

**BRISTOL CITY COUNCIL
HEALTH AND WELLBEING BOARD
22ND JUNE 2016**

REPORT TITLE: Commissioning of Out of Hours Home Care Services

Ward(s) affected by this report: Citywide

Strategic Director: John Readman / Strategic Director – People

Report author: Leon Goddard / Service Manager – Joint Commissioning
(Adults)

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Purpose of the report:

To seek approval to change the way Bristol City Council commissions 'Out of Hours' Home Care Services.

Please note: Out of hours home care relates to any home care that is delivered to a person from 22.00 – 07.00. These services need to be arranged and delivered in a different way from home care services during the day, which is why the Council commissions a specific out of hours service.

RECOMMENDATION for the Mayor's approval:

1. Approve the re-commissioning of out of hours home care provision, on the basis of the model and approach set out in this report.
2. Approve the inclusion of the planned long term out of hours care currently delivered by BCC staff, within the scope of the new contracts and commissioning model
3. Delegate authority to Strategic Director – People to agree the detailed commissioning model
4. Delegate authority to Strategic Director – People and Section 151 Officer to award contracts to the home care providers who are successful in this tender process

The proposal:

1. Current Situation

- 1.1 'Out of hours home care service' describes the provision of care and support services to people over 18 years old in their home between 22.00 – 07.00. This service operates every night of the year.

- 1.2 On May 1st 2016, the council commissioned a total of 48.25 hours of care for 112 people. These figures fluctuate from week to week, but are relatively constant and so the snapshot taken on this date provides an accurate indication of the level of provision.
- 1.3 The type and level of care a person will receive varies as it is specific to their needs and situation. Here are two typical examples that illustrate the lower and higher end of provision.
- 1.3.1 Low – A person leaves hospital and receives a single visit each night to check on their health and wellbeing. This may occur a few nights per week, or for a few consecutive nights and then end as the person no longer requires this check.
- 1.3.2 High – A person has a long term condition that means they are unable to meet their own medication, personal care or personal hygiene needs. They could receive 2 visits per night (e.g. midnight and 04.00) to help them go to the toilet, ensure they are hydrated and administer medication. This person is very likely to also receive a significant level of care during the day.
- 1.4 The council currently commissions out of hours home care services in Bristol from:
- 1.4.1 Kumari – An independent home care organisation
- 1.4.2 BCC in house team – A team of staff employed directly by the council

1.5 Table 1: Current level and costs of service provision

	Kumari	BCC*	Total
Daily number of SUs	98	14	112
Daily number of hours	44	4.25	48.25
Annual cost of service	£446,468	£65,229	£511,697
Unit cost per hour of service	£27.80	£42.05	£29.06

*Specifically relates to planned, long term care

2. Scope of this report and recommendations

- 2.1 The new commissioning arrangements cover the provision of all planned, long term out of hours home care that is commissioned by the council.
- 2.2 This includes all of the service provided by Kumari. This service is covered by a short term contract, which included the provision for this arrangement to continue past the official end date on the same terms. This date has passed and either party can now bring the arrangement to an end by giving the other party 3 months' notice.
- 2.3 The situation with the BCC in house team is more complex as the team that deliver long term planned out of hours care also deliver other similar, but different, home care services. This is further complicated because many staff within the team deliver both planned long term out of hours and other types of services as part of their job.
- 2.4 The services that are delivered by the BCC in house that are deemed out of scope are those which are delivered to people in their own home in the following circumstances:
- 2.4.1 In an emergency and for a short period
- 2.4.2 As part of a reablement package. This is delivered by the Reablement Service and for a short period (maximum of 6 weeks)
- 2.4.3 Other scenarios where short term and / or unplanned care is required
- 2.5 Any reference to 'BCC in house service' specifically refers to the planned, long term care and excludes the services listed in 2.4.

- 2.6 Excluding the team leader, 20 people work in the team with a total of 13 FTE. The percentage of the team's time (excluding the team leader) that is spent delivering services that are in scope of this report is 17.4%. This equates to £65,229 of the total projected FY16/17 cost of the in-house team and in staff terms, equals 2.3 FTE.
- 2.7 The total percentage of team time (excluding the team leader) spent delivering service that are out of scope is 82.6%. This equates to 11.7 FTE.
- 2.8 If recommendation 1 and 2 are approved, the commissioning exercise and future contracts will include all services provided by Kumari and the in scope services provided by the BCC in house team.
- 2.9 If recommendation 1 is approved, but recommendation 2 is not, the commissioning exercise and future contracts will only include the services currently delivered by Kumari.
- 2.10 The council currently delivers or commissions various out of hours services, most of which have nothing to do with home care. Prior to the start of any tender process for out of hours home care services a review of these other out of hours services will be undertaken to see if there are any benefits of commissioning some of these services together.

