

County Provider Forum - Minutes

28 January 2009

Attendees:

Geoffrey Cox (GC)	Chair Exeter/East Providers
Richard Newcombe (RN)	Chair Southern Providers
Paul Scantlebury (PS)	Deputy Chair Northern Providers
David Johnstone (DJ)	Executive Director of Adult & Community Services
Jennie Stephens (JS)	Assistant Director Joint Strategic Planning
Denise Brabin (DB)	Procurement and Contracts Manager
Nikki Kennelly (NK)	Deputy Assistant Director Northern
Jan Ingram (JI)	Assistant Director Exeter and East
Dawn Collier (DC)	Assistant Director South
Graham Varley (GV)	Policy Manager Strategic Planning & Commissioning
Katy Kerley (KK)	Workforce Development Team Manager
Piers Tetley (PT)	Workforce Development Manager

Geoffrey Cox was nominated as Co-Chair with David Johnstone. Geoffrey Cox chaired the meeting.

1 Introduction

Individuals introduced themselves and briefly described their role and hopes for the meeting. It was generally felt that the aim was to share the strategic direction, form a robust partnership, discuss general challenges and constraints, and to be action focused.

2 Confirmation of County Meeting Structure and Attendees

The current structure had not allowed for the Provider Chairs to have a Deputy. The current Chairs expressed concern about their ability to represent the entire market. The meeting agreed that Provider Deputy Chairs to be appointed and should attend the County Group.

The Deputy Provider Chairs should be from a different care discipline within their locality. It was felt important for the Local Authority to have feedback from all areas.

The meeting agreed that due to short timescales it may or may not be feasible to run elections for the Deputy Chairs. Each Locality Chairman would organise an interim arrangement with an election in the future.

It was felt important to encourage a Supporting People representative at Deputy Chair level as this was an important market area.

Specialist areas e.g. learning disabilities and mental health providers, to have sub-group meetings of the main locality forums with the proposals that at least one of the quarterly meeting should be lead by either Mental Health or Learning Disability and there could be sub-meetings.

It was acknowledged that the support and administration to the Provider Engagement process required further thought in the interim this would be managed by the Procurement & Contracts with support from Workforce Management. **Action: DB/PT to discuss further**

The Provider Chairs had their own provider email circulation lists (some providers were not yet particularly forthcoming with email addresses). It was proposed that a central point was required for a complete provider circulation list. **Action: all to consider about the best way to circulate information to providers and come back to the meeting with a plan/techniques.**

3 Locality Meetings Feedback

The frequency of the Locality Meetings was queried – under the current proposal these would take place quarterly with two County meetings per year. It was suggested there is a strong argument that 2 county based meetings per annum was not enough, but it was agreed that the current proposed structure would remain for the next 12 months and be reviewed. **Action: to be reviewed in 12 months**

South

- Over 100 providers had attended the initial meeting and a lot of information had been shared.
- The future agenda for this forum should reflect providers' feedback and they should be responded to. Providers should not be able to see the seams (which are currently visible) between the Local Authority and the PCT. It is important to reflect localness to providers and users.
- There is a need for a rapid response and immediate care. Moretonhampstead is a good example of a community hospital not being used properly. GPs will be required to help with access to services instead of admission to a community hospital. In some areas there is not enough or no provision for residential, nursing or domiciliary care. This forum can be used to feedback to providers where services are required.

Exeter/East

- Sharing performance targets might be challenging to providers but would be useful.
- It is important to focus on where and how things can be improved.
- Joint areas of improvement e.g. preventing falls, managing medicines. Clarify what is myth and truth.

North

- Information needs to be circulated and the partnerships encouraged.

There needs to be attention to the agenda content and how the meetings are run

4 Partnership Working

It was agreed for the need to have a broad focus on the issues affecting all parties, to gain an understanding of the concerns and constraints and the need for honesty.

The Domiciliary Care Market is more advanced having the County Association (Devon Independent Care Providers Association –DICPA). The members probably represent the providers who deliver 80% of the Local Authority purchased care.

There is a need to replicate this association with Care Homes.

There is a widely held view that Providers are in competition with the Local Authority. The providers need to know about the constraints and pressures and their feedback is required at this forum. Attendees agreed to provide the meeting with a brief overview of the vision, constraints,

pressures, drivers and what they hoped would be achieved to include feedback from the Locality Forums.

