Home Care Commissioning Plan

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

2014-2017

August 2013
Document for Consultation

Contents

1. Glossary
2. Executive Summary
3. Introduction

Section A – Current Model of Home Care

4. Description of current model of Home Care

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

5. Feedback on the current home care model
6. Current and future home care needs in Bristol

Section C – Description of future model of home care

7. Why are these changes being made and what must they achieve?
8. Overview of New Home Care Commissioning Model
9. Zones and Zone Providers
10. Secondary Providers
11. Providing Support and Achieving Outcomes
12. Payment to Providers
13. Choice and Control
14. Quality Assurance
15. Links with other services and contractual arrangements
16. TUPE
17. Next Steps
1. Glossary

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

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

**Secondary Provider**
The Home Care Providers that will be given a contract by BCC that will allow them to deliver home care to SU's on behalf of BCC. They will be asked to deliver services to SU's where they are able to provide a more suitable service than a Zone Provider.

**Carers**
People that provide care and support, but who are not employed to do this and do not receive payment for it. This is usually a friend or family member of the person receiving the care and support.

**Package of Care**
This does not refer to any specific document or plan, but is a general term to describe the amount, level and type of care that is provided by the Home Care Provider to the SU.

**Reablement**
This describes the process of a SU learning or re-learning to participate in or complete tasks that will maintain or improve their health, wellbeing or independence.

This may be in evidence through a specific task or situation (e.g. a Care Worker showing the SU how to cook a meal). However, it is best considered as an overall approach to care and support, where everything the Care Worker does with the SU is geared towards helping the SU be able to do things for themselves.

**Needs**
This describes the things that a SU needs help. These needs are the reason a SU receives a home care service. An example of a need is ‘help getting out of bed’.

**Outcomes**
These are things the SU wants to be able to do as part of their lifestyle. The home care services that a SU receives will be focussed on helping them achieve these outcomes. It is likely that many of the outcomes will relate to a need that has been identified. For example, the SU’s need is for ‘help getting out of bed’ and the outcome they want to achieve is ‘get out of bed without assistance’.

**Preferences and Wishes**
This covers all aspects of how the SU wants their home care service to be delivered. This will be personal to that SU and may relate to any aspect of their care and support and their interaction with the Home Care Provider or Care Worker. All parties are expected to strive to meet these preferences and wishes.

**Support Plan**
A Plan created by the BCC social care staff, which documents the outcome of the assessment by BCC staff. This will include information on the SU, their needs, the outcomes they want to achieve and how this can be done. The SU and their advocates will be actively involved in the completion of this document, where possible.

**Outcomes Plan**
A Plan that is created by the SU, Home Care Provider and BCC social care staff. This provides full details of what outcomes the SU wants to achieve, how the Home Care Provider will help the SU achieve these, how BCC will confirm they have been achieved and the reward the Home Care Provider will receive.

**Programme of Care and Support**
A Plan that will describe all aspects of how and when home care services are delivered, by whom and in what way. This will be completed by the SU and Home Care Provider and will be updated frequently to reflect any changing needs, preferences and wishes.

**Commissioning**
This is an overarching term for the practice and processes that are
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implemented by a Local Authority to govern how services are arranged and delivered and how services providers are chosen, paid and monitored.

Home Care Commissioning Plan
This document, which describes the current ‘Commissioning Model’, the potential changes being considered and made and the future ‘Commissioning Model’. This will consider current levels of supply, demand and quality and future needs, requirements and best practice.

Advocate
Somebody who is ‘on the side’ of the SU, providing advice assistance and support. This is often SUs friend or member of the SUs family.

Self-funders
People that privately arrange and fund social care services. This may be done by the person receiving the service or their advocate. In this Strategy, the term will specifically relate to those with privately arranged and funded home care services.

Social Work Locality Areas
5 distinct geographical arrears have been created within Bristol, and a different BCC social work team covers each of these areas. These will soon be changed and there will be 3 areas, which will be identical to the CCG areas.