3. Approach to commissioning adult care and support services

- 3.1 In recent years there have been significant changes in the area of adult social care services. These include, but are not limited to; the introduction of the Care Act 2014, demographic changes, budget pressures and difficulties recruiting and retaining care staff.
- 3.2 In many areas of social care service provision, the council has chosen to make changes to how it commissions these services to ensure we can secure the right type, level and quality of service provision for vulnerable people. The proposed changes to out of hours home care is just one example of this. Many of the challenges are the same, regardless of the specific service being re-commissioned and so the People Directorate has developed an approach to re-commissioning services that draws upon best practice and knowledge of the local care environment to create a clear, transparent and consistent approach. The key features of this approach are:
- 3.2.1 Transparent and robust tender process – This process follows best practice and all EU regulations. It ensures that for each area where services are re-commissioned, once the tender is completed, the council will only work with providers that have demonstrated they meet the standards the council, and the people that receive the services, require.
- 3.2.2 Outcomes Focus – In the past, social care services been commissioned in a way that requires providers to deliver a specific service at a specific time. This approach will continue, but in addition to this, providers will be required to deliver services in a way that supports people to achieve the outcomes that are most important to them. These outcomes are set by the service users and reflect what is achievable and best supports them to live the lifestyle they want. An outcome could be; being able to get themselves out of bed, being able to attend a local social group, or finding employment.

- 3.2.3 Contractual arrangements – Once a tender process is completed, the providers the council works with will have long term contracts that provide clarity and stability. Providers should incorporate this stability into their long term planning and service delivery
- 3.2.4 Value for money – All care services will be commissioned in a way that makes best use of scarce resources. This does not mean buying the cheapest, but buying the right services, in the right way at the right price. For instance, home care contracts have recently been commissioned in a way that means providers have volunteered to pay all of their staff at or above the living wage foundation wage of £7.85, whilst also reducing the amount they charge the council.

4. Proposed Commissioning Model

- 4.1 If this report is approved, the council will undertake a formal tender process for the award of two separate out of hours contracts:
 - 4.1.1 South Bristol – Contract for the delivery of all home care in zones 1, 2, 3, 4, 5, 6
 - North Bristol – Contract for the delivery of all home care in zones 7, 8, 9, 10, 11(See Appendix 1 for a map of the home care zones)
- 4.2 Key features of the proposed service deliver model are:
 - 4.2.1 A provider will only be awarded one contract – either the South or the North.
 - 4.2.2 No provider will be awarded both contracts.
 - 4.2.3 The council will set price parameters. Bids will only be accepted if the rate offered by the provider sits within these price parameters. This approach gives certainty to the council about the cost of this service.
 - 4.2.4 All services currently delivered by Kumari and the BCC in house team will transfer to the new providers. This transfer will begin soon after the contracts begin and will be done in a safe and planned way that minimises the disruption for service users.
 - 4.2.5 From the contract start date, any person that needs an out of hours home care service will receive this from the provider that has the contract for the part of the city in which they live.
- 4.3 All aspects of the new commissioning model, contracts, service specification and quality and performance requirements, will be the same as those for the delivery of daytime home care services. Any exceptions will be minimal and only where absolutely required.
- 4.4 If these changes to the current commissioning arrangements are implemented, it is expected to lead to:
 - 4.4.1 Easier access to services – The new contract will require providers to flex their capacity to meet the council's demand for the type and level of service provision
 - 4.4.2 Improved quality of services – The tender will require providers to demonstrate how well they recruit and train staff, the terms and conditions they offer and the impact this has on service quality.
 - 4.4.3 People being more independent and having less need for these services – The new providers will be required to deliver services in a way that proactively supports people to become more independent and have a reduced reliance on these services.
 - 4.4.4 Greater predictability and security of service provision – The new arrangements will offer long term contracts, with clear requirements of care providers. Two external providers will be commissioned and be required to offer contingency cover for each other, if required.

- 4.4.5 Reduced cost of the service – Services will be commissioned in a way that allows providers to operate more efficiently (e.g. reduced travel time) to deliver services of higher quality and lower cost than at present.
- 4.5 The key outcome from the consultation (see section 7 of this report) was a consensus on the importance of flexibility, reliability and predictability in the way home care services are commissioned and delivered. There are some very direct connections between these features and the improvements the council is proposing in this report, which are:
- 4.5.1 Flexibility – Providers are required to use their provision in a way that best meets people needs and requirements. This relates to how they can flexibly use their staff to allow them to take on care for more people and to make any changes (sometimes at short notice) required by the service user.
- 4.5.2 Reliability – The council will issue long term contracts to two providers to bring reliability to care providers. In the council’s experience, providers pass on this commitment to their staff through better contractual terms and conditions, which encourages people to remain committed to the organisation. This will minimise the number of changes to a person’s care (either through short term absence or staff leaving) and avoid the significant concern and disruption this can cause.
- 4.5.3 Predictability – People told us that they just want things to happen how and when they expect. We have split the city into two service delivery areas to reduce travel time and minimise the disruption this can bring, even at night. The impact of this, and some of the measures aimed at improving reliability, is that people who require care will receive this from the person they are expecting, who will arrive when they are expected and will deliver the care that is required.

