

**9<sup>th</sup> September 2013****Agenda Item: 7****REPORT OF THE SERVICE DIRECTOR FOR JOINT COMMISSIONING,  
QUALITY AND BUSINESS CHANGE****TENDER FOR HOME BASED CARE AND SUPPORT SERVICES****Purpose of the Report**

1. To advise the Adult Social Care and Health Committee of the national and local policy drivers relating to home based care and support services.
2. To inform the Adult Social Care and Health Committee of the work undertaken, in preparation for the re-tendering, to review existing services in accordance with the Council's commissioning strategy to enable people to remain living independently in their own home for as long as possible.
3. To request that the Adult Social Care and Health Committee recommends the proposed tender of home based care and support services be taken to Council for approval.

**Information and Advice****Current Home Based Care and Support and Extra Care Services**

4. The Council currently contracts with 30 Domiciliary Care providers for the delivery of home care services across the County and these contracts are due to end on 31 March 2014. Additionally, there are currently 7 separate extra care housing schemes within Nottinghamshire with a total of 3 providers delivering the care and support services within these settings and these contracts end in March 2014.
5. The total spend on home care for older adults is approximately £15.24 million per annum with approximately 2,750 service users receiving a service at any one time and the delivery of approximately 21,364 hours of service provision by independent sector providers per week. In addition, there are costs of approximately £800,000 per annum relating to staff who arrange and oversee each of the care packages and for staff who monitor the services, and IT costs of approximately £344,508 per annum for running the current electronic monitoring system which is used to determine payment to the providers.

**Current National and Local Policy Drivers**

6. There are a number of key policy developments and drivers impacting on the care market nationally and on the delivery of home care services. The Institute of Public Care (IPC), Oxford Brookes University, has recently issued a report on an evidence based review of the home care market '*Where the heart is...a review of the older people's home care market in England*', October 2012. The report highlights a number of issues that are shaping the way home care services need to be delivered.
7. Some of the key policy drivers include:
- **Implementation of personalisation** - local authorities are required to ensure that service users and carers have more choice and control over the services they are able to access and the way in which the services are provided. Choice and control should not just be limited to those people who have a Direct Payment and who manage their own care but should also extend to those service users who request or require the local authority to arrange and manage their care package on their behalf.
  - **Outcomes** - one of the key components of personalisation is that services are delivered in a way which meets the identified outcomes for each service user. Currently, home care services are commissioned on the basis of the tasks that need to be completed to meet the service users' assessed needs. Providers are paid for the service they deliver based on the time the care workers spend each week delivering the care to the individual. This is a national approach with the majority of local authorities arranging their contracts in this way but as outlined in the IPC report, there is a call on local authorities to commission services, and to pay providers, for the outcomes they achieve for service users and carers.
  - **Reablement** - there is evidence nationally that where, following a period of illness, people are supported to regain and retain their independence they are less likely to need long term care services or only require a reduced amount of care. Local authorities are working with the NHS to ensure that they commission services which help people to retain their independence
  - **Demographic changes and the need for specialist and complex care** - as more people are helped to live at home for longer and given the demographics of an increasingly ageing population, there is an increase in the need for large and complex packages of care including health care services, end of life care and dementia care being delivered in people's own homes.
  - **Hospital avoidance and early discharge** - the NHS and local authorities are developing a range of community based services and initiatives to prevent the need for people being admitted to hospital and

to ensure that people are discharged from hospital at the earliest opportunity

- **Workforce development** – there is wide recognition that good quality care services require investment in a skilled and trained workforce which is motivated and well supported. Generally, care workers are paid at the national minimum wage and are often employed on ‘zero hour’ contracts with no guaranteed hours. This means that providers are unable to retain staff and this adversely impacts on their ability to deliver good quality services consistently. Last year the Equality and Human Rights Commission produced a report, ‘Close to home: an inquiry into older people and human rights in home care’ which recommends that local authorities should ensure that the way in which services are commissioned, procured and monitored, adheres to the Human Rights Act. This includes ensuring that services are provided in a way which promotes and maintains dignity with service users having some level of consistency in the care staff that deliver their care.
- **High quality care services** - In addition to the above, the Care Bill requires councils to ensure that there are high quality social care services available within the local market to meet people’s care needs.