Clinical Commissioning Groups (CCGs)
Sometimes abbreviated to CCGs, these are groups of GP Practices that are responsible for commissioning health and care services for patients. Three CCG areas have been created within Bristol and one of the 3 CCG’s covers 1 of these areas.

Neighbourhood Partnerships (NP’s)
These have been set up in Bristol to give local communities have a greater say in the way services and local issues are managed by Bristol City Council, and partner agencies. There are 14 of them.

Core Cities
A group of large regional cities outside of London that have selected and organised themselves as a group. They have been described as the ‘largest and most economically important English cities outside of London’ and include Bristol, Birmingham, Leeds, Liverpool, Manchester, Newcastle, Nottingham, and Sheffield.
2. Executive Summary

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

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

2.2 What is the current situation?

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

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

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

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

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

The feedback and information received by BCC points to specific problems with the current situation. These are described in more detail in Section B and include:
Too much focus on time and tasks: The delivery of the service is orientated around the delivery of a specific task within a specific amount of time.

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

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

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

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

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

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

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

2.4 Description of future model of home care

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

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

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

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

2.4.2 The key principles relating directly to Providers are:

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

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

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

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

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

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

2.4.3 Key proposals in the Commissioning Plan:

Zones: Local communities have been grouped into 11 geographical areas that cover Bristol (known as ‘Zones’) and in each Zone a single Provider will be awarded the contract to become the ‘Zone Provider’. The Zone Provider will be asked to deliver services for all new SUs in that Zone and it is expected that over time they will deliver most, if not all,
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home care on behalf of BCC in their Zone. These Providers can also be used as an alternative to a Provider in another Zone.

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

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

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

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

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

Example Scenario

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

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

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

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

3. Introduction

3.1 Overview

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

3.2 Purpose of this Commissioning Plan

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

3.3 Consultation on this Commissioning Plan

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

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

BCC will provide formal opportunities for people to be involved throughout this period with events set up across Bristol and an on-line survey. Further details about how you can provide feedback in the way that suits you, and on the parts of the plan that affect you, can
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be found in Appendix 3. It is not in anyone’s interests to rush, shortcut or avoid this process and the final document will only be completed once the consultation has ended.

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

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

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

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3.4 What is in this Commissioning Plan?

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

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

Section C
- Contains proposals for the new model of home care commissioning.  
- This explains what changes will be made, how these will work in practice and their expected results.  
- This section will not explain why changes are being made, this is covered in section A.
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Appendices
• Contains information relating to the Plan that is too detailed or complex to be included in the main document.
• This will include information on the amount of care currently provided in Bristol, processes to be followed when setting up a Package of Care and maps of the Zones.
• This section will also include an Equalities Impact Assessment that describes how people may be affected by these changes according to their disability, gender, ethnicity, sexuality etc. and how BCC will address these impacts.

3.5 BCC approach to reviewing existing model and implementing changes

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

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

Plan what changes are needed
• Identify the gap between the current and future model and action needed to bridge this.

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

Deliver the required action
• Doing so in the most efficient and effective way.

Review the impact of these changes
• Review the changes made and establish if they have had the required impact.

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

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

3.6 What information is in other related documents?

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

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

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

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

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

4. Description of current model of Home Care

4.1 Arranging Home Care Services

Here is an overview of how this process currently works.

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

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

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

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

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

BCC’s accreditation of Providers
- Providers wanting to deliver care on behalf of BCC must be accredited by BCC.
The first stage of this process is registration with the Care Quality Commission (CQC).

They must then provide BCC with satisfactory information and evidence to demonstrate:
- How they are organised
- What experience they have as individuals and as an organisation.
- How they will arrange and deliver care
- The standard of care they provide

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

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

4.2 Delivering Home Care Services

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

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

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

Key information:
Appendix 2 includes documents that summarise the feedback BCC obtained from SU and Providers.

