E.g. The 3 Clinical Commissioning Groups (CCGs) and 14 Neighbourhood Partnerships (NP's).

This process is described above as a series of specific steps. However, in reality it was one continuous and iterative process with consideration given to different factors, at different times, to come up with a final set of Zones. The proposal is that Bristol will consist of 11 geographical Zones.

As well as providing an effective and efficient basis for delivering home care services, BCC is keen to maximise additional benefits of such an approach:

Maps of the Zones are in Appendix 5. There are different maps to show different levels of detail, but all are based on the same 11 Zones.

Feedback prompt for all:

What do you think of the ideas of using Zones?
What do you think is good about the proposal?
Do you envisage any problems with the proposed Zones?

9.5 How will Zone Providers be selected?

BCC will undertake a competitive tender for each Zone. Providers will bid for the Zone they want and BCC will assess these bids and select a single Zone Provider for each Zone. No Providers will be awarded the contract for more than two Zones. BCC will use this process to select the bids that demonstrate they are the 'most economically advantageous tender'. This method will allow BCC to consider quality AND price, and apply a weighting to these factors in line with BCCs view of how important each of them is. The alternative is to assess bids only on the 'lowest price'. BCC proposes that the weighting will be 70% on quality (i.e. what service they will deliver and how) and 30% on price (i.e. what will be the cost of the service). BCC will give further details about these criteria and what is required of Providers in the tender documents to ensure a fair and transparent process.

The decision by BCC to weight 70% on quality and 30% on price reflects the reason why this new model is being introduced and what BCC wants it to achieve (as described in section 7). The clear message from BCC is that Providers will only be used where BCC is assured that they deliver high quality and cost effective services that are suitable (in all aspects) to meet the needs of people across Bristol. This weighting will make it very unlikely that a bid with a very low price, but few assurances about quality, will win a Zone.

A well-run Provider that knows how to arrange and deliver high quality home care services, who values and rewards their staff and that asks to be paid a fair price, will be much more likely to succeed.

Due to the nature of these services, there will be a two stage tender process. Providers will initially be asked to submit documents showing how they operate and deliver care (Pre-Qualification Questionnaire – PQQ). From these, a short list of Providers will be invited to put forward specific proposals for how they would deliver care in that Zone (Invitation To Tender – ITT). The Providers that make it to the second stage will be asked to submit very detailed information and undertake assessments to show exactly how, and how well, they will provide home care services to SUs in Bristol. All bids will be assessed, with contracts awarded to Providers that demonstrate they are best able to meet tender criteria.

A document will be circulated to Providers that outlines the specific criteria referred to above, and detailed information about how to bid, timescales and requirements.

9.6 What is required of Zone Providers and BCC?

These are the proposed requirements on BCC and on the Zone Providers under the new model of home care. Under these new proposals:

9.6.1 BCC will be required to:

- Refer all home care packages for new SUs to the Zone Provider
  - The Zone Provider, BCC and the SU will consider if the Zone Provider should deliver this care. The decision will be based on SU needs, preferences and wishes.
- Explain to existing SUs the benefits of receiving their service from the Zone Provider.
  - This will be a helpful and positive conversation that will have the SUs best interests at heart and take place during a formal meeting, unless this is not appropriate.
  - The SU will be supported to make an informed decision about whether to stay with their existing Provider or change to the Zone Provider.

9.6.2 Individual circumstances

- The needs of the SU will take priority above all else in this process.
- There may be circumstances where BCC recommends to a new SU that the Zone Provider is not suitable, or where the SU makes this decision for themselves.
- There will also be cases where an existing SU chooses to keep their current Provider.
- In all cases, BCC will provide the advice and support they feel the SU needs.

9.6.3 Zone Providers will be required to:

- Have the skills, capacity and infrastructure to take on care packages for new SUs and:
  - Be set up and run in a robust way that supports delivery of high quality services.
  - Deliver care to the required standards as set out in the service specification.
  - Have sufficient capacity for new cases and adequate cover for staff absence
  - Accept a high proportion of new packages to meet the target in the specification.
  - Have a workforce that reflects the diversity of their SUs and local community.

9.6.4 Individual circumstances

- The Zone Provider must prioritise the needs of the SU above all else and may recommend another Provider takes on the care package if:
  - The Zone Provider has the required skills and capacity, but feels another Provider is able to provide a more suitable service for that SU. This is most likely to occur where the SU has very specific needs such as an extreme level or type of condition.

- Exceptional, unforeseen and significant circumstances impact on the amount and quality of care they can provide. E.g. A virus amongst staff that leaves many Care Workers unable to attend work.

9.7 Additional Benefits of Zones

9.7.1 Bristol's 2015 'Green Capital' Award

- Overall, the transition to a green economy engages with key stakeholders in the City to improve the environment, thereby promoting Bristol in creating opportunities that are resource efficient, socially inclusive and brings about economic prosperity for the city.
- Zones will significantly reduce the amount of travelling Care Workers do (mostly in cars) in the course of their job as their work will be concentrated in a smaller area.
- Zones have been set up such a way as to maximise the opportunities for Care Workers to travel by bike, public transport or on foot.

9.7.2 A focus on strengthening local communities

- BCC sees many advantages of Zones to local communities.
- SUs will benefit from the Provider's knowledge of the local infrastructure and services and their ability to connect the SU into these services (e.g. various social groups that the SU can be part of).
- Providers will benefit from a strong local presence and visibility. This should help to build people's trust in that organisation as they see who they are and the work they do. Some Providers are opening high street shops and this seems an excellent way to create this presence.
- Local people will benefit as BCC expects that many of the Care Workers employed by the Provider will live locally. As there are Care Workers living and working across the City, it is logical that over time people will gravitate towards their nearest Provider. This will reduce staff turnover for Zone Providers and improve the consistency and reliability of Care Workers visiting SUs.

9.8 Further Information

9.8.1 Contractual arrangements

The length of contract for each Zone Provider will be 3 years. There will be scope in the contact for this to be extended for up to a further 2 years. The only circumstances where BCC would take on additional providers within the life of the contract is if a Zone Provider failed to fulfil the terms of their contract. In this situation, it is likely that current Zone Providers and Secondary Providers would be asked to start delivering care to the SUs in that Zone whilst a more thorough selection process could be undertaken.

There are obvious risks to creating a situation where there is a single Zone Provider for each Zone. These risks include the lack of choice for SUs if things aren't working well, the loss of value from Providers that leave the market and the creation of a division in Bristol between Zone Providers and other Providers. These risks will be discussed later in this document.

9.8.2 Expected amount of home care packages and hours

BCC will not give any guarantees to Zone Providers on the number of Package of Care they will be offered, or the amount of hours of care they will be asked to deliver. The only guarantees are about how BCC will act and these are described in section 9.6.

Document for Consultation

All Providers considering bidding to become a Zone Provider or Secondary Provider are advised to look at Appendix 1. There are various documents within this Appendix that show current and expected future demand for home care services in Bristol and this will give an indication of how much care is likely to be needed in each Zone in the future.

The information in section 9 has given an overview of the requirements on Zone Providers and BCC. Detailed processes that underpin this model are shown in Appendix 6.

10. Secondary Providers

10.1 What is the proposal?

BCC will identify a group of Providers that will offer an alternative to the Zone Providers. They will be used where it is decided that a Secondary Provider will be able to offer a more suitable and high quality service to the SU, than the Zone Provider could. These Providers will be selected from a formal and competitive tender process that BCC will undertake, similar to with Zone Providers.

10.2 What is the rationale for this proposal?

The benefits of Zones have been described in section 9 but this approach does present risks, mainly due to the reduction in the number of Providers that BCC can use. Secondary Providers are a solution to this problem as they will increase the number and variety of options open to BCC and the SU. It is expected that Secondary Providers will offer:

- **Choice:** An alternative to the SU and BCC, where the Zone Provider is not suitable.
- **Specialism:** A specialist service suited to the SUs needs, preferences and wishes.
- **Sustainability:** Different types of services delivered in different ways, to offer contingency and create a dynamic market with a wider range of services available for BCC to arrange for SUs.

This approach is based on information and evidence BCC has obtained and especially the feedback from SUs about Providers that deliver ‘specialist’ services, which is very positive and reveals a very person-centred approach. This is thought to be because the whole focus of the organisation is on being very good at doing something specific and all their resources (e.g. staff training) are focussed on achieving this aim. BCC’s experience of working with different Providers reinforces this view and the need for any future model to make best use of these services to offer SUs **choice**.

Discussions with these Providers helped BCC understand how they operate, the services they offer, how these are arranged and delivered and what they do well and not so well. These discussions revealed very different approaches to service delivery, but a clear link between the strength of their organisation and the quality of their services. BCC seeks to maximise the benefits from these different approaches, but a common focus on delivering their **specialism** to a very high standard.

The experiences of other Local Authorities that have implemented a model similar to this, highlights the value of these Providers in create **sustainability.** This will be achieved by having a mix of different Providers, of different sizes, with a different focus, delivering services in different ways. This will spread the risks of having fewer Providers and mean that there are always options and alternatives to overcome inevitable issues with the capacity and quality of some Providers. This should also encourage Providers to innovate and develop new services in the knowledge that there is room for this variety.

To illustrate this, one Secondary Provider may be small, and employ few staff, but train them to a very high standard to deal with very specific needs and achieve improvements or a long period. Another Provider may be much larger and have many staff trained to deal with a variety of 'emergency' situations at short notice and with little prior information. These organisations will operate very differently and could not do what the other does. However, in a home care market with over 2000 SUs both are equally valuable and different to what BCC expect of its Zone Providers

10.3 How will this proposal work in practice?

If a Zone Provider cannot take on a Package of Care, or BCC or the SU decide that they are not best placed to do so, BCC will look for an alternative provider of care for the SU. BCC may contact another Zone Provider, or one of the Secondary Providers. This decision would be based on the reason why the Zone Provider was not suitable in the first place and a full understanding of the needs, preferences and wishes of the SU. Appendix 6 gives an overview of this process. The exact arrangements for which Secondary Provider will be used and when will be described in the tender documents for Secondary Providers, however, this process is expected to be quite simple. For instance, if the Zone Provider just does not have capacity to take on the care, BCC is likely to recommend a Zone Provider that delivers care in a neighbouring Zone. If the SU asks for an alternative because of their needs, wishes or preferences, then BCC will choose the Secondary Providers that are geared up to best meet these requirements.

Therefore, Zone Providers do not need to tender to become Secondary Providers as they will already be considered as an alternative, in the way that Secondary Providers are.

These decisions about who provides a person's care will be made during a 3-way meeting of the SU, BCC and the Zone Provider. If it is felt that a Secondary Provider is best placed to deliver this care, they will replace the Zone Provider in the discussion with BCC and the SU to agree outcomes and service delivery details.

Feedback prompt for BCC staff:

The new model proposes that Providers are more involved in the planning of the SUs service. This is currently agreed between the SU and BCC, with no Provider involvement.

What do you think are the key risks and benefits to including Providers at this stage? What do you think needs to happen to ensure that Providers are successful in this planning with SUs?

10.4 What is required of Secondary Providers and BCC?

10.4.1 Arranging care

During the tender process for Secondary Providers, BCC will set out the detail of what it expects from Secondary Providers and what they can expect from BCC. These conditions could be similar to those for Zone Providers, with specific requirements for what BCC must do and what the Zone Provider must do, or they may be much more flexible, with few, if any, requirements on how BCC or the Secondary Provider must act prior to the start of a Package of Care . This will depend on the type of tender process selected, which will be confirmed once the outcome of the Zone Provider process is known.

10.4.2 Delivering care

Secondary Providers will offer specialist services with a different focus from each other and from the Zone Providers, but all Secondary Providers will work to the same contract and specification as each other and the Zone Providers. BCC expects the quality provided by all Providers to be the same standard.

10.5 How will Secondary Providers be selected?

The purpose of using Secondary Providers is to bring additional choice and sustainability to the provision of Home Care in Bristol. Therefore, it is crucial that BCC selects the right type and mix of Secondary Providers and that they offer services most appropriate to meeting the diverse needs of Bristol's SUs.

BCC has spoken to Providers and social care staff to understand what value they think a group of Secondary Providers could add to the provision of home care in Bristol, and to understand the type, level and mix of services that these Providers would need to offer. BCC has connected this with an analysis of the current and future home care needs in the City. This process helped BCC identify some specific areas of need (e.g. services that can be set up at short notice to facilitate timely discharge from hospital), but it also revealed that the dynamic nature of demographics and people's changing needs, preferences and wishes, make it very difficult to state exactly how much of a particular type of service will be required. This becomes more difficult to predict as we move to a model of using Zone Providers. Therefore, BCC is proposing to design and commence the tender process for Secondary Providers AFTER the completion of the tender process for Zone Providers. BCC believes this will give the best chance of ensuring that the Secondary Providers that are selected will provide the required level of choice, quality and sustainability.

To illustrate this connection, assume that all contracts to become Zone Providers are won by Providers that have all historically provided services tailored to the needs of older people with dementia. In this situation, it is very likely that these 11 Zone Providers will be able to meet the needs, preferences and wishes of older people with dementia between them and so BCC is unlikely to select a Secondary Provider with this specialism. Instead, BCC would want to select Secondary Providers that specialise in different types of services. To reinforce the point that has been made in reference to Zone and Secondary Providers throughout this document, Zone Providers will only win contracts if they are able to meet diverse needs to a high standard, however, BCC must ensure that this model creates a situation where services are delivered by the Provider that is most able to meet the needs, preferences and wishes of the SU.

This approach will reduce the risks of operating two concurrent tender processes involving many of the same Providers. It will also provide clarity to Providers who will know the outcome of the Zone Provider process before having to commit to the Secondary Provider process. These steps should avoid some of the risks raised during discussions with Providers and BCC staff and which could potentially undermine this process.

10.6 What will be expected of Secondary Providers?

That they provide high quality services that are focussed on meeting the needs of:

10.6.1 SUs whose needs can only be adequately met by certain Providers / Care

- E.g. A SU with complex mental health issues and a history of challenging behaviour and alcohol dependency.

- BCC expects any Care Worker to be able to complete the required personal care tasks (e.g. helping the SU out of bed), but clearly it is only appropriate and fair on the SU and the Care Workers, that highly trained and experienced Care Workers are asked to deliver care and support to this person.

10.6.2 SU's that require specific types of care arrangement

- E.g. A SU that has just become known to BCC and requires urgent social care in order to prevent them being admitted to hospital.
- BCC knows that some Providers operate with Senior Care Workers available and not on a rota. These staff have the availability, skills and experience to visit the SU and manage this situation at very short notice and with little or no information about the SU or their needs.
- A similar situation would apply if BCC were asked to arrange a package of care starting tomorrow that required 2 Care Workers present 24 / 7. Very few Providers are set up to be able offer this amount of care, at short notice, to a high standard and BCC wants these Providers to be part of future home care provision in Bristol.

10.6.3 SUs in with particular needs / care arrangement in certain parts of Bristol

- This picks up on the two previous points and also includes geography.
- In a large and diverse city such as Bristol there are areas where SUs are more likely to have particular types of needs, preferences and wishes. Provision of services must reflect this and so as well as ensuring the right type of services are available, BCC must also ensure these are available in the right area.

This information is intended to give an indication about the types of services that will be offered by those chosen as Secondary Providers. However, this should not be seen as an exhaustive list or a guarantee that any specific service will be required.

Feedback prompt for Practitioners:

What needs do you believe require a 'specialist provider'?
What type of services would you consider as 'specialisms'?
What do you think a Secondary Provider could deliver better than a Zone Provider?

10.7 Further Information

10.7.1 Consistency of tender processes

Where possible, BCC will be consistent in what it asks of Providers and considerate around timescales. BCC will endeavour to:

- Include some of the same questions in the Zone Provider tender as in the Secondary Provider tender.
- Give sufficient notice and time to Providers to complete tender documents.
- Avoid outing key deadlines around problematic times of year (e.g. Christmas)

10.7.2 Contract length

This will depend on the type of contract that BCC awards, which has not yet been agreed. However, BCC has considered how the contracts for the Secondary Providers can be aligned with those for the Zone Providers. As stated in section 9.8.1, the contract for Zone Providers is likely to be for 3 years initially, with the possibility to extend this for a further 2 years. Whatever contractual arrangement BCC uses for Secondary Providers, the maximum duration is also likely to be an initial 3 years with an opportunity to extend this for a further 2. This will give BCC flexibility of when it ends the contracts and the

opportunity to end both at the same time and avoid the problems that can occur when contracts for similar services are significantly misaligned with each other.

11. Providing Support and Achieving Outcomes

11.1 Overview

Home care is currently commissioned, arranged and delivered in a way that focuses on Care Workers completing a set of tasks within a specific amount of time. A typical scenario would be where the Care Worker is required to arrive at 9.00am to get the SU out of bed, take them to the toilet and then dress them within a 60-minute time slot. Under this model, 'success' is if the Care Worker arrives on time and does what is expected of them. There is little consideration of the SUs wider health and wellbeing, the impact the service has had on this or what lifestyle the SU could live with the right help and support.

Under the proposed future model of service delivery, there will be a greater focus on understanding what the SU wants their future situation to look like. This will involve the SU being helped to identify specific outcomes they want to achieve and the Provider delivering a flexible service that the SU requires to achieve these outcomes. It is likely that in most cases an 'outcome' will be something the SU has done for themselves all of their life, such as get out of bed unassisted.

Within this new approach, there will be a distinction between care and support:

- **Care**: The Care Worker does something to or for the SU to help them live in a safe and dignified way, where the SU makes little or no contribution to completing the task.
- **Support:** The Care Worker does something to or for the SU to help them maintain or improve their independence, where the SU makes a significant contribution to completing the task.

11.2 What is the rationale for this proposal?

The current approach focuses on what SUs need done for them. This appears to be a very caring and compassionate approach, but can inadvertently create a situation where SUs become de-skilled and more and more dependent on home care services, Care Workers and their friends and family. This proposal seeks to overturn this trend by focussing on what the SU can do for themselves, with the right level of care and support. This approach is known to lead to significant improvements in people's health, wellbeing and independence.

11.3 What is this proposal?

The Care Worker, BCC social care staff and SU will work together to identify the outcomes the SU wants to achieve and agree the care and support services needed to achieve these outcomes. All new SUs and all Zone and Secondary Providers will follow this same process. This proposal is outlined below, with further details in Appendix 6.

