

## Response to Request for Information

Reference FOI 001127  
Date 10 May 2017

### ***Domiciliary Care Service***

**Request:**

Within this FOI request, please find attached a short questionnaire for completion, preferably by the social care commissioner responsible for domiciliary care.

- Can I also request that a copy of your current **service specification / contract for your domiciliary care services** is attached to your response.

#### Service Overview

1.	Approx. how many service users do you provide domiciliary care to via providers directly contracted to the Local Authority?	Approx 1,095 service users (as at week ending 2 <sup>nd</sup> April 2017)
2.	Approx. how many care calls are delivered each week?	On average there was 22,316 commissioned each week for 2016-17. We do not have a breakdown of the number of calls delivered each week.
3.	Approx. how many hours of care are delivered each week?	On average there was 13,487 hours delivered each week during 2016-17

4. Could you give a brief description of your local authority area to give an idea of the concentration of care delivery in your area?(e.g. rural, high-density urban etc)?  
Most of the care delivery is concentrated in an urban area.
5. How do you commission individual care packages? (Eg via a Care Brokerage team / social work team / IT mini-competition system etc)

Individual packages of care are requested via the Personalised Support Team, previously known as Brokerage.

6. Do you block purchase any dom care services (emergency night sits, day time rotas) etc to increase capacity availability?  
Domiciliary care services are not block purchased.
7. Do you commission specific start times for dom care calls, or do you indicate an appropriate time banding / time of day for the call to be delivered? (Eg between 8:00 – 9:00am, 'morning call' etc)  
Yes, this is agreed with service users.

### Commissioning of Services

8. Do all of your dom care service users fall under the same contract, or do you have separate contracts for Learning Disability dom care, Mental Health dom care etc?  
All domiciliary care service users for adults falls under the same contract.
9. Could you give a brief description of your model of domiciliary care provision?
- Two providers are allocated to each geographical area (6 areas)
  - Providers are allocated work based on their designated area in the relevant geographical area;
  - The two providers in each area are required to offer for the package of care requested by the Personalised Support Team;
  - Where neither of the two providers in the designated area can deliver the package of care, this will be offered to the two providers in the most closely located geographical area. This will be determined by the Personalised Support Team.
  - The Personalised Support Team will negotiate with the Service User their preferred Provider in the designated area, based on several factors:
    - ✓ The time the Service is delivered;
    - ✓ The desire for continuity of carers;
    - ✓ The speed with which the Service can commence.

### Quality Monitoring

10. What various forms of monitoring are utilised to evaluate the quality of the service?  
The Council currently uses a set of Quality Assurance Standards, the Quality Assurance and Compliance team monitors quality standards against care and support contracts and service specifications with providers. They work in partnership with the provider where additional support is needed to meet those standards.
11. What are your KPI's?

The KPI's are as follows:

<b>The Council will collect and monitor the following Key Performance Indicators against the contract:</b>	<b>Target</b>	<b>Method of Measurement</b>
The number of referrals made to the Provider by Personalised Support Team	N/A	Personalised Support Team
The number of referrals made to the Provider by Emergency Duty Team (EDT)	N/A	Personalised Support Team
The number of packages referred by the Personalised Support Team accepted by the Provider	N/A	Personalised Support Team
The number of packages referred by the Personalised Support Team refused by the Provider	N/A	Personalised Support Team
The number of packages referred by EDT accepted by the Provider	N/A	Personalised Support Team
The number of packages referred by EDT refused by the Provider	N/A	Personalised Support Team
Reasons for refusal of referrals	N/A	Personalised Support Team
Reasons why packages did not commence following referral	N/A	Personalised Support Team
Number of calls at correct duration (or referred for re-assessment)	100%	EHCM/Assessment & Care Management
Number of calls at correct time	100% unless referred for reassessment	EHCM/Assessment & Care Management
Number of calls at incorrect time	0%	EHCM/Assessment & Care Management
Number of calls not logged correctly through the electronic home care monitoring system	0%	EHCM