5. Feedback on the current home care model

5.1 Overview

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

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

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

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

These key themes were; Reliability, Predictability and Flexibility.

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

5.2.2 Predictability
- In 22% of cases this was the main issue raised by the SU.
- Specific problems: Care Workers not arriving at the expected time or a different Care Worker arriving and not knowing the preferences and routines of the SU.
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- Required improvements: Care Workers to arrive when they are expected, Providers to be clear with SUs about which Care Worker will arrive and what they will and won’t do.
- This issue is fundamentally about Providers setting realistic expectations for SUs and then consistently meeting these expectations. Only then will confidence in them grow.

5.2.3 Flexibility

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

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

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

Feedback prompts for SU and Carers:

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

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

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

5.3.1 Reliability

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

5.3.2 Predictability

- Current situation: Providers work across Bristol, only paid when the Care Worker is with the SU and SUs are given the expectation that Care Workers will arrive at very specific times (e.g. 8.15am)
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- Impact on service quality: Visits are planned too soon after each other and when the inevitable delays occur (related to a SU or external reasons), Care Workers soon get behind schedule, meaning that Sus expectations are not met.
- Required improvements: Providers should be involved in the process of agreeing times of visits, be more realistic about what visits can be delivered by a single Care Worker and have contingency plans for when things go wrong.

5.3.3 Flexibility

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

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

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

6. Current and future Home Care needs in Bristol

6.1 Overview

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

6.2 Challenges

6.2.1 Demographics

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

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

Appendix 1 provides further detail on the expected changes in the UK population from now until 2020, including the detail by age banding.
6.2.2 Health and Wellbeing
Home care services are crucial to maintaining and improving many people’s health and wellbeing and helping them live as full and independent a life as is possible. However, as the type and level of need changes this creates pressure in the home care market. This is being experienced with increases in; the number of people with dementia that will need home care services and the average number of hours of home care commissioned by BCC per SU per week, from 10.25 in March 2011 to 11.58 in March 2013.

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

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

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

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

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

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

6.3.1 Putting People First – 2007
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- This policy had the ambition of putting SUs first and enabling people to live their lives as they wish, confident that the services they receive are of high quality, and to promote the SUs independence.
- The focus on choice and control launched the principle of “Personalisation”

6.3.2 Government White Paper – 2012

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

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

6.4 National Research and Best Practice

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

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

6.5 Local Context

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

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

6.5.2 Bristol City Council – Corporate Priorities

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

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

6.6 What improvements are required?

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

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

6.6.1 Focus on the outcomes the SU wants to achieve

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

6.6.2 Valuing the contribution of Providers

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

6.6.3 Shared responsibility to deliver high quality service and achieve outcomes

- The increased flexibility given to Providers must be accompanied by increased responsibility on them to do what is required. Examples of current Provider practice will no longer be acceptable under the new model. These include;
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- Care Workers only doing what is in a Care Plan
- Providers failing to meet the SU's expectations about when the visit will take place
- Providers failing to show the level of flexibility required by the SU
- Providers failing to appropriately reward, train and value their staff.

- Providers will need to improve standards of care and will be required to broaden their current remit to take a much greater responsibility for the SU's wider health, wellbeing and independence. The feedback, research and evidence states that Providers will welcome this and it will lead to better services for all.

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

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

6.6.5 Considering local needs in the design of services

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

Feedback prompt for all:

Are these the improvements you think are required?
What other improvements do you think are required?
What improvements do you think are most needed?
Do you agree with how these improvements will be made?
Section C – Description of future model of Home Care

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

7.1 The need for change

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

7.2 Vision for the changes

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

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

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

7.3 Aims of changes

7.3.1 Service Users (SUs)
The new model will be successful if the SU receives services that are:
- High Quality and the service:
  o Meets their outcomes.
  o Maximises their independence.
- Reliable and the service:
  o Meets the expectations of all SUs and carers.
- Predictable and the service:
  o Meets the needs, preferences and wishes of the SU and carers.
  o Provides the level of stability and continuity required by the SU and carer.
- Flexible and:
  o The SU has choice and control about all aspects of their service.