- **Decide outcomes:** The SU will be supported by friends, family, the Provider and BCC social care staff to identify what outcomes they want to achieve.
- **Decide care and support:** All parties work together to establish what help the Care Workers needs to provide to help the SU achieve their outcomes, with reference to:

  - Care needs: Establish what input is required from the Care Worker to meet the basic needs of the SU. Much of the care will do things FOR the SU, who will make minimal contribution to the completion of these tasks.
  - Support needs: Establish what help and encouragement the Care Worker needs to provide so that the SU can do things partly, or entirely, on their own.
- **Agree 'Outcomes Plan':** Contains details of what outcomes the SU wants to achieve.
- **Agree 'Programme of Care and Support':** Contains details of what care and support will be delivered, when, how and by whom. See section 11.4.2
- **Deliver Services:** Over time, this help and support will lead the SU to achieving these outcomes and new outcomes will be identified and this process will start again.

11.4 How will this proposal work in practice?

11.4.1 Support

Once the SUs needs and outcomes have been identified (and documented in the Support Plan and Outcomes Plan), the Provider and SU will work together to agree all aspects of when and how care and support will be provided. As an example, the SU may need help getting out of bed in a morning and receive an average of 60 minutes from a Care Worker each day to help with this. The Provider will consider how this time can be used to get the SU to a point where they have the mobility and confidence to do this themselves.

BCC proposes that Providers are given the flexibility to:

- **Agree with the SU when visits take place:** As already mentioned, the Provider will be involved in agreeing the Programme of Care and Support and they will be free to agree permanent changes to this with the SU.
- **Vary the amount of care and support delivered:** The Provider and SU will be free to agree to variations in how much care and support is delivered and when. They can vary the length of visits from day to day and week to week, as long as over a 4 week period the amount of care delivered is within a tolerance, expected to be 10% more or less than the amount of service that was commissioned by BCC. This will allow the SU and Provider to be flexible, without the need to keep referring back to BCC.
- **Vary the timing of care and support provision:** The SU and Provider will be free to agree changes to when visits take place. Where a permanent change is made, a simple process will exist to inform BCC and confirm this is in the SUs best interests.

11.4.2 Outcomes

This process will be based around the completion of two key documents:

Outcomes Plan
This will contain all relevant details about the Outcomes the SU has identified and that they want to achieve, in the short and long term. These will fall into two categories:

Care Outcomes
- Those directly linked to a SUs care needs, as identified by BCC social care staff and documented in the Support Plan. Once achieved, there is likely to be a reduction in the level of care and support the SU needs and receives.
  - E.g. Support Plan states 'SU needs help to get out of bed each morning', which translates into an outcome of the SU being able to 'get out of bed without the need for support or supervision'. If they achieve this, input is no longer required from the

Care Worker to help with this task and so the service they received that specifically related to this need, will be ended.
  - The Provider will receive a financial reward when this type of outcome is achieved, paid in instalments to reflect the need for this change to be sustained.

Lifestyle Outcomes

- Those that are important to the SU and their lifestyle, but have little or no connection to the social care needs identified by BCC social care staff.
  - E.g. Support Plan states the SU wants to do their shopping online. The SU does not currently receive help to do their shopping, so the outcome is about giving the SU greater independence, not about reducing their care and support needs.
  - The Provider will NOT receive a financial reward for achieving these outcomes, but will be expected to help with this and their ability to achieve this will be considered by BCC when assessing each Provider.

For each outcome, the Outcomes Plan will describe:

- **What outcome the SU wants to achieve:** A specific event or action that improves, maintains or slows the deterioration of the SUs health, wellbeing and independence.
- **How Providers will evidence achievement of outcome:** This will describe the specific, conclusive and tangible proof that outcome has been achieved.
- **When it will be achieved by:** The date by which the outcome must be achieved and any period the improvement must be sustained for.
- **Change in the level of care (only applicable for Care Outcomes):** The change in the level of care and support once the SU has achieved this outcome. This change may occur automatically or after a re-assessment by relevant staff.
- **Reward for the Provider (only applicable for Care Outcomes):** Financial incentives given to the Provider as a reward for helping the SU achieve their outcome.
- **Additional outcomes the SU wants to achieve:** Once an SU has achieved one outcome they will focus on achieving another. These outcomes will be targeted in increasing order of difficulty so the SU continues to improve their independence.

Programme of Care and Support

At the time or agreeing the 'Outcome Plan', the SU and Provider will also agree a 'Programme of Care and Support', which will describe:

Timing of care and support

- Describes what the Provider and SU have agreed about when visits should take place and where there is or isn't flexibility.
  - E.g. 2 x 30 minutes visit per day, every day. The first must be completed before 9.00a.m and the second must take place between noon and 14.00. Visits on Wednesday morning must not be late as the SU leaves home at 10.00am. The SU is flexible on timings on every day except Wednesday and they want the Provider to be flexible about the time of the Sunday morning visit. Both parties will give at least 24 hours' notice to request a change.

What care and support the SU wants

- Provides relevant information about what the Care Worker should do when they arrive for different visits.
  - E.g. The morning visit should get the SU ready for the day. The SU will participate and direct the Care Worker on what is required of them, what he wants to wear and how much or little help he needs. Afternoon visits will focus on supporting and teaching the SU to prepare a meal, to a level where he can do this without help.

The preferences and wishes of the SU

- Any relevant information to ensure care and support is delivered how the SU wants.
  - E.g. This could include; what the SU likes to be called, any behaviours they do or don't want from the Care Workers (e.g. Care Worker taking their shows off when entering the house), what clothes the SU wants to be dressed in and the level of communication they want with the Care Worker.

11.5 How will BCC ensure this proposal is appropriate, workable and consistent?

At the heart of this model are 2,000 different people who have different needs, preferences, wishes and personal circumstances and every one of them should be given the opportunity to improve their independence and lifestyle. The skill of those involved in the support planning process is to consider all of these factors for each SU and devise an Outcomes Plan that best reflects what they want to achieve and what type and level of care and support must be provided to them. It is acknowledged that some people will need high levels of care and most, if not all, personal tasks done for them. However, the new model recognises that not everyone is in this situation and that many people have the will and ability to continue performing such tasks for themselves, with a little support along the way. This is about giving these people the support they need, not about asking people to do things for themselves that they cannot achieve and no individual should be put in this situation as a result of this approach.

It is important that SUs are helped to achieve the outcomes personal to them. However, with 2,000 SUs all with different needs and expectations, it is likely the outcomes will also vary significantly. Therefore, there needs to be an element of standardisation so this proposal can be operated effectively, without limiting options or pigeon-holing SUs. Exact details of how this will be done will be set out in the specification, but the overall approach that BCC proposes is one based on the features of outcomes (e.g. significant improvement needed to complete simple, but physically demanding task) rather than the actual outcome (e.g. SU to get out of bed unaided). These features will allow different outcomes, but ones which are similar in the type, level and impact of the improvement required, to be compared to each other in a consistent way

This will give BCC and Providers a means of making consistent and objective judgements about if an outcome can be achieved, how this will be done and how long this will take. Otherwise, there is a risk of setting unachievable outcomes or unrealistic expectations, for all parties. This must be avoided and a balance achieved between the need for a structured approach and the need to maintain flexibility and allow individual choice.

Feedback prompt for all:

What level of improvement could SUs achieve with the right care and support?
What outcomes do you think it will be realistic for SUs to work towards?
What level of care does a SU needs, compared to the level of support they need?

11.6 What is expected of Providers?

BCC will have high expectations of Zone and Secondary Providers. Here is a summary of some key areas and what BCC expects.

Terms and conditions that reflect the important role of Care Workers

- Providers to recognise the false economy of offering poor terms and conditions and

- Consider offering a Living Wage, annualised hours or full time permanent contracts.
- Provide staff with the clothing and equipment they require to do their job.
- Offer work schedules that give staff the time to deliver high quality services.

Investment in the training and development of Care Workers

- Provide appropriate training to enable staff to work to the highest standard they can.
- Give staff regular supervision sessions and annual appraisals.
- Hold productive team meetings.

Operate in a way that reflects the value of staff

- Have robust, transparent and workable policies that staff are familiar with.
- Have an Organisational Business Plan to include staff development and outline how they will achieve and maintain a stable workforce.
- Consider the employment of Apprentices.

Maximise the use of local resources (mainly Zone Providers)

- Recruit and retain local staff (e.g. visit local colleges)
- Create transparency and trust of your organisation in the local community.
- Make use of local knowledge to maximise opportunities that benefit SUs (e.g. local leisure centres, transport links, local religious groups, etc.)

Take an active role in the broader lifestyle of the SU

- **Nutrition:** Ensure the SU is eating the right type and amount of food and raise any concerns appropriately. Providers must help reduce the huge number of people admitted to hospital or care homes from the community due to malnutrition.
- **Foot care / dental care:** Identify any deterioration and take appropriate action to prevent wider problems, such as with walking or eating.
- **Mental health problems:** Identify any significant deterioration and look out for any early warning signs, such as for dementia or depression.
- Providers are expected to:
  - Monitor the overall health and wellbeing of a SU.
  - Take early and appropriate action where deterioration is observed, quickly notifying the right people.
  - Develop the skills and expertise across a wide range of areas to take action themselves, where appropriate, to address these issues.
- The specification will provide full details of these expectations of Providers.

Work with all Partners in an open, cooperative and positive way

- This may refer to interaction with BCC staff (e.g. social workers), colleagues from health organisations (e.g., GPs) or other Providers.
- Providers are expected to use these relationships in a way that derives the greatest benefit for the SU. This may be about working with a social worker to ensure that the Outcomes Plan is accurate, or with another Provider to purchase Assistive Technology equipment that both parties can use to help SUs.

12. Payment to Providers

12.1 Overview

All payments to Providers under the current model are based solely on the amount of care (measured in time) that they deliver in a SUs home. This payment takes no account of

what is done during that time, what the SU or their advocates think about the quality of the service or the impact it has on the SUs life. Payment structures under the new model will be set up to recognise that staff will need to be paid for the work that they do, but also to ensure that everyone's focus is on the SU achieving their Outcomes.

12.2 What is the rationale for this proposal?

During the analysis of other models of Home Care commissioning, it became clear that a key success factor is the extent to which the processes that underpin the delivery of services are aligned with the priorities that the Local Authority (LA) is trying to achieve. Where this was evident and the model was coherent and consistent, the benefits were clear to see. When observing models with practice, processes and priorities that conflicted with each other, it was clear that this would not result in a high quality service for the SU.

BCC will ensure that the practice and processes within this model are aligned with the key priorities and one key area is that of payment to Providers. Common with other parts of this model, BCC proposes to shift the focus away from the input (the time a Care Worker is in a SUs home) and towards the impact the service has on a SUs life. Under this proposal, BCC will financially reward Providers where they help a SU achieve their outcome(s).

BCC recognises the sensitivity of this issue at a time when the budgets to support the most vulnerable people in society are being reduced or restricted. BCC also acknowledges the negative perception that some people have of Providers and how the idea of financial incentives may clash with this. BCC has only made this proposal because it believes it believes that incentivising Providers to focus on the outcome of the SU will have a significant and positive impact on the quality of care services and on SUs lives.

The benefits that BCC believes will be achieved when SUs achieve their outcomes are:

- The SU has greater independence and is more able to live the lifestyle they want.
- The SU is less dependent on their family, friends and carers.
- Providers are financially rewarded for helping the SU achieve their Outcome(s).
- BCC makes better use of its resources, with resources being directed away from those that become more independent and towards those who need help achieving these improvements.

12.3 How will this proposal work in practice?

Providers will receive two different types of payment; for the quantity of service they deliver to SUs (as at present) AND when a SU meets one of their outcomes. This section describes in detail how these payments will be agreed and made by BCC.

BCC will ensure that Providers are paid in a way that reflects the costs they incur and the value they offer. Payments for delivering the service and for achieving outcomes will be balanced in appropriate way. Payment for providing a service will make up the majority of income received by a Provider to give them, the certainty and predictability they need. Payment for achieving outcomes will be a small but significant part of the income received by Providers to offer the right level of incentive for them to work in the way we want. This will be supported by appropriate monitoring arrangements and contractual arrangements.

Feedback prompt for all:

Should Providers receive financial rewards for their role in helping SUs achieve outcomes? What do you think are the advantages and disadvantages of this proposal?

12.4 Payment for the quantity of service they deliver to SUs (as at present)

12.4.1 How will rates be agreed?

Each Provider entering the tender process will be required to propose the price that they want to be paid to deliver care and support services. For consistency, BCC requires this price to be for each hour of service that is provided. BCC will use this information to inform their decision about which Providers will be awarded contracts. Once contracts are awarded, BCC will pay Providers in line with the price they put forward.

Before submitting a cost, Providers are advised to give detailed consideration to what it will cost them to deliver the service and all of the requirements set out in this document. BCC expects this to reflect:

- Requirements BCC will make of Providers - E.g. those described in sections 9 and 10.
- Opportunities for Providers to make use of greater flexibility and economies of scale - E.g. working in a much smaller geographical area.
- Prices paid in the local and national market for these services.

It is expected that there will be some aspects of the proposed model that will reduce the costs incurred by Providers in delivering this service. These are:

Certainty over contracts

- Zone Providers will have contracts for at least 3 years and a guarantee that all new care packages in that Zone will be offered to them.
- BCC considers this to be a significant benefit to Providers.

Reduced travel

- Zoning means that the area covered by Providers will be much smaller than at present, as will the total distance travelled by their staff.
- BCC expects this will cost the Provider much less in travel time and staff downtime (where they are not delivering care and support).

Flexibility

- Providers will have a greater role in agreeing with SUs when visits happen and how to make the best use of the time accrued due to some shorter visits to SUs.
- BCC expects Providers to use these conditions to further reduce down time.

Stable Work Force

- BCC expects that the proposals in this document will create a system where staff terms and conditions are improved and staff turnover decreases.
- One example is that Zero Hour Contracts are used to address the uncertainty and lack of flexibility in the current system. In ways already described, BCC expects the new model to give Providers greater certainty and flexibility and remove any need for these poor contractual arrangements.

Self-funders

- BCC expects that many people will see the award of a BCC contract as a seal of approval or endorsement of the quality of that Provider, which is likely to attract more business to that organisation.

It is expected that there will be some aspects of the proposed model that will increase the costs incurred by Providers in delivering this service. These are:

Training Costs
- Different things are being asked of Providers in the new model and whilst not all of these will have associated costs, BCC acknowledges that they can only be achieved by training staff to have these different and improved skills.

Additional staffing levels
- Providers may need to operate with more staff than at present, in order to meet some of the additional requirements that BCC will stipulate.

Support and Outcomes
- Many Providers currently deliver services in a way that considers support and outcomes, but BCC recognises that for these and other Providers, some changes in practice will be required, with associated costs.

Staff terms & conditions
- BCC has set up the model in a way that encourages and facilitates better terms and conditions, but BCC accepts that this will also require some investment from Providers.

Flat hourly rate
- A single rate will apply to all care delivered by a Provider, regardless of when it is.

BCC's current rate for home care services is £15 per hour of service. However, higher rates are paid at bank holidays, weekends, nights and for other exceptional circumstances and so the average cost per hour for all home care services purchased by BCC in 2012 was £15.64. BCC expects that having given due regard to the factors described above and the way in which they can deliver the most effective, efficient and high quality service, Providers will propose a rate that is close to the current average rate of £15.64.

12.4.2 How will payments be calculated and made?

The payment made to Providers will be the sum of the length of time that Care Workers deliver a service, multiplied by the hourly rate. All providers will be required to use an Electronic Monitoring System (EMS) that records the exact length of all visits (to the minute) that the Provider has delivered. This type of system was introduced by BCC a few years ago and is currently used to record the details of around 80% of all home care visits commissioned by BCC. This works like a 'clocking in / out' system in the SUs home and provides details of when the visit started and ended and which Care worker attended. It will be used in future to calculate payments correctly and mean that BCC and the SU only pay for the service that is provided. Payments will continue to be made to providers in a single lump sum every 4 weeks.

Here is a summary of how the changes will work in practice and the expected benefits:

More accurate measure of how much service has been delivered
- How will it work?

  - Providers will be paid for the exact amount of service they deliver, to the minute. This is unlike at present where Providers using EMS have their payment calculated according to bandings (e.g. a visit of 22 – 37 minutes will be paid as 30 minutes).
  - All payments will be calculated from the entries made by Care Workers on EMS
- What are the expected benefits?
  - BCC and SUs will only pay for the service that is received by the SU.
  - SUs will receive the amount of service that they have been assessed as requiring, as this system will show exactly what has been delivered. Where visits are shorter than expected, the Provider and SU will agree how best to use this 'spare' time.
  - The result is; Providers are paid for the work they do, Care Workers receive the level of income they expect and have worked for, BCC (and some SUs) pay for what is being delivered and SUs receive the amount of service they require.

Visits attract the same rate 24/7

- How will it work?
  - BCC will agree an hourly rate for each Provider and that rate will apply to ALL care and support delivered by that Provider on behalf of BCC, regardless of when this happens. This will change from the current system where different rates are paid on bank holidays, nights and for other reasons.
  - As already described in this document, Providers will be required to work with SUs to agree when visits should take place. This discussion should not be limited to set times of day and it is expected that the Programme of Care and Support will include visits of different lengths, at different times of day and some during the night. This variety merely reflects the different needs, preferences and wishes of different SUs.
- What are the expected benefits?
  - Greater flexibility in home care provision as more Providers are set up to provide care and support throughout the day and night. At present, night time services are delivered by very few Providers, which limits capacity.
  - SUs will be able to receive their service from a single Provider, regardless of when it is required. This will bring greater clarity and consistency to service provision. At present, very few Providers deliver services during the day and at night.
  - SUs that require a service at night are much more likely to receive this service, and much sooner, in the new model than they would under current arrangements. This is because their Provider will be expected to arrange this visit quickly and effectively, without the delay a SU would currently experience whilst another Provider is found.

Transparency and consistency of rates

- How will it work?
  - Providers will decide a price they want to be paid by BCC and this will go in their tender bid.
  - The prices a Provider proposes must be a multiple of 50p (e.g. £2.00, £2.50).
  - With many different Providers bidding to become one of the (proposed) 11 Zone Providers, it is very likely that winning bids will have different prices. BCC is comfortable with this situation and understands that there will be reasons why different Providers working in different Zones will require different rates. However, within any commissioning arrangement there needs to consistency and transparency.
  - Therefore, BCC will work with the Zone Providers to try and minimise the number of different prices and where there are differences, be clear on exactly why this is.

  - Once all prices are agreed, BCC will publish this information on its website to ensure that all Providers, SUs and other stakeholders know the rates and reasons for any differences.
- What are the expected benefits?
  - Providers will be paid a rate that is sustainable for their organisation.
  - Therefore, BCC expects Providers to offer suitable terms and conditions to their staff and be able to deliver high quality services.