Reasons for calls not being logged correctly through the electronic home care monitoring	N/A	Reported by Provider
Number of appropriately trained staff including description of qualifications	N/A	Quality Assurance & Compliance Team Monitoring
Number of packages not commenced following referral or acceptance	0%	Personalised Support Team
Reasons for packages not commencing following referral or acceptance	N/A	Reported by Provider
Number of packages that commenced by the date and time requested	100%	ECHM/Personalised Support Team
Number of missed calls	0%	ECHM/Personalised Support Team
Number of Service Users currently receiving a Service	N/A	Care First/Personalised Support Team
Percentage of responses to the Personalised Support Team requests within 24hours	100%	Personalised Support Team
<b>Providers will be expected to collate and supply data on the following Key Performance Indicators:</b>	<b>Target</b>	<b>Method of Measurement</b>
Reasons for requests not being responded to	N/A	Reported by Provider Quarterly
Number of Service Users currently receiving a Service	N/A	Reported by Provider Quarterly
Number of new staff employed in the last quarter	N/A	Reported by Provider Quarterly
Staff turnover in the last six months	N/A	Reported by Provider Quarterly
Number of Wolverhampton residents supported with employment, education or training (in accordance with the	N/A	Reported by Provider Quarterly

Wolverhampton Corporate Plan)		
Number of Carers who have continued employment with the Provider after the induction period in the last 12 months	N/A	Reported by Provider Quarterly
% of staff who have obtained Level 2 Diploma (or equivalent) in Health and Social Care	80%	Reported by Provider Quarterly
% of staff who are working towards Level 2 Diploma (or equivalent) in Health and Social Care	20%	Reported by Provider Quarterly
Evidence of supporting equality and challenging discrimination	N/A	Reported by Provide Quarterly/Quality Assurance & Compliance Team Monitoring
Evidence of service delivery being responsive to need	N/A	Provider annual review of package
Evidence of appropriate assessments being undertaken	100%	Reported by Provider Quarterly
Compliments and Complaints	N/A	Reported by Provider Quarterly
Number of Carers	N/A	Reported by Provider Quarterly
Annual report of service user feedback.	N/A	Reported by Provider Annually
The formulation of the Service User Plan, Risk Assessment, Service User Records and associated documentation	100% to be completed within 7 days of referral acceptance	Reported by Provider Quarterly
Compliance with figures for trusted team.	100% of packages.	Reported by Provider Quarterly

12. How do you monitor missed calls? Do you rely on providers reporting this to you, or do you monitor their electronic call monitoring systems independently / run reports?

The Provider must ensure compliance (e.g. logging calls using a dedicated telephone at the point of service provision), by their care workers for electronic

monitoring and meet any performance targets set by the Council and agreed with the Provider. Missed calls are monitored via CM2000.

13. What time period do you apply to deem a care call as 'missed'? Eg any call delivered 1 hour earlier / later than the agreed commissioned call time is a 'missed' call  
20 minutes is deemed as a late call.

### Payments

14. What is your average hourly rate for standard day time dom care?  
Standard hourly rate is £14.12.
15. Do you pay the providers on commissioned hours, or actual hours delivered?  
Providers are paid on actual hours delivered.
16. Do you pay in "blocks" of time? (e.g. 15 minute minimum, 30 minute minimum, minute-by-minute etc) Have you found this method to have any advantages/drawbacks?  
Providers are paid on a minimum of 15 minutes.
17. Do you use Electronic Call Monitoring (ECM) to calculate payments for dom care packages, or are invoices still used?  
The Council commissions CM2000 an Electronic Home Call Monitoring system to monitor visit data relating to the provision of domiciliary care by the contracted domiciliary care framework providers and is used for the processing of and the confirmation of payments made. The system interfaces with the Council's care management system.

Providers delivering under 500 hours submit invoices.

### General Information

18. What difficulties are you finding that face the dom care market currently? (Eg staff recruitment and retention, appropriate management at local level, communication, staff wages etc) Has there been any activity (successful or unsuccessful) taken to try and resolve this, and what was the result?
- Care staff retention
  - Provider's paying adequate travel time to care workers

Regular Provider Forums are held, where Providers are invited to discuss the issues their facing and seek peer support.