7.3.2 Home Care Providers
The new model will be successful if the Provider has:
- Clarity about:
  o What BCC and SUs require from them.
  o The requirements, incentives and penalties in place for the Provider.
- Certainty about:
  o What type and level of care it will be asked to deliver and when.
- Responsibility for:
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- Meeting the care and support needs of the SU
- Supporting the SU to achieve their outcomes.
- Forming strong links with the community to provide greater visibility, transparency and to understand how SUs can make use of opportunities within their local area.
- Giving SUs clear expectations and for meeting them.

- Flexibility to:
  - Agree with the SU a programme of delivery that meets the needs of all parties.
  - Respond to and meet the changing needs, preferences and wishes of SUs.
  - Offer a wide range of services and Care Workers to meet the needs, preferences and wishes of SUs.

7.3.3 Care Workers

If the new model is successful, Care Workers will:

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

7.3.4 Bristol City Council (BCC)

If the new model is successful, BCC will:

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

8. Overview of New Home Care Commissioning Model

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

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

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

9. Zones and Zone Providers
9.1 What is the proposal?

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

9.2 What is the rationale for this proposal?

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

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

9.3 How will this proposal work in practice?

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

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

9.4 How have the Zones been designed?

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

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

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

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

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

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

Feedback prompt for all:
- What do you think of the ideas of using Zones?
- What do you think is good about the proposal?
- Do you envisage any problems with the proposed Zones?

9.5 How will Zone Providers be selected?

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

The decision by BCC to weight 70% on quality and 30% on price reflects the reason why this new model is being introduced and what BCC wants it to achieve (as described in section 7). The clear message from BCC is that Providers will only be used where BCC is assured that they deliver high quality and cost effective services that are suitable (in all aspects) to meet the needs of people across Bristol. This weighting will make it very unlikely that a bid with a very low price, but few assurances about quality, will win a Zone.
A well-run Provider that knows how to arrange and deliver high quality home care services, who values and rewards their staff and that asks to be paid a fair price, will be much more likely to succeed.

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

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

9.6 What is required of Zone Providers and BCC?

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

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

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

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

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

9.7.1 Bristol's 2015 'Green Capital' Award
- Overall, the transition to a green economy engages with key stakeholders in the City to improve the environment, thereby promoting Bristol in creating opportunities that are resource efficient, socially inclusive and brings about economic prosperity for the city.
- Zones will significantly reduce the amount of travelling Care Workers do (mostly in cars) in the course of their job as their work will be concentrated in a smaller area.
- Zones have been set up such a way as to maximise the opportunities for Care Workers to travel by bike, public transport or on foot.

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

9.8 Further Information

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

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

9.8.2 Expected amount of home care packages and hours
BCC will not give any guarantees to Zone Providers on the number of Package of Care they will be offered, or the amount of hours of care they will be asked to deliver. The only guarantees are about how BCC will act and these are described in section 9.6.
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All Providers considering bidding to become a Zone Provider or Secondary Provider are advised to look at Appendix 1. There are various documents within this Appendix that show current and expected future demand for home care services in Bristol and this will give an indication of how much care is likely to be needed in each Zone in the future.

