

QUESTION & ANSWER SESSION

Q1. Where does supported living fit?

A1. Supported living is an existing resource within the community that supports people to remain independent within the community and diverts them from more high cost, institutionalised settings. As a community asset and resource it will continue to feature as a key service which will be put in place to support provision/care packages in the future. However, it will not be purchased directly from this framework at this point.

Q2. Timescales – submissions and awards?

A2. Timescales will be placed on Pro Contract. Awards are staggered.

Q3. Will rates paid be increased?

A3. Cost of care is being reviewed and the Commissioning Partners are looking at supply, demand and capacity. A move to a comparable increase will depend on managing demand. Cost per hour will include travel and mileage rate. Non-framework packages will be temporary (time limited) and will be reviewed and returned to framework providers as soon as possible. The Commissioning Partners would like to work in partnership with Providers to find solutions to meeting demand.

Q4. Fee structure- will there be variations?

A4. Categories and associated costs will be defined. There will be a fixed price for domiciliary care. The Commissioning Partners know what they expect to pay. There are a number of opportunities.

The new framework will be flexible and encourage innovation under the Community and Innovation section. Providers will be able to tell the Commissioning Partners how they will manage work and work will be priced and awarded on this basis. A block contract approach is being considered for 'difficult to provision areas', where providing care packages is problematic due to geography, and Providers may need to employ staff in these areas.

Q5. Holiday periods – uplift?

A5. Uplifts have not been sequenced over the contract term. The Commissioning Partners need to declare a position on uplifts over life of the contract and test this approach with Providers. Specific arrangements for projected uplifts need to be put in place. This will enable Providers to set budgets.

Q6. Joint working with CCG – Nursing home rates matched by CHC?

A6. This has traditionally been a difficulty for CCG who work pan-Dorset. The CCG is now working closely with DCC and are aligning rates and personal health budgets with DCC.

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Q7. Where CCG packages have transferred to personal health budgets, Service Users have been encouraged to employ care staff which is detrimental to providers and impacts on staff training and supervision. How will this be addressed?

A7. Providers were asked to provide Simon Meers, CCG with evidence of where this is occurring. Personal health budgets are being promoted but it is acknowledged that this causes difficulties for both the CCG and Providers who are losing staff.

Q8. Residential placements – based on cost? Providers are accepting standard rates which are not outcome based/ based on Service Users' needs and wants.

A8. The Commissioning Partners have engaged with domiciliary care Providers, but the tender now includes residential and nursing care. Current rates are out of date and will be updated. The Commissioning Partners would like to apply the same principles being used for domiciliary care framework.

Providers would like one contact point when they need support. They are currently passed between Social Workers, District Nurses etc., who do not want to pay for resources from their budgets, and this is frustrating for Providers.

Q9. Community and innovation

A9. The Commissioning Partners do not want to describe solutions but will set outcomes in order to manage demand. We want to work in partnership with Providers to identify different ways of working, delivering outcomes and identifying gaps.

Joint events will be held on a regular basis to support the formation of networks and partnerships.

Q10. Will new framework only include new packages of care or will it also include existing packages?

A10. Existing packages will be transitioned to the new framework on review. It could take up to 12 months to transfer all existing packages but it is understood that Providers will want to receive new rates and benefits during the review period.

Brokerage arrangements are being reviewed to make them more effective and efficient. E-brokerage and different ways of working are being considered. Providers will be kept informed of developments.

Q11. Neurological conditions – Niche providers currently working with CCG – will there be a broad stroke to care packages?

A11. Niche Providers will not be excluded as they are meeting needs of community and specialist needs of Service Users. The Commissioning Partners are bringing as many services as possible, including the voluntary sector, into a single approach and joined up thinking to care provision.