David Johnstone :

- The vision/strategy which was developed approximately 5/6 years ago took account of the views and preferences of older people and how this matched the provision of services. It is also fully consistent with national strategy for the care of older people which has been emerging over the course of the past few years.
- The conclusion was that DCC's own provision was not well matched to meet current and predicted future needs for the care of older people, nor was much of independent sector provision designed to meet future demands, hence the Local Authority's modernisation programme for its own direct service provision and our commissioning strategy to develop services in partnership with a range of care providers.
- The key drivers are the preferences on how people want to live, i.e. independently, in control and with dignity. A majority want to stay in their own homes with domiciliary care, 24 hour cover.
- Residential and nursing care has to therefore be fit for purpose and statistics show that generally, before going into a home people are now more frail and have greater dependency. Fewer people are at band 1 and 2, more at bands 3 and 4.
- Demographics indicate a very steep increase in demand for this type of residential and nursing care. More efficient use of the public purse is required. Nursing care needs to be developed for a higher level of care. However this did call into question the size of homes and their viability) versus the unit cost.
- The acute sector costs a lot of money, and there is significant opportunity to develop alternative provision in the community and by non-NHS providers to meet a proportion of this need more effectively and more efficiently. GC asked if DJ was speaking from an NHS view. Devon already has integration of both health & social care staff at locality level. It was pointed out that the NHS and the Local Authority have a close relationship in Devon.

Workforce Development

- This forum is an opportunity to make providers aware of Workforce and Devoncare Training
- They are developing services and the types of workers required, and supporting providers. They can be proactive in recruitment and retention of quality staff, who are fit for purpose, therefore maximising the benefit from their funding.
- PT mentioned the National Minimum Data Set which is a national view of what is happening in care related to staffing and training requirements. There was only a 30% completion rate in Devon and it is hoped that we could work with Providers to improve this response rate.

Paul Scantlebury

- Emphasised that feedback to and from this forum is important.

Richard Newcombe – Provider Chair South

- Providers need reassuring of their future. They want to know if their business is secure. There are a lot of questions regarding temporary funding which is a concern for their own business planning.

Jennie Stephens

- Tangible and transparent communication is important. Sharing at this forum what will be required in the future.
- Quality of care is also important. Supporting people before they are in crisis by helping them to manage better and relaying to providers on how they can support this.
- Need to consider young people in transition, in 10-20 years, along side older people

Geoffrey Cox

- There is a need to encourage the provider to commit to the future.
- Relationships at 'the front line' do not always represent this forum and therefore progress needs to be made on this front.

Denise Brabin

- The role of the Procurement team is to work with Providers to turn the vision into reality
- Seeking Tangible work streams to flow from County group
- What is the best way for a quality service and relationships?

5 Downtime

GC raised the issue of costs having increased and fees have not kept up, and providers have to be efficient to meet demands. Homes also need to run at capacity. GC expressed that the market feels that there is a deliberate slowing of the admission process especially at the end of the financial year when budget pressures may be extreme.

DJ confirmed that this was probably more perception than reality and that if a person needs to go into a home there are no blockages.

DC confirmed placement decisions were now made at cluster level and these went before a wider panel so now the process is smoother.

Obviously the volume and nature of demand put the providers at risk and we need to work together to adapt, i.e. regarding the kind of service provided – to give some stability to providers.

Specific reference was made to the "2 for 3 policy" i.e. if 3 beds are vacant only 2 people will be placed. There was also the perception that the Local Authority wanted to see a 10% reduction in residential homes over 10 years. It was confirmed that on occasion in order to manage budget resources such actions were implemented but they were also supplemented by other management action such as holding staff vacancies etc. It was stressed that this was an extremely rare event and a 2 for 3 time limited action had not been in place for 3 years. The suggestion bandied around that the Directorate is seeking to reduce the market by 10% is not true.

Downtime was not such a big issue for domiciliary care, but there were issues with invoicing for smaller providers.

GC said providers must deal with specific issues at other forums but will feedback on trends

6 Update on Key Areas of Modernisation

a) Personalisation

There needs to be respect for needs, skills, resources, family and our role in supporting the older person. Performance indicators need to be more subtle, i.e. targets.