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

10. Secondary Providers

10.1 What is the proposal?

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

10.2 What is the rationale for this proposal?

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

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

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

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

The experiences of other Local Authorities that have implemented a model similar to this, highlights the value of these Providers in create sustainability. This will be achieved by having a mix of different Providers, of different sizes, with a different focus, delivering services in different ways. This will spread the risks of having fewer Providers and mean that there are always options and alternatives to overcome inevitable issues with the capacity and quality of some Providers. This should also encourage Providers to innovate and develop new services in the knowledge that there is room for this variety.
To illustrate this, one Secondary Provider may be small, and employ few staff, but train them to a very high standard to deal with very specific needs and achieve improvements or a long period. Another Provider may be much larger and have many staff trained to deal with a variety of ‘emergency’ situations at short notice and with little prior information. These organisations will operate very differently and could not do what the other does. However, in a home care market with over 2000 SUs both are equally valuable and different to what BCC expect of its Zone Providers

10.3 How will this proposal work in practice?

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

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

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

Feedback prompt for BCC staff:

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

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

10.4 What is required of Secondary Providers and BCC?

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

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

10.5 How will Secondary Providers be selected?

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

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

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

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

10.6 What will be expected of Secondary Providers?

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

10.6.1 SUs whose needs can only be adequately met by certain Providers / Care
- E.g. A SU with complex mental health issues and a history of challenging behaviour and alcohol dependency.
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- BCC expects any Care Worker to be able to complete the required personal care tasks (e.g. helping the SU out of bed), but clearly it is only appropriate and fair on the SU and the Care Workers, that highly trained and experienced Care Workers are asked to deliver care and support to this person.

10.6.2 SU’s that require specific types of care arrangement

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

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

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

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

Feedback prompt for Practitioners:

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

10.7 Further Information

10.7.1 Consistency of tender processes
Where possible, BCC will be consistent in what it asks of Providers and considerate around timescales. BCC will endeavour to:
- Include some of the same questions in the Zone Provider tender as in the Secondary Provider tender.
- Give sufficient notice and time to Providers to complete tender documents.
- Avoid outing key deadlines around problematic times of year (e.g. Christmas)

10.7.2 Contract length
This will depend on the type of contract that BCC awards, which has not yet been agreed. However, BCC has considered how the contracts for the Secondary Providers can be aligned with those for the Zone Providers. As stated in section 9.8.1, the contract for Zone Providers is likely to be for 3 years initially, with the possibility to extend this for a further 2 years. Whatever contractual arrangement BCC uses for Secondary Providers, the maximum duration is also likely to be an initial 3 years with an opportunity to extend this for a further 2. This will give BCC flexibility of when it ends the contracts and the
opportunity to end both at the same time and avoid the problems that can occur when contracts for similar services are significantly misaligned with each other.

11. Providing Support and Achieving Outcomes

11.1 Overview

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

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

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

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

11.2 What is the rationale for this proposal?

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

11.3 What is this proposal?

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

- **Decide outcomes**: The SU will be supported by friends, family, the Provider and BCC social care staff to identify what outcomes they want to achieve.
- **Decide care and support**: All parties work together to establish what help the Care Workers needs to provide to help the SU achieve their outcomes, with reference to:
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- Care needs: Establish what input is required from the Care Worker to meet the basic needs of the SU. Much of the care will do things FOR the SU, who will make minimal contribution to the completion of these tasks.
- Support needs: Establish what help and encouragement the Care Worker needs to provide so that the SU can do things partly, or entirely, on their own.

- **Agree ‘Outcomes Plan’**: Contains details of what outcomes the SU wants to achieve.
- **Agree ‘Programme of Care and Support’**: Contains details of what care and support will be delivered, when, how and by whom. See section 11.4.2
- **Deliver Services**: Over time, this help and support will lead the SU to achieving these outcomes and new outcomes will be identified and this process will start again.

### 11.4 How will this proposal work in practice?

#### 11.4.1 Support

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

BCC proposes that Providers are given the flexibility to:

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

#### 11.4.2 Outcomes

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

**Outcomes Plan**

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

**Care Outcomes**

- Those directly linked to a SU’s care needs, as identified by BCC social care staff and documented in the Support Plan. Once achieved, there is likely to be a reduction in the level of care and support the SU needs and receives.
  - E.g. Support Plan states ‘SU needs help to get out of bed each morning’, which translates into an outcome of the SU being able to ‘get out of bed without the need for support or supervision’. If they achieve this, input is no longer required from the
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Care Worker to help with this task and so the service they received that specifically related to this need, will be ended.

