

**Question 1 - Please provide any comments you have about the section of the Specification that addresses the Outcome-Based Approach?**

**YOU SAID**

- 1.1 There should be an additional payment made for the extra time it will take to agree outcomes. Assessment of outcomes should be a collaborative.

**WE HAVE DONE / WILL DO/OTHER RESPONSE**

The assessment of a service user's outcomes is the responsibility of the Council. The provider will receive notification of the service users assessed outcomes and available budget well in advance from Reablement. It is then for the provider to agree with the service user the activities and tasks to meet these outcomes. This can be refined during the first weeks of service delivery. Providers can seek a reassessment of a service users budget and outcomes at any time.

**YOU SAID**

- 1.2 Section 4.7.1 fails to meet the needs of service users who require medication at minimum delivery times.

**WE HAVE DONE / WILL DO/OTHER RESPONSE**

The ability to deliver more flexible types of service and care package arrangements does not remove Providers' responsibilities to deliver essential care and support at specific days, times and intervals as required.

**Question 2 - Please provide any comments you have about the section of the Specification that addresses Partnership Working?**

**YOU SAID**

- 2.1 Information should be shared securely with possible extension to the co-location of contracted parties.

**WE HAVE DONE / WILL DO/OTHER RESPONSE**

The details of exactly what information is required to shared, when and how will be confirmed during the implementation of the new contract. Any requirement to share information will incorporate appropriate levels of security.

The physical co-location of different service elements would be not be practical in the short term ,not least because details of the Council's move to four localities and the integration of Health and Social Care have not yet been finalised, however this could be an aspiration in the future. Proposals to ensure close operational partnership, such as weekly meetings between Reablement and the contracted Provider, are already embedded and will be enhanced during the implementation of the new contract.

**Question 3 - Please provide any comments you have about the section of the Specification that addresses Scope?**

**YOU SAID**

- 3.1 The contract does not appear to cover any services for clients over 65 with a learning or physical disability. Also, the scope provides for shopping services which are not available under other Self Directed Options.

**WE HAVE DONE / WILL DO/OTHER RESPONSE**

New referrals for people over 65 with a physical or learning disability are excluded from this contract but will be the subject of a separate contract. Shopping services are rarely provided and usually form part of a larger support package for an individual. They are not provided as a stand alone service. If assessed as being appropriate, shopping is available under all SDS options .

**Question 4 - Please provide any comments you have about the section of the Specification that addresses Responsibilities?**

**YOU SAID**

- 4.1 Further information was required on: the administration of controlled drugs; arrangements on service changes; service termination procedures; the arrangements for more flexible service delivery within allocated time; the required formats of personal plans and the options for alternative services.

**WE HAVE DONE / WILL DO/OTHER RESPONSE**

The service specification has been updated to clarify the administration of controlled drugs ( para 5.3), the arrangements for more flexible service delivery (para 3.2.3), and options for alternative services (para 3.2.5). The council may issue guidance from time to time on a range of procedures , including service termination, as stated in para (3.8.1). Service changes that can be met from within the agreed budget, and arise from consultation with the service user and /or their unpaid carer, do not have to be agreed by the council. The proposal for a more flexible way of working is intended to facilitate this. If the service changes require an increase in support or a reduction the Provider shall request a review. The Council does not want to prescribe the format for Personal Plans as many providers already have their own in place. However the Council may issue guidance based on good practice at a future date.

**YOU SAID**

- 4.2 The proposals on contract price and fixed percentage payment terms does not reflect increased administrative costs to providers or the challenges in recruiting and retaining staff.

**WE HAVE DONE / WILL DO/OTHER RESPONSE**

The new contract structure offers significantly larger volumes of service to individual providers - estimated at between 3,000 - 6,000 hrs concentrated within small geographic areas. This offers significant economies of scale and operational efficiencies. In addition, the 90% automatic payment term reflects current pay rates for direct care delivery, reduces payment administration and allows providers to be more flexible and innovative in how they deliver personal plans.

**YOU SAID**

- 4.3 Being responsible for all referrals in one area is too high risk for a single provider.

**WE HAVE DONE / WILL DO**

The risk to contracted providers has been mitigated in several ways. Firstly, the contract scope has been narrowed to cover just older people and will exclude sheltered housing complexes. There is also work underway with the voluntary sector looking at ways of increasing capacity around "linked" services such as day centres. Both of these will help with capacity with the contracted service. Secondly, the contract is open to consortium bids in which providers can work together to cover a single area. This is enhanced by the ability of contracted providers to work with the contracted providers in neighbouring areas. Thirdly, closer partnership working, especially with CEC reablement service, will give contracted providers significant notice as to the volumes and nature of referrals well in advance to them having to provide service. Finally, the proposal for block volume commitments in each area will provide security as to minimum levels of income.

**Question 5 - Please provide any comments you have about the section of the Specification that addresses Performance Indicators?**

**YOU SAID**

- 5.1 Weight should be given to other performance indicators , such as grading continuity and quality assurance standards. Monitoring of Key Performance Indicators is unnecessary, difficult to compare across providers, and the levels are too high. What would the monitoring arrangements be for sub-contracted providers?

**WE HAVE DONE / WILL DO/OTHER RESPONSE**

The stated minimum monitoring requirements, including minimum required care inspectorate grades, are standard practice and will apply equally to all providers. Although welcome, there are no agreed universal requirements for external quality assurance standards so these could not be assessed equally across all providers.

Validation, by the Council, of the quality of services it purchases is essential. The requirements involve the submission of fixed standardised data, which should be automated within each provider's system, and the levels reflect the standards that service users, and the Council, expect of a high quality service. The contracted provider will be responsible for the monitoring of any contracted service that it cannot provide directly and has decided to sub-contract.

**Question 6 - Please provide any other comments you have about the Specification?**

**YOU SAID**

- 6.1 The proposed 90% payment rate means that services will be paid at the equivalent of £13.50 an hour.

**WE HAVE DONE / WILL DO/OTHER RESPONSE**

The contract payment proposal is to pay 90% of the weekly commissioned budget, not to reduce the hourly payment rate. This proposal is based on three years of evidence that actual real-time direct care delivery, in comparison to commissioned budget, never exceeds an average of 90% even for the very best performing provider. Also, the Council will not be prescribing a number of direct hours to be delivered under a certain budget. Exactly what and when services are delivered will be for the provider to agree with the client which offers both much greater flexibility in how the budget is used.

**YOU SAID**

- 6.2 The proposed contract terms are as difficult as current terms, if not harder.

**WE HAVE DONE / WILL DO/OTHER RESPONSE**

The contract proposals offer providers significantly more, and guaranteed minimum, service volumes within much concentrated and defined geographical locations than currently. It also offers much greater flexibility in what and when services are delivered with longer advance notice of services that will be required. As such, monitoring arrangements are less onerous with relaxing of the key performance indicators. Finally, the payment terms at least match current arrangements but with a significant reduction in administration. Significantly, the payment continue during service absences which will allow more secure budgeting and service continuity.