5. Finance

- 5.1 If recommendations 1 and 2 of this report are approved, the current commissioning arrangements will be replaced by two long term contracts to ensure these services are delivered in the most effective and efficient way, providing high quality and value for money home care services. This will also create long term financial sustainability in the purchasing of these services.
- 5.2 The financial benefits of the proposed model are:
- 5.2.1 Completion of the shift from the council delivering these services at a high unit cost, to the council commissioning independent organisations to deliver these services at a much lower cost.
- 5.2.2 Reducing the risk of the council needing to enter into emergency arrangements for the provision of these services, which would be necessary if Kumari were to withdraw from their short term contract
- 5.2.3 Creating the possibility of paying a lower rate than currently charged by Kumari
- 5.2.4 Creating the possibility of lower demand for these services
- 5.2.5 Increasing the availability of these services, avoiding the need for people to receive alternative care (e.g. live in a care home) that is not appropriate to their needs or cost effective to the council.

Table 2: Total cost of Out of hours Service

	2014/15	2015/16	2016/17
BCC in house	£806,342	£462,700*	£65,229
Kumari	£74,504	£285,395	£446,468
Total	£880,846	£748,095	£511,697

*includes in house spend on out of scope services

- 5.3 Here is further explanation of the information provided in Table 2:
- 5.3.1 2014/15 – The vast majority of the out of hours home care was delivered by the council's in house team, with a small amount by Kumari. The total annual cost was £880,846.
 - 5.3.2 2015/16 – The total cost of the service reduced as a significant amount was being delivered by Kumari (at a lower unit cost than that delivered by BCC staff). This change was largely as a result of a transfer of services from BCC to Kumari
 - 5.3.3 2016/17 – The total cost further reduces as the proportion of the total service delivered by Kumari further increases. During 16/17 there has not been any transfer of service users, but all new service users are taken on by Kumari.

6. Options and impact

- 6.1 There are 3 different options for the future commissioning arrangements of the out of hours home care service. These options will now be described, with reference to recommendations at the start of this report and the expected impact of each option.

Option 1 – The recommendations in this report are not approved and no changes are made to the current commissioning arrangements.

- 6.2 In terms of service quality, none of the benefits of re-commissioning that are set out in section 4.4 will be achieved.
- 6.3 In the short term, these services will continue to be delivered by two providers (BCC and Kumari), that operate differently to each other and to how the council would ideally want these services to be delivered in future. The changes the council wishes to make, mark such a change from the current arrangements that this could only be done as the result of a full tender process to select the providers best able to deliver the new service model and the implementation of a new contract with the appropriate incentives and requirements.
- 6.4 It is unclear what will happen in the long term as this will depend on if Kumari choose to withdraw from their contract. If they do, the council would have to arrange out of hours care for approximately 100 people at very short notice, whilst it secures a long term solution.
- 6.5 The cost of this service would not fall and the council does not have the option to achieve further financial savings through:
- 6.5.1 Cost avoidance as more home care is available to more people
 - 6.5.2 Demand reductions as people live more independently and require less home care
 - 6.5.3 Price reductions as a commissioning exercise could result in the council paying a lower rate than at present.

Option 2 – Recommendation 1 is approved, but recommendation 2 is not. The council re-commissions the Kumari provision, but not the BCC in house provision

- 6.6 The services currently provided by Kumari would be commissioned from two providers, one for the north of Bristol and one for the South. This will secure the provision of services for existing service users and create additional capacity for new service users.
- 6.7 This option would also allow the council to commission services according to a contract and service specification that emphasises individual service user outcomes and requires providers to develop services focussed on maximising people's independence as far as possible.
- 6.8 Under this option, there would continue to be some services delivered by the BCC in house team. This would create a mixed approach with two providers operating under one contract and an internal provider operating in a different way.
- 6.9 This option would also forgo the significant part of the savings potential, as we would continue to pay the relatively high unit cost of the in house services (£42.05 per hour) and not the market rate that would be achieved through re-commissioning these services (£27.80 or below).
- 6.10 This option could lead to a reduction in the annual cost of the service currently provided by Kumari. If this option were agreed and implemented, the future unit cost for the part of the service currently delivered by Kumari is expected to be no higher than £27.80 (the current Kumari cost) and could be as low as £25.02 (10% less than the current Kumari cost). This would lead to an annual saving of between £0 and £44,646.
- 6.11 The cost of the BCC in house service would not be affected by this change and so would remain at £42.05.