### **Local issues impacting on the delivery of home based support services**

8. In awarding a framework agreement to 30 providers through the previous home care tender in 2008, it was anticipated that this would result in service users having a wider choice of services. The 30 providers deliver home care services to people who require the Council to arrange and manage their care and support package on their behalf. However, detailed analysis of existing home based support services commissioned by the Council shows that over 60% of the services are being provided by just seven of the 30 contracted providers, with two of these providers delivering approximately 30% of the services across the County.
9. It is also important to note that whilst the Council has contractual arrangements with 30 providers, there are approximately 70 home care agencies registered with the Care Quality Commission (CQC) within Nottinghamshire. Approximately 40 or so of these agencies are small local providers who have not sought a contract with the Council because they focus on delivering services to people that are self funding or people who arrange and manage their own care through a Direct Payment.
10. The Council needs to ensure that service users can exercise choice whilst ensuring value for money and, at the same time, ensuring sufficient capacity and good quality care and support services within the local market. Service users can exercise choice in a number of ways. The advent of personal budgets means that service users can either have a Direct Payment in which case they can exercise choice by arranging care with whomever they choose. However, their choice will be constrained by the Council’s financial allocation for a particular type of service based on an assessment of what the service would

reasonably cost. Alternatively, service users can influence the way in which their personal budget is spent but ask the Council to arrange their care through its normal contracting processes. This is known as having a 'managed service'.

11. In some areas of the County, the contracted providers are able to offer sufficient home care capacity to meet the needs of people who request or require a managed service. However, in other parts of the County, particularly in rural areas, the contracted providers are often not able to meet the demand for services especially where people have complex needs and/or require a large package of care. As a result of insufficient capacity amongst the contracted providers, many service users have taken the option of a Direct Payment and have made their own care arrangements with agencies that are not on the Council's framework agreement and frequently this is at a higher hourly rate. The lack of capacity amongst the Council's contracted providers has meant that services arranged by service users through Direct Payments are more costly than those commissioned directly by the Council.
12. Since the last tender in 2008, the service requirements have changed significantly arising from changing needs such as the need for dementia specific services and for higher dependency services. There has been an increase in the number of people living in their own homes who meet NHS Continuing Health Care eligibility criteria and who require health and social care and health care services that are commissioned directly by health staff. Also, as more people choose to remain at home at the later stages of life, there has been an increase in the need for end of life services which frequently need to be accessed with short notice.
13. As a result of increasing demand for home based support services, including the need for complex care packages, the existing contractual arrangements are no longer enabling the Council to commission services in the most efficient and cost effective ways. The main issues include:
  - providers continue to employ their staff on 'zero hour' contracts with no secure or guaranteed number of hours of employment per week and consequently many providers experience a high turnover of staff impacting on their ability to consistently deliver good quality services
  - as the providers operate over large geographical areas, they focus their recruitment on people that are car drivers and who have access to a car, thereby limiting their pool of potential care workers, again impacting on their ability to employ sufficient levels of staff
  - as providers are paid on the basis of the time the care workers spend with service users, there is little incentive for them to assist people to regain and maintain their independence and in the longer term to reduce the need for the services. Rather than promoting independence, this perpetuates a culture of dependency
  - providers are selective about which care packages they are willing to take

- productive and effective working relationships are difficult to achieve with such a large number of providers
- there are insufficient joined-up commissioning arrangements with health colleagues for health funded or jointly funded care packages in peoples' own homes
- outcomes for service users are difficult to evidence and monitor
- there are high internal costs within the Council in arranging the care packages, overseeing the contracts and monitoring the quality of services

