

Local Neighbourhood Care

Service:

User involvement in

Commissioning

Part 1

Contents

Purpose	2
Overview	2
Acknowledgements.....	4
Aim	4
Methodology	4
Recruitment of Participants.....	4
Facilitation of Panel Participants	7
Limitations	8
Conclusions	9

Purpose

Commissioning is the process by which health and care services are planned, purchased, and monitored. Commissioning comprises a range of activities, including assessing needs, planning services, procuring services, and monitoring quality. Local authorities are responsible for commissioning publicly funded social care services. This includes services provided to people in their own homes as well as residential care services.

Working with the Royal Borough of Greenwich, Healthwatch Greenwich supported service user and informal carer involvement in the procurement element of the commissioning process for Local Neighbourhood Care Services (LNCS). This included:

- gathering views and experiences on current services
- recruitment to the commissioning procurement panel
- working with service users and informal carers to develop procurement panel questions
- supporting service users and informal carers to participate in online procurement panel meetings
- taking meeting notes on behalf of service users and informal carers
- recording scores given by service users and informal carers for each online procurement panel meeting.

This report, part 1, contains a description of the process undertaken by Healthwatch Greenwich to support service users and informal carers to take part in the procurement element of the commissioning process.

A separate report, part 2, explores the experience, views, and changes service users and informal carers would like to see and will be published in conjunction with the outcome of further work to build on and address particular themes.

Overview

Service user and informal carer¹ involvement in commissioning enables and empowers people to voice their views, needs and wishes, and contribute to plans, and decisions about services. Commissioners can better understand health and care needs and respond to what matters most to people when they involve and listen to those who need and use services. Involving people isn't always easy and can take time but done well it provides opportunities to

¹ The Department of Health and Social Care (DHSC) has described an informal/unpaid carer as: "... someone who provides unpaid help to a friend or family member needing support, perhaps due to illness, older age, disability, a mental health condition or an addiction", as long as they are not employed to do so.

improve service user experience, health and care outcomes, and to support people to live healthier lives.

Health inequalities both nationally and locally² are well documented. If we are to address these inequalities, all service developments, plans and decisions should start with those who experience the greatest inequalities. By listening to and involving those with the greatest needs who experience the poorest health outcomes, we will be better able to improve access to services, reduce health inequalities, and make better use of resources.

Service user involvement in the commissioning process is central to ensuring high-quality services that meet user needs. This report describes how a cohort of frail and vulnerable service users, and their informal carers, are supported to take a key role in the procurement element of the commissioning of suppliers for in-home and on-site caring services.

Home Care (also called domiciliary care) is social care provided in people's own homes. Home Care can include personal care, such as help with washing and dressing as well as other types of support like preparing meals, doing laundry, and general housework. Some people live in self-contained, independent accommodation with on-site 24/7 support. Many of these residents also use Home Care services too.

Local Neighbourhood Care Service (LNCS) is a new neighbourhood model for integrated Home Care and support in the Royal Borough of Greenwich. This service provides care and support to people living in their own homes (Home Care), including those living as independently as possible in one of three sites with 24hr staff presence (Extra Care).

Service users for Home Care and Extra Care include people with disabilities, long term conditions, and older people. Care can be offered for a short period of time, for example - following hospital discharge (reablement) or long term, for permanent ongoing support needs.

Home Care and Extra Care are means-tested, which means that some will have their care paid for by the Royal Borough of Greenwich, and others will pay for care themselves.

Most Home Care is provided by the private sector, and Home Care providers who deliver personal care (such as help with washing and dressing) are regulated by the Care Quality Commission (CQC)³. In addition to this, many people rely on family or friends for some or all their support.

