

# Stakeholder Feedback

## Summary of Findings

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### Introduction

The Home Care Redesign project has engaged with a range of stakeholders in order to understand their experiences of home care, understand their concerns and issues and co-develop a future commissioning model.

Stakeholders included:

- Service users and carers
- Social work practitioners, brokers and Contracts and Quality team
- Providers
- Senior Colleagues within Care Management, Contracts & Quality and Strategic Commissioning

The findings from this engagement can be found on page 5.

37 customers were contacted by phone by RSVP. Many customers could not be contacted. The overall response rate was 51%, which represents 19 service users. Some service users had an advocate or relative respond on their behalf. The majority of service users (84%) said that their homecare service did help them live their life well, and helped them do the things they wanted.

The overwhelming majority of respondents were positive about the care they received. Respondents said that they relied on their carers to do key tasks such as personal care. Respondents generally said they had a say in their care and that their views were listened to.

The vast majority of comments about staff were positive. Service users seemed to have a good relationship with their carers and found them 'friendly.' Service users seemed to value the carers who they had known for a long time, confirming continuity of carer is valued.

The overwhelming majority of negative comments related to late visits and the timing of visits. Some respondents were unhappy with the times allocated for their visits. Respondents said carers often arrived at unexpected times. A respondent was unhappy when 'stand-in carers' arrived instead of their usual carer.

The results suggest that service users would be happier if the number of late visits could be minimised or eradicated. The enforcement of compliance of this through the contract, KPI's and Performance Monitoring should be reviewed.

### **Summary of internal stakeholder feedback – Survey Monkey**

A series of questions was sent round to colleagues from care management, brokerage and the contract and quality team through an online survey.

A total of 14 respondents completed the online survey.

The majority of these respondents worked within M I teams either within the North or the South of Bristol. The others were either within contracts and quality, the CHC Commissioning Team, Intermediate Response or First South.

The results for each question have been analyzed and have been summarized below:

1. Home Care Needs Analysis – Does it reflect your experiences? If not what is missing?

Most respondents agreed with the findings of the needs analysis. One respondent commented that the needs of carers and service users that are 'hard to reach' may be underestimated. The most common theme were capacity issues across the City – this was either due to geographical issues or due to the service users' needs being complex

2. Home Care Demand Analysis – Does it reflect your experiences? If not what is missing?

Most respondents agreed with the findings of the needs analysis Most respondents highlighted issues around capacity, that the sector is shrinking, and that packages of care are difficult to source when there are high level needs, or due to their geographical location. Agencies will sometimes hand packages of care back where service users are challenging with high end needs. As already stated nearly all of the remaining half of the respondents agreed without offering little further insight.

3. Sometimes we find it difficult to commissioning home care packages. In your view: a. Are there any areas of the City that are worse than others? B. Are there any particular support needs that are more difficult to commission than others?

Respondents commented that

- South/Central East Bristol was difficult to source placements
- No respondents mentioned any gaps in North Bristol.
- Difficulty in finding placements from challenging or complex needs, which may include dementia and mental health

4. Any other comments or suggestions?

Respondents commented that

- Some providers can regularly be in safeguarding
- Some providers do not sufficient training
- Lack of good quality provision in Bristol

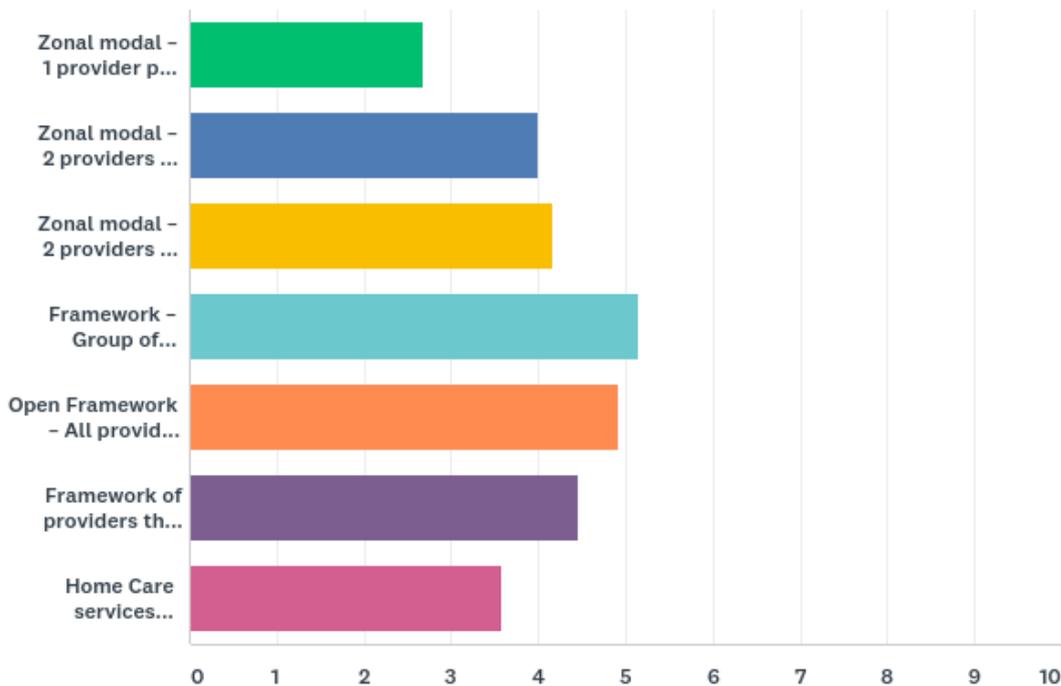
5. As well as developing a needs analysis, we have scoped out future commissioning options. We would like to hear your view on which option will work. Please rank these options in your order of preference

