Domiciliary Provider Meeting 28.11.16

Feedback from workshops

Exercise 1 : Locality model

Providers struggle with recruitment – currently paying a welcome bonus. When workers have remained in employment for 3 months at a minimum of 15 hours per week a one off bonus is paid. However, if providers do this it can promote a jumping ship culture.

Recruitment is the problem in Christchurch although it's travel (time and cost of petrol and wear and tear) in other hard to reach areas. Travel costs need to be paid.

If you get the pay right, you can crack the travel

Difficult areas could have a set timeframe e.g. Block contract for 2 – 3 hours per day on a 6 month term with ability to review and move the block contracts around to suit the need or adjust the hours being blocked.

Need to look at where the providers are based as there are big differences in the provision of care across the county. Are they based strategically and would it be more economic to fund an agency to go into that area?

Changing the existing localities doesn't solve the problem of difficult to provision areas. Even if the areas were smaller, there would still be problems providing within those areas.

Size of area is not necessarily that important – it's about the number of clients in the area.

It's more about the way operational staff buy the care, not the area.

There will be no expectation to have a local base, although the office base is never the starting point of the care worker anyway.

Good communication between Commissioners and Providers is essential.

Rounds created so that single provider can pick up all the packages in an area.

Pay Hot Spot rates.

Different pricing model for off peak times.

Better distribution of packages helps care workers.

Need to have flexibility and be able to utilise dead times. We already arrange times with self-funders. Locality managers are clear that although we try and do your preferred times, we cannot guarantee this.

Carers don't want to do double-ups.

Providers should be working more collaboratively and sharing eg if they can't meet a service user's needs, passing this onto another provider. This is already being done in Hants.

Concerns were raised around having to have similar terms and conditions as QC says providers must have a contract in place. There may also be issues with insurance.

We need to stop three different providers going to the same place and just have one.

Concerns around being twinned with other providers, as there are certain providers you wouldn't want to be twinned with.

How does this work with client choice? We would need to be honest with service users. This may also include service users having to have male carers and another agency won't be found, which would also solve a lot of the recruitment problems. Hants have taken this approach.

However, an example was given where a team of male carers was created to cover absenteeism only, but no one wanted a male carer so the model didn't work.

Exercise 2 : Meeting needs outside of statutory service provision

There is currently limited cross pollination and how can we facilitate this?

Ensure that POPP Champions and Wayfinders and Community Navigators are knowledgeable and sharing information at ground level. They should better support providers. It would appear this is not currently happening.

An example was given of a service user who is in receipt of CHC funding, but asking the carer to do non care related tasks. Poole have put non care tasks in their tender (something you don't need to be care qualified to do), so it maybe something that's considered. Other examples include befriending schemes and also have chaplins on request.

Need to better utilise intelligence from the care support workers.

Smaller areas have a better understanding of what's available.

Communities need to take more responsibility for their older people.

Community Hubs are central to community services. Need more awareness of other opportunities and community groups and clubs.

Change from Time and Task will allow for innovation.

Use of SAIL form (Safe and Independent Living) by care and support workers.

Information sharing with other agencies.

Voluntary groups.

Computer forum and up to date information.

An accurate assessment is a good starting point, however, needs aren't linear and change all the time.

Social workers do the assessment and then brokerage do the planning of the package, which could include more creative ways of meeting outcomes. Allow extra time on individuals care plan to allow for the sourcing of community groups and services in the service users locality. Would this approach help providers?

Someone working with all agencies would help as there's currently a lack of understanding of who does what, where. There needs to be a clear process around collaboration and find out who is providing what and where eg we currently don't see private provision.

Cap the money, don't pay additional money and calculate the unmet need. Providers need to be telling us what this is.

DCC can stop up to £6K of payment if the care manager hasn't updated the package. It was recommended not to do any work without a Purchase Order, which should be the support plan (a variation of 5 hours can go through without any changes).