

CONTRACTING FOR CARE FORUM

Venue: Town Hall,
Moorgate Street,
Rotherham.

Date: Wednesday, 9th November
2005

Time: 1.30 p.m.

A G E N D A

1. Apologies for absence
2. Minutes of previous meeting (copy attached). (Pages 1 - 3)
3. Matters Arising
4. Staffing Issues
5. Feedback from Liaison Forums (Liz Bent/Margaret Pykett/Mike Rogers)
 - Voluntary Sector
 - Residential and Nursery
 - Domiciliary
6. Longer Term Contracts (David Lisgo) (report herewith). (Pages 4 - 8)
7. Adults Planning Arrangements (Doug Parkes) (report herewith). (Pages 9 - 16)
8. Older People's Inspection (verbal report)
9. Any Other Business.
10. Date and Time of Next Meeting.
 - Wednesday, 11th January, 2006
 - Wednesday, 22nd March, 2006
 - Wednesday, 24th May, 2006all at 1.30 p.m.

CONTRACTING FOR CARE FORUM
4th May, 2005

Present:-

Councillor A. Gosling (in the Chair).	Cabinet Member Advisor for Social Services
Councillor G. A. Russell	Chair - Social and Community Support Scrutiny Panel,
Margaret Pykett	Voluntary Sector Providers (Elderly) rep.
Elizabeth Bent	Rotherham Crossroads, Caring for Carers
Gill Mennell	Rotherham Primary Care Trust
Maurice Bartley	Specialist Residential Homes rep.

Officers:-

David Hamilton	Head of Adult Services,
David Lisgo	Adult Services
Doug Parkes	Adult Services

Apologies for absence were received from:-

Councillor Maurice Kirk	Cabinet Member, Social Services
Glennys Oliver	Nursing Homes (Older People)

16. MINUTES OF PREVIOUS MEETING

Agreed:- That the minutes of the meeting held on the 16th March, 2005 be accepted as a correct record.

17. STAFFING ISSUES

It was reported that at regular meetings with service providers, recruitment and retention of staff was discussed and action to improve the situation was ongoing.

Concerns of the Independent Sector were to be raised at the next Domiciliary Care Forum.

Reference was made to the turnover of staff, particularly those qualified and had moved on for better opportunities. It was acknowledged that work was required to improve the situation in order to ensure quality of service.

As part of a workforce development programme, there were proposals to raise the job profile and consider issues for the longer term.

18. OLDER PEOPLE INSPECTION - UPDATE

David Hamilton reported that the above inspection has recently started, the initial areas of interest being :-

- strategies
- Partnership arrangements including those with the independent sector
- links with Primary Care Trust
- involvement/informing of councillors
- staffing issues

Further information would be given at the next meeting.

Agreed:- That the report be received.

19. REVIEW OF COMMUNITY BASED SERVICES - UPDATE

David Hamilton reported that the consultation process had been completed, the response rate being low.

Analysis of the process was in hand and a report thereon prepared including an Action Plan.

It was noted that a Public Meeting on the review had been arranged for 9th May, 2005 which would include the Action Plan details.

Agreed:- That the report be received.

20. ADULTS PLANNING BOARD REPRESENTATIVES FROM INDEPENDENT AND VOLUNTARY SECTOR

David Hamilton outlined the new planning arrangements for Adult Services.

It was clarified that the arrangements for Adult Services would be separate as there would be separate arrangements for Mental Health, physical impairment etc., The Adults Planning Board was for Older People and Learning Impaired.

It was noted that the full structure had been submitted to a meeting of the Cabinet Member for Social Services.

Concern was expressed at the possible risk of losing some independent/voluntary representatives and the need to have the right type of committed representatives.

There was a need to ensure that work of the present groups was not lost and that they should be informed of what is happening under the new arrangements.

Agreed:- That details of the new Adults Planning arrangements be submitted to the next meeting of this Forum.

21. LIAISON FORUMS - FEEDBACK

Agreed:- That future agendas include feedback information from the three liaison Forums to be given by Provider Representatives.

22. VOLUNTARY SECTOR FORUM - FEEDBACK

Elizabeth Bent informed the meeting that the forum was working well, particular pleasure being expressed at the three year contract situation.

Issues being worked on were recruitment and retention of staff, possible pay incentives and retainer payments.

The work of the group was outlined.

