

Residential and Nursing Provider Engagement event – Friday 14th July

We held two sessions (AM/PM) to engage with current care home providers on what is working well and not working well within their current contract.

The below are combined notes from these sessions:

What is working well?

- Queries around finance and payments are dealt with very quickly. The team are very responsive to queries and are willing to take ownership and follow up with other individuals and teams as required.
- Brokerage teams from an operational view work really well with operational staff and are very responsive to queries.
- More collective exploration of TEC is needed and is something providers are willing to engage in.
- Providers hold a good relationship with Sirona and attend 6 weekly meetings with them alongside BCC for the pathway 3 beds. There are sometimes issues with some delays in assessments, but these are raised via the meetings and quickly resolved.
- Providers have meetings with South Gloucestershire commissioners monthly to discuss any issues.

Current Challenges:

Communication:

- A particular challenge is the silo element of the contracting. Support from providers could be more effective and efficient if the teams worked together, especially where providers operate under more than one contract. Teams are too preoccupied with their separate budgets and contracts. E.g., an individual with complex needs requiring specialist equipment was ready for discharge but had to wait for provision of equipment to be authorised.
- An ongoing issue includes waiting for a response from brokerage regarding a client including where they are, access to the support plan and arranging the assessment. Once the information is confirmed, the persons need have often changed due to the loss of time.
- There have been times where residents have been placed or the funding stream has been reverted/ they are no longer being made a permanent resident and due to operational issues and the provider have had to communicate this information to families.
- Communication by secure email – the proof point system is very challenging. Proof Point does not allow forwarding of emails to others and to follow the email chain is very challenging, especially as the messages expire/ access is lost.

Process:

- The current framework and quality monitoring practice does not give the opportunity to share good practice and does not monitor equality.
- Validations for 1:1 hours can be quite complicated to manage depending on the mix of individuals within the service, this can be especially challenging if a provider has individuals from multiple local authorities.
- Providers are being asked to consider packages for people with low needs but increased risk around self-neglect/ fire risk and forensic history. Finding ways to support people that

probably wouldn't of been considered 5 years ago can be challenging. This leads to the need to upskill staff via training which is an increased cost which isn't reflected in the package pricing.

- When holding a bed once the placement has been confirmed, there can be a delay with the admission date and this delay is not covered by the fees.
- The conversion process from Pathway 3 to Bristol City Council funded beds can be difficult.
- The Pathway 3 process slows down and communication is poor if there is a gap in social worker presence i.e. due to annual leave or sickness. Providers are often talking to the families and filing in information that has not been communicated.
- Inaccuracies/ omissions in paperwork cause placement delays or refusals. Quality of paperwork provided by practitioners is inconsistent. If there are gaps in information provided, providers might interpret it as an 'unknown risk', either in relation to the individual or the people they will be living with and decline referral.

Recruitment:

- Ability to recruit has improved from last year but some areas of Bristol are still a challenge. Staff have more restrictions around times they are able to work than seen previously.
- The Clean Air Zone can be an issue for recruitment as individuals may no longer be able to travel through this area resulting in the need to change their work style/locality preferences.
- Providers are unable to match NHS terms and conditions, so it is very difficult to recruit nurses to posts. This impacts service continuity and delivery.

Estates:

- Neighbours can be an issue when managing increased complexity. Compatibility of the area as well as others living in the service needs to be considered carefully.
- There are increased levels of physical disabilities and wheelchair requirements in current cohorts. This is manageable in a purpose-built property but not if you already have a property that does not meet these requirements.
- Challenges with maintenance of buildings, adaptations, and regulation compliance. This can be very costly and complex to manage.
- Some landlords are helpful with regular meetings, but some are more difficult to have discussions with about spaces.
- Overheads, maintenance, utilities, and rising costs across the board are a challenge for providers. High numbers of unpredictable costs and an unpredictable market can impact margins.

Opportunities for change:

Specification/ Framework:

- Generally the specification is fit for purpose, but this needs to be linked more effectively to the Quality Assurance approach.
- Service specifications are significantly large, it would be helpful to have the essentials across 2 or 3 pages in bullet points with electronic hyperlinks to relevant guidance.
- Providers who deliver different service types would like the single framework to enable them to offer their range of services to individuals e.g. provide a short stay in their nursing home to enable them to return to supported living.
- Can the new framework look to reduce the overall onboarding work required?

Tender Process:

- The previous tender was a big submission with providers submitting 26 attachments including responses to questions, policies, and examples. A smaller submission would be more beneficial.
- Simplifying the initial tender and opportunity can sometimes make the process of applying for packages lengthier, we need to learn from other areas and make sure this does not happen.

Training:

- The contract/ specification has certain stipulations but when you are dealing with the social workers or colleagues outside of commissioning, they often do not know the content. Specification focused training would help resolve this.
- Some simple how to guides around residential and nursing care being shared with staff would be beneficial.
- Individuals who do Quality Assurance visits need to be fully trained in and aware of specification. It can be difficult for providers to know what they are being assessed against due to crossed wires.
- Training for staff around what does and doesn't need to be secure emailed would be helpful.

Communication:

- Communication between brokerage and finance around changes to respite needs to be improved. A 5-day notification period around respite bed extensions or closures would be allow better planning and utilisation of resource and voids.
- Communication breakdown between brokerage, practitioners and providers costs time, money, and resources – particularly surrounding self-funders and thresholds causing significant delay in payments.
- The speed of funding authorisation and being clear around when this may take longer due to complex circumstances needs to be communicated with providers.
- There have been several cases where providers have been asked for emergency placement, rushed to assess, and responded to confirm acceptance of an individual and then not been contacted again. This creates voids and consumes resources. The communication loop for this needs to be improved.
- Social workers to face to face assess, this is the only way to effectively capture need and reasoning behind increasing support. Need to get back to pre-covid familiarity between assigned social workers and services.

Pricing:

- The current specification refers to 'taking note of exceptional circumstances' around pricing, this does not happen.
- Annual uplifts need to be linked to real living wage increases rather than the current calculation being used which includes JSI.
- Significant resource has been committed to completing the Care Cubed tool with providers then being sent hourly rates that bare no relation to the exercise. Clear commitment and consistency is needed around pricing tools and methodology.
- The provider view is that quality services can only be achieved if they are supported to be viable and sustainable and want to get on the framework.