### **Future commissioning of home based care and support and Extra Care services**

14. In preparing to re-tender the home based support services, a comprehensive review has been undertaken with staff from the Improvement Programme and Corporate Procurement to consider how any new contracts may be configured so that they most appropriately meet outcomes for services users and carers whilst at the same time delivering annual savings and efficiencies of £865,000. This review has included:

- discussions with service users and carers about their experiences of existing services and about what they think is important in the nature and delivery of home based support services
- an analysis of the strengths and weaknesses of the current service model
- forecasting future demand
- analysis of the options for achieving cost efficiencies both in terms of provider unit costs and internal transactional costs
- work with Health partners to plan a joint procurement of home based services in order to meet the needs of people who require health care services including end of life care
- a review of the emerging picture of how home based services and extra care services are being modelled elsewhere in the Country
- consulting with providers about their experiences of working with other local authorities and about how the local market can continue to be stimulated to enable small local organisations to provide services to self funders and for service users who arrange and manage their own care services through Direct Payments

15. In evaluating current and future requirements, consideration has been given to the following:
- Further developing the range of services including the availability of 24/7 care services which help prevent avoidable hospital admissions and which facilitate prompt hospital discharges – measures are already being put in place to ensure that people are not admitted into residential or nursing care unavoidably as a result of inappropriate or unnecessary admissions to hospital. This is of equal benefit to the NHS in that it enables funding to be diverted away from acute settings to be reinvested in appropriate community based care and support services which are jointly commissioned by the NHS and the Council
  - harnessing opportunities for further joint commissioning arrangements with GP led Clinical Commissioning Groups
  - ensuring there is sufficient capacity within the market, with a stable, competent and well trained workforce, to deliver services to people who have multiple or complex health and social care needs including dementia care and end of life care
  - seeking a more stable market of home care providers who are able to deliver affordable, consistent, high quality services
  - enable providers to undertake person-centred support planning in order to ensure the services they provide are personalised which meet the outcomes identified by service users and carers
  - supporting more people to take control of their own care arrangements wherever possible through the use Direct Payments and through the most cost effective means
  - ensuring service users and carers are provided with a faster and more responsive service as a result of streamlined internal processes and reduced bureaucracy.
16. One of the key priorities for the Council is to divert people away from residential and nursing care and to help more people to remain at home for longer. In order to support this, it is imperative that there is sufficient capacity to enable people to be supported within their own homes.
17. As outlined in paragraph 7 above, one of the key policy drivers has been the development of reablement services to ensure that people are helped to regain and retain their independence. These reablement principles will be built in to the services commissioned from independent sector providers to ensure that service users continue to be helped to regain their independence throughout the time that they require the care and support service.

### **Delivering services more efficiently and effectively**

18. An options appraisal has been completed to determine the best means of securing high quality home based support services which meet outcomes for service users and carers and which at the same time are efficient and cost effective. As indicated above, this options appraisal has included visits to, and discussions, with other local authorities to see which are most successful in ensuring there are appropriate levels of service available, including in large rural areas. The benchmarking shows that capacity is increased where providers have high concentrations of work in a specific geographical area.
19. Detailed discussions have been held with local authorities where they have implemented a model of a reduced number of providers each concentrating in specific geographical areas or zones. These local authorities were asked specifically about the experiences of service users and carers both prior to and after the changes that were implemented through their procurement and contractual arrangements. In all of the cases, the local authorities stated that they had received customer feedback which demonstrated significant improvements in the quality of the services. The improvements were realised as a result of:
- service users and carers being involved in the development of the service model and service specification
  - service users and carers being involved in and informed of the changes throughout the transition from the previous model of service delivery to the new model including supporting service users to access Direct Payments
  - services which were more flexible because they are negotiated with service users and carers on an on-going basis rather than being fixed at the point of the services first being agreed
  - better trained and better motivated care staff resulting in consistency of staff
  - continuous improvement as a result of formal mechanisms for service user and carers involvement not only in the selection of providers but also through active engagement with providers on a regular basis
20. Representatives of the Corporate Procurement team have been directly involved in the review of the home based support services and their advice is that the Council should give serious consideration to adopting a structure that limits the number of providers to one per geographical zone, with a maximum of one per district/borough or similar sized area.
21. This model offers opportunities for lower prices based on economies of scale. In essence any provider will have a level of fixed costs i.e. overheads and management costs that must be covered regardless of the volume of work undertaken. A certain volume of work is therefore required to break even, covering both fixed and variable, predominantly staff, costs. Beyond this 'break even' level, variable cost increases are not relative to value and increased