- The Provider will receive a financial reward when this type of outcome is achieved, paid in instalments to reflect the need for this change to be sustained.

Lifestyle Outcomes

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

For each outcome, the Outcomes Plan will describe:

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

Programme of Care and Support

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

Timing of care and support

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

What care and support the SU wants

- Provides relevant information about what the Care Worker should do when they arrive for different visits.
  - E.g. The morning visit should get the SU ready for the day. The SU will participate and direct the Care Worker on what is required of them, what he wants to wear and how much or little help he needs. Afternoon visits will focus on supporting and teaching the SU to prepare a meal, to a level where he can do this without help.
The preferences and wishes of the SU
- Any relevant information to ensure care and support is delivered how the SU wants.
  - E.g. This could include; what the SU likes to be called, any behaviours they do or don’t want from the Care Workers (e.g. Care Worker taking their shoes off when entering the house), what clothes the SU wants to be dressed in and the level of communication they want with the Care Worker.

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

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

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

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

Feedback prompt for all:

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

11.6 What is expected of Providers?

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

Terms and conditions that reflect the important role of Care Workers
- Providers to recognise the false economy of offering poor terms and conditions and
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- Consider offering a Living Wage, annualised hours or full time permanent contracts.
- Provide staff with the clothing and equipment they require to do their job.
- Offer work schedules that give staff the time to deliver high quality services.

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

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

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

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

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

12. Payment to Providers

12.1 Overview

All payments to Providers under the current model are based solely on the amount of care (measured in time) that they deliver in a SUs home. This payment takes no account of
what is done during that time, what the SU or their advocates think about the quality of the service or the impact it has on the SUs life. Payment structures under the new model will be set up to recognise that staff will need to be paid for the work that they do, but also to ensure that everyone’s focus is on the SU achieving their Outcomes.

12.2 What is the rationale for this proposal?

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

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

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

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

12.3 How will this proposal work in practice?

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

BCC will ensure that Providers are paid in a way that reflects the costs they incur and the value they offer. Payments for delivering the service and for achieving outcomes will be balanced in appropriate way. Payment for providing a service will make up the majority of income received by a Provider to give them, the certainty and predictability they need. Payment for achieving outcomes will be a small but significant part of the income received by Providers to offer the right level of incentive for them to work in the way we want. This will be supported by appropriate monitoring arrangements and contractual arrangements.
Feedback prompt for all:
Should Providers receive financial rewards for their role in helping SUs achieve outcomes? What do you think are the advantages and disadvantages of this proposal?

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

12.4.1 How will rates be agreed?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**12.4.2 How will payments be calculated and made?**

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

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

**More accurate measure of how much service has been delivered**
- How will it work?
Providers will be paid for the exact amount of service they deliver, to the minute. This is unlike at present where Providers using EMS have their payment calculated according to bandings (e.g. a visit of 22 – 37 minutes will be paid as 30 minutes). All payments will be calculated from the entries made by Care Workers on EMS.

- What are the expected benefits?
  - BCC and SUs will only pay for the service that is received by the SU.
  - SUs will receive the amount of service that they have been assessed as requiring, as this system will show exactly what has been delivered. Where visits are shorter than expected, the Provider and SU will agree how best to use this ‘spare’ time.
  - The result is; Providers are paid for the work they do, Care Workers receive the level of income they expect and have worked for, BCC (and some SUs) pay for what is being delivered and SUs receive the amount of service they require.

Visits attract the same rate 24/7

- How will it work?
  - BCC will agree an hourly rate for each Provider and that rate will apply to ALL care and support delivered by that Provider on behalf of BCC, regardless of when this happens. This will change from the current system where different rates are paid on bank holidays, nights and for other reasons.
  - As already described in this document, Providers will be required to work with SUs to agree when visits should take place. This discussion should not be limited to set times of day and it is expected that the Programme of Care and Support will include visits of different lengths, at different times of day and some during the night. This variety merely reflects the different needs, preferences and wishes of different SUs.