Feedback prompt for Providers:

Would you be able to deliver a 24/7 service?
If not:
What would enable you to do this?
What other suggestions do you have for delivering care at nights?

12.5 Payment to Providers based on them enabling SUs achieve their outcomes

12.5.1 How will payments be agreed?

BCC will establish a process for what payments will be made to Providers, when and how in relation to their contribution to helping SUs achieve their outcomes. Providers will be involved in this process and it will set out the overarching terms of the agreement between BCC and Providers. BCC will not share this detailed information until it has been agreed that rewarding Providers in this way will be part of the Commissioning Model.

The 'Outcomes Plan' for each SU will set out the details of:
- What their outcomes are
- How the Provider will demonstrate the outcome has been achieved
- How much money will be paid to the Provider when the outcome has been achieved
- The timing and structure of these payments

12.5.2 How will payments be calculated and made?

Once an outcome has been achieved and prior to any payment being made, there will be additional quality checks to ensure that:
- The SU feels the Outcome has been achieved and in the right way.
- The overall provision of care and support given to the SU reflects what was agreed in the Programme of Care and Support. This will be confirmed by data from EMS and BCC may withhold payment if the service provided does not reflect what was agreed.
- The level of care and support provided to the SU can be reduced, in line with what was agreed in the Outcomes Plan, now that the Outcome has been achieved.

The detail of how these payments will be structured will be contained with the contract. However, the information below describes the principles on which this will be based:

Reward payments must be linked to the needs of the SU
- Financial rewards will **only** be paid to the Provider if the SU achieves the outcome **and** there is a reduction in the service required by the SU, in line with the Outcomes Plan
- Additional links may be made between the financial payment and the SUs situation. These will be detailed in each Outcomes Plan. For instance, 'improvement must be sustained for 3 months and payment will be spread over this period'.

Rewards payments must be consistent

- Under this system, where SUs with similar needs, achieve similar outcomes and similar levels of improvement, the reward payments will also be similar.
- Consistency will be achieved by adopting a system described in section 11.5.

Reward payments must be transparent

- The Outcomes Plan will provide full details of all aspects of the outcome. This will be available to the SU, Provider and BCC and seeks to create a single and common expectation of what will be achieved, how this will be evidenced and the amount and structure of any payments.

With regard to the impact on BCC budgets, all of the evidence points to these proposals achieving significant savings compared to a model of continuing to deliver care in a 'traditional way'. These savings begin to accrue as soon as SUs begin to meet their outcomes and therefore require less care and support, either in absolute terms or compared to what they would have needed without this approach. These savings will be used to fund care and support services to help other SUs make these improvements.

Feedback prompt for Providers:

Should BCC set the level of reward that will be received, or should Providers propose this as part of their tender?

13. Choice and Control

A key Government Policy is that SUs should be able to exercise choice and control in all aspects of their care and support. There could be a perception that the use of Zone Providers could restrict this and so here is an overview of the options for SUs.

13.1 Direct Payments

The option of a Direct Payment (DP) will be actively encouraged by BCC social care staff and the process of deciding who provides care and support will be structured to give SUs more time to consider DP's as an option. It is hoped that this will increase take up of DPs.

13.2 BCC arranging services for SUs – Current model

Currently, though there are 50 Providers working for BCC, in many cases there is little choice for the SU because only a small number of these Providers have the capacity and ability to take on this service. The SU will have little involvement in this process and is often given limited choice about who comes into their home. Where a SU requests to change Providers, this is usually because they are not satisfied with the quality of service they receive.

Due to the limited capacity of Providers under the current system, there will be situations when the SU cannot receive the type of service they want or need. This may relate to the particular time of day, Care Worker or length of visit. This situation will continue once a service begins and BCCs experience is that SUs have little control over care and little ability to change the times of visits at short notice.

13.3 BCC arranging services for SUs – Future model

BCC is seeking to improve the quality and sustainability of Providers, by re-structuring how services are commissioned, arranged and delivered and by undertaking a tender process to select Providers. The outcome of this will be that SUs are involved from the start in

deciding who will deliver their service and they and BCC will engage with the Zone Provider to understand what service they can deliver. BCC's expectation, based on experience elsewhere, is that the Zone Provider will be happy to take on this Package of Care and the SU will be happy to go with this option. However, as has been made clear throughout this document, all parties will support the SU to choose the Provider that is best able to meet their needs, preferences and wishes. Where the SU does not want to receive their service from the Zone Provider, they will have the choice of other high quality and suitable Providers, made up of other Zone Providers and the Secondary Providers. It is likely that if need be, the SU will have the choice of approximately 20 different Providers, though BCC believes that almost all SUs will receive their service from the Zone Provider.

Once the service begins, the SU will have much greater involvement in deciding the specifics of their service (detailed in the Programme of Care and Support) and there will be greater flexibility in the whole system to make it easier for the SU to make changes at short notice to when visits take place or what happens during them.

Feedback prompt for all:

Do you think this will provide sufficient choice for SUs?

14. Quality Assurance

14.1 Overview

BCC understands the problems with services not being delivered, being delivered to a low standard (late or rushed) or not when they are needed (inflexible). This document is very clear on where these problems exist and how they will be addressed in the new model. The words in this Plan will be followed through into explicit requirements in the specification and contract documents. Quality Assurance is a vital part of the new model and changes will be made in order to:

- Provide high standards and clear requirements of Providers
- Link these standards and requirements to clear penalties and implications
- Introduce greater transparency to maintain standards.
- Set clear information sharing requirements that will, along with increased transparency, identify if standards do drop.
- Give BCC, SUs and other stakeholders the assurances they need.

14.2 How will BCC set standards for Providers and make them accountable?

14.2.1 Provider Performance Meetings

- A regular set of meetings will be held between BCC and Providers, which will form the basis of much of the QA work. Clearly, just having a meeting will not improve performance. However, these meetings will be arranged and run in a very different way from anything that currently happens and will be set up to be very transparent and where necessary, challenging.
- The proposal is for each of these meetings to focus on a single Zone Provider and to be held in the zone where they deliver care and support. They will be open to the public and SUs, who will be encouraged to share their experiences. They will include:
  - A review of information and intelligence about that Providers performance
  - An open question and answer session to gives attendees a voice.
  - Consideration of how services can be improved (e.g. representations from local community groups keen to link up with SU's).

- Other considerations that will be included in the specification are;
  - Who should attend these meetings (e.g. recent complainants, local Councillors, relevant staff from BCC or neighbouring Local Authorities).
  - Should there be City-wide meetings (perhaps for all Secondary Providers).

14.2.2 Key Performance Indicators (KPIs)

- These KPIs will:
  - Cover a broad range of service delivery areas
  - Give a thorough understanding of what is expected of Providers and
  - Show the standards they are achieving.
- The reports will be used at the Performance Provider Meetings to show the performance of Zone Providers and Secondary Providers.
- The detail of what these KPIs are will be included in the Service Specification.
- BCC has started to collect this information and to consider what will be most useful and how it should be used to ensure standards remain high. This includes information on punctuality, levels of SU feedback, staff training and supervision and spot checks.

14.2.3 Feedback from SUs / carers

- BCC will continue to gather information from SUs and carers about the quality of the service they receive, but this will be more structured than at present.
- As part of the soon to be introduced Quality Assurance Framework, feedback will be obtained from SUs in a more coordinated, timely and relevant way. This means there will be a continuous stream of SU feedback that will help BCC understand the quality of services being delivered by Providers.
- This will be shared at the Provider Performance Meetings, along with information received by other means (e.g., complaints, feedback from BCC staff) to give a clear view of what people think of the Providers and their services.

14.2.4 Other information sources

- There will be a joint home care contract between BCC and BCCG and these two organisations will work together, possibly at the Provider Performance Meetings, to make best use of this relationship to drive up performance.
- As at present, there will also be close coordination between BCC and other Local Authorities, especially those close to Bristol. This is particularly important because many of the Providers delivering home care in Bristol also deliver care in these neighbouring Local Authorities.

The work described above will be in addition to, not a replacement for, the formal processes that BCC has in place to protect the vulnerable people in Bristol. These include statutory processes around complaints and safeguarding.

This part of the plan has been considered alongside the Health and Social Care Quality Assurance Framework, which is currently being consulted on and will be formally adopted in the next few months.

14.3 How will poor performing Providers be penalised and helped?

BCC has identified weaknesses with its current contract management arrangements and has given a lot of thought to how poor performance can be identified and what implications should be in place for these Providers. The information below shows the penalties that BCC may apply and the key features of how and when these penalties will be imposed on Providers.

14.3.1 Public information sharing

- As described in 14.2, BCC will collect detailed about information about Provider Performance and will present this at public meetings on a regular basis.
- This will apply to all Zone Providers and Secondary Providers and will be done to inform people, rather than as a punishment. However, all organisations involved in the delivery of home care services, including BCC, not only want to deliver high quality services, but also want to be seen to be delivering high quality services. The expectation is that this public forum will focus Providers on how they deliver their service and what messages they want to be shared publicly about their organisation.
- Information and minutes from these meetings will be published on the BCC website.

14.3.2 Increased Provider Performance Meetings

- Depending on the specific problems a Provider is having, it may be appropriate for BCC to hold Provider Performance Meetings with them more frequently.
- This would be most appropriate to observe and monitor the progress of the improvement actions they are taking to address problems.
- This may result in meetings being held monthly, not quarterly.

14.3.3 Increased Quality Monitoring

- This is likely to occur in similar circumstances to increasing the frequency of Provider Performance Meetings and would help BCC identify if there were further problems with the service, or establish the extent to which improvements were being made.
- This may result in monthly or quarterly visits, as opposed to annual visits.

14.3.4 Limit or suspend the number of new SUs a Provider takes

- This is a very specific action that BCC currently uses in situations where the Providers problems stem from not being able to deal with the number of SUs they currently have.
- This is often used where a new Provider grows quickly and by limiting the number of SUs, the Provider is able to consolidate what it does and put the right systems and processes in place.
- This improves the quality for existing SUs and avoids SUs having the same problems.

14.3.5 Terminate the contract

- This is the ultimate sanction that BCC can take, where BCC has identified that the Provider has made clear and significant breaches of the contract.
- The contract will set out possible reasons why a contract may be terminated and this is obviously a last resort, but one that BCC will be willing to impose.

Feedback from SUs sent a clear message that it is not good enough just to have these penalties, but that Providers must be aware of what they are and BCC must use them. These next two points describe the key principles of when and how penalties will be used.

14.3.6 Penalties linked to action of Provider AND impact on SU

- Many of the letters from SUs and carers describe situations where the underlying issue is the same (e.g. Care Worker arrived late for a visit).
- However, the actions of the Provider in dealing with this issue make a huge difference to the eventual outcome and impact on the SU. The different situations are:
    - Where the Provider keeps the SU informed and the letter actually praises the Provider for their response to the initial problem.

  - Where the Provider fails to prioritise those most in need of a service or contact people affect by the delay and the letter will describes a very distressing situation where people are left on their own and unaware of if anyone is coming to help them.
- The initial problem was that the Care worker was late for a visit, but BCC believes that these two providers should be treated differently based on their subsequent actions and the impact on the SU.
- Therefore, in the new model, BCC will consider the cause of the problem, the actions of the Provider AND the impact on the SU and carers, when deciding what action to take.

14.3.7 Penalties will be linked to the problem that has occurred and help resolve it.

- When BCC is considering possible actions against a Provider, these will be closely linked to the underlying cause of the problem / situation and will aim to help address it.
- BCC won't impose penalties that are arbitrary or unrelated to the problem.
- Here are some examples of how the action can be linked to the problem.
  - Reports of Care Workers lifting SUs in a dangerous way: BCC will undertake more frequent QA visits. During these visits the QA staff will review training plans and staff files to establish what level of manual handling training has been given to staff. The outcome could be that further training is required for those staff and that they are not allowed to work with SUs until this has been completed.
  - Provider late for visits due to staff turnover: BCC may ban the Provider from taking on new care packages until it can be shown that staff attendance has improved. In the meantime, staff will focus on meeting the needs of existing SUs so that the problem doesn't get worse.

14.4 How will good performing Providers be rewarded?

In this Commissioning Model there will be penalties for bad practice and BCC feels that there must also be a process that identifies, promotes and rewards good practice. Consideration has been given to how this could be done, which involved SUs and Providers, and the proposal is that in order to be consistent, rewards should work in a similar way to the penalties, which are described in 14.3.

The rewards will include:

14.4.1 Public information sharing

- The way in which the Provider Performance Meetings function will be largely based on how well that Provider is performing. For those doing well, BCC believes that it will be a positive experience and a chance for people to see their success. The same will be true of the KPI reports that will be shared at the meeting and on BCC's website.
- Therefore, BCC expects these Providers to get a lot of value from this process and attract new SUs that arrange and fund their own services and are looking for a high quality provider they can trust.

14.4.2 Contract extension.

- BCC proposes that the Zone Provider contracts are for 3 years, with the option to extend these for up to 2 more years.
- BCC will monitor the performance of the Provider throughout the initial 3 year period and will use the information and intelligence it has gained to consider if the Providers contract should be extended. The Providers that deliver consistently high quality services could see their contract extended, without having to go through a formal tender process where they risk losing the contract.
- This all depends on how well they perform in the first 3 years of their contract.

14.4.3 Decrease in Quality Monitoring.

- The use of quality monitoring by BCC will be based on the performance of Providers and what BCC considers is the level of risk to SUs that receive their services.
- Therefore, where a Provider is performing well and delivering high quality services, as evidenced by some of the other processes described in this section, they can expect that BCC will visit them less frequently.

15. Links with other services and contractual arrangements

15.1 Housing Related Support

15.1.1 Overview

BCC currently commissions 5 Providers to deliver 'Housing Related Support Services' (HRS) to older people. There is a significant variation in the type of HRS services provided to SUs and the level of intervention in a SUs life.

15.1.2 Current Situation

This fits mainly into two categories although no clear distinction exists and in reality these services fit along a continuum, rather than two separate categories. They are:

1. Services for people with no health or social care needs and who are able to live a totally independent life in their own, with a little support. An example may a person whose partner has recently died and their partner dealt with all the bills so they require some help in the short term to learn how to deal with these things.
2. Services for people receiving some health and social care services, but who need support to maintain or improve their independence. An example would be a person that has a visit from a Home Care Provider to help them get out of bed in a morning and then has a visit from a HRS Provider to prompt them to have a shower (which they then do without assistance) and to teach them how to cook their own meal.

15.1.3 Future Proposal

Under this Commissioning Plan, BCC proposes that:

- The services described under point 1 will be ring-fenced and a separate tender process will be undertaken to identify a Provider to deliver this service. This process will be undertaken alongside the Home Care tender, but there will not be any other connections between Home Care and HRS.
- The services described under point 2 will be included as part of the re-commissioning of home care services and under the new model, Zone Providers and Secondary Providers will be expected to deliver this support. The rationale for this proposal is that BCC wants all SUs to have access to the type of support that helps them maintain and improves their level of independence. This theme goes throughout this document and rather than have 5 Providers delivering these services to a small group of people, BCC wants expects all Zone and Secondary Providers to deliver these services to all SUs they work with.

15.2 The Bristol

15.2.1 Overview

The Bristol is a supported living scheme for up to 25 people with physical disabilities. There is currently a single organisation that acts as landlord and housing support provider. There is another Provider that delivers personal care to residents. Both of these contracts will soon come to an end.

15.2.2 Current Situation

There are 19 bed-sits in the main building and a block of six 1-bed flats in a recently built extension. All dwellings are on the ground floor, fully accessible, with en-suite shower rooms and basic kitchen facilities (fridge freezer and microwave). There is a large lounge / dining area with a TV and various games.

The current tenants require various types and levels of care and support and they are encouraged to be as independent as they can and this may include moving out of The Bristol, which very few people have done in recent years. Many tenants have lived at The Bristol for more than 10 years and consider this to be their home for life. Most, if not all, tenants have assured tenancies.

15.2.3 Proposal

That BCC undertakes a tender process for care and support services to be delivered to the tenants at The Bristol. BCC proposes to change the current contractual arrangement and go from a separate housing provider and care provider, to a single Provider to deliver care AND support. The proposal is that there is no change to the housing provider, which will continue to be the current landlord.

The exact requirements of this agreement will be set out in the contract and specification.

This contract will form part of this Commissioning Plan, but once the final proposal is agreed the tender proposal for The Bristol will be undertaken independently of all other tender processes outlined in this document.

15.2.4 Rationale for this proposal

BCC's experience of environments such as at The Bristol is that the best results are achieved where there is a single provider of care and support services. This allows the Provider, and ultimately the SUs, to benefit from the clarity this brings over who is responsible, the value of being able to coordinate resources in the most efficient way and the trust created by a single reliable presence.

15.3 BCC Reablement Service

- The Reablement Service offers short term, intensive services that seek to improve the ability of SUs to live independently.
- When people leave the service, they typically have no care needs or go on to receive home care from a Home Care Provider.
- BCC proposes that this service is outside of the scope of the Commissioning Plan. This is because the Reablement Service is expected to continue to operate in the way it currently does and their work with a SU will take place before the involvement from a Home Care Provider. Therefore, whilst the changes to how home care is delivered or what is expected from Providers will affect the type of work the Reablement Service does, it is not expected to impact how the Reablement Service operates.

15.4 Extra Care Housing

- BCC considered if it should include the care and / or support contracts within Extra Care Housing (ECH) Schemes in the scope of this Commissioning Plan.
- BCC decided against this and proposes that ECH schemes remain outside the scope of this Commissioning Plan. A separate commissioning process will be undertaken to decide who will provide services in these schemes.

15.5 BCC Home Care Service

- BCC directly employs Care Workers to deliver some home care services and consideration was given to if these services should be in the scope of this Commissioning Plan.

- The proposal is that parts of the service are included in the re-commissioning of home care:
  - Planned, out of hours home care service
  - Emergency home care service – this operates all day every day.
- These services have been included in scope because the expectation is that under the new model, these service requirements will be met by Zone and Secondary Providers.
- These Providers will be expected to deliver services throughout the day and night and will also be expected to respond at very short notice to people that need help, whether they are an existing SU or not. It has not yet been confirmed if BCC expects all Providers to meet both of these requirements, or if a few Providers will be given responsibility to meet these requirements across Bristol.

- The proposal is that parts of the service are excluded from the home care re-commissioning and continue to be delivered by BCC:
  - Home care services for the Supporting Dementia Team (SDT)
  - Home care services at Alder Court ECH Scheme
- Home care delivered in connection with the SDT has been excluded because the infrastructure, staffing and training of the home care service has all been geared towards meeting the needs of the people using the SDT. To change this now would undo this work and bring uncertainty to the SDT at a time when it requires stability.
- The home care service at Alder Court ECH is excluded because all of ECH care and support services will be dealt with under a separate tender process.