volume provides greater opportunity for profit and thus the flexibility to reduce profit percentage and offer reduced prices. Conversely, where a number of providers are utilised, all requiring a 'break even' level of work, there is less ability to offer price reductions.

22. This approach also offers potential for greater efficiencies for both providers and for the Council as follows:
- a more robust relationship between the Council and providers because it enables
    - better use of Council resources
    - greater and more pro-active involvement
    - earlier awareness of any difficulties or quality issues and quicker resolution
    - greater sense of working in partnership, with opportunities for providers to have genuine involvement in service development and being more willing to share ideas as they do not need to compete with one another
  - increased stability for providers with the guarantee of all services arranged on behalf of service users within their area
  - providers are able to offer fixed hours contracts for staff (or part fixed/part variable), improving staff recruitment and retention
  - locally based 'runs' reducing reliance on drivers and offering opportunities for care workers to walk/cycle thereby increasing the potential pool of staff
  - sufficient opportunities for smaller and/or specialist providers to deliver services for people that are self funders or who have a Direct Payment
23. Corporate Procurement staff also recommend that consideration is given to include incentives within contracts for example for reablement, where providers are able to reduce the level of care and support required by individual service users because they have successfully been able to help them to manage more independently.
24. As indicated in paragraph 5 above, there are internal costs of approximately £800,000 per annum in the arrangement and day to day management of the services and in the monitoring and quality assurance activities in relation to the 30 providers on the framework agreement. In reducing the number of providers, the Council would be able to streamline processes including individual commissioning arrangements and quality monitoring activities and in doing so deliver significant efficiencies by reducing the number of staff involved in arranging and overseeing the services.
25. Further consideration has also been given to the measures that are required to ensure service users and carers are able to exercise choice about the services



that they receive and to ensure that choice of providers is not limited to just those providers with whom the Council has a contract.

26. It is proposed that the Council continues its work to support the development of a diverse local market of care and support providers. This is being achieved through a number of initiatives including:
- continuing with the progress made to date to support the development of micro providers – over the past 3 years a total of 57 micro providers have been supported to become established and they are providing care and support to over 860 people
  - further support to the accreditation of Personal Assistants
  - helping people to use a Direct Payment to commission services directly from providers at an hourly rate which offers value for money
  - development of 'Choose My Support', a web-based directory providing information to people about the range of services and service providers operating across the County
27. The above initiatives will enable the Council to ensure that there is sufficient capacity in the market to meet the needs of service users who request or require a managed service. This will also enable the Council and its health partners to ensure there is sufficient capacity which is readily available to meet urgent care needs which help prevent hospital admission and which facilitate prompt hospital discharges, including for people who have complex health and social care needs requiring large and/or specialist packages of care. At the same time, the Council would continue to support a diverse range of smaller providers who want to concentrate on providing a lower volume of service, contained within their local community.
28. As indicated above, the existing contracts with home care providers have been extended for a 12 month period and are due to expire in March 2014. The Council will therefore be required to commence the tender process during the autumn in order to ensure sufficient time for the transition from the current to the new services.

### **Other options considered**

29. There is a legal requirement for the Council to undertake a re-tender of the home based support services. Consideration has been given to re-tendering for the same number of providers and to the option of opening up the framework agreement to include a larger number than the current 30 providers. However, as noted above, there are already approximately 70 home care agencies registered with the CQC in Nottinghamshire. Despite the large number of providers, this has not equated to sufficient capacity to meet increasing needs.