- What are the expected benefits?
  - Greater flexibility in home care provision as more Providers are set up to provide care and support throughout the day and night. At present, night time services are delivered by very few Providers, which limits capacity.
  - SUs will be able to receive their service from a single Provider, regardless of when it is required. This will bring greater clarity and consistency to service provision. At present, very few Providers deliver services during the day and at night.
  - SUs that require a service at night are much more likely to receive this service, and much sooner, in the new model than they would under current arrangements. This is because their Provider will be expected to arrange this visit quickly and effectively, without the delay a SU would currently experience whilst another Provider is found.

Transparency and consistency of rates

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

- **What are the expected benefits?**
  - Providers will be paid a rate that is sustainable for their organisation.
  - Therefore, BCC expects Providers to offer suitable terms and conditions to their staff and be able to deliver high quality services.

**Feedback prompt for Providers:**

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

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

12.5.1 **How will payments be agreed?**

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

The ‘Outcomes Plan’ for each SU will set out the details of:

- What their outcomes are
- How the Provider will demonstrate the outcome has been achieved
- How much money will be paid to the Provider when the outcome has been achieved
- The timing and structure of these payments

12.5.2 **How will payments be calculated and made?**

Once an outcome has been achieved and prior to any payment being made, there will be additional quality checks to ensure that:

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

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

**Reward payments must be linked to the needs of the SU**

- **Financial rewards will only** be paid to the Provider if the SU achieves the outcome and there is a reduction in the service required by the SU, in line with the Outcomes Plan
- **Additional links may be made between the financial payment and the SUs situation.** These will be detailed in each Outcomes Plan. For instance, ‘improvement must be sustained for 3 months and payment will be spread over this period’.
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Rewards payments must be consistent
- Under this system, where SUs with similar needs, achieve similar outcomes and similar levels of improvement, the reward payments will also be similar.
- Consistency will be achieved by adopting a system described in section 11.5.

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

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

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

13. Choice and Control

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

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

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

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

13.3 BCC arranging services for SUs – Future model
BCC is seeking to improve the quality and sustainability of Providers, by re-structuring how services are commissioned, arranged and delivered and by undertaking a tender process to select Providers. The outcome of this will be that SUs are involved from the start in
deciding who will deliver their service and they and BCC will engage with the Zone Provider to understand what service they can deliver. BCC’s expectation, based on experience elsewhere, is that the Zone Provider will be happy to take on this Package of Care and the SU will be happy to go with this option. However, as has been made clear throughout this document, all parties will support the SU to choose the Provider that is best able to meet their needs, preferences and wishes. Where the SU does not want to receive their service from the Zone Provider, they will have the choice of other high quality and suitable Providers, made up of other Zone Providers and the Secondary Providers. It is likely that if need be, the SU will have the choice of approximately 20 different Providers, though BCC believes that almost all SUs will receive their service from the Zone Provider.

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

Feedback prompt for all:

Do you think this will provide sufficient choice for SUs?

14. Quality Assurance

14.1 Overview

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

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

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

14.2.1 Provider Performance Meetings

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

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

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

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

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

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

14.3 How will poor performing Providers be penalised and helped?

BCC has identified weaknesses with its current contract management arrangements and has given a lot of thought to how poor performance can be identified and what implications should be in place for these Providers. The information below shows the penalties that BCC may apply and the key features of how and when these penalties will be imposed on Providers.
14.3.1 Public information sharing
- As described in 14.2, BCC will collect detailed about information about Provider Performance and will present this at public meetings on a regular basis.
- This will apply to all Zone Providers and Secondary Providers and will be done to inform people, rather than as a punishment. However, all organisations involved in the delivery of home care services, including BCC, not only want to deliver high quality services, but also want to be seen to be delivering high quality services. The expectation is that this public forum will focus Providers on how they deliver their service and what messages they want to be shared publicly about their organisation.
- Information and minutes from these meetings will be published on the BCC website.