Option 3 – Recommendations 1 and 2 are approved. The council re-commissions the whole of the planned long term out of hours home care service

- 6.12 This would lead to a single commissioning model, with two providers delivering all long term planned out of hours services in the same way as each other and that required by the council to maximise the benefits set out in section 4.4 and throughout this report.
- 6.13 This option could lead to a reduction in the annual cost of the service currently provided by Kumari and would lead to a decrease in the unit cost of the service currently provided by BCC.
- 6.14 The future unit cost of the whole service is expected to be no higher than £27.80 (the current Kumari cost) and could be as low as £25.02 (10% less than the current Kumari cost).
- 6.14.1 The annual saving on the element of the service currently delivered by Kumari would be between £0 (the same as the current unit cost) and £44,646 (10% less than their current unit cost).
- 6.14.2 The annual saving on the element of the service currently provided by BCC in house service would be between £39,137 (34% less than their current unit) and £43,051 (40% less than their current unit cost).

It is recommended that option 3 is approved.

7. Consultation and scrutiny input:

- 7.1 Over the last few years the council has been designing and implementing a home care strategy to improve the way that all different types of home care are delivered. This process began in 2013 and in 2014 a significant consultation exercise was undertaken that looked at all aspects of home care. The findings of this consultation have been used to influence the changes to different elements of home care services (one of which is out of hours care).
- 7.2 This consultation also obtained the views of key stakeholders (Members, health colleagues etc) and the focus of this work was to establish requirements of these services that were most important to the people that received them. The consultation then moved on to understanding how the services had to be commissioned, arranged and delivered in order to meet these requirements.
- 7.3 It was decided to undertake a single, wide ranging and comprehensive consultation exercise. This was to ensure that all aspects of the home care strategy could be discussed and designed together and to avoid repeatedly asking the same questions of the same people for each element of the home care commissioning arrangements.

Internal consultation

- 7.4 Elected Members: Consultation has taken the form of discussions with the Assistant Mayor, attendance at the relevant Scrutiny Commission and briefings for all Members.
- 7.5 Staff: DLT (People) and other key managers have been kept informed of the changes being planned for the commissioning of home care services. This message has been provided through regular staff communication channels (e.g. The Source) and specific engagement sessions have taken place with key staff in the People Directorate, especially those directly involved in assessing service user's needs and arranging services on their behalf (e.g. Care Management Team Managers).
- 7.6 During the formal 12 week consultation period, 3 separate events were held across Bristol. In total, over 100 council staff provided direct contributions to inform the home care commissioning arrangements, mainly from those people working most closely with service users.

External consultation

- 7.7 During the consultation and in the lead up to the production of this report, events were held for service users, carers, and members of the public. This included 13 specific consultation events 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 the council's plans and their thoughts on what should happen. In addition, the proposals have also been shared and discussed with Partnership Boards, VOSCUR, The Care Forum, Bristol Older Peoples Forum, and the Quarterly meeting of The Supported Housing for Older People.
- 7.8 There was awareness raising across the city at the time of the consultation, which focussed on what the proposals were and how people could provide their feedback. This was done through press releases, 'Ask Bristol' e-bulletin, Health Watch, WellAware, Facebook / Twitter, 'Our City' newsletter and a local radio broadcast. Posters promoting

the consultation were displayed across the city in council offices, GP surgeries and libraries. Copies of the feedback survey have been distributed at libraries and by staff in the People Directorate.

7.9 The council also produced a survey to obtain direct 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 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) council staff and iv) other interested parties and member of the public. In total, 100 surveys have been completed by service user and carers.

7.10 There has been direct contact with care providers in relation to these proposals, through individual discussions and Home Care Provider Forum meetings.

Results of the Consultation

7.11 Key themes from 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	Very important to service users to get their service when 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.

7.12 Key themes from 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.

8. Risk management / assessment:

FIGURE 1							
The risks associated with the implementation of the (subject) decision :							
No.	RISK	INHERENT RISK		RISK CONTROL MEASURES	CURRENT RISK		RISK OWNER
		(Before controls)			(After controls)		
	Threat to achievement of the key objectives of the report	Impact	Probability	Mitigation (ie controls) and Evaluation (ie effectiveness of mitigation).	Impact	Probability	
1	Potential for the price paid for these services to remain stable,	High	Medium	Price parameters included in tender	High	Low	LG

	or even increase. This will impact on overall savings.						
2	Low engagement from the market and few if any provides for these contracts This may mean the council cannot re-commission these services	High	Medium	There has been and will continue to be significant discussions with providers about the key elements of the home care commissioning arrangements. These are well understood and have attracted interest from many providers wishing to be involved.	High	Low	LG