30. The Council has a duty to ensure that it commissions services in the best way possible to achieve high quality services which meet outcomes for service users and which at the same time provide value for money. Through discussions with other local authorities and in accordance with Corporate Procurement advice, it is clear that there is greater potential for providers to deliver services at lower cost where the contractual arrangements enable them to achieve economies of scale.

## **Statutory and Policy Implications**

31. This report has been compiled after consideration of implications in respect of finance, the public sector equality duty, human resources, crime and disorder, human rights, the safeguarding of children, sustainability and the environment and those using the service and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

## **Implications for Service Users**

32. In accordance with the wishes of service users and carers, more people are being supported to stay at home for as long as possible, and this includes people who have complex health care needs and/or are at the end of life. As such, it is imperative that through its contractual arrangements with providers, the Council is able to commission high quality services, and cost effective services, delivered by a well-trained and motivated workforce, and which are flexibly arranged to best meet the outcomes identified by service users and carers.
33. As indicated above service users and carers state that it is more important for them to have choice and control about the ways in which the services are delivered than to have a choice of different providers. As such, the providers will be required to deliver person-centred support planning so that their services are determined by the outcomes identified by service users and carers.
34. As well as awarding a framework agreement to a number of providers, the Council will continue to develop and support a diverse market through on-going work with micro providers and with the accreditation of Personal Assistants in order to ensure that there are a range of options for people who want to arrange their own care through the use of a Direct Payment and for self-funders.
35. Staff from the agencies that do not win the contract will have the option to move to the successful provider. The Council will work with the agencies to transfer staff if required, so there is minimum disruption to service users.

## **Financial Implications**

36. The new contracts may be configured so that they most appropriately meet outcomes for service users and carers whilst at the same time delivering annual savings and efficiencies of £865,000.

## **Equalities Implications**

37. The home based support services to be commissioned through the proposed tender process will seek to meet the needs of the most vulnerable adults and older people in Nottinghamshire. The Council is seeking to ensure that people who require a managed service have the same opportunities to access personalised services.
38. The revised service specification will enable the Council to change the way in which individual services are commissioned so that they are not based on fixed tasks but are flexible and are tailored to meet the outcomes identified by service users themselves and by their carers.
39. As well as undertaking consultation with service users and carers, an Equality Impact Assessment has been completed. This will be reviewed following the tender process and in advance of the implementation of the new contracts.

## **Human Resources Implications**

40. As outlined in paragraph 22 above, through the reduction in the number of contracted providers, the Council will be able to reduce the numbers of staff that are required to arrange and oversee the services and to monitor the providers, thereby reducing the internal costs. The reduction in posts will be phased over a 12-18 month period to enable full implementation of the new contracts as of April 2014. Post reductions will be managed through existing vacancies and voluntary redundancies or through redeployment opportunities wherever possible.
41. The Trade Unions have been consulted and have raised some concerns about the implications for employees; these will be discussed with them further as the full details are established.

## **RECOMMENDATION/S**

It is recommended that the Adult Social Care and Health Committee:

- 1) Notes the work undertaken to review existing home based care and support services and to plan for the re-tender of these services.
- 2) Recommend that the proposed re-tender of home based care and support services is taken to Council for approval.

**CAROLINE BARIA**

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**Constitutional Comments (NAB 20/08/13)**

42. The Adult Social Care and Health Committee has the authority to consider and approve the recommendations set out in this report by virtue of its terms of reference.

**Financial Comments (CLK 19/08/13)**

43. The financial implications are contained within paragraph 36 of this report.

**Background Papers**

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

- a. 'Where the heart is: a review of the older people's home care market in England', October 2012.
- b. Close to home: an inquiry into older people and human rights in home care

**Electoral Division(s) and Member(s) Affected**

All.