How future agendas of the Voluntary Sector Forum were formulated was to be considered.

Agreed:- That the report on the Voluntary Sector Liaison Group Forum be received.

23. G.P. VISITS TO NURSING HOMES

Gill Mennell reported on difficulties being experienced by homes in getting G.P's to make visits which had been raised at a meeting of Nursing Home Managers. Work is currently ongoing to collate evidence of the scale of the issue.

Agreed:- That a report be submitted to a future meeting.

24. PROVIDER REPRESENTATIVES

It was reported that Ian Hackett had retired and a replacement representative to sit on the Forum was required. The Forum noted the good work done by Ian Hackett and wished him well for the future.,

Agreed:- That the appreciation of his work, particularly in respect of the Contracting For Care Forum, be conveyed to Ian Hackett with best wishes for the future, and that a replacement nomination be sought at the next meeting of the Independent Sector Liaison Forum.

25. DATE AND TIME OF NEXT MEETING

Agreed:- That the next meeting be scheduled for Wednesday, 6th July, 2005 at 1.30 p.m.

ROTHERHAM METROPOLITAN BOROUGH COUNCIL**CONTRACTING FOR CARE FORUM.****MEETING WEDNESDAY 9TH NOVEMBER 2005.****Longer Term Contracts and Service Level Agreements (SLA)****Background**

At the meeting of the Contracting for Care Forum on 16th March consideration was given to the content of a report which related to a change in practice if awarding care contracts with Residential and Nursing Homes, and Service Level Agreements with Independent/Voluntary partners, with a view to contracts being awarded for a longer term than the existing 12 month period.

The report submitted set out the position at present.

Providers were seeking longer term contract periods in order to promote stability with regard to staffing and investment, thereby better addressing quality issues.

The advantages of awarding contracts for a minimum of 3 years were outlined.

It was clarified that the contracts would still include formal periods of notice to terminate a contract and to continue with existing consultation arrangements about future strategies and policy changes.

It was proposed to introduce a staggered programme of awarding contracts/Service Level Agreements, for period of 3 years with a third of them being let each year. The advantages of this proposal were reported.

Discussion took pace on the arrangements being available to all partners. The intention was to consider this, resources permitting.

Agreed:- (a) That the principle of care contracts being let for a minimum of 3 years be supported but the proposals be first referred to the liaison groups for comment prior to any other action being taken.

(b) That the outcome of discussions with the liaison groups be reported to a future meeting of this Forum.

Consultation at Liaison Forums

The issue of longer term contracts has now been considered at the three Liaison Forums - Voluntary Sector on 8th June, Domiciliary Sector on 15th June and Residential Sector on 20th July 2005.

At each Forum there was general support and enthusiasm by providers to move towards longer term contracts and discussion focused on the practical issues needed to be overcome in order for such arrangements to be phased in.

Three options were considered which would allow a staggered introduction. These options are set out as appendix 1 to this report.

The merits of each option were considered and there was general agreement across the Forums that although option 3 would provide an even annual program of work for contracts team there would be difficulties in determining and agreeing which third of contracts should be let in the 1st and 2nd years.

The Voluntary Sector had expressed a strong preference for Option 1.

The Domiciliary Forum had expressed some preference for option 2.

There had been no preferred option from the Residential Forum.

It was noted at all of the Forums that Option 1 would allow the principles of 3 year contracts to be achieved with the minimum disruption to providers. There would however be significant impact on Contracts team in year 1 in preparing for a shift to whatever new arrangements took place. In future years however this would even itself out.

Although there was a preference for option 2 from some domiciliary providers concern was expressed that this option did present serious potential disruption to service users if a provider lost a contract and service users had to move to another provider. Option 2 also had a potential to create a single provider market. Although this could provide potential lower tender prices initially there would be concern at a reduced market in future years.

Recommendation

That a program of awarding contracts for periods of 3 years be introduced with effect from April 2006.

That contracts be awarded as set out in Option 1

Author David Lisgo Commissioning and Contracts Manager.

