

Northern Health and Social Care Trust Consultation on 'How we propose to purchase domiciliary care provided by non-statutory providers'

Mid Ulster District Council Response

Question 1: Do you agree with the reasons and the need for change outlined in the document?

Mid Ulster District Council welcomes the opportunity to respond to this consultation and understands the challenges and pressures faced by the health sector to deliver high quality domiciliary care within the community.

Council welcomes the Northern Trust's retention of the mixed economy of statutory and non-statutory provision in domiciliary care however, the consultation document does not provide details of the percentage of care delivered through statutory provision and that through non-statutory providers. Our view is that the Northern Trust has previously set a good example in domiciliary care provision due to the high level of care that is directly delivered by the Trust. This is in comparison to other Trusts with a higher percentage of privatised care who have faced significant care shortages. The Northern Trust model is perceived to be a better service model, with more statutory provision thus reducing the risks of service shortages. Council is concerned that the Northern Trust is moving towards delivery of a higher percentage of private provision and reducing the amount of statutory provision. Can the Northern Trust confirm the new percentage allocation of statutory provision to planned procured non-statutory provision?

Council accepts the reasons why the Northern Trust intends to change the procedures for purchasing domiciliary care provided by non-statutory providers. While this consultation exercise focuses on the internal mechanisms that the Trust will use to procure non-statutory providers, Council suggests that it would also be useful for the Trust to broaden the scope of this exercise by consulting the wider public on the quality of, and satisfaction with, domiciliary care services provided on the ground.

With this in mind, regardless of how domiciliary care is procured, Council wishes to highlight the difficulties faced by people in accessing care packages in the first instance. This consultation paper does not address how the new procurement system will resolve the resourcing issues faced by providers that prevent people having their care package in place when they leave hospital and need help at home.

Question 2: Do you agree with the Trust's proposed model for purchasing services from non-statutory providers?

In choosing a purchasing model, it appears that the Trust's decision-making process is based on the assumption that there will be a sufficient, or indeed over-subscribed number of private contractors tendering for the 'lots'. The Trust intends to limit the number of contracts that can be awarded to each provider and ensure that contingency providers are in place. *"Each lot will have a minimum of two providers. A provider cannot be awarded all contracts within a lot to ensure at least one contingency provider exists."*

On the ground evidence suggests that there is in fact a workforce shortage in the sector which has significantly impacted on the ability of providers to deliver the service. Attracting and retaining domiciliary care workers has resulted in workforce pressures as a result of, or made worse by Brexit, the Covid19 Pandemic and lack of parity between the pay and conditions enjoyed by carers employed in the statutory sector and those employed by private companies.

Many carers with years of experience have left the sector and have been replaced by less experienced staff. Some private sector staff are not paid for travel (time or expenses) between service users and have found themselves much better off employed in the retail sector for example. Better training, pay and conditions on a par with statutory employees will encourage staff to remain in the sector and this in turn will have a positive impact on the provider's ability to provide a consistent service and a satisfied end service user. This consultation paper makes no reference to this issue and no plans to mitigate against this. There is no mention of how the Trust plans to attract and retain staff in the sector. A procurement paper on service provision should recognise and address these very important issues.

The Contract terms and conditions must be realistic and deliverable. We accept that it is reasonable for the Trust to require a degree of flexibility, however some providers have raised concerns about referrals being issued at very short notice, leaving a very short timeframe for care worker response and first visit. The Trust has specified that providers must accept all referrals within the contract hours, however if it is impossible to achieve this within the timeframe set, providers will simply not tender for the service.

Council notes the Trust's intention to create a model that provides new service users with an initial short-term service for up to 6 weeks. Service users with long-term needs then transfer to a long-term service after this initial period. Members have emphasised that it is essential there is no disruption to the standard and consistency of care provided during this transitional period.

As highlighted in the consultation document, effective communication is key to building good relationships between the care worker and the service user. Consistency in service delivery and staffing is essential, particularly for older people, and those with dementia or mental health issues. Some service users are more comfortable with visits at set times of the day to minimise uncertainty and disruption to their private lives. The consultation document does not provide detail on service delivery at this

level but it is a very important consideration, as is the training of care workers to a high standard in both statutory and non-statutory provision. Meeting the individual needs of the service user has a major impact on satisfaction with the service from both provider and client point of view.

Members noted the data in the consultation document relating to the length of service user visits, with the bulk of visits taking between 0-15 minutes and 16-30 minutes. Council queried the usefulness of setting time bound targets for providers or even measuring this data as it is not a measure of quality, but of quantity. While the amount of time spent with a client is important, it is more useful to measure the satisfaction of the client in terms of their interaction with their carer and the assistance they received as an indicator of service quality.

Question 3: Do you agree with the creation of geographical areas or lots within the Trust area?

The approach considered most appropriate by the Trust is to create areas based on the 10 large towns in the historic Borough Councils, which will be known as 'lots'. In Mid Ulster, the 'lots' are Cookstown and Magherafelt. Members queried if general population figures for each geographical location or 'lot' will be used to determine the amount of care hours purchased. Decisions should relate to the size of the population who are most likely to need domiciliary care now and in the future (eg older people, people with a disability) rather than on generalised population figures that include children and people of working age.

Question 4: An outcome of initial equality screening considerations is available on the Trust website. Do you agree with the outcome of this screening?

There are a higher number of female care workers in the domiciliary care sector in general, and reports of lower wages and poorer terms and conditions in the non-statutory sector. Lack of workforce planning, staff shortages and high vacancy rates place undue pressure on existing staff, mainly women, service users and their families. Care sector workers are integral to the quality of care provided and a long-term commitment is required from the Trust to promote socially responsible care provision and an acceptable level of financial resource.

Question 5: The Rural Needs Act NI 2016 places a duty on public authorities, including government departments, to have due regard to rural needs when developing, adopting, implementing or revising policies, strategies and plans and when designing and delivering public services. Do you have any evidence to suggest that the proposal within this document would create an adverse differential impact?

The rural nature of some of the 'lots' or geographical areas must be taken into consideration. Much of the surrounding Cookstown and Magherafelt area is rural in nature. Longer travel time between service user visits impacts on consistency in the timing of visits and ultimately service user satisfaction. Employee payment for travel expenses and travel time impacts on the ability to recruit and retain employees and as a result, the provider's ability to meet contract requirements. The rural nature of 'lots' therefore has a direct impact on the overall quality and standard of service delivered.

General Comments: Please provide any other comments.

Mid Ulster District Council urges the Trust to consider alternative models for domiciliary care provision and to investigate the potential to engage social economy providers, who are less concerned about the bottom line and more about quality and re-investment in the service. There are some excellent examples of social economy domiciliary care models in Ireland that could be explored, developed and supported in the Northern Trust area.

Council also notes that a review of procurement arrangements has been built into the contract term of three years with potential to extend up to 24 months. Based on that rationale, Council would welcome and encourage a regular review of the system, similar to this current process, which would indicate a commitment by the Trust to continuous improvement in service delivery standards.