ASCH148

### Consultation

Extensive consultation has been undertaken throughout the project as follows:

**1 Service Users and Carers:**

In March 2012 a full day event was held with service users and carers called 'Working Together for Change'. A second event was held in March 2013 to consult with service users, residents and staff from the existing extra care schemes across the County (see Appendix B). In March 2013 a presentation was given to the Involvement Group (set up to provide a service users and carers expert viewpoint on social care services) with feedback being sought on specific areas of home care delivery. A follow up meeting was held in April 2013, with a small group of carers, which focussed on ways to improve services.

**2 Staff:**

An on-line survey was undertaken using 'Survey Monkey' to ascertain views and experiences from staff about the way in which home care services are currently arranged, delivered and monitored. A total of 133 staff responded to the survey. One of the key issues identified from the survey was that staff felt a wider and more flexible range of home based support services would benefit service users to help them to live at home.

**3 Current Home Care Providers:**

Between December 2011 and July 2012 providers were invited to discuss their own experiences of providing home care services in Nottinghamshire and also in other parts of the Country as relevant. These discussions were facilitated at Provider Forums, at specific workshops, through a survey and in meetings with individual providers. Eight providers responded to the survey and a number of organisations preferred to give their views through individual meetings. In July 2012 the Corporate Procurement team held a number of 'Becoming Tender Ready' events to brief and support existing Providers about how to submit a good completed tender pack.

**4 Benchmarking Site Visits:**

Three site visits were undertaken in order to consider the models of service operated by other local authorities and to evaluate how effective they were in meeting service users' needs as well as the commissioning intentions of the local councils. These visits also included talking to the Providers who had been awarded contracts to identify their views as to how well things were working in practice.

**5 Existing and Potential Care and Support Providers:** Two 'Market Sounding' events were held in June 2012 as a means of engaging with the wider market about current services and potential future plans. The Council's commissioning intentions were shared with the Providers along with the key local and national drivers affecting care services. Two further events were held in January 2013

(to develop the approach to ensuring outcomes for service users are met) and July 2013 (to further develop the service model and service specification)

## **Appendix B**

### **1 Interviews with service users and carers**

A series of interviews were held during December 2011 to February 2012 with a total of 32 service users and carers. The service users and carers were selected randomly from various parts of the County including rural and non-rural areas, and the interviews were conducted in people's own homes. A questionnaire was used during the interviews to help ensure a consistent approach. Some of the comments received from service users and carers are listed below:

- "Having continuity of care, knowing that the majority of the care staff that visit, we have seen before"
- "Things don't always go well when the carers they send in are youngsters that don't understand my needs and when those that come are poorly trained and don't understand what to do"
- "There is no one around to help me during the night."

### **2 Working Together for Change – Full Day Events with Service Users, Carers, Residents, Staff and Home Care Providers**

Two full day events were held in March 2012 and March 2013 with service users and carers together with Nottinghamshire County Council staff and home care providers. The first event focussed on people in receipt of home care services living in their own homes and the second event focussed on service users and residents of the current extra care housing schemes across Nottinghamshire. The purpose of the events was to look in more detail at the information that service users, carers and residents had provided in their one-to-one and group interviews about their own experiences in relation to the services they were receiving. It was also to seek service users and carers' input into developing the service specification for the new services to be commissioned through the tender. This means of service user and carer involvement has been used in other local authorities and is recommended by the Department of Health as 'best practice'.

The event included looking at what service users and carers had said during the one to one interviews about their personal experiences, including considering what they felt was good and what wasn't good about their services. The groups then looked at the reasons why things weren't working well and what would need to change to ensure the services they received would enable them to remain living in their own homes.

