

Care at Home Consultation Meeting

Tuesday 19th May 2015

Questions and Answers

Q. In view of the administrative requirements faced by providers, can you advise how many packages of care might be involved in a contract?

A. There are currently around 200 packages of care per neighbourhood, equating to around 2,000 to 3,000 hours per week, and there are over 2,000 packages of care throughout the local authority area. Volumes may well increase and any proposed exclusions, for example for provision of care at home in sheltered housing, cannot be imposed on service users, who may choose to remain with or obtain service from a provider under SDS. The Council is keen to reduce unmet demand for care at home and ensure that resources are available to reduce that unmet demand, so we may look at other ways of releasing resource, for example the day centre “hub and spokes” model for provision of care services. However we will keep you advised of any proposed changes. Across the board, we expect that the scale of demographic change will mean no loss of business, as there is unmet demand and growth in demand is currently forecast at 12% per annum. Regarding overall volume of business, the tender may allow you to bid for as many neighbourhoods as you wish. However we need to take account of the risk involved in allocating more than one neighbourhood to a provider, so you may not be awarded more than one or two neighbourhoods. How contracts will be awarded will be set out in the tender documentation.

Q. Will meals be a separate service?

A. We are not proceeding with a separate meals service in the foreseeable future. We would like to see providers using their initiative and the flexibility in the contract to come up with innovative and helpful arrangements, as “food” is high up on the service users list of priorities and clearly a big issue for care at home.

Q. What will happen to the Council’s in-house service?

A. We expect that in-house provision of “mainstream” requirements will end and that in-house resources will mainly be focused on difficult cases. We cannot be absolutely certain what lies ahead, as all of the Council’s activities are under review as part of the transformation project that is currently underway. However, we anticipate that, generally speaking, external provision of care at home services will increase and in-house provision will decrease.

Q. Will there be changes that could involve TUPE from in-house services to external provision?

A. All of the Council’s services are under review, so that may happen, but we cannot say one way or the other at the moment.

Q. Will there be any differentiated payments, for example to cover additional travel time and costs?

A. No. This will be a fixed price contract. It is forecast that there will be growing demand for care at home services and care homes, so these are areas of operation where business growth is expected to enable providers to benefit from increased demand and achieve efficiencies that way.

Q. What sort of information will we need to supply about hours of service that have been provided to individual service users?

A. During the lifetime of the contract we would like to move the emphasis on reporting from hours to outcomes. For example, if one of the desired outcomes is for the service user to “feel safe”, a combination of telecare and direct visits may provide an innovative, combined solution that is acceptable to the service user and the Council. We would not wish to stand in the way of this sort of development. In the short term, however, we still need to be clear about how much resource is being provided. The contract duration is planned to be 3 years plus options to extend for two 1 year periods (3+1+1), therefore we hope to be able to achieve a culture change by the time the contract comes up for replacement in 2019 or later. There may well be an impact on contract monitoring and we would expect to be able to share in any significant savings that arise from efficiency gains in due course.

Q. What are the requirements for contact with hospitals if service users are hospitalised for lengthy stays?

A. We would like providers to be in contact with hospitals when service users are hospitalised for a short period, so that the discharge is facilitated if they are going back to the provider without having to go back to Reablement. If service users are hospitalised for lengthy periods, it is likely that they will go back to Reablement. In general, we would also like providers to be in contact with Reablement, for example through an assigned contact, so that there is a shared awareness of what is happening.

Q. What will be your communications strategy for service users?

A. Our designated communications officer, Dorothy Hill, will be fully involved in developing the strategy before we commence the formal procurement and issue the tender. We would intend to write to service users at that point and in December, after contract award, to keep them informed about their options. We should say that it is also important that providers must avoid creating any perception that service users are being pressured to stay with providers. Providers can contact our communications officer, Dorothy Hill, for assistance with issues to do with communications.