

QUESTION & ANSWER SESSION

Q1.	Timings – There will be a wage/ salary increase in April 2017. Current framework providers would like to know the approach to the living wage increase?
A1.	Uplifts for existing providers is ongoing at present. Cost of care element is being considered as part of this. Transition process and implementation of new rates are being developed. We are currently rethinking the approach to payment on transition and cost factors in this period will be considered and addressed. Commissioning partners have already met with trade unions regarding pay rates and discussed DCC's position and how this can be embodied in rates. HCA calculator is being used e.g. travel time and costs. Figures will be released as soon as possible and providers will be kept informed.
Q2.	Timescale for closure for clarification questions.
A2.	10 days before 5 May 2017.
Q3.	How many providers are expected to tender?
A3.	Not known at present.
Q4.	How will work be 'called off'?
A4.	<p>It is anticipated that providers will bid for areas and a price will be set. There will be a flexible approach and providers will be able to tell commissioning partners how they will manage work and work will be priced and awarded on this basis. Commissioning partners do not know how many providers will be included on the new framework. 50% of current framework are spot providers.</p> <p>There will be a fixed price and fair rate will be set. However, there may be a differential rate in some areas e.g. areas with high travel costs, which will be described in the schedule. Quality will be measured on the 6 ADASS outcomes. A systems approach will be used to manage demand.</p>
Q5.	When previous contract was issued provider was allocated 5000 hours but only received 240 hours – 8 packages in the Blandford area and a 72 mile round trip– how do you expect carer to do this? How will carer afford mileage and how will mileage be paid?
A5.	Commissioning partners are using HCA model/calculator which specifies mileage and rates which will be included in contracts. There will be a mileage and travel time element in rate. Commissioning partners have moved away from time and task approach. Cohort and geography will be considered.
Q6.	Quality – will quality be set out in practical terms?
A6.	Yes it will be. DCC's Quality Improvement Team will be proactive. Quality will be monitored in line with CQC. Providers will be informed of full details of quality expectations. There will be joint working with CCG partners and a single view of quality.

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Q7. Children's services – providers do not have expertise for children and will need training and CQC registration. Could a special framework be used?

A7. Children's services are a new addition to the tender and commissioning partners will support development but also acknowledge that providers may not wish to diversify.

Some things are aspirational and not possible on Day 1 of the new contract. Commissioning partners would like to work in partnership with providers to find solutions and address supply issues. It is anticipated that providers will be brought into the new framework which will facilitate new ways of working and diversification.

Action: Speakers from Children's Services to be included in Provider Forum meetings.

Q8. Electronic call monitoring?

A7. Commissioning partners are exploring opportunities in utilising electronic/ digital services and communication. This may be time and task focused which DCC would prefer to avoid. There is an opportunity for a provider portal in our new iCMS system which could be based on the trust assessor model with access to individual care records and care packages. There will be enhancements around invoicing and a block arrangement to set up purchase orders and payment automatically. This will improve providers' cash flow.

Q9. Packages were not removed from non-framework providers. Did this cost more?

A9. Commissioning partners will be taking more control of this and working more closely with operational teams. It may be in the service users' best interest to remain with a provider but this needs to be balanced with quality of provision and cost. Contracts will be issued which state that non-framework packages are temporary (time limited), will be reviewed regularly and returned to framework providers as soon possible. There will be benefits to being on new framework.

Q10. TUPE?

A10. It is important to have a robust approach to TUPE and make explicit our treatment of TUPE in relation to the transfer of staff. The biggest issue is around notice period and consultation with staff. Providers were asked to feedback on any issues or share examples of where approach worked well. Extra time has been added to allow for mobilisation. Links to various guidance will be place on Pro Contract.

Providers asked for transparency about care packages and if there is a TUPE issue that the provider is unaware of. Information will be transferred at point of handover and mobilisation.

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Q11. Workforce development opportunities - could enablement/ reablement training be provided online for providers to access?

A11. Commissioning partners are exploring workforce development opportunities and ways of supporting the workforce to engage in different ways of working.

Q12. What is the benchmark for the expected reduction in the number of hours?

A12. Commissioning partners are not working from a fixed number but are looking to develop, reward the market and incentivise providers to work differently. DCC is overspent but also a statutory responsibility. The long term position is to reduce spend.

Q13. After assessment if can take up to 12 -16 weeks to receive money – payment is further delayed if service user is deceased and goes to probate

A13. Commissioning partners are aware of the issue and will work on improving the approach.