The most popular option was

- “Framework – Group of providers per zone including specialism and the contract includes everything (day, night, emergency etc).”

The least popular was

- “Zonal modal – 1 provider per zone and the contract includes everything (day, night, emergency etc)”.



6. Any other comments or suggestions on the commissioning options?

Respondents commented the following:

- Reliance on few providers does not seem to incentivise practice or maintain specialisms and/or skillsets.

- Benefits of in house home care service
- Making better use of technology to support contract monitoring and quality assurance

### **Summary of feedback from Brokerage meetings**

Commissioning met with brokerage to understand difficulties in find services from their perspective, in summary their views were

- Some areas of the city are more difficult than others due to the parking restrictions/difficulties
- Difficulties when providers hand back clients at short notice
- Rapid response type contract would be beneficial to enable move on/improve flow back into the community
- Unable to source list often has clients requiring double ups and clients living in a certain location.
- They do not feel that the volume of visits is too much of an issues, the most common visit is two a day. The maximum witnesses is 8 visits a day which can be very difficult to purchase.
- NTC visits are frequently 15 mins
- Demand for waking night is higher than demand for sleeping nights
- It can be difficult for brokerage to source packages for clients with challenging behaviour.
- Requests for shopping, cleaning and laundry can be quite common for big packages and would generally be in the afternoon for a block of hours.
- Thoughts on commissioning approaches – preference for a framework of providers per zone and better matching of providers to geographical zones,

### **Summary of feedback from Provider meetings**

We have held two dedicated meetings with current and potential providers. Providers views on both the needs analysis and commissioning options has been:

- Seeing more evidence of service users with complex needs and needs relating to loneliness and social isolation
- Providers want a more transparent and trusting relationship with BCC in terms of delivering care, changes to care packages and provider review
- Change in requirement for workforce - Increase in health related tasks
- An integrated approach with health
- A commissioning model that supports providers recruitment and retention
- Review of the way in which services are commissioned i.e. spot Vs block
- There was no overall consensus between providers on one of the proposed commissioning models

## Summary of feedback from check and challenge meeting 28<sup>th</sup> March

Senior colleague commented:

- A need to ensure that the future commissioning model met both planned and unplanned need
- That the future commissioning model should complement the work taking place in the integrate care bureau, enhancement of the Reablement service and the development of the 'Home First' model.
- That there should be benefits to having dedicated providers commissioned to provide services
- Want to encourage providers to work in partnership with other organisations in the community
- Need a model that ensures provider engagement and growth of provision
- TUPE needs to apply if contracts end.
- Tender process needs to take into consideration the providers knowledge of Bristol City Council
- Can we consider linking the 'Zones' more closely with GP Clusters?
- In the future we need to consider transforming the homecare model to a more community -based, wellbeing service
- Suggestion to vary the contract of the main providers to make them responsible for hospital discharges.
- Suggestion that Framework providers are more or solely responsible for community packages, with mains acting as a contingency.
- Strong relationships must be built between the reablement teams and the provider to make transfers work

## Conclusion

From reviewing the feedback from stakeholders the following conclusions can be drawn

- The majority of stakeholders **agree with the findings of the needs analysis** however there may be some representation of need in terms of complex need.
- Stakeholder comment that it is **harder to find home care services in some areas of the city than others** and this is down to both the contracts in place for that area and the parking restrictions.
- **Reliance on fewer providers is not preferable** and does not provide good quality, diverse provision.
- **Need for dedicated contract that supports hospital discharge**
- **Need for a different commissioning approach** to meet need and demand, which may include block contracting

- **Need to review Electronic Monitoring Services (EMS)** and the way in which contracts are monitor and services are paid.
- **No clear preferred commissioning option** - Some stakeholders (social work colleagues, brokerage) prefer a framework commissioning model whereas other stakeholders preferred a mixed model of zones and framework.