16. TUPE

Current and potential Providers will need to be aware of the implications of the Transfer of Undertakings (Protection of Employment) Regulations 2006 (TUPE).

When a service activity transfers from one Provider to another, the relevant employees delivering that service transfer from the old to the new Provider and must transfer on the same contractual terms and conditions of employment. The new Provider/employer takes on all the liabilities arising from the original employment contracts. The council will obtain from current providers basic information about the employees who will potentially be affected by this commissioning process.

Bidding providers will need to consider the cost and other implications of TUPE. The council will provide bidders with the information it has collected from current Providers about the employees who will be potentially affected. Providers must seek their own legal and employment advice on TUPE. It is the responsibility of bidders / providers to satisfy themselves regarding TUPE requirements.

The above is subject to review pending the outcome of the current Government consultation on the review and repeal of service provision changes under TUPE 2006.

17. Next Steps

TIMESCALES	DATE
Aug – Oct 2013	12 week consultation period on draft Commissioning Plan
Oct 2013	Amend and finalise Commissioning Plan
Nov 2013	Final Cabinet Approval gained.
Dec 2013 – Jan 2014	Tender Process begins

Appendix 2 – Bristol City Council Equality Impact Assessment

(Please refer to the Equality Impact Assessment guidance when completing this form)

Name of proposal	R-PP-009 Commissioning Home Care against Reablement Outcomes
Directorate and Service Area	Health and Social Care
Name of Lead Officer	Leon Goddard

Step 1: What is the proposal?

Please explain your proposal in Plain English, avoiding acronyms and jargon. This section should explain how the proposal will impact service users, staff and/or the wider community.

1.1 What is the proposal?
To award contracts for Independent Providers to deliver home care services in Bristol that support service users, help them achieve their identified outcomes and remain as independent as possible in their own home. Financial savings are expected of: £750,000 in 2015/16 and £750,000 in 2016/17. The aim of this proposal is to create home care provision in Bristol that delivers services that reliable, predictable and flexible for the service user. This should enable service users to remain as independent and in their own homes for as long as possible. It is expected that this will be achieved by the provision of services that focus on meeting the outcomes of the service user and focussing on reablement to maintain or improve their health wellbeing and independence. This could include help with personal care, help to learn new skills that will help them live more independently and facilitating the service

user to access community activities.

The proposal looks at delivering a high quality and individualised service through Providers who have responsibility for a geographical 'Zone' in the City.

Each Main Provider will be given the tools and support from Bristol City Council to enable them to deliver services to Service Users in a creative and innovative way. Following a Care Management assessment from Health and Social Care to identify the outcomes that are important to the service user. Providers will work with the service user to put together and work towards delivering an Outcomes Based Support Plan.

Each individualised Support Plan will focus on the outcomes of the service user and will draw on the Providers expertise to establish what steps need to be taken to achieve these outcomes and how can be done to reflect the service user's needs, circumstances and lifestyle.

By providing care and support in this way, it is expected that more service users will be helped to live as independently as possible.

By reducing the number of Providers that Bristol City Council works with, it will be able to support these Providers to deliver high quality and innovative services.

Alongside the recommissioning of Home Care services, a single Provider will be sourced to provide the Older People Floating Support Service. This service provides housing-related support to older people, to enable them to maintain

their tenancy or ensure that their property is 'fit for purpose'. Floating support services have the flexibility to support a person wherever they live (sometimes referred to as 'community support') - as distinct from accommodation based services, where support is tied to specific residential services.

Summary of potential positive impacts

Creating a home care market that places great emphasis on the quality of care and promoting independence presents an opportunity to ensure that service users from all equalities communities, and groups with protected characteristics, are able to access high quality and appropriate care and support.

By working in partnership with a single Main Provider in each area ('zone') of Bristol, emphasis will be placed on the Provider increasing their knowledge of the: Local community resources – such as recruiting staff from the local area and who reflect the profile of that area.
Local community opportunities – such as using their knowledge of local activities, facilities and groups to minimise / prevent social isolation.

Recognising that there will be times when service user will want choice and may have needs that are best met by an alternative provider, a pool of Secondary Providers will be available. These Providers are expected to deliver services to the same high standards as Main providers, but in a way that is more specialist and more suitable to the needs of some individuals and user groups. This will give service users choice and also the opportunity to receive services from a Provider that is operated, recruits and trains it staff and delivers services in a way that suits the specific needs and requirements of

these service users.

Summary of potential adverse impacts

There is a risk that the services offered by the Main Providers and Secondary Providers do not meet the needs or requirements of certain equalities groups. This would occur if the skills, competence and profile of staff is not aligned with the demand for services.

As with any proposal to implement significant change, this must reflect the views of people that are affected by the service. There would be potential for a negative impact if there was insufficient or inappropriate engagement and consultation with the groups and individuals most likely to be affected by these proposals.

Step 2: What information do we have?

Decisions must be evidence-based, and involve people with protected characteristics that could be affected. Please use this section to demonstrate understanding of who could be affected by the proposal.

2.1 What data or evidence is there which tells us who is, or could be affected?
The following Equality Data is taken from 2011-2012 figures covering age, gender, disability and ethnicity. **<u>Home Care</u>** **Gender:** The table below shows a breakdown by percentage of the total number of men and women that received a home care service, split by age banding. Please note that the minimum age for a person to receive a home care service is 18. 66% of service users are women and 34% are men.

Age Group	Male	Female
Under 50	2%	2.5%
50-64	3.5%	4.5%
65-74	5.5%	7%
75-84	12%	21%
85+	11%	31%

Age Group	Male	Female
20-49	65%	62%
50-64	20%	19%
65-74	8%	8.5%
75-84	5%	6.5%
85+	2%	4%

The above table shows a breakdown in percentage of the number of male and female Bristol residents from the ages of 20 – 85+.
This start with 20 years old because the ONS survey age bands below the age of 20 are in 5 year bandings.

The two tables above highlight the over representation of women using home care Services, as the population figures from the 2011 ONS survey show a fairly consistent divide between men and women.

Ethnicity:

Of all home care service users:
94.9 % are White and 5.1% are BME
Of the BME service users;
3.4% are Black
1.1% are Asian
0.1% are dual / mixed race
0.5% are from other BME groups including Chinese

Based on available 2011/2012 Census data, we are able to tell that the BME population in Bristol has increased from 8.2% to 16%. However, data providing detailed breakdown by age and ethnicity is not currently available and we are therefore unable at this point to produce more in-depth analysis.

Using figures from the 2001 Census, Bristol City Council shows as engaging with more people from BME groups than would be expected from the age profile of our service users (i.e. 8% of all referrals received are from BME communities compared with an expected figure of 4%). Data from the 2011/2012 Census in relation to age and ethnicity is not available.

The table below shows totals for all service users and the number of BME service users split by age band (using 2001 Census data and Client finance information). The 'expected' column shows what the figure would be if the services were taken up in proportion to Bristol's population.

BME by age	All Service Users	BME	Expected
18-34	19	2	2
35-49	73	10	6
50-64	167	19	7
65-74	253	24	10
75-84	679	35	13
85 Plus	862	15	6

Based on 2001 Census data, home care is delivered to a higher than expected number (in relation to the population of Bristol) of BME people.

Disability:

Of all home care service users:
92% have a physical or sensory impairment or are frail
6% have a Mental Health need
1% have a learning disability
1% fall under 'Substance Misuse', 'Other Vulnerable' or 'Carer' category

54% of the over 60 population in Bristol are disabled.

Services provided by Health and Social Care are predominantly for people with limiting long term conditions or a disability and therefore we cannot compare with the general population.

Sexuality:

Of all home care service users:

82.5% are Heterosexual
17.5% preferred not to state their sexual orientation or objected to the question.

Information from our client records show that during 2011/2012, 21 (0.4%) service users identified themselves as being Lesbian, Gay or Bisexual. There has been a year on year increase in the number of service users identifying as LGB since the Health and Social Care department started collecting this data. Unfortunately there is no local data; therefore Bristol City Council has adopted figures produced by Stonewall. Stonewall indicates that 6% of the population are estimated to be lesbian, gay, bisexual or transgender. Stonewall estimates that 1 million people over 55 years old in Bristol are lesbian, gay or bisexual.

Religion:

Of all service users:
82% are Christian
14% have no stated religion
4% are Hindu, Muslim, Sikh or Other

It should be noted that the data above data on religion is taken from our Financial Records and so indicates the profile of service users.

Of the Bristol population:
62% are Christian
2% are Muslim
0.5% are Hindu and Sikh
0.2% are Jewish

Information taken from http://www.bristol.gov.uk/page/council-and-democracy/census-2011

Housing Related Support – Older People Floating Support Services

The following Equality Data is taken from 2011-2012 figures covering age, gender, disability and ethnicity. This data is collated nationally by the Supporting People Client Record Office (at the University of St Andrews). Data has now started to be collected to capture the number of LGBT service users and this information will be available in the future. Data to capture service users religion is not currently collected.

Gender:

Of all Supporting People service users:
43% of Service Users are women.
57% are men.
Men and women are accessing the services in numbers that are representative of the overall Bristol population.

Ethnicity:

Of all Supporting People service users:
92.5 % are White
6.7% are Black
0.7% are dual / mixed race

The figures from the Supporting People Database are not consistent with those of the Bristol population as a whole or across Supporting People Services, where BME access of any age is over 20%.
BME service users are currently under represented in Older People Floating Support Services.
Any new provider would be asked to address this inequality and increase the number of BME service users accessing these services.

Disability:

Of all Supporting People service users:
73% people identify as having a disability
27% people have said they don't
Statistics show a slight increase in this figure. This demonstrates the increased needs of the clients that access HSC services.

2.2 Who is missing? Are there any gaps in the data?
There are gaps in protected characteristic data for the Supporting People service users, as this is a national dataset.
2.3 How have we involved, or will we involve, communities and groups that could be affected?
Consultation events took place throughout Bristol. Venues for the consultation were chosen because of their geographical location and for accessibility. The

table below lists the events.

Date	Venue	Key Audience
7th August	Park View Campus	Home Care Providers
19th August	Anchor House Extra Care Housing	Service Users
23rd August	Field Marshall Slim Extra Care Housing	Service Users
2nd September	Redhouse	Health and Social Care Staff
5th September	Jennings Court Extra Care Housing	Service Users
9th September (6-8pm)	Lockleaze Extra Care Housing	Service Users
13th September	City Hall	Health and Social Care Staff
19th September	Bluebell Gardens Extra Care Housing	Service Users
25th September	Blaise Weston Extra Care Housing	Service Users
25th September	Park View	Home Care Providers
30th September	Monica Wills House Extra Care Housing	Service Users

3rd October	Gatehouse Centre	Service Users
4th October	Sommerville Extra Care Housing	Service Users
7th October	Lincoln Gardens Extra Care Housing	Service Users
10th October	Southmead House	Health and Social Care Staff
11th October	Colliers Gardens Extra Care Housing	Service Users
11th October	Bristol 600	Service Users
14th October	Barton Hill Settlement	Punjabi Speaking Service Users and Carers

The consultation was advertised using a variety of media channels (e.g. BCC website) and more traditional methods (e.g. posters were sent to 27 libraries and many GP surgeries) to ensure that all service users and key people were aware of what was happening.

The table below details the various communication channels that were used to promote the Consultation.

Description	**Information**
All Bristol City Council Public Libraries	Posters and Surveys
GP Surgeries	Posters
Phone Calls to existing Service Users	A randomised list of Service Users in receipt of Home Care were contacted

	by telephone and provided with the opportunity to complete the survey over the telephone.
Mobile Libraries Outreach Worker	Surveys delivered directly to Service Users
Survey distribution	Surveys distributed through several community groups and by request
Attendance at various groups	Meeting slots were booked at a variety of community groups such as Bristol Older Peoples Forum, VOSCUR and Partnership Boards
Email Communication	Email to all known Equalities Groups
	Email to all Providers
	Email to all Care Traders signed up to Proactis Trading Portal
	Email to all Social Care and Health Staff
Ask Bristol	Online Survey emailed out in Ask Bristol newsletter (8000 readers)
Bristol City Council Website	Promotion slot on main BCC webpage
Our City Newsletter	News story within News letter
Radio News story	News story and interview on Jack FM Bristol and Silver Sounds.

Surveys were made available online and in paper format. Surveys were also produced on an audio CD, large print and were available in different languages. Interpreters were also booked for specific events.

Feedback.

All Equalities Groups with connections to Bristol City Council were contacted and invited to the Consultation events and offered the opportunity for a Bristol City Council employee involved in these proposals to come to meet with them. Events were organised by request and an event was set up specifically for the South Asian Community, using a paid interpreter. The table below shows all of the comments made by the South Asian Community Group and other equalities related feedback.

The Consultation results have been analysed and the result will soon be shared on the Better Home Care for Bristol Consultation page in the format of "You Said, We Did". This information will be shared in poster format in all Bristol City Council Libraries, in all venues where events were held and an email / letter will be sent out to anybody who registered their interest in the Consultation.

Culturally appropriate food	A request was made that food prepared for South Asian service users was culturally appropriate and it was suggested that care workers could help prepare and produce curries and chapatis from scratch.
Personal Care	Service users from a South Asian Community Event also stated that it was very important to have Personal Care delivered in a culturally sensitive way
Language	Several Service users expressed a wish for their care worker to be able to speak in their preferred language.

Step 3: Who might the proposal impact?

Analysis of impacts on people with protected characteristics must be rigourous. Please demonstrate your analysis of any impacts in this section, referring to all of the equalities groups as defined in the Equality Act 2010.

3.1 Does the proposal have any potentially adverse impacts on people with protected characteristics?	
Age Negative	

Not all Older service users will be able to benefit from a home care service that focuses on improving or maintaining independence as some may not be able to do this. Providers may not focus on identifying outcomes which they view more suitable for younger Service Users. Positive The Proposal may help to bring new opportunities to both older and younger service users by commissioning Providers who are able to work creatively with Service Users.	The proposal will require all parties to consider what outcomes and individual wants to achieve and if / how they can be supported to improve or maintain their independence. It is accepted that not all service users will be able to do this and the so the service will focus on the outcomes they can achieve and that are importance to them. As above. All Providers will be required to demonstrate commitment to anti-discriminatory practice and policy.
Disability Negative Not all disabled service users will be able to benefit from a home care service that focuses on improving or maintaining independence as some may not be able to do this. Providers may not have necessary expertise to support all disabled Service User's. Positive	The proposal will require all parties to consider what outcomes an individual wants to achieve and if / how they can be supported to improve or maintain their independence. It is accepted that not all service users will be able to do this so the service will focus on the outcomes they can achieve and that are of importance to them. Providers will need to demonstrate during the tender process that they do have these skills.

The proposal may help to bring new opportunities to disabled service users by commissioning Providers who are able to work creatively with disabled Service Users	A secondary list of Providers to be identified to fill gaps in specialist knowledge and skills.
Ethnicity Negative Smaller BME Providers may not be able to compete with larger established Providers for Main Provider status. Commissioned Providers may fail to provide carers who are able to deliver culturally aware and sensitive care for different ethnic communities. Some ethnic communities may not wish to engage with the main provider for their geographic zone. Positive A secondary list of Providers will open up opportunities for BME and SME organisations to bid for work Providers may recruit staff who are local to the service users they are serving and may come from a particular ethnic community. Providers will be asked to deliver an innovative service, which may open up new opportunities for Service User's from different ethnic communities.	 Bristol City Council has and will design this model to allow encourage different type and size of Providers to bid. However, this issue has been recognised and so a Secondary list of Providers will be identified to any fill gaps in specialist knowledge and skills. If this is the case, they will be supported to identify a Secondary Provider that will be able to meet their needs. These providers will be supported and encouraged to do so. This is seen as one benefit of the 'zone' model.

Gender Positive The proposal may help increase the number of men taking up homecare services if the focus is on supporting independence instead of relying on care. Providers may attract a more equal male and female workforce if working conditions are made more attractive. This in turn may increase the number of males taking up home care employment. (+) It is hoped that by creating Zones, the travel time of staff who are mainly women will be greatly reduced.	 This would be a positive outcome as it is felt that the reason why men are under-represented is due to a lack of engagement in home care services. The focus on independence is supported by service users from all groups. This would be a positive outcome and it is hoped and expected that these proposals will lead to much needed improvements in the terms and conditions of all home care staff. This would be a positive outcome and it is hoped and expected that these proposals will lead to much needed improvements in the terms and conditions of all home care staff.
Religion and belief Positive Through creative and innovative service provision from commissioned Providers, service users may experience increased opportunities to practice and share their religion.	 Providers will be expected to work with people to understand their lifestyle, circumstances and beliefs, i.e. who they are, to encourage and support them to live the life they want.
Sexual orientation Negative	

If Providers fail to recognise the needs of the LGBT community service users may be at risk of receiving inappropriate services. Positive If the proposal seeks to commission Providers who can deliver sensitive and appropriate training to their workforce, LGBT service users will receive a service which does not discriminate and is inclusive in a non heterosexist and non-transphobic way. Providers who receive training and guidance are able to work with service users from LGBT communities and provide information on LGBT specific services. Providers who receive training and guidance will be able to develop better understandings of health and social care issues which affect LGBT communities.	Essential awareness and understanding of the LGBT groups in the target population will form part of the service specification. Providers will be expected to work with people to understand their lifestyle, circumstances and beliefs, i.e. who they are, to encourage and support them to live the life they want. During the tender process, Providers will be expected to demonstrate that their staff undertake a wide range of training to ensure they are able to do the job.
Carers Positive The focus on Providers delivering support which helps to achieve service user's outcomes may result in improved outcomes for their carers too.	Providers will be required to be more flexible than at present and adapt to the needs of the service users and carers.

Step 4: So what?

The Equality Impact Assessment must be able to influence the proposal and decision. This section asks how your understanding of impacts on people with protected characteristics has influenced your proposal, and how the findings of your Equality Impact Assessment can be measured going forward.

4.1 How has the equality impact assessment informed or changed the proposal?
The feedback received about the importance of culturally appropriate services will be addressed in the planning and delivery of services.
4.2 What actions have been identified going forward?
Promote equality of opportunity – There is a need to ensure that all providers can clearly demonstrate how they will equality monitor their service users and identify any gaps in provision through tendering. Eliminate discrimination – There is a need to ensure that not only policies are in place but that these are monitored to ensure no discrimination will take place and that there is a robust mechanism for complaining should discrimination occur. Promote good relations – There is clearly a need to ensure that providers are versed in the diversity of possible service users especially those who may be LGB and or transgender and that the providers actively seek to promote their services to these communities. This may require Providers to demonstrate what provision they have for on-going training on Equality & Diversity issues are
4.3 How will the impact of your proposal and actions be measured moving forward?