FIGURE 2							
The risks associated with <u>not</u> implementing the (subject) decision:							
No.	RISK	INHERENT RISK		RISK CONTROL MEASURES	CURRENT RISK		RISK OWNER
		(Before controls)			(After controls)		
	Threat to achievement of the key objectives of the report	Impact	Probability	Mitigation (ie controls) and Evaluation (ie effectiveness of	Impact	Probability	
1	Inconsistent service quality. There would be no way of addressing this situation under the current arrangements	Medium	High	Apply full quality assurance process to both in-house and external provision. Work with Kumari to establish standards	High	Medium	LG
2	Lack of formal contractual relationship may impact level of care currently provided externally and may result in increased prices	High	Medium	Market engagement. Negotiate stable rate and contract full, current provision with Kumari	Medium	Medium	LG

9. Public sector equality duties:

Public sector equality implications:

9.1 A full Equality Impact Assessment was carried out as part of the overall changes to home care services and is attached as an appendix to this report.

10. Eco impact assessment

10.1 A full Eco Impact Assessment was carried out as part of the overall changes to home care services and is attached as an appendix to this report.

11. Resource and legal implications:

Finance

Financial (revenue) implications:

11.1 The savings in the report are a combination of 2015/16 delivered savings (£369k) and 2016/17 projected savings. Total project benefits are estimated at £435k which is within the savings range identified for this project of between £268k to £536k.

11.2 In order to deliver the savings it is essential that current staff within this service are redeployed into other roles to reduce the internal spend.

11.3 Assuming staff are redeployed, the award of contracts for this service is within current budget and provides a budget saving which is not part of the current medium term financial plan.

Advice given by: Michael Pilcher, Finance Business Partner (People Directorate)

Date: 17th May 2016

Financial (capital) implications:

11.4 There are no capital finance implications as a result of the recommendations in the report.

Advice given by: Michael Pilcher, Finance Business Partner (People Directorate)

Date: 17th May 2016

Comments from the Corporate Capital Programme Board:

Legal implications:

11.5 The reports recommendations are lawful.

Procurement

11.6 Home care services are 'light touch' services for the purposes of the Public Contracts Regulations 2015 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.

TUPE

11.7 There may be TUPE issues in connection with any change in service provider for the services currently delivered by Kumari, which will need to be factored into the procurement process.

11.8 TUPE may also apply if the Council's in-house service is transferred to an external provider. The Council should ensure that it complies with its obligations to inform and consult with affected employees. If TUPE does apply the Council must ensure that appropriate pension provision is in place for the transferring employees at the start of the new contract.

11.9 If staff working on the in-house service are to be redeployed within the Council or offered voluntary severance this may increase the costs to the service in the first year of the new contract.

Public Sector Equality Duty

11.10 In deciding whether to approve the proposals, the Cabinet must have due regard to the public sector equality duty, that is to the need to advance equality of opportunity between persons with "protected characteristics" and others. "Protected characteristics"

are defined by the Equality Act 2010 and the effect of the proposals on people with protected characteristics is explained in the equality impact assessment attached to this report.

Consultation

- 11.11 The Council is required to make fair and reasonable decisions. To ensure a decision is fair, the Council must consult with those affected. Principles of proper consultation have been developed through case law and can be summarised as follows:
- 11.11.1 It must consider carefully who should be consulted and how (linked to those who are potentially affected by the decision and should include those who are likely to support the proposals as well as those who are likely to object);
 - 11.11.2 Consultation must be at a time when proposals are still at a formative stage;
 - 11.11.3 Sufficient reasons must be given for any proposal to enable intelligent consideration and response;
 - 11.11.4 Adequate time must be given for consideration and response;
 - 11.11.5 The product of consultation must be conscientiously taken into account in finalising any proposals.
 - 11.11.6 Internal and external consultation has taken place as set out at section 4 of this report. The consultation undertaken has had due regard and is broadly compliant with principles set out above.

Advice given by: Kate Fryer, Solicitor
Date: 14th June 2016

Land / property implications:

11.12 N/A

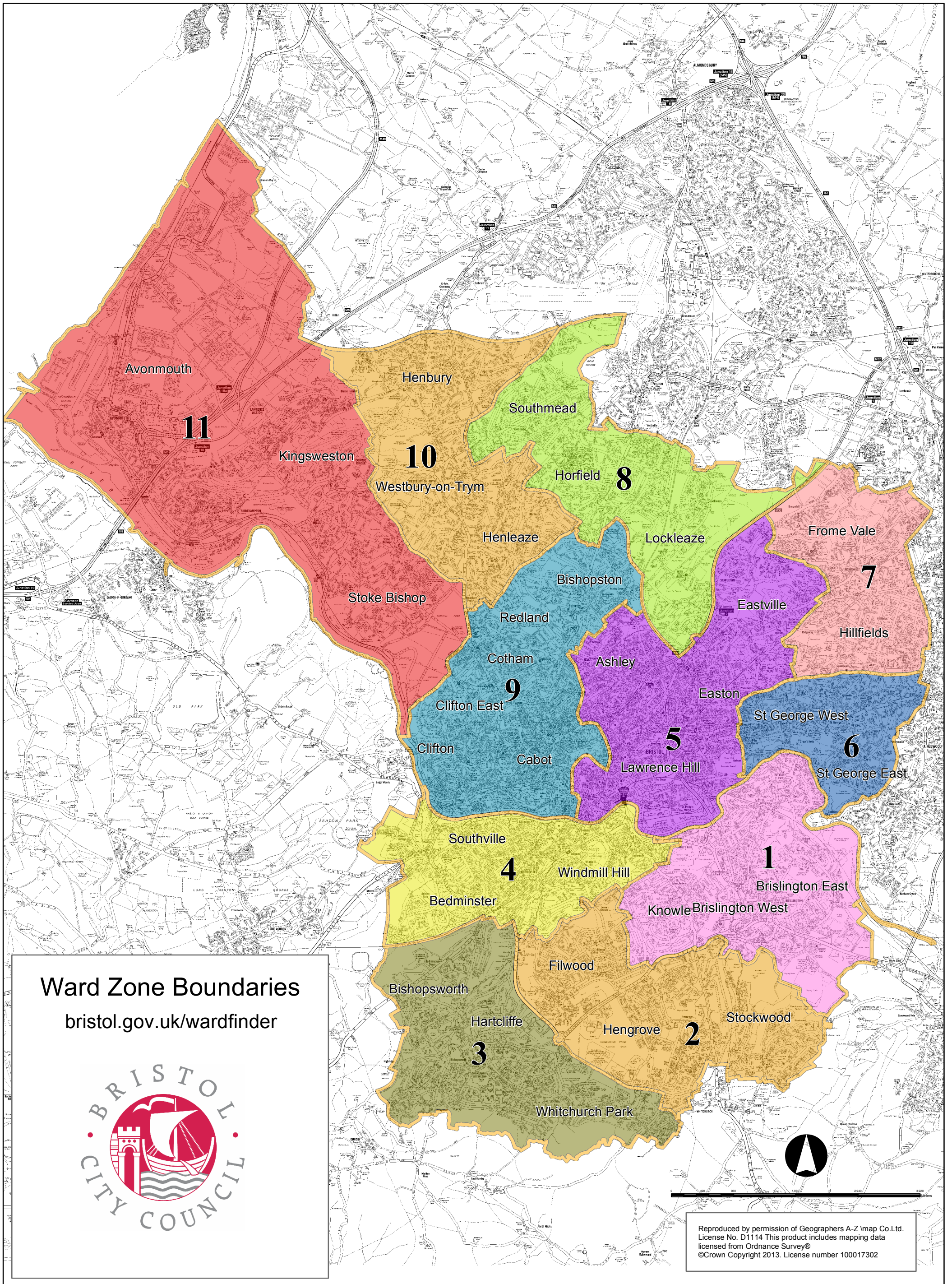
Human resources implications:

- 11.13 An in-house team currently provides out of hours care (amongst other out-of-scope out of hours services) to 14 service users totalling around 4 hours per night of delivered care. As it is recommended that out of hours provision is re-commissioned to an external provider, the provisions of TUPE will apply. However, Bristol City Council is working to either minimise or eliminate the impact of TUPE through Voluntary Severance or other measures.

Advice given by Alex Holly, HR Business Partner (Business Change)
Date 17th May 2016

12. Appendices:

- Appendix 1 – Map of zones (separate attachment)
- Appendix 2 – Equalities Impact Assessment (provided below)
- Appendix 3 – Eco Impact Assessment (provided below)



Ward Zone Boundaries
bristol.gov.uk/wardfinder



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Appendix 2 – Bristol City Council Equality Impact Assessment

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



Name of proposal	Commissioning of Out of Hours Home Care Services
Directorate and Service Area	People
Name of Lead Officer	Leon Goddard

Step 1: What is the proposal?

1.1 What is the proposal?

Out of hours home care relates to the care and support services delivered to people over 18 years old in their home between 22.00 – 07.00. This service operates every night of the year.

As of May 1st 2016, the council commissioned a total of 44.25 hours of care every night 309.75 hours per week for 112 people. The figures taken on this date provide a snapshot, but the numbers are relatively constant over time.

The type of care people receive varies as it is specific to their needs and situation. At the low end it would be a 15 minute visit a few nights per week to check on a person's wellbeing (typically for a short period soon after they leave hospital). At the high end it would be 2 x 30 minute visits every night around midnight and 04.00 to tend to their personal care and hygiene needs.

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 for 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.

Two providers will be commissioned to deliver out of hours care within the city; each provider will be responsible for one half of the city (known as the North and South 'Zones'). This model will replace the current single provider model which applies to commissioned out of hours care packages.

