

Market Engagement Event 8 November 2016

Questions & Answers – November 2016



Document	Question	Answer
<p>Please note that the responses below are based on the knowledge and understanding the council has at the time of issue, and as such are subject to change.</p>		
1	Will all the work be offered to the lead provider in each area, who would then decide whether to provide the service themselves or sub contract to the other provider in the zone? Or will the council decide which provider is offered the work?	The Council has made the decision not to split Bracknell Forest into zones, so there will not be 'lead' or 'support' providers. Instead, providers can indicate whether they are bidding as a Group A or Group B provider, or either. We anticipate that Group A providers will be offered approximately 800-1000 hours support per week, and Group B providers 300-500 hours per week. These hours are indicative only and the numbers will be determined by the number of hours being provided on the contract start date. The allocation of work will be explained in the tender documents.
2	Will there be guaranteed hours, and if so, any penalties for not picking up work?	There will not be any guaranteed hours, and no penalties for not picking up work.
3	What will happen if neither provider in a zone can pick up a package?	Not relevant now, as there will not be any zones.
4	What will happen to people on a direct payment? Will they have to use the providers on the framework, or are they free to chose?	Free to choose

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5	Will the council provide any upfront monies to assist the successful providers to upskill their staff?	No, but the council may be able to assist by providing some training.
6	What impact will this model have on the grants the council provides? Will they continue?	Any decisions the Council makes on grants to voluntary organisations are completely independent of this review of domiciliary care.
7	Can the council explain more about the financial incentives? When would the provider receive them i.e. if the incentive is paid annually, based on the difference between the allocated budget and the actual spend, what would happen if the person was reassessed part way through the year and their service changed? What impact would this have on any monies due?	We are unable to answer at this time. Full details will be included in the tender documents.
8	If a provider wins secondary status in a zone will they keep existing clients in that zone or will these be transferred to new main zone provider?	Not relevant as zones will not apply

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9	Will secondary providers be able to tender at a higher hourly charge rate due to economy of scale?	The Council currently pays £16.71 per hour, one of only 10% of authorities to pay in line with HCA recommended amount, and do not expect to pay rates significantly different to this under the new contract.
10	Will a framework be introduced as a protective measure, if so, what sort of timescale?	There will inevitably be existing providers who continue to operate, both with private clients, and direct payment clients from those who choose to stay with the existing provider; we would continue to use those providers if none of the providers under the framework could pick up a package.
11	Are CCGs involved in this process?	They are aware but at this stage won't be a party to the contract.
12	In line with the LA's need to offer rehabilitation to all Service Users, will the LA open up its in-house training (or source appropriate training) for providers to train care staff to the same level as in-house rehabilitation team?	Not something we have thought about but we can consider it.
13	Will successful tenderers be tied to CM2000 or will they have an option after the tender for something different?	Whilst the council will require providers to have an ETMS system, providers will be free to use the system of their choice.

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14	How are the LA going to ensure all Service User groups needs are met having so few providers ie. Dementia, Sensory Impaired, Mobility Issues etc..?	Providers will be expected to support people with a wide range of needs. These will be specified in the specification.
15	How will the voluntary sector be funded?	There is no direct funding for the voluntary sector in this model. It is envisaged that the incentives built into the model for providers to create gain share will mean they may choose to pay for, or fund specific activities undertaken by the voluntary sector.
16	What will the process be for providers to share the gains with the voluntary sector?	The gain share made by domiciliary care providers is their income, and is intended to help make their business sustainable, whilst controlling prices, and helping to manage demands. It is not for the Council to dictate how providers utilise their own funds
18	Is the council looking for a voluntary sector lead provider also, to coordinate voluntary sector activity?	No
19	Does the 4,500 hours mentioned at the presentation include sitting services?	yes
20	Gain share – how long will it run for?	We anticipate that this will run for the duration of the contract
21	What is the definition of a 'typical' service user?	A breakdown of people currently being supported will be included in the tender documents
22	Can council provide statistical breakdown of people using the domcare service e.g health need, EOL, dementia	Yes

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23	% of people who will potentially meet the threshold for gain share	We can give the numbers of people and the hours they receive and how many need 2 carers at the same time, but we are unable to indicate the number of people who may potentially meet the threshold for gain share.
24	Can the council provide statistical figures to evidence the new model?	We are unable to provide this information as this is a new model.
25	How will direct payments work in relation to the model? Please explain how does the gain share would work?	The gain share will not apply to direct payments.