Appendix 1

OPTION1

06	07	08	09	10	11	12	13	14	15
VOL SECTOR 3 YEAR SLAS			VOL SECTOR 3 YEAR SLAS			VOL SECTOR 3 YEAR SLAS			VOL SECTOR 3 YEAR SLAS
	ALL CARE HOMES			ALL CARE HOMES			ALL CARE HOMES		
CENTRAL DOM CARE			CENTRAL DOM CARE			CENTRAL DOM CARE			CENTRAL DOM CARE
NIGHT VISITING			NIGHT VISITING			NIGHT VISITING			NIGHT VISITING
	SOUTH DOM CARE			SOUTH DOM CARE			SOUTH DOM CARE		
		NORTH DOM CARE			NORTH DOM CARE			NORTH DOM CARE	

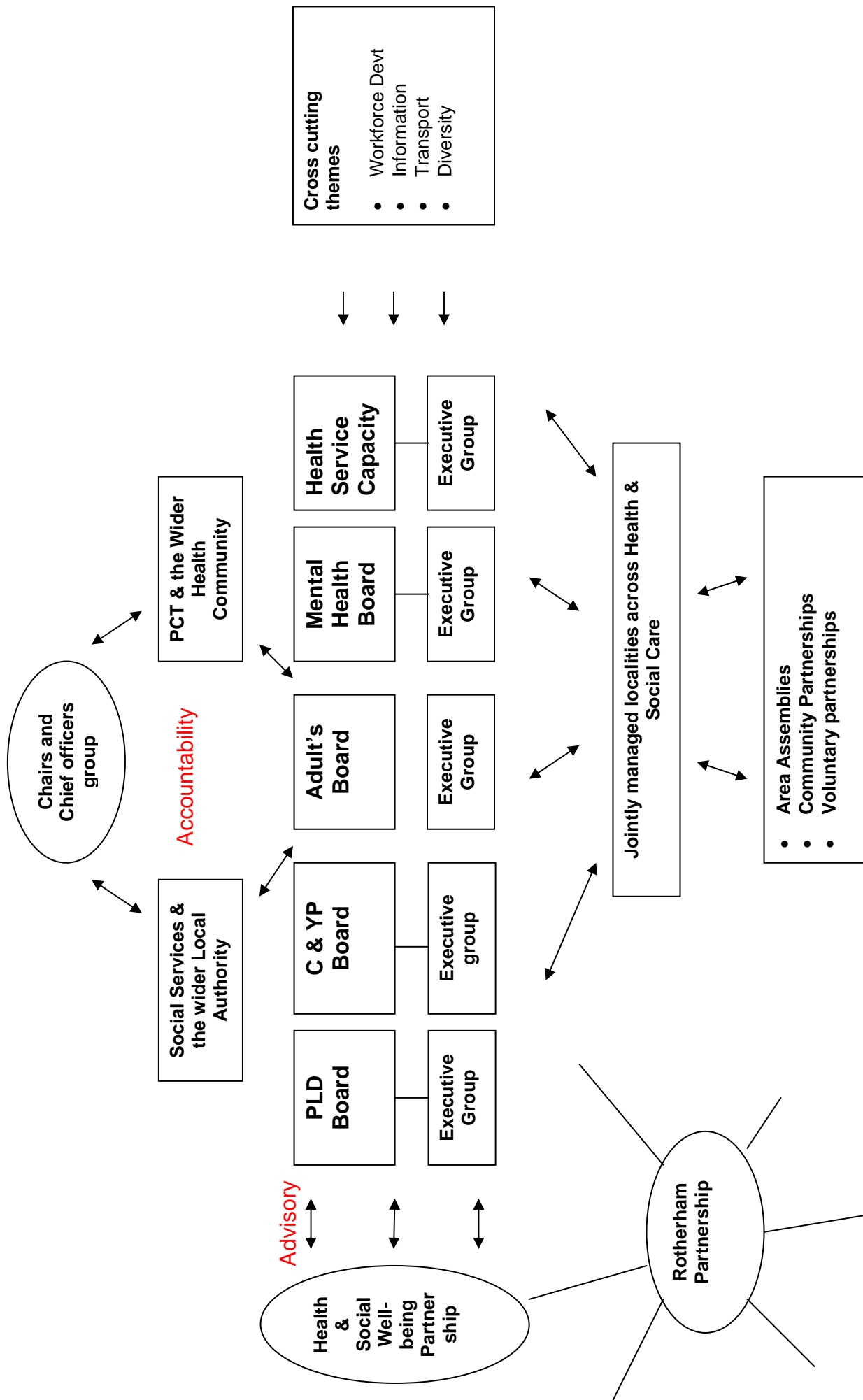
OPTION 3

06	07	08	09	10	11	12	13	14	15
1/3 VOL SECTOR 3 YEAR SLAS 2/3 R-OVER			1/3 VOL SECTOR 3 YEAR SLAS			1/3 VOL SECTOR 3 YEAR SLAS			1/3 VOL SECTOR 3 YEAR SLAS
	1/3 VOL SECTOR 3 YEAR SLAS 1/3 R-OVER			1/3 VOL SECTOR 3 YEAR SLAS			1/3 VOL SECTOR 3 YEAR SLAS		
		1/3 VOL SECTOR 3 YEAR SLAS			1/3 VOL SECTOR 3 YEAR SLAS			1/3 VOL SECTOR 3 YEAR SLAS	
1/3 CARE HOMES – 3 YEARS 2/3 ROLL OVER			1/3 CARE HOMES – 3 YEARS			1/3 CARE HOMES – 3 YEARS			1/3 CARE HOMES – 3 YEARS
	1/3 CARE HOMES – 3 YEARS 1/3 ROLL OVER			1/3 CARE HOMES – 3 YEARS			1/3 CARE HOMES – 3 YEARS		
		1/3 CARE HOMES – 3 YEARS			1/3 CARE HOMES – 3 YEARS			1/3 CARE HOMES – 3 YEARS	
CENTRAL DOM CARE			CENTRAL DOM CARE			CENTRAL DOM CARE			CENTRAL DOM CARE
NIGHT VISITING			NIGHT VISITING			NIGHT VISITING			NIGHT VISITING
	SOUTH DOM CARE			SOUTH DOM CARE			SOUTH DOM CARE		
		NORTH DOM CARE			NORTH DOM CARE			NORTH DOM CARE	

Need to decide which provider falls into which third

AGENDA ITEM 4 – CONTRACTING FOR CARE FORUM

Future model for planning



THE ADULT BOARD TERMS OF REFERENCE *DRAFT*****

Purpose

To plan together the best possible services and support arrangements for Rotherham adults. To ensure that the Voluntary and Community Sector has a voice in planning arrangements.

Membership:

Four nominees from the Primary Care Trust.

Four nominees from the Local Authority.

Planning lead for adults - PCT/Social Services

Nominee from the Voluntary and Community Sector

Representation from users and carers

- Adult Board membership will be reviewed after six months and then every two years, unless there is a specific request for a review which is agreed by a quorum.
- Any members nominated or elected to be on the Board may terminate their membership in writing.