Summary of potential positive impacts:

Contributing to the 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.

Recognising that there will be times when service user will want choice and may have needs that are best met by an alternative provider, service users will always have the option to choose to take a direct payment.

Summary of potential adverse impacts

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

As with any proposal to implement 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?

2.1 What data or evidence is there which tells us who is, or could be affected?

The following Equality Data is taken from Controcc figures covering age, gender, disability and ethnicity, and are a true reflection of out of hours service users as at March 2016.

Out of Hours

Gender:

The table below shows a breakdown by percentage of the total number of men and women that received out of hours care, split by age banding. 61% of service users are women and 39% are men.

Age Group	Male	Female
Under 50	2%	2%
50-64	2%	5.5%
65-74	4.5%	8%
75-84	18%	18%
85+	12%	28%

Age Group	Male	Female
20-49	50%	50%
50-64	29%	71%
65-74	34%	64%
75-84	50%	50%
85+	30%	70%

The above table shows a breakdown in percentage of the number of male and female Bristol residents from the ages of 18 – 85+.

The two tables above highlight the over representation of women using out of hours home care, as the population figures from the 2011 ONS survey show a fairly consistent divide between men and women, although the proportions of women in older age groups in the Bristol population are higher than men.

Ethnicity:

Of all out of hours service users:
90.3% are White and 9.7% are BME
Of the BME service users;
4.3% are Black
1.1% are Indian
1.1% are Eastern European
3.2% are from other BME groups

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% (22% if we include White other which would include the Eastern European population). The age profile of most BME communities is younger than that of the White British Community. The exception to this generalisation is the African Caribbean community where a majority of Bristolians are aged over 40 rather than under 40 years old. The age profile of most service users for this service is nearly 90% of service users are over 65 years old. Therefore it is not a matter of concern that only 10% of service users are BME as this matches the ethnic composition of over 65s in Bristol.

The table below shows percentages of BME service users split by age.

BME by age	All Service Users	BME
Under 50	4.3%	2.2%
50-64	7.5%	0%
65-74	11.8%	0%
75-84	36.6%	5.3%
85 Plus	39.8%	2.2%

Disability:

Of all out of hours service users:
85% have a physical or sensory impairment, are frail or have dementia
13% have a Mental Health need
2% have a learning disability

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.

Sexual Orientation:

Of all home care service users:
72% are Heterosexual
28% preferred not to state their sexual orientation or were uncertain
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 but less than 1% of people have identified as being LGB. Stonewall estimates that 1 million people over 55 years old in Bristol are lesbian, gay or bisexual. Out of hours services

will need to provide services for people who are in same sex relationships and have good relationships with LGB primary carers for whom the OOH service is offering respite

Religion:

Of all service users:

67.7% are Christian

8.6% are Christian-Roman Catholic

13% have no stated religion

10.7% are Jewish, Sikh, Muslim or Other

It should be noted that the data above 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>

These figures indicate that people of faith are over represented amongst service users which is commensurate with the older age of the service user group.

2.2 Who is missing? Are there any gaps in the data?

There are gaps in the in-house service user data as this is not currently recorded on our financial records. Data relating to the 14 service users currently receiving in-house provided out of hours care will be obtained from relevant service user care plans ahead of the tender process, however there are gaps where some of the information is not recorded.

2.3 How have we involved, or will we involve, communities and groups that could be affected?

Consultation events for home care services took place throughout Bristol. Some questions related to the out of hours service and most recommendations are relevant for day time and night time services.

Venues for the consultation were chosen because of their geographical location and for accessibility. The table below lists the events. 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	Posters and Surveys

Libraries	
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 surrounding home care services 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 results were previously shared on the Better Home Care for Bristol Consultation page in the format of "You Said, We Did" ahead of the Home Care main provider tender launch. This information was shared in poster format in all Bristol City Council Libraries, in all venues where events were held and in an email / letter 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.
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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?

3.1 Does the proposal have any potentially adverse impacts on people with protected characteristics?	
ALL - Not all service users will be able to benefit from an out of hours home care service that focuses on improving or maintaining independence as some may not be able to do this.	However where OOH services are required, the providers need to ensure differential needs can be met. The Proposal may help to bring new opportunities by commissioning Providers who are able to work creatively with Service Users.
Age Providers may not focus on identifying outcomes which they view more suitable for younger Service Users.	Each individualised Support Plan will identify the outcomes needed and providers need to achieve these
Disability Providers may not have necessary expertise to support all disabled Service User's.	Social workers will be encouraged to ensure that the assessment of service users' needs/outcomes is suitable for LD or ASD service users. Providers will need to demonstrate during the tender process that they do have these skills.
Ethnicity 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 provider for their geographic zone. Providers will be asked to deliver an innovative service, which may open up new opportunities for Service User's from different ethnic communities.	Both north and south providers will be required to demonstrate ability to work sensitively towards varying ethnic groups of service users during the tender process. Improvements in the terms and conditions of all out of hours care staff should attract more BME staff.
Gender The proposal may help increase the number of men taking up out of hours homecare services if the focus is on supporting independence instead of relying on care. It is	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.

