

Questions & Answers

Meeting Title: Cornwall Partners in Care, Care Homes Meeting

Date: 22 May 2019

Time: 10am

Location: Crossroads Care Home, Scorrier

Chaired by: CPIC

Questions and Answers

Q	Uplifts for 2019/20, when will providers receive the outcomes?
A	KA asked providers to let her know if had not received information as this has been sent out by post in the last few days.
Q	How will contract monitoring work, will the Quality Assurance team still be involved as contract mentions Healthwatch? QA team are really good.
A	Healthwatch have the power to enter and review care home services but this will continue be separate from the Council and NHS Quality Assurance processes. The Quality Assurance process will continue to evolve as the contractual agreement and service specifications are developed and joint working is achieved.
Q	Has the NDMS requirement been removed?
A	Yes
Q	Difficulty with original contract around core staffing in particular, will this be aspirational or a requirement in future?
A	The hours included in the original draft were taken from the Laing Buisson benchmarks and have been used to calculate Usual Maximum Price. Locally, providers have reported that the nursing recruitment would be difficult to agree. These hours are included in the service specification as indicative but are no longer a Key Performance Indicator.
Q	Termination clause query around the retention of records requires clarification
A	Retention period of 12 years is included because the Contract is sealed. This will be reviewed.
Q	LD/ autism – When the CQC undertake inspections they have identified shared care as not compliant with <i>Registering the Right Support</i> . This is different to the Council’s approach to support planning, which include shared support.

A	The care and support plan would set out the level of care required to meet the person's assessed needs. This might include use of shared or background support.
Q	Joint commissioning – If the Council and the NHS are moving towards same contract and specification, will rates be same across both? Providers are being expected to sign up to same service specification for both and there are significant differences in payments now. LWFR would have an impact. This year is first time since 2016, we have received uplift from Health.
A	We do recognise in some cases there is a gap between the commissioned rates between the Council and Health, understanding of the breakdown of care home costs will be key in progressing this to a more aligned position. A high importance has been placed on the onward care part of the system to ensure the right care is being commissioned at the right level of funding but this work takes time and a trajectory to close the gap is being worked on.
Q	Will the NHS duplicate the fee methodology used by Council or whether doing own?
A	Fair Cost of Care project was established to ensure there was a fair and transparent fee methodology that reflects the actual cost of care in the local market. This is evolving over time and the Council and NHS are working together with the market to ensure this approach continues. The Cost Breakdown helps the Council to understand the costs for particular providers and can learn from this feedback over time.
Q	Usual Maximum Price is based on Laing Buisson but does not take into account the different costs in the local market.
A	FCC survey was sent out in 2017 but insufficient information was received to ensure it was representative of the market. The Council therefore used Laing Buisson tool benchmarks. The Council and the NHS will continue to work with the market to ensure this reflects the local costs.
Q	Price per resident would not necessarily give a true picture as accounts tend to be 12 months behind and could end up costing incorrectly in a simplistic form
A	Tried to give high level headings. Particularly on levels of care provided if this is outside of the expected range.
Q	Are there going to be Contract Review Meetings?
A	In the interim the Council will use the SCOT matrix which will allocate how often CRMs will be undertaken. Explained Strategic and Critical will be quarterly for 10 providers and they will also have an annual meeting. The remaining providers will have annual contract review meetings but this can increase where risk issues are identified. A joint approach will be developed for this from April 2020.
Q	With all the pressure to sign contracts and providers budgets being set November previous year, could we continue to work with Council for this year and then sign joint contract?

A	<p>Council - Providers have choice around whether they sign contract but placements from July onwards will go to those that have signed before those that have not. The Council want to understand the reasons for not signing and have dialogue with providers. A huge amount of work has been undertaken on the contract with CPIC.</p> <p>NHS – NHS England set the terms that CCGs use.</p> <p>Two different statutory bodies coming together is challenging in this area. The Council is aligned with NHS terms and conditions. NHS has a different organisational approach. NHS contract will be the standard one plus the aligned specification. The Council and NHS Kernow need to understand the red lines for providers that will mean they are unable to sign.</p>
Q	How satisfied are you around number of providers that will sign and how will it work if a low number sign?
A	The Council will prioritise those that sign the contract and there will be an exceptions process for exceptional circumstances.
Q	Where does client choice come in if provider has not signed the contract?
A	Care Act states that the Local Authority is only required to make placements with providers who have signed a contract.
Q	Insurance requirements are an issue.
A	Asked providers to share information, previous feedback received had been itemised on the responses sent out to providers. Full information on the website around the Contract and Service Specification, changes made and feedback.
Q	Have asked CPIC to look at all of the information
A	Explained that had gone through the whole contract with CPIC lawyers
Q	Cannot afford to pay staff minimum of LWFR
A	<p>Explained that the Council has allowed 12 months already for provider to implement LWFR and have now limited this to care staff for this financial year.</p> <p>Usual Maximum Price - If providers feel costs are higher then would need to complete cost breakdown to justify anything above this. Would place above UMP if this is necessary.</p>
Q	Insurance and indemnity liabilities – Providers are having difficulties finding affordable cover.
A	<p>The Council has worked with CPIC Lawyer and the Committee Members spoke to insurance brokers to discuss and agree the requirements. The Council understood this had been discussed between CPIC and Providers. The Council asked for feedback to be sent to Richard for composite to be sent to the Council.</p> <p>The Council asked CPIC to share information about insurance with providers.</p> <p>NHS asked providers to feed back about issues arising to allow for variations to enable them to sign the agreement.</p>
Q	Nursing Home - Have implemented LWFR although not getting increase in fees from the NHS.
A	The Council and NHS Kernow are working together to align the fee methodology.
Q	Contract would be end of small providers due to additional costs
A	The Council and NHS Kernow are committed to work with all providers in the

	market and welcome feedback from all types of organisation.
Q	Can the Council postpone the new contract until April 2020
A	Huge amount of work has been done with CPIC and providers. The contract is intended to protect the residents, providers and commissioning organisations.
Q	Need to have reliable form of communication
A	The Council and NHSK have standard email addresses to ensure communications are directed to the relevant person. If feedback has not been responded to please resend or contact the team directly.