Service Director Sign-Off: Alison Comley	Equalities Officer Sign Off: Simon Nelson
Date: 13/11/13	Date: 13/11/13

Appendix 3 – Eco Impact Assessment

Title of report: Re-tender of Home Care delivered by independent providers				
Report author: Leon Goddard, Strategic Commissioning Manager, Longer Term Services, HSC				
Anticipated date of key decision: 5.12.13				
Summary of proposals: Currently over 50 independent Home Care providers are providing approx. 20,000 hours of home care to 2000 people across the city. This costing £16m pa with BCC funding £11m & S Users £5m of this. Many service users are not satisfied with the service they receive & some issues relate to how BCC commissions the service. Following a comprehensive consultation process, this report is looking to change the way Home Care Services are commissioned from the independent sector with a new commissioning model offering better practice & processes leading to improved reliability, predictability & flexibility for service users. Key principles put forward include focussing on user outcomes & reablement, improved partnership working including terms & conditions for care workers & service innovation. Key proposals include providing the service via local community zones with single providers, & focussing on outcomes & quality assurance.				
Will the proposal impact on...	Yes/ No	+ive or -ive	If yes...	
			Briefly describe impact	Briefly describe Mitigation measures
Emission of Climate Changing Gases?	Yes	-ive	Delivery of home care services from will consume fuel for transport adding to emissions of CO2, poorer air quality, increased noise & congestion across the city	-Efficient route planning. -Eco-driver training. -Specification of fuel efficient vehicles -Consideration of more sustainable travel modes Proposal for 11 geographical zones across the city serviced by single providers should reduce distances needed to be travelled
Bristol's vulnerability to the effects of climate change?	Yes	-ive	Home Care service assists people to live at home but it may be harder to reach vulnerable people at home if there are increased numbers of extreme weather events such as heat waves, flooding or	Business Continuity Plans to encompass dealing with more extreme weather

			cold weather	
Consumption of non-renewable resources?	Yes	-ve	Transport arrangements consume fossil fuels	Mitigation measures detailed above should reduce impact in comparison with current arrangements.
Production, recycling or disposal of waste	Yes	?	Similar amount of waste will be produced as with current arrangements. No net change anticipated.	Ensure providers make use of service users' recycling and food waste facilities.
The appearance of the city?	No			
Pollution to land, water, or air?	Yes		Combustion of fossil fuels for transport will release emissions detrimental to local air quality	Mitigation measures detailed above should reduce impact in comparison with current arrangements.
Wildlife and habitats?	No			

Consulted with: Steve Ransom Environment Co-ordinator

Summary of impacts and Mitigation - <u>to go into the main Cabinet/ Council Report</u>

The significant impacts of this proposal are…

Re-tendering the independent provider delivered Home Care service in users' homes and at supported living accommodation across the city, will result in the emission of climate changing gases, consumption of fossil fuels, air and noise pollution as a result of care worker travel.

Introducing single provider geographical zones across the city may result in better route planning & less net travel by service providers.

The re-tendering agreements with home care providers should include the following measures to mitigate the impacts and maximise environmental performance:

-Route planning & eco-driver training for care workers.

-Potential specification of fuel efficient vehicles in contracts.

- Consideration of more sustainable travel modes e.g.: electric bike or moped instead of single occupancy car travel

The level to which these mitigation measures for environmental and climate related impacts are included in the re-tendering process, and on-going contract management will

determine the degree of success achieved. **The net effects of the proposals are** In comparison with the current arrangements, the proposals are likely to deliver a small environmental benefit	
Checklist completed by:	
Name:	Claire Craner-Buckley
Dept.:	HSC/Sustainable City & Climate Change Service
Extension:	x24459
Date:	16.10.13
Verified by Sustainable City & Climate Change Service	Steve Ransom

Appendix 4 – Summary of Consultation Results

1. Introduction

The survey was available on the Bristol City Council website for anyone to complete between 7th August 2013 and 29th October 2013. In addition to the surveys being available to complete online, from mid-September people in the different groups were contacted by telephone and asked if they would complete a survey. Responses from those who agreed are included in the results.

The first question asked the responder to categorise themselves into one of 5 stakeholder groups. A breakdown of these responses is shown in the table below and their response dictated which other questions they were then asked. The questions for different groups covered the same topics, but each group were given slightly different questions or response options. This was based on their point of view and ensured the responder was asked a question that was relevant to them.

Stakeholder	**Total Responses**	**Referred to as**
People receiving a home care service	109	SU (Service User)
Family, friend or carer of someone that receives home care	53	Carer
Owner, director or employee of an organisation that provides home care / support	21	Provider
Employee of Bristol City Council or a Health organisation that provides home care / support	78	Staff
Member of the public or interested party	177	Public

This document includes the following information:

- Section 1: An introduction to this document.
- Section 2: A summary of the key results and findings from this survey.
- Section 3: Full details of the responses given by each group, to each question.
- Section 4: Full details of the responses to the equalities monitoring questions.
- Section 5: A comprehensive list of all the comments, feedback and responses provided to Bristol City Council during the consultation period.

2. Overview of Results

2.1 Key features of the service (Flexibility, Reliability and Predictability)

Questions relating to the flexibility, reliability and predictability of the home care service were asked of each group. These questions differed slightly for the different groups to ensure they were relevant, but they sought to establish people's views on the same issues.

Three conclusions emerged:

1. The responses provided by people within each group where very similar across all questions. For instance, SU's tended to respond to each question in a positive way.
2. The responses provided by one group compared to the others showed a trend of how positively or negatively that group viewed home care services. For instance, Carers tended to give less positive responses than SUs to all of the questions.
3. Half of SUs and a third of carers responded in the most positive way to the main questions that were asked (about flexibility, reliability and predictability) and said that:

- They 'had all the flexibility they required' from their home care service.
- They had a home care service that was 'totally reliable'.
- They had a home care service that was 'totally predictable'.

There appeared to be a trend in the results which indicated that the way someone responded to one question would be the same way that they would respond to other questions.

2.2 Outcomes: Potential for the service user to achieve tasks and the impact on their independence

SUs were asked which 'care tasks' (e.g. feed themselves, get out of bed) and 'activities' (e.g. do household jobs, leave the house) they felt they could do without assistance, if they received support to help them get to that point. 40% of SUs thought that with the right type and level of support, they could get to a situation where they are able to complete most of these tasks without assistance. Carers said they thought this could be achieved 29% of the time and Staff only 19% of the time.

2.3 Equalities monitoring

These questions were asked to establish who was responding to the survey and the extent to which the views expressed in this survey reflect the views of the people of Bristol. The profile of service users was mostly as would be expected given the profile of SUs, carers, Staff and Providers in the city. Here are some key findings:

- The majority of respondents are over 75 and female, which is in line with the situation most home care service users are older people and most are women.
- The figures around disability are different from the general population but this is to be expected given that we have looked for responses from people that receive home care, who are more likely to have a disability that the general population.
- A significant proportion of the carers (39%) were over 75 years of age and the majority (53%) of carers considered themselves disabled, suggesting that many of those providing care actually have care needs themselves.

3. Detailed Results

The following pages show key results from the survey. Through this survey the questions asked of all parties were very similar, but the responder is given slightly different questions or response options according to their point of view. This is so that in each case the responder is being asked for their view of a situation, rather than being asked to answer on behalf of others.

Flexibility

3.1 Overall

SU / Carer: How much flexibility do you feel you currently have over your home care service?		**SU**	**Carer**
	All that I require	50%	33%
	Adequate but could do with more	26%	33%
	Not enough at all	17%	24%
	Unsure	8%	10%

Staff: How much flexibility do you feel your SUs currently have over their home care service?		**Staff**
	Always	0%
	Often	17%
	Occasionally	56%
	Never	17%
	Unsure	10%

3.2 Flexibility in particular aspects of their care

- SU / Carer: How important is it to you to have flexibility in the following areas?
- Public: If you received a home care Service how important would it be to you to have flexibility in the following areas?
- Provider: With the changes described in the home care strategy, to what extent would you be able to provide the flexibility to enable SUs have choice over the following?
- Staff: With the changes described in the home care strategy, to what extent would you be able to support SUs have choice over the following?

SU / Carer / Public: What day the service is provided		**SU**	**Carer**	**Public**
	Very important	69%	79%	55%
	Important	26%	13%	32%
	Neither	1%	6%	7%
	Not very important	2%	0%	2%
	Not important at all	2%	2%	2%
	Unsure	1%	0%	2%

Provider / Staff: What day the service is provided		**Provider**	**Staff**
	Fully	70%	40%
	Partially	25%	34%
	Not at all	0%	12%
	Unsure	5%	14%

SU / Carer / Public: The time the service is provided		**SU**	**Carer**	**Public**
	Very important	66%	81%	63%
	Important	30%	13%	30%
	Neither	3%	4%	3%
	Not very important	1%	0%	1%
	Not important at all	0%	2%	1%
	Unsure	1%	0%	2%

Provider / Staff: The time the service is provided		**Provider**	**Staff**
	Fully	55%	23%
	Partially	35%	50%
	Not at all	0%	15%
	Unsure	10%	12%

SU / Carer / Public: How often the care worker visits		**SU**	**Carer**	**Public**
	Very important	59%	83%	62%
	Important	36%	11%	33%
	Neither	2%	2%	2%
	Not very important	2%	2%	0%
	Not important at all	1%	2%	1%
	Unsure	0%	0%	2%

Provider / Staff: How often the care worker/support worker visits		**Provider**	**Staff**
	Fully	75%	27%
	Partially	20%	49%
	Not at all	0%	13%
	Unsure	5%	12%

SU / Carer: The amount of time the care worker spends each visit		**SU**	**Carer**
	Very important	63%	76%
	Important	34%	18%
	Neither	3%	4%
	Not very important	0%	0%
	Not important at all	0%	2%
	Unsure	0%	0%

Provider / Staff: The amount of time the care worker/support worker spends each visit		**Provider**	**Staff**
	Fully	65%	17%
	Partially	30%	55%
	Not at all	0%	14%
	Unsure	5%	14%

SU / Carer / Public: Which care worker visits		**SU**	**Carer**	**Public**
	Very important	61%	69%	50%
	Important	27%	23%	37%
	Neither	6%	6%	9%
	Not very important	6%	0%	1%
	Not important at all	1%	2%	1%
	Unsure	0%	0%	2%

Provider / Staff: Which care worker/support worker visits		**Provider**	**Staff**
	Fully	50%	17%
	Partially	40%	31%
	Not at all	0%	38%
	Unsure	10%	14%

SU / Carer / Public: What the care worker does during the visit		**SU**	**Carer**	**Public**
	Very important	61%	74%	62%
	Important	35%	23%	33%
	Neither	2%	2%	2%
	Not very important	0%	0%	1%
	Not important at all	1%	2%	1%
	Unsure	1%	0%	2%

Provider / Staff: What the care worker/support worker does during the visit		**Provider**	**Staff**
	Fully	70%	39%
	Partially	30%	43%
	Not at all	0%	8%
	Unsure	0%	10%

SU / Carer / Public: How the care worker delivers the service		**SU**	**Carer**	**Public**
	Very important	75%	77%	76%
	Important	24%	19%	20%
	Neither	1%	2%	1%
	Not very important	0%	0%	1%
	Not important at all	0%	2%	1%
	Unsure	0%	0%	2%

Provider / Staff: How the care worker/support worker delivers the service		**Provider**	**Staff**
	Fully	75%	26%
	Partially	20%	40%
	Not at all	0%	23%
	Unsure	5%	12%

3.3 Support to make decisions

SU / Carer: How much support would you need to make decisions about the choices described in the previous question?		**SU**	**Carer**
	None	59%	45%
	Some support	31%	38%
	Support with all	8%	17%
	Unsure	2%	0%

Staff: In general what proportion of your SUs would need support to make the decisions listed above?		**Staff**
	None	1%
	Less than half	8%
	Half	29%
	Majority	42%
	All	8%
	Unsure	12%

3.4 Satisfaction levels, with greater flexibility

SU / Carer: How satisfied would you be with your Home Care service if could have the flexibility described in previous question?		**SU**	**Carer**
	Very satisfied	66%	64%
	Satisfied	23%	26%
	Neither	5%	4%
	Dissatisfied	4%	0%
	Very dissatisfied	1%	0%
	Unsure	2%	6%

Staff: How satisfied do you think your SUs will be with a Home Care service that gives them the flexibility described in the previous question?		**Staff**
	Very satisfied	32%
	Satisfied	51%
	Neither	8%
	Dissatisfied	0%
	Very dissatisfied	1%
	Unsure	8%

Reliability

3.5 Overall

SU / Carer: How reliable is your Home Care service at the moment?		**SU**	**Carer**
	Totally reliable	50%	36%
	Partly reliable	38%	42%
	Neither	4%	6%
	Unreliable	5%	9%
	Very unreliable	3%	8%
	Unsure	1%	0%

Staff: How reliable do you feel the current Home Care services are?		**Staff**
	Totally reliable	6%
	Partly reliable	42%
	Neither	5%
	Unreliable	28%
	Very unreliable	9%
	Unsure	9%

3.6 Reliability in key areas

- SU / Carer: How important is it to you to be able to rely on?
- Public: If you received a Home Care service how important would it be to you to have reliability in the following areas:
- Provider: With the changes described in the Home Care strategy, to what extent would you be able to provide reliability to SUs so that?
  Staff: With the changes described in the Home Care strategy, to what extent do you think that providers would you be able to provide reliability to SUs so that?

SU / Carer / Public: The care worker arriving at the exact time you expect them to?		**SU**	**Carer**	**Public**
	Very important	64%	67%	54%
	Important	33%	29%	38%
	Neither	2%	2%	5%
	Not very important	1%	2%	2%
	Not important at all	0%	0%	0%
	Unsure	0%	0%	1%

Provider / Staff: Care worker/support worker will arrive for each planned visit without exception?		**Provider**	**Staff**
	Fully	67%	22%
	Partially	33%	53%
	Not at all	0%	9%
	Unsure	0%	16%

SU / Carer / Public: Knowing the care worker that arrives or at least having met them before?		**SU**	**Carer**	**Public**
	Very important	69%	69%	59%
	Important	23%	27%	36%
	Neither	4%	2%	4%
	Not very important	2%	2%	0%
	Not important at all	2%	0%	0%
	Unsure	0%	0%	1%

Provider / Staff: The care worker/support worker that arrives will be known to the SU and they will have met them before?		**Provider**	**Staff**
	Fully	33%	18%
	Partially	52%	55%
	Not at all	0%	14%
	Unsure	14%	13%

SU / Carer / Public: The care worker being able to provide all aspects of care and support expected		**SU**	**Carer**	**Public**
	Very important	71%	84%	68%
	Important	29%	14%	29%
	Neither	0%	0%	1%
	Not very important	0%	2%	1%
	Not important at all	0%	0%	0%
	Unsure	0%	0%	1%

Provider / Staff: The care worker/support worker will provide the care and support that the SU expects		**Provider**	**Staff**
	Fully	76%	30%
	Partially	14%	52%
	Not at all	0%	4%
	Unsure	10%	14%

3.7 Satisfaction levels, given greater reliability?

SU / Carer: How satisfied would you be with your Home Care service if it had the reliability described in the previous question?		**SU**	**Carer**
	Very satisfied	66%	66%
	Satisfied	27%	32%
	Neither	5%	0%
	Dissatisfied	1%	2%
	Very dissatisfied	1%	0%

	Unsure	0%	0%

Staff: How satisfied do you think your SUs will be with a Home Care service that gives them the reliability described above?		**Staff**
	Very satisfied	41%
	Satisfied	45%
	Neither	7%
	Dissatisfied	3%
	Very dissatisfied	0%
	Unsure	5%

Predictability

3.8 Overall

SU / Carer: How predictable is your Home Care service at the moment?		**SU**	**Carer**
	Totally predictable	51%	34%
	Partly predictable	32%	42%
	Neither	8%	6%
	Unpredictable	4%	14%
	Very unpredictable	3%	4%
	Unsure	2%	0%

Staff: How predictable do you feel the current Home Care services are?		**Staff**
	Totally predictable	7%
	Partly predictable	31%
	Neither	16%
	Unpredictable	32%
	Very unpredictable	14%
	Unsure	0%

3.9 Predictability in key areas

- SU / Carer: How important is it to know in advance?
- Public: If you received a Home Care service how important would it be to you to have predictability in the following areas?
- Provider / Staff: Wirth the changes described in the Home Care Strategy, to what extent would you be able to meet SUs expectations of the following?

SU / Carer / Public: When the care worker will arrive?		**SU**	**Carer**	**Public**
	Very important	72%	81%	60%
	Important	25%	17%	38%
	Neither	2%	2%	2%
	Not very important	0%	0%	0%
	Not important at all	1%	0%	0%
	Unsure	0%	0%	0%

Provider / Staff: When the care worker/support worker will arrive?		**Provider**	**Staff**
	Fully	71%	20%
	Partially	29%	55%
	Not at all	0%	9%
	Unsure	0%	16%

SU / Carer / Public: Which care worker will arrive?		**SU**	**Carer**	**Public**
	Very important	59%	61%	57%
	Important	28%	27%	37%
	Neither	2%	8%	5%
	Not very important	7%	4%	1%
	Not important at all	4%	0%	0%
	Unsure	1%	0%	1%

Provider / Staff: Which care worker will arrive?		**Provider**	**Staff**
	Fully	52%	15%
	Partially	43%	51%
	Not at all	0%	16%
	Unsure	5%	19%

SU / Carer / Public: Care worker knows how you might usually like things done		**SU**	**Carer**	**Public**
	Very important	73%	69%	67%
	Important	24%	27%	29%
	Neither	1%	4%	2%
	Not very important	2%	0%	0%
	Not important at all	1%	0%	1%
	Unsure	0%	0%	1%

Provider / Staff: Care worker/support worker knows how you like things done		**Provider**	**Staff**
	Fully	67%	21%
	Partially	29%	49%
	Not at all	0%	13%
	Unsure	5%	16%

3.10 Satisfaction levels, given greater predictability?

SU / Carer: How satisfied would you be with your Home Care service if it had the predictability described in the previous question?		**SU**	**Carer**
	Very satisfied	66%	72%
	Satisfied	27%	26%
	Neither	4%	0%
	Dissatisfied	2%	0%
	Very dissatisfied	1%	0%
	Unsure	0%	2%

Staff: How satisfied do you think SUs will be with a Home Care service that gives them the predictability described above?		**Staff**
	Very satisfied	32%
	Satisfied	49%
	Neither	8%
	Dissatisfied	3%
	Very dissatisfied	0%
	Unsure	8%

Outcomes

3.11 Care Tasks

- SU / Carer: If your care worker spent time helping you learn how to do things for yourself, what level of independence do you think you (or your relative/friend) could achieve in relation to the following tasks?
- Provider: If you were given time to work with SUs to help them do things for themselves, what level of independence could they achieve?
- Staff: If providers were given time to work with SUs to help them do things for themselves, what level of independence could they achieve?