<p>hoped that by creating two Zones, the travel time of staff who are mainly women will be greatly reduced.</p>	<p>The focus on independence is supported by service users from all groups. Improvements in the terms and conditions of all out of hours care staff should attract more male staff.</p>
<p>Religion and belief</p> <p>Through creative and innovative service provision from commissioned Providers, service users may experience increased opportunities to practice and share their religion. Initial assessment informing the service users care plan will address relevant religious beliefs.</p>	<p>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.</p>
<p>Sexual orientation</p> <p>At night time same sex couples will need to be able to be 'out' to home care providers</p>	<p>Successful providers will need to positively promote their services to be gay friendly to ensure LGB people are confident to use the OOH service. Essential awareness and understanding of the LGBT groups in the target population will form part of the service specification.</p>
<p>Carers</p> <p>The focus on Providers delivering support which helps to achieve service user's outcomes may result in improved outcomes for their carers too.</p>	<p>Providers will be required to be more flexible, where possible, than at present and adapt to the needs of the service users and carers.</p>

Step 4: So what?

<p>4.1 How has the equality impact assessment informed or changed the proposal?</p>
<p>The feedback received about the importance of culturally appropriate services will be addressed in the tendering, planning and delivery of services. The tender process will be designed to ensure providers can deliver differentiated services.</p>
<p>4.2 What actions have been identified going forward?</p>
<p>Promote equality of opportunity – Providers need to actively promote their services are welcoming to BME, LGBT and male service users. Eliminate discrimination – There is a need to ensure not only that 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 LGBT 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.</p>
<p>4.3 How will the impact of your proposal and actions be measured moving forward?</p>
<p>Clear policies will be expected of commissioned providers who will also be expected to</p>

report against compliance.

Service Director Sign-Off: Mike Hennessey – Service Director (Care and Support – Adults)	Equalities Officer Sign Off: Anne James - Equality and Community Cohesion Team Leader
Date: 17/05/16	Date: 16/05/16

Appendix 3 - Eco Impact Checklist

Title of report: Out of Hours Home Care				
Report author: Leon Goddard				
Anticipated date of key decision 22 June 2016				
Summary of proposals: For BCC to re-commission out of hours home care, appointing one or more external providers to deliver care within two separate, distinct geographic zones within Bristol (North and South).				
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	Travel across the city associated with assessments and service delivery will emit carbon dioxide.	Council social care teams and service providers will produce Travel Plans that incorporate sustainable travel choices and travel reduction strategies. Use of two distinct geographic zones will enable localisation of service provision and reduce travel time.
Bristol's resilience to the effects of climate change?	Yes	+ive	Support and enablement of service users may have a positive impact on the resilience of service users to extreme weather events.	Business continuity needs to be considered, to ensure that the provider(s) are able to travel to deliver the service during extreme weather events, such as flooding.
Consumption of non-renewable resources?	Yes	-ive	Travel across the city associated with assessments and service delivery will use fossil fuels.	See mitigation measures for Emission of Climate Changing Gases.
Production, recycling or disposal of waste	No			
The appearance of the city?	No			
Pollution to land, water, or air?	Yes	-ive	Travel across the city associated with assessments and service delivery will emit pollutants and noise.	See mitigation measures for Emission of Climate Changing Gases.
Wildlife and habitats?	No			

Consulted with:

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

This key decision to recommission the out of hours home care service as an outsourced service in two lots does not inherently introduce any significant environmental impacts.

Service delivery will require travel around the city, but the hours of operation will mean that there will be minimal impact on traffic congestion, but more potential for noise disruption than during the day. Air quality impacts will be similar to daytime service delivery, since free flowing traffic and fewer people outside is balanced against lower night time wind speeds dispersing the pollution.

The use of two geographic zones in the city, pre-planned routes and effective travel plans agreed by the council teams and the service provider(s), should mitigate these impacts by minimising travel distances. Travel distances and the resilience of the service to localised disruption (such as flooding) will depend on number and locations of providers, service recipients, and the modes of transport used.

The procurement process and travel plans should include mitigation measures for travel distances, noise, pollution, and the resilience of service delivery in order to mitigate these impacts.

The resilience of the vulnerable people they visit and support to extreme weather events may be enhanced, depending on the nature of services provided to individuals.

The net environmental impacts are not significant for the proposal to improve service provision, but may be positive for service delivery (compared to existing service delivery), if travel impacts are well mitigated.

Checklist completed by:

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Extension:	9224459
Date:	17/05/2016
Verified by Environmental Performance Team	Giles Liddell