The things that service users and carers identified as being important to them were consistent across both the events and included being confident in the ability of care workers to deliver their care and in getting a reliable service, including at weekends. Service users and carers placed greater value on being able to have a choice about the range of services available to them and stated that it was less important to have a choice of providers. Whilst service users stated that there were a lot of positive elements to current services, they did express concerns about specific matters including the lack of flexibility in the ways in which the care was provided, frequent changes in care staff, and care staff not being trained. Some of the comments are outlined below:

- “For care staff to have good communication skills and for the agency I have to provide the current level of care, or better”
- “There should be more flexibility and better trained staff”
- “We would like to get the service we want not what people think we need”
- “A rapid response service would be good.... and to have someone at the end of the phone who I could call to help me if I needed it would be good”
- “A more flexible service – not always sticking to task orientated care plans”
- “We would like to get good support when we need it”
- “We would like more control over the way services are delivered to us”
- “We would like to get feedback on what has changed as a result of what we have said”

The information gathered from the interviews with service users and carers and the main issues that were being raised at the half day event, was used to help develop the new service specification. This included extending the range of services which people said would enable them to stay at home for longer and help achieve the outcomes that were most important to them.

**Benchmarking Information from other Local Authorities**

**1 Wiltshire County Council**

There has been much interest nationally in the home care services being provided in Wiltshire which are based on outcomes that have been identified by service users through their needs assessment and support plans. Wiltshire County Council covers a large geographical area including rural areas and had historically experienced difficulties in having sufficient capacity to meet demand for home care services even though they had contracts in place with over 70 providers. They tendered for an integrated service which included reablement and home care services, Extra Care and other preventative services such as Assistive Technology, to support people to live independently in their own homes. The Council awarded contracts to 4 providers, each covering one part of the County.

The Council engaged with service users and carers to identify what they wanted from their home care services and they then used this information to design a range of services that were based on these priorities. They state:

“One of the key points made by customers is that they wanted choice over what happened when a worker delivered a service to them but were not concerned about having a choice over the organisation that delivers the service and that they found the current social care market was too complicated and difficult to navigate so they did not know where to get help.”

*Head of Commissioning, Wiltshire County Council*

Wiltshire County Council have a customer reference group of up to 40 service users and carers who were involved in the appointment of providers and who continue to be involved in managing the contracts. Representatives from this group contact other service users on an individual basis to seek their views on the services being delivered, arrange meetings for service users and carers and work with the providers to obtain feedback and encourage change in response to that feedback.



In terms of the impact of the changes on service users, Wiltshire County Council reports significant improvements in the quality of care services which are as a direct result of the way in which they have contracted with providers, including the on-going and proactive work undertaken by their customer reference group.

## **2 North East Lincolnshire**

North East Lincolnshire has contracts in place with 5 providers, each covering one of their 5 neighbourhoods. They also have a further 4 other providers who are not guaranteed any hours but who are available to undertake any work where required. They report that over the past 18 months they have been able to address many of the difficulties they were having with capacity and quality because the providers themselves have formed strong and effective working relationships with each other. One of the key factors in improving capacity has been as a result of care workers being able to work close to where they live, which has enabled them to recruit people who do not own cars or who do not want to use cars for work. It has also reduced the amount of travel time between calls, which enables care staff to spend more time doing the work rather than travelling.

To ensure the views of service users are addressed, North East Lincolnshire has required their contracted providers to set up Consumer Panels. The Panels meet twice a year to look at the positives and negatives in relation to their services and to agree solutions to the issues. Overall, the Council has reported that service users feel more actively involved with and in control of the services they receive.

## **3 North Tyneside**

North Tyneside has operated a core provider model since 2008 and is due to retender the contracts this year. They originally had 14 providers and reduced to 6, one per district. When they re-tender they are going to continue with the same number of providers but alongside this they also intend to set up an accredited list of providers to enable more choice of providers within the local market.

As part of its user engagement strategy, North Tyneside has a Community and Health Care Forum which meets at regular intervals to inform how future services are delivered. Since implementing the new home care contracts, North Tyneside has found that the quality of services has improved, particularly in relation to increased capacity to meet the demand for services, more consistent care staff as a result of better retention, including increased number of care workers who are not car drivers.