Some homes are excellent, some poor. The quality ratings and standards need to be taken seriously. CSCI has identified 23% of homes inspected as being adequate or poor. This needs to be discussed this at the local forum.

It was acknowledged that there were consequences of moving clients from poor homes, and that instead we should be guiding and leading providers to improve. CSCI are purely an inspection body and are not as effective in improving standards. GC said it is surprising that there is actual commissioning to poor homes when it is stated otherwise. It is important for families to see the CSCI ratings.

The meeting discussed the relationship between front line workers and Care Homes. It was agreed that brokers and providers should attend local forums. There is work do do.

GV said there is a blue print being prepared to complement what has already been done. 50-60 providers attended an event and looked at the issues. There will be another event and they will look at real situations.

GC said looking at the culture and views of residents also key/critical to learning the future of a provider's business.

The model for personalisation can be used for services for older people and elsewhere.

b) Electronic Homecare Monitoring

DB confirmed that a provider had been identified and that contract would be award within a few days. This will in the first instant be applied to the Domiciliary provider who are providing 80% of the care hours however a provider has been chosen that would allow this monitoring to be extended into enabling and other community services. This is a telephoned based service and Care Worker will log on and off in a service users home. This will help with speedier invoicing, billing and payment, the safety of the Care Worker and the client, and there will be an electronic alert system for the provider. The implementation will start in April/May and will be rolled out over a year or so. Providers have been consulted and actively involved throughout the whole process

There is work being undertaken to look at the structure of personal care fees (separating the cost of the care and the travelling costs).

RN said there will be flexibility issues and there is a lot of work to do. PS asked if the infrastructures/IT of the provider can handle the new system. RN confirmed this was taken into account and the chosen provider was impressive.

c) Quality Strategy

DB said the Directorate are looking at aspects of quality. A Consultant has been employed until May to look at the how the Local Authority collected information, working with the PCT, contract monitoring, linking in with complaints and safeguarding.

d) Externalisation

DJ confirmed that due to the unforeseen financial climate it was unlikely that the original Scheme negotiated with Shaw Healthcare could now take place. The Directorate is currently negotiating with Shaw around a much smaller scheme.

It has therefore been decided to commence a community engagement process which will involve interested stakeholders. The aim of the engagement is to look at the needs in the localities the invitees will be residential and domiciliary providers, carers' representatives, voluntary organisations. They will meet 2-3 times between February and May. They will look into the demands and needs in the three localities and at what range of services (and gaps in service) to give a strategy and vision.

It will not be specific to each home in each town, but it will relate to Local Authority and independent resources. They will cover the volume/complexity of nursing care and will see the strengths and weaknesses. This will go part of the way to knowing what we need and which areas to develop. The political process will be dealt with in parallel

GC asked what DCC felt the market will look like in future. DJ said we do not know, we will learn from the process

Following this exercise it is anticipated that there will be a procurement process. This time it will be more specific. DJ said we are sure about the strategy, but not the solution. GC said this was helpful

This will be going back to tender in approximately July. The tender will close in September. RN asked for the providers to be kept informed regarding the domiciliary care decision. DJ agreed.

e) Direct Payments

This is currently an in-house service. It is out to tender and this can be accessed on-line.

7 Employers Seminars re Migrant Workers

An information pack regarding a Devon Community Partnership Workshop relating to migrant workers has been sent to all residential homes. (details are on the web site)

8 Commissioning Strategies for the Future

RN said the experience over the last few years had been of excellent and very experienced providers across the country who can provide input. They are still having to guess service requirements and want DCC to give direction in the short and long term. They need local sharing strategies.

9 Agree Work Programme for the Next 12 Months

DB asked if there were any specific issues/requirements for sub-groups and locality meetings.

GC said they were going to hold provider meetings between these forums. GC will be encouraging providers to look at their own facilities and service user groups for future planning.

DB said this forum should not duplicate issues, but not lose contact with local issues.

KK said the Community Forums are coming up and the agenda needs consideration. .

10 Any Other Business

It was emphasised that fees could not be addressed in detail at this first forum. GC expressed the view that this was a controversial matter, which would become the subject of urgent continuing dialogue direct with the commissioning authorities.

Date of Next Meeting: 10th July 2009