**Q&****As from Provider Workshops**

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| **Provider Question:** | **Cornwall Council Response:** |
| If you decide to use geographical zones, what would they be? | There are multiple geographical zoning possibilities to explore:* Primary Care Networks (PCNs) – 15 groups of GP practices working together in one area.
* Integrated Care Areas (ICAs) – West, Central, North/East
* Postcode districts/clusters
* Community Network Areas (CAPS) – 12 areas
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| Boundaries can be more than just geographical – have you considered adding specialisms to the conversation? | We acknowledge that specialist care comes with its own challenges, and we would be interested in looking at “zoning” in terms of these boundaries also. Currently, there is an enablement aspect of the home care contract, but home care and reablement are not procured alongside each other. |
| Will the use of zones lead to the Council increasing the management of providers? | The intention of zones in our recommissioning model is intended to build a strategic partnership with key providers so that we can improve outcomes for the people who use our services, optimise capacity, improve productivity and workforce recruitment and retention. We want to take this to the stakeholder meetings to have a deeper discussion of what this could look like for providers and how it would be managed. |
| What is meant by paying Urban/Rural rates? | This would mean a varying rate of pay based on the typical travel distance/time spent for a carer to reach a package of care. |
| What stops providers leaving the contract and spot-purchasing at a higher rate than on contract (to meet other costs pressures, which are not just inflationary)? | We want to structure the new framework so that it is sustainable for providers. We are conducting financial modelling to determine what unit costs would encapsulate some of these pressures. Our expectation is that the contracted providers in the zone would organise themselves to ensure the demand can be met.  |
| Are you considering the level of ICB spot-purchasing locally within the model? | We recognise the issue of ICB spot-purchasing being higher value than we offer in the local authority, challenging the market. We will look at this in the wider modelling process going forward. |
| Will you consider alternatives to the lead provider model?  | An alliance/co-operative model has been suggested, which we would like to explore further with providers at our stakeholder meetings. |
| If you go down the lead provider route, how will that lead provider be selected?  | If we do decide to use this model, providers would likely be expected to bid for the lead position, we would not appoint a provider ourselves – but this is still all in conversation currently. |
| What will the timings be around putting out the tender? | The timings for the tender are currently being looked at. We will let providers know as soon as this is finalised. |
| Where will the line be drawn in terms of mandating what providers pay their care workers? | We are still in the process of conducting financial modelling and understanding what would work in Cornwall. We want a market that is sustainable and growing, with a balance of new providers entering the framework and a solid base of existing providers who have capacity to deliver the hours we need. |
| Will you be considering gross payments for this contract, with a Provider Portal to allow providers to check purchase orders and invoices? | Yes, this is something we will be looking into and are interested in developing as we continue our recommissioning planning.  |
| How can we receive support from the Council in recruiting international staff? | Our Proud to Care team is in close contact with the lead of a sponsorship for overseas recruitment in another local authority. Discussions are being had about how Cornwall can get involved also. The team will be happy to have a conversation about international recruitment with you. |
| What is meant by “Extra care”? | Extra care is additional support beyond a home care model for people who have care needs. This would include normal home care intervention with additional 24-hour support for Extra care schemes. |
| Hospitals have a way of recycling PPE equipment e.g. Gloves & aprons. In community care, not every home has yellow bags for recycling – Is this something the Council can address? | We are always looking for new ways to achieve carbon neutrality and reduce waste. We can look to work with the hospitals and learn how they recycle their equipment to see how this can be applied in community care. |
| Will there be a chance to further discuss a frontline staff vaccination programme. | Yes, we would like to speak about this more in-depth in the provider advisory groups. |
| Are you going to encourage feedback from some new voices around this engagement? | Yes – our engagement programme will continue into September 2023, and we will be reaching out to hear from as many stakeholders as possible. We will be facilitating advisory groups for providers and service users & carers. We are also putting out surveys on [Let’s Talk Cornwall](https://letstalk.cornwall.gov.uk/careandsupportathome). These include a survey for all members of the public, and another for carer workers specifically, to share their views with us. |
| Have you considered offering providers empty Council offices for use? Would be helpful with car parking and electric charging. | There are currently conversations ongoing with relevant council offices both senior and otherwise to explore this option in reality |
| Will the NHS be involved in any of the engagement or recommissioning process? | the NHS is involved in the engagement and consultation but the re commissioning is purely based from the Cornwall Council perspective |
| Will the CQC be involved in the consultation so that providers do not get caught in the cross-fire of service user complaints? (Apparently Martin Heuter was going to contact CQC and speak to 'an inspector’; providers asked to have proof in writing but that did not come). | CQC are part of our range of stakeholders that will be updated along with other stakeholders  |
| What would be the timescales with regard to the piloting/roll out of geographical zoning? | The zoning will be rolled out in phases from go live date – more details will be disseminated in due course |
| Are care need assessments still done on the phone? | The assessments ideally need to be carried out in person |
| Can there be a challenge to the initial assessments about how much clients can do themselves? | The review process can address this and this can be triggered by client/carers and family |
| How would carers move from one geographical zone to another? Would the Council support it? | Carers would drive and use other modes of transport the travel aspect of the emerging model would cater for this |
| How can the Council facilitate providers coming together? | We have already done this through setting up providers advisory group which can be accessed by emailing the joint commissioning email address |
| E-bikes - how would providers get out to visit clients in extreme weather? | More information to come |
| E-bikes – how would this work for rural/hilly areas? | More information to come |
| E-bikes – is there funding? | More information to come |
| The ‘Hotel’ initiative was mentioned - who orchestrated this; where did the money come from? | This is not a currently an initiative that is live or active- however, it can be addressed in the near future |
| Do Corserv work to the same ceiling rate as the rest of the market? | The model is still in progress and will be updated and shared with market in due course |
| Is Corserv Care as lead provider the expected direction of travel? | Using Corserv as the lead provider is one of the potential options, but it is not a “preferred” option. |
| Is there any correlation between group of tail spend & geography? |  |
| The Fair Cost of Care exercise is 2 years out of date. Has anything been done with it? | There will be payment made to cornwall council made as a result of the exercise. More information on amount and how it will be spent will rely on the relevant managers in commissioning who will be in touch in the autumn |
| There was a communication from the Council regarding full contribution clients – are the Council not responsible for client payments anymore? |  |