SU / Carer / Provider / Staff: Go to the toilet		**SU**	**Carer**	**Provider**	**Staff**
	Fully	40%	33%	47%	16%
	Partially	18%	14%	29%	58%
	Not independent	27%	41%	0%	3%
	Unsure	15%	12%	24%	23%

SU / Carer / Provider / Staff: Feed yourself		**SU**	**Carer**	**Provider**	**Staff**
	Fully	47%	38%	41%	22%
	Partially	22%	29%	35%	55%
	Not independent	14%	23%	0%	0%
	Unsure	17%	10%	24%	23%

SU / Carer / Provider / Staff: Get out of bed		**SU**	**Carer**	**Provider**	**Staff**
	Fully	41%	29%	35%	20%
	Partially	19%	23%	41%	54%
	Not independent	25%	38%	0%	1%
	Unsure	15%	10%	24%	25%

SU / Carer / Provider / Staff: Get dressed		**SU**	**Carer**	**Provider**	**Staff**
	Fully	39%	25%	35%	22%
	Partially	27%	25%	41%	55%
	Not independent	25%	37%	0%	0%
	Unsure	10%	13%	24%	23%

SU / Carer / Provider / Staff: Wash yourself		**SU**	**Carer**	**Provider**	**Staff**
	Fully	34%	17%	35%	17%
	Partially	29%	29%	41%	61%
	Not independent	24%	42%	0%	0%
	Unsure	13%	12%	24%	22%

SU / Carer / Provider / Staff: Other care tasks		**SU**	**Carer**	**Provider**	**Staff**
	Fully	40%	29%	39%	19%
	Partially	23%	24%	38%	57%
	Not independent	23%	36%	0%	1%
	Unsure	14%	11%	24%	23%

3.12 Impact of being able to do care tasks unassisted

- SU / Carer: If you (or your relative or friend) could complete these tasks on your own, what impact would it have on your level of independence?
- Provider / Staff: If a SU was able to complete these care tasks on their own, what impact would have on their level of independence?

SU / Carer / Provider / Staff: Go to the toilet		**SU**	**Carer**	**Provider**	**Staff**
	Very significant	19%	50%	89%	63%
	Quite significant	16%	15%	5%	28%
	Don't know	16%	9%	0%	7%
	Insignificant	5%	0%	5%	1%
	No impact	44%	26%	0%	0%

SU / Carer / Provider / Staff: Feed yourself		**SU**	**Carer**	**Provider**	**Staff**
	Very significant	20%	51%	89%	63%
	Quite significant	16%	16%	5%	28%
	Don't know	16%	9%	0%	7%
	Insignificant	5%	0%	5%	1%
	No impact	45%	27%	0%	0%

SU / Carer / Provider / Staff: Get out of bed		**SU**	**Carer**	**Provider**	**Staff**
	Very significant	16%	43%	89%	60%
	Quite significant	21%	21%	5%	28%
	Don't know	13%	11%	0%	10%
	Insignificant	11%	2%	5%	1%
	No impact	39%	23%	0%	0%

SU / Carer / Provider / Staff: Get dressed		**SU**	**Carer**	**Provider**	**Staff**
	Very significant	14%	45%	89%	60%
	Quite significant	20%	26%	5%	31%
	Don't know	19%	9%	0%	7%
	Insignificant	8%	0%	5%	1%
	No impact	40%	21%	0%	0%

SU / Carer / Provider / Staff: Wash on your own		**SU**	**Carer**	**Provider**	**Staff**
	Very significant	16%	40%	84%	62%
	Quite significant	20%	28%	11%	31%
	Don't know	18%	6%	0%	7%
	Insignificant	9%	2%	5%	0%
	No impact	37%	23%	0%	0%

SU / Carer: Other care tasks		**SU**	**Carer**	**Provider**	**Staff**
	Very significant	16%	43%	89%	61%
	Quite significant	18%	22%	5%	30%
	Don't know	16%	8%	0%	8%
	Insignificant	8%	1%	5%	1%
	No impact	41%	25%	0%	0%

3.13 Activities

- SU / Carer: If you (or your relative/friend) could complete these care tasks on your own, what impact would it have on your level of independence?
- Provider: If a SU was able to complete these care tasks on their own, what impact would it have on their level of independence?

SU / Carer / Provider: Carry out household jobs		**SU**	**Carer**	**Provider**
	Very significant	21%	47%	67%
	Quite significant	13%	23%	24%
	Don't know	17%	4%	5%
	Insignificant	12%	4%	5%
	No impact	37%	21%	0%

SU / Carer / Provider: Cook a meal		**SU**	**Carer**	**Provider**
	Very significant	20%	55%	81%
	Quite significant	14%	18%	14%
	Don't know	15%	2%	0%
	Insignificant	12%	0%	5%
	No impact	39%	22%	0%

SU / Carer / Provider: Leave your home without help (e.g. to visit family or go shopping)		**SU**	**Carer**	**Provider**
	Very significant	25%	51%	76%
	Quite significant	20%	18%	19%
	Don't know	13%	8%	0%
	Insignificant	10%	2%	5%
	No impact	33%	20%	0%

SU / Carer / Provider: Leave your home to attend a local community activity		**SU**	**Carer**	**Provider**
	Very significant	26%	48%	80%
	Quite significant	19%	23%	5%
	Don't know	12%	8%	10%
	Insignificant	8%	2%	5%
	No impact	35%	19%	0%

4. Equalities Monitoring

4.1 Age

- This information shows the age of the people that responded to the survey

Age	SU	Carer	Provider	Staff	Public	Overall
16 to 24	0%	2%	0%	1%	0%	0%
25 to 49	9%	14%	45%	54%	26%	27%
50 to 64	16%	35%	55%	43%	47%	38%
65 to 74	12%	10%	0%	1%	19%	12%
75+	63%	39%	0%	0%	8%	23%

4.2 Gender

- This information shows the gender of the people that responded to the survey

Gender	SU	Carer	Provider	Staff	Public	Overall
Female	59%	65%	75%	81%	65%	67%
Male	41%	35%	25%	19%	35%	33%

4.3 Sexuality

- This information shows the sexuality of the people that responded to the survey

Sexuality	SU	Carer	Provider	Staff	Public	Overall
Lesbian	0%	2%	0%	1%	2%	1%
Gay	0%	2%	0%	0%	0%	0%
Bisexual	3%	0%	13%	6%	3%	3%
Heterosexual	74%	80%	87%	79%	77%	78%
Prefer not to say	23%	15%	0%	14%	18%	17%

4.4 Religion

- This information shows the religion of the people that responded to the survey

Religion	SU	Carer	Provider	Staff	Public	Overall
None	27%	22%	35%	49%	39%	36%
Christian	66%	73%	55%	49%	54%	59%
Buddhist	1%	0%	0%	2%	4%	2%
Hindu	0%	2%	0%	0%	0%	0%
Jewish	1%	0%	0%	0%	1%	1%
Muslim	0%	0%	5%	0%	0%	0%
Sikh	0%	0%	0%	0%	0%	0%
Other	5%	2%	5%	0%	2%	3%

4.5 Disability

- This information shows the proportion of people with a disability and what that is.
- The figures in the in the first row of the table shows the percentage of people that replied ‘yes’ to the question ‘do you consider yourself to be a disabled person?’
- Some people reported more than one disability, hence the numbers for some groups exceed the number of people in that group who responded to the survey.

	SU	Carer	Provider	Staff	Public
Disabled	89%	53%	5%	16%	19%
Of the % that are disabled;					
Physical Impairment	71	24	1	5	17
Visual Impairment	25	12	0	0	4
Hearing Impairment	15	7	0	0	8
Deaf / BSL User	0	0	0	0	1
Learning Difficulty	5	2	0	0	1
Specific learning difficulty, e.g. dyslexia	3	0	0	3	3
Mental and emotional distress	6	6	0	2	9
Health condition	18	7	0	4	12

5. Individual responses provided during the consultation

5.1 Feedback relating to Flexibility, Reliability and Predictability, by Respondent Type

- These comments reflect those expressed during the completion of the surveys.
- These comments also reflect comments expressed at the consultation events.

Respondent Group	Number of comments	% of all comments received
Service Users	109	24.9%
Carer	53	12.1%
Provider	21	4.8%
Staff	78	17.8%
Public	177	40.4%
Total	438	100%

5.2 Flexibility

Service Users

1. I want it before 10am every day and the same carer.
2. I need substantially more care hours a week to cover my basic needs. My social worker says I am lucky because with Direct Payments I can choose which needs to prioritise, but to me that means choosing which basic health needs to neglect.
3. I would like to have the carers that I am most comfortable with especially for personal care.
4. Very little flexibility.
5. The girls do a good job and some are willing to go the extra yard time allowing.
6. Happy with service.
7. Poor time keeping, constant excuses.
8. Looked after by husband for over 20 years, so having a service now is welcomed. Fairly satisfied with the service but as I have so much experience in this field its really frustrating when care works don't listen to basic instructions and or even when they have been told when things are potentially damaging to me.
9. Generally amazing - all the young women are really good 'like clockwork' - it's the little touches that make the difference. 'Like being up in time to watch Jeremy Kyle'.
10. Carers to arrive on time to prepare food and personal care.
11. I would like the care worker to arrive on time.
12. Generally I have a good service, there have been times when I have been left in an uncomfortable position.
13. It's nice to have somebody you can talk to.
14. It's like having another family.
15. Sometimes the carer turns up late. My husband is full time carer.
16. This week we have had 14 visits (7x 1 hour & 7x 1/2 hour and this was provided by 9 different people!!! Also you cannot rely on the roster names - they vary radically.
17. The care that I receive is not intimate care (they just sort my legs out). If it was more intimate care I would want a woman care worker.
18. Excellent and very flexible. I get given options and choice.
19. The home care person calls on me once a week for 2 hours and we discuss items that need attention and can be done within a 2 hour time period.
20. I would like to have a lie in, but have to get up when the care worker visits, otherwise I wouldn't get up.
21. The home care person calls on me once a week for 2 hours and we discuss items that need attention and can be done within a 2 hour time period.
22. Half an hour of an evening is not enough and as a diabetic I need my meals on time.

23. Some problems with communication when the visiting cares don't speak English fluently so they don't understand fully what I want.
24. The team which comes into see me are very very helpful.
25. When I have been shopping they put all my stuff away and I get confused because I'm blind.
26. I have a good service.
27. I like the same care workers so I can get to know them. The office never call to say they are not going to come.
28. I want to do what I like; I don't want to be bothered.
29. I am very happy with my service.
30. I am extremely happy with the service I receive I would like to award them.
31. The provider is not as flexible as I want or would like.
32. I am very pleased with my service as I am bed ridden due to a broken hip and the short time they are with me is very important.
33. Care workers don't arrive on time sometimes being 1 1/2 hours early on the evening visit, come in 2's sometime as one care worker can't drive.
34. If they allowed more time for the care worker to get to a service user they would not be delayed.
35. I am very pleased with my service I get on well with the lady who comes to see me I prefer a lady to a man as we can get on better. If there is going to be a problem over times of visits or I have an appointment at the hospital my care worker sits down with me and the service is flexible enough for me to change things to suit me.
36. I feel it is important that all visiting care workers should read the care plan.
37. My care workers are wonderful, so helpful and friendly. I have stairs that I can't get up and down as I'm waiting for a knee operation and so they do everything for me.
38. I can make changes to times and the things the carers do, but only if absolutely necessary and only if I give at least 24 hours' notice.
39. I have a Personal Assistant for some tasks - very happy with what he does, but not getting on very well with the care team at the moment.
40. Sometimes they turn up early or late. If I have an appointment somewhere else e.g. GP this is affected as they don't allow for this. 15 minutes is not enough for washing and dressing.

Carers

1. We do not want any flexibility. We want the agreed care to be delivered as documented without variation.
2. Although there is generally continuity of care, weekend and holiday cover provision has zero input from the service consumer. Often, little is known of the relief cover or someone is sent who I am not comfortable with.
3. It is important that the care worker sticks closely to the agreed care plan.
4. Flexibility is great but I don't have time to research all the care companies or cleaning agencies or gardening firms. Where am I supposed to find these resources to help? Also these companies happily claim they support people with dementia but the care workers are definitely lacking in this skill.
5. Times of visits are inflexible. As are some of the duties. Some home care staff are more flexible than others.
6. Home care is vitally important to those who receive it. Private home care is inconsistent and is more about profit than good service.
7. The care company's don't listen to the coordinator. They should be reading the report from the CQC to ensure the quality of the service meets the standard required.
8. Medication needs to be taken at the correct time. If times are altered then this impacts on the next medication to be taken.
9. Short term flexibility is not as good as it could be. I find myself booking additional sessions with care workers at my own expense rather than asking for flexibility. Longer term changes I would be happy to arrange through BCC.
10. I receive 24 hour care is totally satisfactory.

11. Happy with the care worker that it makes a difference to have a man for a man.
12. Care plans are not always followed by care workers.
13. The care provider is more than willing to help.
14. I think the administration could improve with the provider regarding the financial situation i.e. Getting the hours right and not over charging for hours not done. Also calling to let us know if there is going to be a delay in the arrival of the care worker.
15. Staffing levels not always adequate to provide required level of care. Not enough support from on-site care team when service user is in hospital.

Providers

1. I am happy to work locally and provide care to suit local service user needs. However my office would coordinate this care using the present system. It would be more practical for me to see service users that live five minutes from where I live. It would be good to allow care workers like me to be included in the opening packages discussion with the service user who needs to be enabled. If I was involved then I can work out how and when I can fit the care calls together. As I know my local area and traffic and providing I have enough experience which my office can determine I should be able to do a better job than the office staff, who do not live in my area, at coordinating my day to best serve my local service users.
2. Cannot ensure WHO will visit.
3. Like many other care workers I have another job which I do on weekends so I'm not available then, I would also find it too exhausting to work both ends of the day. I currently have a very full rota with little scope for flexibility but I do my best to fit in with my clients preferences where practical.
4. Due to being a home carer employed by a company I can only feedback from the service user any concerns they have with the service they receive and the company deals with them.

Public

1. I previously worked as a care worker and we were given 15 minute slots to say hello, prepare food, take a person to the toilet - no time to read notes - little time to speak to someone when you are their only contact in a day - it was impossible - the care service penalised staff that took too long as there wasn't time to fit all the visits in, little time factored in for parking - this all needs to change.
2. My father received home care for 2 years before he died. The first lot of care workers we had were abrupt and abrasive. They never came on time and expected my mother (who is partially sighted and very ill herself) to do part of the tasks for them. This included feeding him, which, as she couldn't see, was a disaster! After a lot of complaining we got another care organisation who were much better. They were respectful and spoke to Dad all the time (he was bed bound and dementing. They asked if Mum needed anything and usually came on time. It made everyone's life easier, Dads (he got less upset and aggressive) Mum's (she felt supported and safe) and the rest of the family as we didn't need to worry so much. Also the care workers lives were easier as he was not aggressive and abusive all the time.
3. Good communication with any health services involved preferably both provided by the same employer so no split in the health /social divide.
4. I am next of kin to somebody who will probably need these services in the future. I am concerned at the lack of information on how to call upon these services and or the level of support available. It all seems like a big 'black hole'.
5. This question is a bit ambiguous. I think it is very important to have the same carer but because of the word flexibility in the question my answer could be interpreted that I think it is very important to have flexibility in who is the care worker. Some care workers are hard to understand for elderly people if English is spoken with a strong foreign accent.
6. Do you mean the recipient decides flexibility or the supplier? I would think reliability is the vital factor along with proper standard of care attendance for the time contracted.

7. If the preferred language means the service user understands better the services they are receiving then it is 'important'.
8. How long does the care worker stay with the recipient of care?
9. It's more important to be efficient than over-chatty, although a good social manner is nice.
10. Services such as helping with or preparation of meals and helping dressing at the beginning and end of the day clearly have to be provided at appropriate times of day; other services may not be so 'time sensitive'.
11. I also think it is intolerable that care workers should be forced to strict time limits that don't allow for some things taking longer than expected.
12. My Mother used to receive home care in Bristol 2x a day.
13. All carers should be British with a clear understanding of the English Language and customs and also be able to speak English very clearly.
14. It would depend upon my care needs. The questions are based on the assumption that my care needs are flexible. For example, if I need help with toileting, I am hardly likely to want the day of the service to be flexible! And what does flexible mean? Do you seriously expect that people will suggest they do not want care workers to speak to them in their preferred language?
15. The delivery of homecare needs to be flexible to fit in with the user's programme for getting out of the home to join with normal community activities. Arrangements need to be made so that people are not expected to go to bed at 8pm because that is convenient for the employee. This a difficult issue to resolve as the employee needs to be able to work reasonable hours but a compromise needs to be struck.
16. I don't think it appropriate that elderly and infirm service users are expected to be put to bed at 7pm and then not seen again until 8am.
17. I had Home Care in the past in 2007 which fell woefully short in every way, my period of homecare was for a relatively short period of around 6 weeks when I needed help when I came out of hospital after surgery to my left foot and ankle and I had no one to look after me at home because I lived with my father then and he had just passed away. I had a private provider who were under contract from Bristol City Council, they were more concerned about their profits then my care needs, my care package fell apart after only the first day after I came out of hospital, I would have been better looked after if I would have had the council's own care staff and seeing as it was only for a short period of time this is what should have happened, my health and welfare were put at risk by the private provider and members of staff from the private provider broke three things in my house. I also went without visits even after I had only just came out of hospital because the private provider never had enough staff to cover all the visits to me and the other people they were supposed to be looking after. When the Home Care was provided by the council's own home care workers the care given to people was better and the people who were provided with care were safer and well looked after. Private home care providers are only concerned with profits and put this before people's welfare.
18. It seems that most home care services can only come at certain times. What if I want to have a lie in? What if I want my dinner at 6 instead of 4? What if I don't like the person that comes to see me?
19. It seems ridiculous that some people have to be put to bed at 6pm.
20. It is also very important for there to be an understanding of the person, e.g. as a minimum that care workers for lesbians and gay men understand fully and celebrate this lifestyle. Awareness training should be required.
21. Continuity of care within reason is important.
22. The care worker has to have the appropriate training to give the help that is needed.
23. I would like the same person to come at the same time each visit. This question implies I want flexibility. It should read, "How important is it to you to have the same person each time, the same time of visit etc.
24. My husband's great aunt received home care and at 94 she found it difficult to have so many different people having access to her home. It would be best if there could be more consistency in the staff that are allocated to each person to a maximum of 5.

