

# Provider Engagement Forum North - Minutes

**23 February 2009**

Jill Smith – Co-Chair -Interim Director of Health and Social Care

Richard Cawthorne – Co-chair - Two Rivers Investments Ltd

Ian Gibson – Procurement and Contracts Officer, Adult and Community Services

## 1. Opening of Meeting

Richard Cawthorne welcomed everyone to the meeting and stated that the Terms of Reference for these meetings have been agreed and are on the website:

[http://www.devon.gov.uk/tor\\_locality\\_groups-3.pdf](http://www.devon.gov.uk/tor_locality_groups-3.pdf)

## 2. General overview and direction

- Jill Smith - Powerpoint presentation (please see attached).
- Jill reiterated message that these Forums are not about 'Them and Us' but about working together and moving forward in partnership. We all have common aim: delivering good quality services to the people of North Devon.

## Questions

Q1: A statement about residential care from a mental health provider – residential care is effective and is needed. Government policy shifts can mess with people's lives. Used to work in Drugs and alcohol - the field moved from residential to community-based treatment in order to be able to afford to help more people, but it has turned out to be less successful.

A1:

- Jill Smith

A lot of the funding to date in mental health has gone into residential, acute services etc. There needs to be an increase in funding into community support, housing options etc to support people effectively in the community in order to keep people safe. Choice is being limited by funding – we need to improve the range of services to meet variety of needs.

- Ian Gibson

Residential care can break community links – there is a need to rebuild them in order to provide effective community support. It is about having the right service at the right time – 1 size does not fit all and we need to be working towards giving people choices.

### 3. Updates:

#### 3.1 County Forum Feedback – Nikki Kennelly

- Kerry Storey – is the new Assistant Director (AD) – Jill Smith was interim.
- Nikki Kennelly – Deputy AD – is to keep attending these forums.
- The structure for these meetings was agreed.
- Provider Chairs – were uncertain about representing all providers.
- Agreed Deputy Chairs needed – from other sectors.
- Interim Deputy Chairs were agreed whilst provider Chairs arrange election process.

**Action:** For next meeting – Provider Chair to organise election process for Deputy Chair.

- Care homes – agreed that need a provider umbrella organisation similar to DIPCA.
- David Johnstone (Executive Director of Adult and Community Services) – was challenged to present vision of where service is going – please see minutes of meeting: [http://www.devon.gov.uk/county\\_provider\\_forum\\_-\\_minutes\\_-\\_28.1.09.pdf](http://www.devon.gov.uk/county_provider_forum_-_minutes_-_28.1.09.pdf)
- The meeting agreed – we all need each other but that there will be challenges ahead.
- There was a discussion about down time and fees.

#### 3.2 Domiciliary Care, Commissioning and Tendering – Jill Smith

- Will announce domiciliary care providers as soon as possible – press release.
- Jill Smith and Contracts Team working together – very important and quite tricky to ensure right services across rural areas.

#### 3.3 Shaw/Externalisation – Jill Smith

- Shaw – found that the community engagement process was too consuming – withdrawn from process.
- DCC – will be going through further community engagement processes - focus groups are taking place in North Devon in March.
- Once the community engagement is completed, other potential partners will be invited to come forward with development proposals.

- Work is also being carried out about needs for beds, extra care, housing needs, etc
- DCC is also looking at own services – improve the provision – ensure that it is delivered at right place and right time.

#### 4. Workforce Development/Planning – Katy Kerley

- Funding – there is an application pack out for funding from the Peninsula Care Sector group – for NVQs, leadership and management awards etc. The funding is claimed in retrospect.
- This year we have only claimed 50% of the funding available – if more is not claimed – will get less funding next year!
- Only condition to claiming funding – is to complete the National Minimum Data Set - Devon Care Training has a project officer in post who can help organisations complete it.
- The information collected is really useful for Devon Care Training to ensure that they are investing in the right training and meeting provider needs.
- This is why Katy and her team will continue to attend these forums – to work with providers – to ensure that the right training is being provided.
- Devon Care Training – there is an annual membership fee (depends on numbers of staff) – the training is then free. Katy encouraged providers to sign up.
- 80% of £2 million each year that Devon Care Training receives – spent on private/voluntary sector – however, it is not enough for all staff – so they need help to make sure right training is being provided.
- The Devon Care Training Steering Group includes providers.

<http://www.devoncaretraining.org.uk/index.htm>

#### 5. Fees: process for setting – current position – Richard Cawthorne and Ian Gibson

- The other Provider Forums have focused on 2 key items of discussion: -  
There is not enough funding and no more to come  
- A 2.5% inflationary increase has been announced – discussion re 2.5% -  
across the board or on quality/performance /certain sectors?

#### Questions

Q1: Does the increase in inflation include the need for increased staffing levels to cover the increase in statutory annual leave?

A1: Yes – it needs to include everything – there is no more funding. DCC recognises that this will only break even with all the demands.

Q2: Request for more information on quality testing – how could the inflationary increase be tied to quality?

A2: One proposal was to link in with the CSCI star rating. However, there are issues with the star rating system, including delays in putting the results on the website, for example, which would delay payment.

There is an issue about providers not registered with CSCI – DCC is looking to develop quality monitoring proposals similar to Supporting People. However, this will need resourcing.

