

Notes of Eastern Area Provider Engagement Forum Friday 13th February 2009 at Sandy Park, Exeter

Introduction and welcome by Jan Ingram and Geoffrey Cox

1. 2009/10 Inflationary Increase

Jan said that she would be keen to explore how ACS and providers develop a better dialogue about fees. The 2009/2010 inflationary increase has been set and SMG have put aside 2.5% in the budget for this. However, ACS would like a conversation today about how this might be allocated. Options include an equal split across services; an allocation based on quality issues with premium payments for excellent and good providers; or a differential rate for domiciliary and residential services; or any other model the meeting may choose.

This issue was discussed in small groups. Feedback as follows:-

Group One

- Applying different rates could be divisive
- Could cause a schism
- No evidence to suggest that differential payment to services improves quality
- Day and other non-registered services – how would we reward quality?
- 2.5% flat

Group Two

- At this point – 2.5% is not an increase in practice
- Not an increase (new holidays) – a cut
- Not expecting 2.5% pay
- Do not agree with differential payment across services
- CSCI quality mark presents challenges to tie in – cannot update annual ratings
- If CSCI rating – quality premium. We need notice/discussion
- Diverse rural service spread
- Need to address different payment rates to dom providers

Group Three

- Flat 2.5% should apply across the board
- 2.5% not enough (minimum wage and holiday payment)
- CSCI ratings take too long
- 2.5% does not take account of increased needs and dependency of clients
- Too late for this year to have this dialogue

Group Four

- No to quality premium
- Poor quality providers need support to improve
- ?3% - residential ?2% - domiciliary

Group Five

- 2.5 % to be spread across the board
- Quality framework – yes
- Quality incentive – no
- Not receive based on CSCI
- Does not tackle non-registered services
- Transparency)
- Appeal) minimum standards

The recommendation of the meeting was to apply the DCC suggested straight inflationary increase of 2.5% across the board. Providers accepted the principle of discussion and debate about this issue, though there was some concern expressed that the timing was late and that fee levels were insufficient to meet the needs of an increasingly dependant client group.

It was agreed that for meaningful dialogue future agenda items might include how services should be commissioned in respect to cost or quality, and how we work to improve lower quality care services.

Geoffrey summarised the discussion from his perspective:

- 2.5% increase hopelessly inadequate
- This was too late but in future years need to have a proper discussion about realistic increase required
- We are a long way from being able to fund a “world class service”
- Devon is a long way behind the rest of the country

2. Direct Payments - Graham Varley

Graham described progress on Direct Payments and personal budgets. Presentation slides attached with minutes.

Graham answered questions from the meeting

3. Externalisation of DCC In House Services – Denise Brabin

Denise updated the meeting that, following tender Shaw Healthcare was identified as a preferred provider. However, it is now anticipated that DCC is unlikely to enter into an arrangement of the same magnitude with Shaw as was expected because of world-wide financial position. Focus groups are now being arranged with key stakeholders, including representatives from the independent sector. A tender process will follow.

Denise answered questions from the meeting

4. Domiciliary Care Update – Denise Brabin

Denise explained that no final decision has been made in respect of the North Devon tender. She talked about tender periods and Local Authority requirement to tender for services on a regular basis. It was acknowledged that this made it difficult for providers, but that best value (including high quality) was also required within public services.

5. Future Working

Jan described the review of health and social care services across Devon, and the resulting planning document – The Way Ahead. The document was distributed and it was agreed to bring back to a future meeting for discussion. The meeting was asked about how we might best work together in the future. Small group discussion took place to consider what's working well and what not so well?

Feedback

Working Well

- 1) Meetings are a positive step forward
- 2) openness
- 3) Part of some decision making
- 4) Meetings – co-chair
- 5)
- 6) Process can help in reducing tensions
- 7) Positive consultation is constructive
- 8) Good that forums happen
- 9) , quality of feedback
- 10) Does not do away with need for local planning groups

Not so Well

- 1) Getting locked into single issues
- 2) Jargon
- 3) Strategic direction information (rather than consultation)
- 4) Been there before
- 5) Input but not heard or views implemented
- 6) Strategy not clear
- 7) Engaging all providers will be critical
- 8) Some feel sceptical, unconvinced.
 - a. Fees are critical

It was concluded that these meetings were a good start in having a regular, open and honest dialogue together. The meeting was pleased to see a provider co-chair, and to hear that regular Devon-wide meeting were also taking place with all the chairs.

However, providers reminded everyone present that evidence of positive actions and outcomes will need to be demonstrated.

Geoffrey pointed out that there are real challenges ahead, implementation of the considerable raft of Government Policy and ideals, severe funding issues (nationally and locally), finding ways to drive matters forward in Devon as successfully as possible through open, honest and consultative dialogue. Much will depend on the vision, innovation and partnership of commissioners and Providers alike to. The focus must be on what is both desired and realistic.

6. Date of Next Meeting