25. Too much variation in the ability and understanding of the client's needs, by home care assistants. Not supervised properly by senior council staff.
26. It is very important that home care people can speak English to the people that they care for.
27. What point is it coming to put/help someone to be at 6:00pm, after turning up to get them up at 10:00am.
28. It is important for elderly service users to build a rapport with the care workers who visit them, so keeping not changing this routine is vital to build confidence and trust. Also they need to know what they can expect of a care worker.
29. When you are vulnerable it is of the utmost importance to have trustworthy, reliable, non-judgmental and friendly staff. It is also of the utmost importance that the job is carried out at a given time and day required otherwise the stress and the worry is detrimental to that person's health.
30. I would expect any care giver to have command of, and be fluent in the English language.
31. Important to keep service users informed of when agency are unable to visit you, so you know what's going on.
32. What would be important to me is reliability; carer comes punctually as agreed and does what is required. Delivering care as planned.
33. Feeling safe and having confidence in care workers is most important. People have trouble understanding English spoken with a strong foreign accent or broken English, and this causes confusion and anxiety.
34. Regular times.
35. It makes a difference the way the person speaks to you, sometimes it's not what you say, but how you say it.
36. It would be great if the carer could speak the language of the person they are caring for, but it is more important that more vulnerable people can have care than to teach people additional languages.
37. Compassion & respect would go a long way to make up for any other issues. Also flexibility to do the tasks needed rather than rigidly stick to a predefined list. Needs change, assess all tasks and offer menu of things that can be done within time allowed, service user can decide what they need the most.
38. I think I would want 4 things from a care service 1. The worker would arrive promptly on the time and day agreed (arriving early is as bad as being late) and would stay for the agreed amount of time. 2. The worker would be competent to do all the duties required and would have enough common sense to pick up on any additional problems that may develop. This includes understanding my preferred language. 3. The worker would be kind, caring, and empathetic and focus on my needs while they were with me. 4. Whilst I may like flexibility for my needs I would not want the service provider to have flexibility which means they could arrange the carers duties to suit themselves and not me. e.g. by saying someone will call on Monday morning with no time. But I would like the flexibility to agree changes with the care provider without involving fuss such as having to agree every change with Bristol City Council just to keep their care plans and computer records up to date.
39. Care staff should arrive when programmed so you don't have to wait around all day.
40. People want to know when they can expect care workers to arrive. Flexibility to suite service user not just for the benefit of the care worker is important.
41. Home care has to be flexible, as I might not be in when they come. It's no good being a care worker if you can't get on with people.
42. Carers need to speak clearly in English when dealing with all English speaking clients. The same carer to visit as much as possible, not a continuous stream of strangers.
43. It would be essential to me that ant service is flexible and meets the needs of the service user their carer and family. It should be person centred not service centred.
44. If the Service User is having a weekly food shop done by the carer. It would be difficult for them to plan their list if the shopping day was unpredictable. Service Users needing help to get up and go to bed - need to be sure that their carer/s would arrive at regular times to meet their needs. The way you have structured the question is not clear. I think it would be preferable if the care worker spoke in the service users language.

45. It’s essential that the home care worker provides what the service user needs and /or their carer needs not what the service can provide.
46. From the Disability equality forum's point of view all of the above is very important.
47. Could home Care help people with planned exercises as a result of having Physiotherapist after discharge from hospital.
48. I could have used some help after my hip operation. I was told 'pay for it yourself' and I was trying to look after my partner who has no memory at the same time.
49. To have one person or persons to look after the service user is more helpful to both parties (service user and carer), than them being more flexible. Service users own language if possible.

5.3 Reliability

Service Users

1. I need more hours every week - my health suffers because however good the care worker, I cannot get all my care needs met in the time allocated.
2. The service is generally reliable with the exception of one worker occasionally.
3. They are very reliable.
4. Communication is vital when things break down.
5. Care workers are often late, this has a large effect on me and my daughter in the evenings in particular.
6. Its accepted that staff might be late on occasions but the excuses aren’t great and there are or have been instances where the worker was off ill and there wasn’t any cover to deliver the care.
7. Rarely late.
8. Can’t avoid lateness? there have been occasions when staff have come all the way from Weston Super Mare. sometimes there isn’t enough staff to deliver the care.
9. Care workers treat me very well - I only see my family on weekends.
10. The service is generally reliable with the exception of one worker occasionally.
11. They are very reliable.
12. Communication is vital when things break down.
13. Care isn’t very good.
14. I can appreciate the problems faced by the "scroungers" but I feel that they could and should do much better in fact very little help goes into calls. On the other hand credit is due, the worker has never failed to show or a replacement comes. That is commendable.
15. It is very reliable. They give a timetable at the beginning of the week to tell me who is coming (and the times) and which care workers I will see.
16. Totally reliable at present time and helpful.
17. Totally reliable at present and helpful - at present.
18. It would be helpful if a care worker is going to be late they contact me.
19. I need my fridge checked for out of date items because I can't see. The care worker doesn't always do this.
20. They always call me if they are running late.
21. My lunch time visits are fine. The morning ones are rubbish.
22. The agency I have are very good they go above and beyond to assist me.
23. My service is totally reliable.
24. I would like them to come at the arranged time or near enough to it.
25. My service is totally reliable and we get on well.
26. The service is reliable but they are so short of time they are unable to do everything.
27. They are totally reliable they are my friends.
28. They can be 5-10 minutes late. If it is more than that, the office lets me know.
29. Would prefer to have more Personal Assistant time and less of the care team
30. I always have to contact the office if they are late or don't come. The agency that I have never call me.

31. At weekends my carers sometimes don’t turn up at all.
32. They always arrive on time. My needs are very important. My diet is very important. If they are not reliable this affected. The care worker needs to understand and know the needs I have. Time is wasted otherwise.

Carers

1. My friend who receives home care has had over 60 different staff visit her in the last year. The staff rarely arrive at the expected time and sometimes don't arrive until the afternoon, even though my friend needs help with washing and dressing. There have been occasions when they have not come at all. When my friend rings the care company about them being late, they rarely call her back to say when the carer will arrive.
2. The care workers do not seem to know how to get an elderly person to cooperate with them.
3. An understanding of the condition that the care receiver suffers from is vital. My mother had a brain injury and is a) not confident with people that she does not recognise and b) unable to make the suitable decision whether to let someone into the house or not. Not having the regular face puts her at risk of letting someone random into her house.
4. A care worker not turning up at all is the worst thing. Followed by one who is running late and cannot spend adequate time.
5. As stated it is more important to have accountability and the private sector is profit motivated.
6. At present the home care service that I have is not very reliable. Medication and food intake must be taken at a precise time and this is not been followed. I am continually being informed by the care workers that head office aren't giving them travelling time (assuming head office/seniors have discovered phones) and that any spare time they slot another client into their rota. It seems care providers are interested in profit rather than achieving the basic goals of providing constant reliable service.
7. Sometimes late but I acknowledge that there may be good reason for being held up.
8. Care Provider should contact the carer is there is going to be a delay.
9. At first the service was awful but since new management the service has greatly improved.

Providers

1. I have a strict rota so it is difficult to have to cope with sickness, holiday, traffic, and severe weather.
2. If I was given 10 service users who lived in my area I would be able to provide them with the agreed care as discussed with all parties. I could then form a reliable and constant daily round of care for the service user. However no one person can be expected to provide around the clock care to these 10 service users, so at least one other reliable care worker will need to shadow with clear details on each service user being shared. Therefore at the start of a service users package you need to make sure that two care workers’ wages are provided so that they have each other to back up the reliability of the package. However this is not fool proof as workers leave usually with a months’ notice therefore a proviso needs to be made that to provide continuity funds have to be found to fund any new carer to work alongside the existing carer. There is no guarantee that a Service provider will be the same.
3. I can only speak for myself but I hate to let my clients down or put another care worker in the difficult position of having to cover for me, luckily my health is good and I have the choice of two vehicles and an unemployed mechanic husband to help with breakdowns so this happened yet. I also have my clients mostly in a relatively small area so for instance when it has snowed I have been able to walk to many of them.
4. I have been a home carer for 1 year now and I am fully committed to the job. However I have found that there are not enough staff and the company I work for are not always able to provide the same person each visit, some workers let service users down by not being reliable and not all workers carry out the care required in the correct manner.
5. Our standard is to fully meet reliability, flexibility, and predictability. Staff are trained with this objective in mind but unforeseen circumstances sometimes hamper this.

6. We would aim to be fully compliant around flexibility but could not guarantee this. We have had issues previously where family members have insisted on only 1 person working with an individual which is clearly problematic when covering absence.
7. We would always try to send a care worker that the customer knows, however it may not always be possible due to unforeseen circumstances such as a the assigned worker calling in at short notice due to illness.

Public

1. I understand practically and economically why this isn't always possible but it is scary for vulnerable people to have a stranger in their home - if they misplace something their first thought is it might have been stolen, but they fear accusing people as they are not always taken seriously because they are old and infirm.
2. Knowing the care worker makes a huge difference. Dad had a group of about 8 who came 2 at a time. They knew him and how to handle him. Mum knew them and felt safe with them. They developed relationships with Mum, Dad and all the family which was beneficial for all. It saves time as they know what is expected and where everything is. The relationship with Mum and Dad allowed them to help them better. Dad felt safer as they were not "strange people who were messing" with him.
3. I am next of kin to somebody who will probably need these services in the future. I am concerned at the lack of information on how to call upon these services and or the level of support available. It all seems like a big 'black hole'.
4. It is important that the care worker arrives at the due time, not just the day.
5. Aspects of care would need to be attended to in a realistic time frame if not on 'today's visit'. And there is not much point delivering service 'y' first if service 'x' is vitally needed today. (Priorities).
6. If the recipient of care feels secure and cared for it is half the battle.
7. Continuity of worker to establish rapport is important-and being able to reject someone without fear of repercussions or interruption of service-and in confidence-sometimes, for whatever reason, people just don't click Sometimes-as my late parents found from their agency the careworker was a thief and con trickster.
8. When my daughter worked as a care worker she was seldom sent to the same client more than once.
9. My grandparents had a homecare and District Nurse visiting regularly both provided the service expected of them and there was never a remote thought that they would not be UK born and have extensive knowledge of the country, its expectations and especially a keen sense of cleanliness.
10. The important thing is to let the user know if there is likely to be a delay in arrival. Generally the user should have met the worker beforehand, but sometimes substitution is inevitable. Nevertheless the user should be told beforehand by the organiser.
11. Care workers should be given adequate time to see to the persons needs and have some interaction without being on a ridiculously tight time schedule. Traffic delay should not shorten the time spent with the service user.
12. I could not put up with strangers in my house, that is way too invasive.
13. Knowing when to expect the carer makes it reassuring for the client and their family.
14. The most important thing is having the time to do the jobs properly.
15. Care assistants are not supervised properly.
16. It is very important for the person to have the same home care worker and not have different people all the time. If a home care worker is going to be late it is very important that the person cared for is told i.e. they might be waiting for someone to help them go to the toilet or they might need a hospital appointment and need to be ready in time for the appointment.
17. Provided they arrive within ten minutes either side of the expected time this would be acceptable. My elderly mother in law had experience of sitting around waiting to get dressed and then gave up before the care worker arrived.

18. For many 'conditions' stability in the number of care workers providing a service has a direct impact on the maintenance of health, having an ever changing roster can be extremely detrimental.
19. With vulnerable people it is important that they have stability in the same care worker visiting rather than just anyone turning up who they do not know, the importance of this cannot be stressed enough.
20. This is the only daily contact that some people have. They must feel confident that they won't be let down.
21. Nice to know the person.
22. A care wWorker who whilst knowing the care and support they can give, also has the training to look up and give information about other concerns of the patient during their visit. This could be achieved by providing such information on a cheap now out of date device such as an IPAQ.
23. There should be a substantial degree of reliability as to the tasks done. The important ones should always be done.
24. Surely these things can / should be worked out on a case by case basis. As long as communication stays good between the provider and the person being cared for there might be flexibility in some of these areas at times, if trust is there.
25. I am pleased to see that you have included domestic chores in your intended proposal. Many older people are unable to do the house work but are often told you do not provide a cleaning service.
26. You have got to know who is coming. If they have a plan they have to carry it out.
27. All carers should have good training and frequent updating.
28. It is essential that the service is reliable and that the service does what is needed and does it in a way that is correct for the service user.
29. The care worker should be there for the person receiving the care not for the organisation they work for. It is essential that a reliable service is provided.
30. I am aware some providers send out work schedules to service users but they do not reflect what actually happen. Care workers tend to know more what is going on that their office!
31. It would be nice for the care worker to meet the person they are going to care for as they can see if they get on together and the family and so build up trust.

5.4 Predictability

Service Users

1. Still need more care hours every week.
2. Care workers often late.
3. If carers are late, I check as we have such a good relationship and are rarely late that I get worried.
4. Communication is good with the home care provider internally and to us.
5. On one occasion I started to get sore from sitting around waiting for them when they were late.
6. Medication administered – care worker has to be mindful about the way to administer medication.
7. Care workers often late.
8. Very good, carers always call ahead if they are running late or if a different carer will be visiting.
9. I'm diabetic so need to have meals delivered on time by the carer.
10. I am very happy with my care worker.
11. Not enough training, different care workers who don't know what needs doing, they don't read the care plan. Have instances where empty packets are put back in the cupboards and milk has not been taken out of the freezer to provide for next day. Care workers are all very nice but they are under pressure to provide this service and some have told me they have had to come in on their days off to cover as they are short staffed.

12. I don't get a call if my care worker is going to be delayed or if another care worker comes in their place.
13. Some of the care workers are brilliant - I would like to get rid of the ones who are not.
14. I need to know when my care worker is delayed or cannot come they don't contact me.
15. They don't always speak good English so they don't always understand what I want done.

Carers

1. Not to have to worry if they were turning up or not. This puts extra strain on unpaid carers such as family or friends. It can mean not being able to keep a previously made appointment or a leisure activity.
2. I'm not happy with all of the care providers.

Providers

1. Sickness, holidays etc put a strain on everybody else.
2. As I have suggested in previous questions this depends on making sure an experienced carer who will be involved from the set up of the care package right through to carrying out the package. Alternatively this could be a supervisor who is very good at organising people's needs and extremely good at training carers to meet needs. Wages play a big part in attracting and keeping good staff. We use this system at present of an experienced carer putting packages together but as you have identified in your strategy report these packages are somewhat lacking in many ways.
3. Dealing with people and Bristol's traffic, timings don't always go to plan especially as the five minute gaps between clients doesn't leave much leeway. As clients are all individuals everyone has different preferences and routines and it takes a little time to get used to this and work more efficiently, continuity is very important.
4. All services users should have a care plan complete and in place prior to the first visit by the home carer. All carers should be informed of any new services users and their requirements prior to arrival. The company should agree times and stick with them and make sure that there are at least four regular carers in case of sickness or holidays.
5. Our aim is to fully meet the expectations of our clients by setting this standard in the training of all staff along with keeping the client/relatives involved in their care.
6. If we have ever had to change the care worker, we have contacted the service user on the day to advise them and seek approval for the change.
7. Clear support plans devised with the service user.

Public

1. These are all important but most of all, the last one. This is especially important when dementia is part of the picture.
2. Knowledge of any mental health problems that the service user has, and the training to be able to deal with those problems.
3. Sending unfamiliar care worker to a client is not an efficient use of time and is unsettling for the client.
4. These are normal priorities for any business and people should have a right to them.
5. There should be a discussion about what the user needs to maintain their independence - this may vary from visit to visit, so there needs to be flexibility on both sides.
6. Continuity is important. I can understand that time slots may have to be flexible but unless major unexpected delays occur with sensible planning there should only be 15-30 mins either side of appointment time.
7. I don't use care services but even I can see that all these things in all the pages are all very important. Why are you asking the question? You surely can't be considering withdrawing these from people in need!!
8. Understanding of specific background of each person.

9. I do not want to have strangers coming all the time. It is very important to have someone you get to know and trust.
10. Found that each person had differing ideas about the client's needs. Care Plan not kept too.
11. It is very important that there is a care plan on hand so that if a different care worker arrives they don't have to ask the person cared for the same question all the time they can read it (That is as long as they are given time for this sort of thing). I know my late mum used to only had a pop in on a morning and that was to get her washed etc. and give her breakfast, it wasn't enough time let alone time to read a care plan.
12. Service users who are reliant on home care need to be confident the service they pay for will be delivered to meet their needs and at the time agreed.
13. Continuity of care and building a rapport with carers very important. If somebody didn't like or get on with a carer, would they have the right to request another, or would that leave them open to abuse for complaining?
14. There is no reason with modern technology why people can't keep in touch and tell you if they are going to be late.
15. Common sense and efficiency plays a part in any job.
16. If good notes are available or service user can explain how they like things done. Pleasant manner & respectful attitude most important.
17. Again, these are things that need to worked out on a case by case basis. If communication and trust is good between provider and those they care for, some people will be able to be flexible. Others, of course, will not.
18. To be treated as a person and not an object.
19. It is essential that the care worker knows who and what they are to do.
20. Service users should be seen as central and not a burden.
21. If the care worker knows what is needed from them then the work can be done to satisfaction on both sides.

5.5 If your Care Workers spent time helping you learn how to do things for yourself, what level of independence do you think you (or your relative/friend) could achieve in relation to the following tasks?

Service User

1. I need constant, patient prompting from a familiar carer because I am autistic as well as physically impaired. There is not enough time for me to be helped e.g. to feed myself independently or to take a shower more than once a week.
2. I can go to the toilet, feed myself and get out of bed so those questions are not relevant to me. I can also make all my decisions as nothing wrong with my brain.
3. Partner requires help in all of these examples.
4. N/A
5. I have help getting out the shower and would still need somebody there to help me out.
6. 'Difficult to get around but can do most things myself'.
7. Support to access local community, pay bills, go shopping.
8. Uses equipment for support (re getting to the toilet).
9. We have a lot of confidence in our physiotherapy - could lead (hopefully) to big gains in independence.
10. The only thing I can't do on this list is put the cream on my legs and put my support tights on that I have to wear for medical reasons.
11. Independent with all of the above except for washing. Carers encourage me to wash upper half which she does. Can't be any more than she is.
12. Independent with everything except for showering.
13. Not possible due to disablement and risk of falling and injury.
14. Cooking. Can't do it because of my hands, but I wish I could.
15. I rely totally on my home care service as I have to stay in bed.