Local authority-funded Home Care and Extra Care is commissioned via a competitive tendering exercise. A group of both those receiving Home Care, and those living in 24hr staffed accommodation (Extra Care), and their informal carers took part in the procurement panel interviews with potential suppliers, as part of the competitive commissioning process to win new contracts. The views

² https://www.royalgreenwich.gov.uk/info/200311/joint_strategic_needs_assessment

³ <https://www.cqc.org.uk/search/services/services-in-your-home?location=Greenwich%2C%20London%2C%20UK&latitude=51.4933675&longitude=0.0098214&sort=default&la=&distance=15&mode=html>

<https://www.cqc.org.uk/search/services/services-in-your-home?location=Greenwich%2C%20London%2C%20UK&latitude=51.4933675&longitude=0.0098214&sort=default&la=&distance=15&mode=html>

of service users/informal carers received a 5% weighting on the overall score awarded to potential suppliers.

Acknowledgements

We would like to thank service recipients and informal carers for the generous sharing of their time, views, and experiences. We'd also like to thank officers at the Royal Borough of Greenwich and care provider staff and management for their support, with particular thanks to James Drake, Rebecca-Jane Moran, and Maxine Bruniges from the commissioning team at the Royal Borough of Greenwich who facilitated this project.

Aim

To describe how service users and informal carers were recruited and supported to take part in the procurement element of commissioning care providers.

Methodology

Recruitment of Participants

In Greenwich, more than 1,650 people receive Home Care services, including over 150 people who live in one of three Extra Care sites. To involve as many service users and informal carers as possible we created short and easy to understand information, including a flyer and frequently-asked-questions, and shared:

- On our website and social media channels
- With our contacts and networks, including over 50 community/neighbourhood groups in Greenwich
- With providers, care staff, and council officers involved in the delivery of Home Care and Extra Care

We gave out hard copies of information in libraries and on the three Extra Care sites. In addition, mindful that many users of these services live with significant disability or long-term conditions that limit mobility and many were unlikely to be online – we knocked on every door (approx. 150) in the three Extra Care sites to tell them about the opportunity to get involved in the procurement element of the commissioning process.

We offered two levels of involvement – sharing views, experiences and feeding into the questions that would be asked on the commissioning panel to potential

suppliers and/or taking a seat (virtually) on the commissioning panel to ask questions of potential suppliers.

In total, 30 service users and informal carers helped to formulate the themes and questions for the panel and 12 sat on the panel to ask the questions. 17 originally indicated their willingness to take part on the panel but ill-health, hospital appointments, and calendar clashes reduced the number to 12.

All participants received £75 as a thank-you for their time and efforts.

Demographics of Participants

Most service users (and some informal carers) that took part were living with significant long-term disability or poor health. This included physical or mobility disabilities, visual impairments, and cognitive impairment.

LNCS Panel Participants			
	Men	Women	Total
Service User	2	5	7
Informal Carer	1	4	5
Total	3	9	12

Age of Participants				
50-59	60-69	70-79	80-89	Total
3	1	5	3	12

LNCS Panel Participants - Ethnicity				
White British	White Other	Black Caribbean	Other: non-white ethnicity	Total
7	1	2	2	12

Panel Question Development

To create panel questions with service users and informal carers, we asked about their experience of Home Care and Extra Care.

Using semi-structured interviews, we asked Home Care & Extra Care recipients (both service users and informal carers) about the service they received and levels of satisfaction. We also spoke to council officers, care staff and care management personnel about what they'd heard from service users and informal carers.

While users and informal carers told us about a variety of factors that are important to them, those most valued included the following:

- Continuity of care staff
- Staff reliability
- Kindness, respect, friendliness, and understanding shown by care staff
- Competence in undertaking tasks
- Good communication of changes

The following are perceived as a source of dissatisfaction:

- Poor quality in completing caring tasks or incompetence and lack of initiative
- Staff unreliability
- Frequent changes of carer staff
- Lack of time for care staff to complete tasks (care staff in a hurry)
- Lack of communication of changes
- Lack of opportunities to provide meaningful feedback (not just tick box questionnaires)
- Lack of appropriate training for care staff

Recipients of Extra Care and their informal carers also raised responsiveness to call bells to request urgent attention.

Using these key themes, service recipients and informal carers agreed the following two questions for the Home Care commissioning panel and another two questions for the Extra Care commissioning panel:

Home Care Questions

1	How will you ensure continuity of care?
2	How will you quality control to ensure tasks are completed to service users satisfaction?