Q3: Is there a policy on the use of 'poor' providers?

A3: There is not a policy with funding attached, but DCC would rather not contract with 'poor' providers.

Q4: A North Devon spot domiciliary care provider – rated 'excellent' – raised the issue that there are no block contracts and they are still paid at lower rates - still waiting for block contracts to be announced.

A4: Jill Smith stated that she is working with David Johnstone and Contracts Team regarding possibility of bringing North Devon spot providers more in line with rest of county. It has been recognised that there are inconsistencies. Currently spot prices are linked to block contracts. North Devon tender is still ongoing – results may determine spot price in the future.

Q5: A provider based in Cornwall highlighted good practice model that is working well in Cornwall:

- A Fees and procurement working group (providers and purchasers) that meet every month starting in April. They put forward plan in November (based on Government social and healthcare policies).
- The plan is agreed by both ACS and Providers.
- The cycle supports business planning

This good practice model was supported by the North Devon providers – they would feel part of discussion.

Q6: An anomaly re domiciliary care fees was raised – between Mental health increased fees and learning disability decreased fees and also across the county.

A6: The select list re domiciliary care needs to be revisited.

Q7: How does Direct Payments work with different domiciliary care rates e.g. mental health?

A7: The panel also welcomed the Cornwall model to begin looking at current conundrums.

Q8: A statement was made about brokerage system contributing to these problems.

A8: The authority is committed to brokerage (national direction) - need to iron out issues – so could go agenda for future discussions?

Q9: Richard Cawthorne stated that panel getting easy ride – that there is a huge difference between private and DCC fees – DCC fees are not enough.

Cornwall provider stated that all county councils suffering the same financial limitations due to the recession, aging population in the South West, inequalities in Government funding etc. Providers have to recognise this and move forward. The Cornwall model enabled the group to move forward from a 0% inflationary increase to a 2.5% increase. This was negotiated and agreed together.

A9: County Councils do not get a good settlement. Only way forward would be that if we did increase fees, we would have to increase eligibility criteria – however, all parties concerned would not be happy with that. We all have common aim of providing quality services to the people of North Devon.

#### 6. Groups discussion:

- Your current issues
- What would you like to see on the next agenda?
- What is going well / what could be better?

Q1: How do care homes fees compare to price for at-home nursing care?

A1: Lower cost of at-home care – for most care groups. Higher cost of at hospital – different function, different budget, not a long term budget. However, the exception is individuals with high needs.

Q2: What will ACS do once they can no longer afford the fees for Residential care?

A2: Hope we never get to this position for the service users who need these services. These issues will all be back to the County Forum.

Q3: How effective is this forum going to be?

A3: We all need to work together for service users – the Cornwall county model seems to offer an effective approach to partnership working. All these issues will be taken to David Johnstone.

Q4: A supported living provider raised the issue regarding the preventative role of supported living – their group identified the following issues that need to be looked at in the future:

- Communication
- Brokerage - assessments etc.
- Lack of funding
- Cost of rural care – possibility of sharing staff?

Q5: The group highlighted brokerage as a key issue to be looked at:

- Poor assessments – unsafe
- Outcome statements
- Lack of clarity regarding resource allocation
- Decreased choice
- Does not work at high level needs
- Links with Care Managers?

- An example discussed was Learning Disability Brokerage – it does not sit well with personalisation and is not individual enough.
- Sounded positive in theory but had adverse effects in reality.

Q6: The final group highlighted the lack of support services and the lengthy waiting times involved, for example, clinical psychology and psychiatry etc. This lack of support services is risky.

Q7: The provider from Cornwall highlighted the role that these Forums should play in lobbying government about South West issues (rurality, aging population etc). The provider also highlighted provider role in holding onto clients less, increased sharing of clients and information. The positive networking role of these Forums was also raised – this will be beneficial for clients – increased knowledge of services out there.

The items for next agendas were agreed:

- Brokerage
- Electronic Care Monitoring
- Personalisation
- Hospital discharge process
- Deputy Chair process

There also need to be discussions about:

- Whether Deputy Chair should also be from another client group, for example, Learning Disability or Mental Health.
- If we need client group based sub-groups as mentioned at the County Forum?

**Please note that the next meeting is going to be moved from 11 May 2009 to the morning of Friday 15 May 2009 to enable Chair attendance.**

<b>Actions</b>	<b>To Be Completed By</b>	<b>Who</b>	<b>Progress</b>
Provider Chair to organise election process for Deputy Chair – to go on agenda at next meeting. To discuss with Co-Chair about Deputy Chair being from different client group and different sector.	15/05/09	Richard Cawthorne	
The Chairs will put together proposal about setting up a Fee and Procurement Working group – to present at next meeting.	15/05/09	Chairs	

<p>The items for next agendas were agreed:</p> <ul style="list-style-type: none"> <li>• Brokerage</li> <li>• Electronic Care Monitoring</li> <li>• Personalisation</li> <li>• Hospital discharge process</li> <li>• Deputy Chair process</li> <li>• Fee and procurement working group</li> <li>• Updates</li> </ul>	<p>15/05/09</p>	<p>Chairs</p>	
<p><b>Date of next North Devon Provider meeting: 15/05/09 at 9:30am – venue tbc.</b></p>			