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

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

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

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

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

14.3.6 Penalties linked to action of Provider AND impact on SU
- Many of the letters from SUs and carers describe situations where the underlying issue is the same (e.g. Care Worker arrived late for a visit).
- However, the actions of the Provider in dealing with this issue make a huge difference to the eventual outcome and impact on the SU. The different situations are:
  - Where the Provider keeps the SU informed and the letter actually praises the Provider for their response to the initial problem.
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- Where the Provider fails to prioritise those most in need of a service or contact people affected by the delay and the letter will describe a very distressing situation where people are left on their own and unaware of if anyone is coming to help them.
- The initial problem was that the Care worker was late for a visit, but BCC believes that these two providers should be treated differently based on their subsequent actions and the impact on the SU.
- Therefore, in the new model, BCC will consider the cause of the problem, the actions of the Provider AND the impact on the SU and carers, when deciding what action to take.

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

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

**14.4 How will good performing Providers be rewarded?**

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

The rewards will include:

**14.4.1 Public information sharing**

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

**14.4.2 Contract extension.**

- BCC proposes that the Zone Provider contracts are for 3 years, with the option to extend these for up to 2 more years.
- BCC will monitor the performance of the Provider throughout the initial 3 year period and will use the information and intelligence it has gained to consider if the Providers contract should be extended. The Providers that deliver consistently high quality services could see their contract extended, without having to go through a formal tender process where they risk losing the contract.
- This all depends on how well they perform in the first 3 years of their contract.
14.4.3 Decrease in Quality Monitoring.
- The use of quality monitoring by BCC will be based on the performance of Providers and what BCC considers is the level of risk to SU’s that receive their services.
- Therefore, where a Provider is performing well and delivering high quality services, as evidenced by some of the other processes described in this section, they can expect that BCC will visit them less frequently.

15. Links with other services and contractual arrangements

15.1 Housing Related Support

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

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

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

15.2 The Bristol

15.2.1 Overview
The Bristol is a supported living scheme for up to 25 people with physical disabilities. There is currently a single organisation that acts as landlord and housing support provider. There is another Provider that delivers personal care to residents. Both of these contracts will soon come to an end.
15.2.2 Current Situation
There are 19 bed-sits in the main building and a block of six 1-bed flats in a recently built extension. All dwellings are on the ground floor, fully accessible, with en-suite shower rooms and basic kitchen facilities (fridge freezer and microwave). There is a large lounge / dining area with a TV and various games.

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

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

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

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

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

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

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

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

- The proposal is that parts of the service are included in the re-commissioning of home care:
  - Planned, out of hours home care service
  - Emergency home care service – this operates all day every day.

- These services have been included in scope because the expectation is that under the new model, these service requirements will be met by Zone and Secondary Providers.

- These Providers will be expected to deliver services throughout the day and night and will also be expected to respond at very short notice to people that need help, whether they are an existing SU or not. It has not yet been confirmed if BCC expects all Providers to meet both of these requirements, or if a few Providers will be given responsibility to meet these requirements across Bristol.

- The proposal is that parts of the service are excluded from the home care re-commissioning and continue to be delivered by BCC:
  - Home care services for the Supporting Dementia Team (SDT)
  - Home care services at Alder Court ECH Scheme

- Home care delivered in connection with the SDT has been excluded because the infrastructure, staffing and training of the home care service has all been geared towards meeting the needs of the people using the SDT. To change this now would undo this work and bring uncertainty to the SDT at a time when it requires stability.

- The home care service at Alder Court ECH is excluded because all of ECH care and support services will be dealt with under a separate tender process.

16. TUPE

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

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

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

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

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