Extra Care Questions

1	How would you build trust to encourage residents and relatives to speak up if unhappy with the service received in Extra Care?
2	How would you follow-up with service-users to check satisfaction with the emergency call button response, both in terms of the response time, and the care they received from Extra Care staff?

Facilitation of Panel Participants

All panel interviews took place online. Panel interviews took place over 8 days, twice a day on all but one day, a total of 15 sessions. One or two service users and/or informal carers took part in all sessions. Participants asked the collaboratively agreed questions and scored the answers given by potential suppliers of the service.

Number of service users taking part in panel interview sessions	
2 service users and/or informal carers	10 panel interview sessions
1 service user or informal carer	5 panel interview sessions
Total number of sessions	15

All participants were briefed in person and given a written explanation on:

- Why the commissioning process is taking place
- How the panel interviews would operate
- Their role as representatives for a wider group of service users and informal carers
- The importance of using the collaboratively agreed questions
- How answers given by potential suppliers would be scored

We knew from our wider user involvement work and from early discussions with the commissioning team, our cohort would be unlikely to have any experience of taking part in similar processes. Indeed, we found that only one of our participants had prior experience of contributing to commissioning processes, and few had either access to, or were comfortable with, technology and many were initially nervous at the prospect of taking part online.

Participant support needs

Without access to a laptop or computer	Never used Teams before	Not comfortable online
8	10	9

Most (but not all) participants required 121 support to take part in panel interviews, this included:

- Reassurance the process was legitimate
- Providing a laptop
- Logging-in to the panel interview sessions
- Encouraging participants to ask collaboratively agreed questions
- Reminders to participants to ask for clarification if answers given were not full or understandable to them
- Taking notes of answers given by potential suppliers
- Assistance to score answers given

While many found it challenging, all valued the opportunity of being involved in the commissioning process.

Limitations

- The proposal for Healthwatch Greenwich support in service user and informal carer involvement as part of the commissioning process was agreed by the commissioning team at the Royal Borough of Greenwich in early December 2021. National and local COVID pressures, and a focus on urgent population and community health and care needs, lead to a significant delay by the Royal Borough of Greenwich in moving forward with the service user element of the commissioning project until the end of February 2022.
- We did not have a list of all those receiving either Home Care and/or Extra Care and, given the very short timetable, it was not possible for council officers to send out a letter or information to service users to inform them of the opportunity to take part. As such, it is likely that many recipients of this service and their informal carers were not aware of this opportunity and could not feed in their views.
- Our approach proposed a 'mock panel' as a training facility, as a way of participants becoming more comfortable with a new and unusual situation for them. However, due to the limited time available, council officers advised this was not possible.

Conclusions

The main challenge in involving service recipients and informal carers in the procurement element of the commissioning process was a lack of time. A longer lead-in time may have enabled participation from a greater number of service users and informal carers. In addition, some participants found it hard not to bring their own, unique views, to the process and wanted to ask their own questions to potential suppliers, rather than collaboratively agreed questions representing wider views.

Most participants needed extensive support to take part. Although their involvement on the commissioning panel lasted less than an hour (online, per session), a substantial amount of time was needed – on a 121 basis – to both reassure and generate confidence in the process. For some, cynicism was born out of experience, and they did not believe that commissioners really wanted to know what users thought. Others were simply nervous using technology, even with individual support. The implementation of a ‘mock panel’ may have helped with this.

Payment in recognition of participation was critical. Participants felt this was a mark of respect and acknowledgement (by commissioners) of the importance of their role.

While service users and informal carers welcomed the opportunity to take part in commissioning processes, all were very clear that they needed to know there would be action or change as a result of their contribution. In particular, that winning suppliers, and Greenwich council, would use service user and informal carer views and experience to continue to improve and develop Home Care and Extra Care services. This will be explored in greater detail in our Part 2 report which will be published in conjunction with the outcome of further work with Greenwich council to build on and address issues of importance to service users and informal carers.



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