16. I am recovering from a hip replacement so care has been put in place until I am able to fully function again.
17. My carer helps me with my personal bathing.
18. Preparing food and cooking.
19. Live in my own home with own Personal Assistant/ care team.
20. They are lovely people but they are always in a rush.
21. I am an amputee and will probably always need some level of support.
22. I am beyond independent - beyond my ability. I can't even do things even if I learn them myself.

5.6 If you (or your relative or friend) were able to complete the activities below, what impact would it have on your level of independence?

1. I will never be fully independent because of my autism - it is an incurable neurological condition which means I will always need patient prompting. Better routines would help improve my physical and mental health, but maintaining those would require additional care.
2. I'm currently recovering from surgery and my care needs are very high but when I've recovered from the surgery I will be more independent in some areas of care.
3. Since the service users fall its been increasingly more difficult for her to do basic things for herself.
4. N/A
5. Service user has a stair lift and is very independent.
6. Support to go out.
7. Care needs will probably change so it's difficult to say whether it will have a great impact.
8. Difficult to say as can't wash and not safe to wash.
9. They help me get up and get my breakfast, but I would still want them there.
10. This service user depends fully on the carers as she is bed ridden, her family also try to help her.
11. Hopefully this is a temporary situation.
12. Preparing food, cooking.
13. Live in my own home with Personal Assistant /care team.

5.7 If you (or your relative or friend) were able to complete the activities below, what impact would it have on your level of independence?

1. Visits to eye hospital for injections, audiology, dentist.
2. It would be wonderful, but I will never manage these tasks without help - and that needs more care than I currently receive.
3. At present I cannot do any of the above because I'm recovering from a total shoulder replacement.
4. Unable to leave home on own no confidence because of falling carer needs to be with service user to prevent falls.
5. I can't do my hoovering, but that's not a big thing to me.
6. Service user is house bound - but would like the option of having more flexibility for respite amongst other things like community events etc.
7. Could cook more, I have no one to cook for other than me. I lack motivation to cook.
8. Would still need help to do things because of physical problems.
9. The service user is waiting for an electronic wheelchair he also needs family help to get around.
10. Accessible transport for help us reach our activities.
11. I don't go out on my own I'm not allowed to I rely on friends and family to get me out and about. I always have someone with me because I can't see.
12. Wouldn't be able to do any of the above tasks as they are dangerous for me.
13. If I could have transport I wouldn't bother with any of it.
14. These are all too dangerous for me to do on my own.

15. This service user is in Warden controlled facilities has learning difficulties and can only manage small walks.
16. I had to go to hospital and the transport that came for me was not suitable although it was supposed to be, my care worker put my wheelchair in her car and drove me to the hospital herself! I want to give her an award for helping me but I'm told that I can't. You can't give a box of chocolates to anyone, I think it's so unfair I can't reward her properly she went above and beyond her duty to assist me the service I receive from the agency that I use is extremely good!
17. Due to my broken hip I don't go anywhere.
18. This service user is visually impaired and is taken out in his wheelchair by a family member.
19. Getting out and about is not easy.
20. I would always need help to do these things.
21. A family member sometimes takes me out but that is not very often.

Carer

5.8 If your Care Workers spent time helping you learn how to do things for yourself, what level of independence do you think you (or your relative/friend) could achieve in relation to the following tasks?

1. So far these questions haven't addressed the issue of co-ordinating a home support package and offering a key worker. At the moment this is shockingly bad which leaves my relative and ourselves very frustrated with the lack of communication between different services.
2. Preparing food and Looking after the environment.
3. Wheelchair user, poor mobility.
4. My mother will never be fully independent unless she regains confidence in her ability to balance without support. I suspect that even means she would be unable to shower unassisted.
5. Ensure correct medication is taken.
6. Social excursions independent of reliance on a family member.
7. Help with eating a balanced diet. Even though we provide meals to be cooked my mother-in-law can't be bothered to use them and eats chocolate and doughnuts and sandwiches. We have asked the care workers to help her get tea but they seem to give up and not approach it in a way that gains acceptance. Not eating properly will increase her confusion and can lead to weakness so why isn't this training provided to carers from companies who claim to support dementia patients.
8. General mobility.
9. Some conditions improve with time but others deteriorate. Osteoporosis, arthritis plus incapacity due to a massive stroke. There may be some improvement for a while but often old age itself takes away the temporary improvement.
10. Transfer to enable the above to happen.
11. Needs encouragement and needs to overcome been scarred of falling after operation and infection. With same care worker and on time this can be achieved.

5.9 If you (or your relative or friend) were able to complete the activities below, what impact would it have on your level of independence?

1. Due to mobility my uncle would not be able to care for himself.
2. Social excursions in dependant of reliance on a family member.
3. My relative is unable to carry out these tasks on her own.
4. In very many cases this just would not happen. Some people need lifetime care and support from services.
5. Getting in and out of the care

5.10 If you (or your relative or friend) were able to complete the activities below, what impact would it have on your level of independence?

1. Visits to eye hospital for injections, audiology, dentist.
2. Unable to carry out independent tasks.
3. Why do you ask about relative or friend? What about services providing these things. It is very wrong to put all the emphasis on relatives and friends. Again carers need a break and cannot do everything otherwise they will become the cared for.
4. Until the problem of the care worker coming on time is solved, unable to answer the above question. So far the basic has not been achieved since home carer service has been taken out Council's hands. The providers now are just interested in profit and the care aspects isn't very high on their list.
5. Needs some assistance to learn routes.
6. Family members take the service user out.
7. Because of my husband's acrophobia he is afraid to go out he has not been out of the house for over 25 years.
8. I take my wife out every day.

Provider

5.11 If you were given time to work with Service Users to help them to do things for themselves, what level of independence could they achieve in relation to the following tasks?

1. Not a viable question as most service users are who they are . We can encourage service users but care will vary according to each individuals needs and how they are that day.
2. This is subjective? Answers have been provided assuming that the service user will have the ability to become independent with reablement.
3. Everyone is different, levels of ability, age and condition vary enormously so it's not possible to generalise.
4. The aim would be to work with the client/relative to maximize their full potential our experience is that progress is always achieved though not formally measured at present in Bristol.
5. Without a needs assessment for each individual we cannot say what we could achieve for them , we would strive for each person to be as independent as possible in each of these areas subject to their ability.
6. As long as enough time is given in the visits, a full re-enablement program can be put in place. 15 min and 30 minute visits are only for very quickly doing tasks and not for re-enabling an older person.
7. Access transport, outings etc.
8. I am unsure what level of independence could be achieved as each case is different and the potential to achieve objectives may not be present in each case. However it should be our clear objective to help customers.
9. This is unknown and dependant on the individual.
10. Dependent upon individual assessment and outcomes. Realistic targets and promotion of independence to achieve these.
11. Unable to answer these questions due to not knowing the individual service user circumstances and level of current independence.
12. We would aim for fully but subject to support plan - needs and abilities as well as willingness to engage.

5.12 If a Service User was able to complete these care tasks on their own, what impact would it have on their level of independence?

1. It is a win-win situation for everyone.

2. Independence would soar to a level of not needing assistance - which would be good for the service user.
3. Any development of full independence would be very significant.

5.13 If a Service User was able to complete the activities be on their own, what impact would it have on their level of independence?

1. Another silly. Question every SU wants to get back what they once had and we should encourage that in a safe way but all these people are getting older and you are probably a young confident person with no health worries. To expect people to regain full levels of independence will depend on physical and mental health and confidence.
2. Feelings of general wellbeing and happiness would be significantly improved by regaining independence.

Public

5.14 If you were a Service User how important would it be to you to be able to complete the following independently?

1. Not sure if this questions makes sense - you are asking to highlight the importance and one option is 'not independent'?
2. Obviously if it was me I would like to do everything as independently as possible. But if I needed this care then I assume I would need help with one or more. I would like to be helped to do as much for myself as possible.
3. Shop -- make decisions about my life /care.
4. I am next of kin to somebody who will probably need these services in the future. I am concerned at the lack of information on how to call upon these services and or the level of support available. It all seems like a big 'black hole'.
5. Psychological therapy.
6. I'm not sure how to interpret this question; surely everyone would aspire to do all these things independently.
7. You don't understand where this question is coming from or going! Of course these things are all important if they are possible.
8. Not really clear what this means, ideally I would like to be able to do all above independently but if not able to I would want home care to help me in my own home.
9. Make and answer phone calls.
10. Shop and cook.
11. Would this not also depend on care needs?
12. To have visitors able to come along and chat. Loneliness is a killer. Bristol City Council parking zones proposals ignore this basic fact.
13. Prepare meals.
14. Prepare simple food and get a drink.
15. Unsure what the question means. All are important to me but if I required care maybe I wouldn't be able to do what I wanted due to my own limitations.
16. Do my own medication.
17. Any of life's independent activities.
18. Make myself comfortable by applying face cream without which I would quickly become distressed due to eczema. Take medication including inhalers. be able to have drinks when I needed them and read or listen to music to pass the time if no other alternatives were available to me, e.g. getting out of the house.
19. Obviously no one is going to give any other response....silly question.
20. Not sure what this question means - I'm sure all service users think the above are all very important, but this is not necessarily realistic or achievable because of their particular disabilities.

21. What a 'Service User' can or can't complete independently is surely dictated by their circumstances, not by their view of the task's 'importance'. Doing any of the above with aid is a loss of face and thus important, whatever the reality is.
22. Have medication given at the necessary time.
23. If I could do all these things independently then I would not be a service user.
24. Obviously we would all like to be able to do everything, but sometimes your health won't let you. This question is meaningless.
25. All these things would be of importance, but if unable to do them I would want people to come in and allow me to do what I could do and support me over shortcomings.
26. People might want to be able to do the above but sadly not all people can and they would need help to do this, that is why home helps are so very important.
27. I can do all of the above unaided, but could not face 6 weeks-worth of ironing summer clothes, which had accumulated. I rang Care & Repair, but they were "unable" to take on the job because I would not need help with the ironing after the initial session. I therefore have had to employ someone privately, which I can ill afford to do. She broke the back of the ironing in one 2-hour session, and will be doing the kitchen and bathroom floors next week (I hope).
28. This question is ambiguous - it needs redrafting. Obviously it will be important to everyone to carry out these tasks independently.
29. In my experience service users often need a care worker because they need to be able continue to live in their own home as independently as possibly but are unable to accomplish many of the above without assistance, hence a care worker. As mobility is often a problem this would prevent even getting to the toilet independently. Not sure the question is helpful.
30. Sorry don't understand the question? If I required home care it might also mean that I require personal care services too, especially buying/preparing and eating food/drink. Does this mean if I had personal care needs that I couldn't receive home care??!?
31. If I ever needed home care services I would like to do as many aspects of my personal care that I am able and I am hoping and praying that I would only need help with household chores etc.
32. If I needed help with these things then it would be important to get timings right particularly going to the toilet. Most important is getting some company and kind help.
33. But you may need someone to be on hand to assist and support.
34. This question doesn't make sense!
35. I dread ever being in this position but would like to be treated with dignity and respectfully at this vulnerable time of life with any tasks needed.
36. It would be important, providing it is possible, reasonable for the individual to undertake these functions. It should be recognised that there will be individuals who require personal care, and who will not recover these functions, and therefore this should not be set as a target for the provider as this could create a perverse incentive. The service user, family and carer wishes should be taken into account in this respect.
37. Make a cup of tea and cook something simple such as a can of soup.
38. To be treated with respect and never patronised.
39. If I could do all these things I probably would not qualify for a service from Bristol City Council.
40. I'm not sure what you are asking here. The person I have in mind, when answering these questions, would not be able to do these things independently. He needs to do these things as independently as possible.
41. This is an odd question. Everyone would obviously want to be able do these things, they wouldn't need the help if they could.
42. Get a drink. undertake shopping. Social activities.
43. If I were unable to carry out any of the above tasks I would like to know that the person providing such valuable and personal care would treat me with respect and dignity regardless.
44. Cook my own meals.
45. Preparing meals and hot drinks.

46. Most people would want to do the above tasks independently. It is only when this is impossible that people need help and support.
47. I would want to be enabled to do as much as I could for myself and if I could not do it to be helped to do as much as possible.
48. I am young, fit and well. My opinion on the above questions would probably change when elderly.
49. Not sure what you want here, but if I were the service user I would want help to achieve what I could independently, but if I was unable then I would want help to do what I can and then be assisted to do the rest or to have it done for me.
50. From a social model point independence is not about doing everything for yourself it is about having choice and control over who helps you and when.
51. Don't understand this question as if I needed care staff would need to support me so I would not see myself as being independent. I would be vulnerable and reliant of others.
52. Cleaning and cooking and shopping.
53. To give the service user the feeling that there life is worth living.

5.15 If you were a Service User how important would it be to you to be able to complete the following independently:

1. If you're a service user surely it's because you are incapable of carrying out a lot of everyday tasks. Getting people out and about is important to well-being, but being well-cared for if you are stuck at home should be the main priority. Priority should be getting to hospital appointments if needed.
2. All of these activities are very important - but as stated for previous question - whether they require support or can be undertaken independently should be part of the personal plan - and certainly an aspiration - but not a target in itself.
3. climb stairs.
4. Support to attend social gatherings e.g. music theatre political meetings consultations etc In short to remain an active respected member of the community in which I live.
5. Anyone can do my housework.
6. Most people value their independence.
7. I would want to be able to do things if I possibly could.
8. Again not sure what you are looking for here.
9. I don't want to be stuck in the house without seeing people.

Appendix 5.1. Care Data for Zones

Ward	Hours	SU's	Zone
Other	989		
Ashley	581	56	6
Avonmouth	737	91	1
Bedminster	509	59	7
Bishopston	295	37	4
Bishopsworth	727	86	10
Brislington East	395	50	8
Brislington West	582	48	8
Cabot	194	24	6
Clifton	177	20	3
Clifton East	153	17	3
Cotham	163	20	3
Easton	324	44	5
Eastville	521	47	5
Filwood	579	53	9
Frome Vale	1376	100	5
Hartcliffe	472	58	10
Henbury	656	73	2
Hengrove	1061	83	9
Henleaze	740	50	3
Hillfields	1041	78	11
Horfield	391	51	4
Kingsweston	499	50	1
Knowle	981	61	8
Lawrence Hill	737	62	6
Lockleaze	937	79	4
Redland	449	26	3
Southmead	565	65	2
Southville	647	69	7
St George East	582	54	11
St George West	579	63	11
Stockwood	675	63	9
Stoke Bishop	265	26	1
Westbury-on-Trym	703	63	2
Whitchurch Park	616	58	10
Windmill Hill	337	37	7
	21230	**1921**	

Appendix 5.2. - 5.5. Zone Maps

Four maps are provided in this document. They show the same area but each of them highlights different boundaries.

5.2. Zones and Wards

5.3. Zones, Social Work Areas And BCCG Areas

5.4. Zones and Neighbourhood Partnerships

5.5. Zones and All Boundaries

Home Care Zones

Zone Boundary

Ward Boundary

1 Zone numbers

AVONMOUTH
KINGS WESTON
HENBURY
SOUTHMEAD
WESTBURY-ON-TRYM
HORFIELD
HENLEAZE
LOCKLEAZE
BISHOPSTON
FROME VALE
STOKE BISHOP
REDLAND
EASTVILLE
COTHAM
ASHLEY
HILLFIELDS
EASTON
ST GEORGE WEST
CLIFTON EAST
CLIFTON
CABOT
LAWRENCE HILL
ST GEORGE EAST
SOUTHVILLE
WINDMILL HILL
BRISLINGTON EAST
BEDMINSTER
KNOWLE
BRISLINGTON WEST
BISHOPSWORTH
FILWOOD
STOCKWOOD
HENGROVE
HARTCLIFFE
WHITCHURCH PARK

Home Care zones and Social Work Areas / CCG Localities

Zone Boundary

Social Work Boundary

1 Zone numbers

AVONMOUTH
KINGS WESTON
HENBURY
SOUTHMEAD
WESTBURY-ON-TRYM
HORFIELD
FROME VALE
STOKE BISHOP
HENLEAZE
BISHOPSTON
LOCKLEAZE
EASTVILLE
REDLAND
COTHAM
ASHLEY
EASTON
HILLFIELDS
ST GEORGE WEST
ST GEORGE EAST
CLIFTON EAST
CLIFTON
CABOT
BRISTOL
LAWRENCE HILL
SOUTHVILLE
BEDMINSTER
WINDMILL HILL
KNOWLE
BRISLINGTON EAST
BRISLINGTON WEST
BISHOPSWORTH
FILWOOD
HENGROVE
STOCKWOOD
HARTCLIFFE
WHITCHURCH PARK
N1
N2
N3
S1
S2

AVONMOUTH
1
N1
KINGS WESTON
HENBURY
2
SOUTHMEAD
WESTBURY-ON-TRYM
HORFIELD
4
HENLEAZE
LOCKLEAZE
FROME VALE
N2
5
BISHOPSTON
STOKE BISHOP
EASTVILLE
REDLAND
3
HILLFIELDS
11
ASHLEY
COTHAM
EASTON
6
ST GEORGE WEST
CLIFTON EAST
CABOT
CLIFTON
BRISTOL
LAWRENCE HILL
ST GEORGE EAST
SOUTHVILLE
7
S1
WINDMILL HILL
8
BRISLINGTON EAST
BEDMINSTER
KNOWLE
BRISLINGTON WEST
S2
BISHOPSWORTH
FILWOOD
9
STOCKWOOD
10
HENGROVE
HARTCLIFFE
WHITCHURCH PARK

Home Care Zones and Neighbourhood Partnerships

Zone Boundary

Neighbourhood Partnerships

1 Zone Numbers

AVONMOUTH
HENBURY
SOUTHMEAD
KINGS WESTON
WESTBURY-ON-TRYM
HORFIELD
HENLEAZE
LOCKLEAZE
FROME VALE
BISHOPSTON
STOKE BISHOP
EASTVILLE
REDLAND
HILLFIELDS
ASHLEY
COTHAM
EASTON
ST GEORGE WEST
CLIFTON EAST
CABOT
CLIFTON
BRISTOL
LAWRENCE HILL
ST GEORGE EAST
SOUTHVILLE
WINDMILL HILL
BRISLINGTON EAST
KNOWLE
BEDMINSTER
BRISLINGTON WEST
BISHOPSWORTH
FILWOOD
STOCKWOOD
HENGROVE
HARTCLIFFE
WHITCHURCH PARK

N1 N2 N3 S1 S2

1 2 3 4 5 6 7 8 9 10 11

Home Care Zones and all Boundaries

Zone Boundary

Neighbourhood Partnerships

Social Work Boundary

1 Zone Numbers