- Members of the Board must have named deputy representatives who will attend meetings on their behalf where necessary. Where neither the member nor the member's deputy is able to attend, the Board member is responsible for arranging an alternative representative.
- Members of the Board should, wherever possible, be able to make decisions on behalf of their organisation/sector without having to report back or seek guidance.
- Other members will be co-opted to the Board when required.

Chair

The Board will be chaired by the Health Community.

Proceedings at Meetings

No business shall be transacted at the meeting unless a quorum is present.

A quorum will be made up of 50% of the members. This must include a member from the Primary Care Trust, Local Authority, Voluntary and Community Sector and the Chair or Vice Chair.

In the event of all members being present and a tie occurring on a voting matter, the Chair will have the casting vote.

Role and Function

- a) To work towards the best outcomes for all Rotherham adults.
- b) To agree the strategic policy framework for the development of services for adults.
- c) To ensure the development of a strategy for adults in Rotherham that will deliver change and sustainable improvement with clearly defined actions, timescales and priorities for delivering improvements in line with other key strategies. The strategy should include identification and analysis of the needs of the local population.
- d) To reduce health inequalities and social exclusion
- e) To ensure the development of effective partnership working within the health and social care community.
- f) To advise the Primary Care Trust Board and Local Authority Cabinet on the most appropriate arrangements for procuring services in order to achieve best value and effectiveness of services.
- g) To promote co-ordinated and innovative approaches to the planning, development and procurement of services.
- h) To investigate the potential to procure services on behalf of the Primary Care Trust and Adult Social Services, especially where pooled budget arrangements are in place.
- i) To investigate the potential for pooled budgets across services.
- j) To advise the Primary Care Trust and Social Services of future investment required to meet identified needs.
- k) To monitor and direct the Adult Planning and Operational Group to ensure that its function is supporting the Adult Services Strategy.
- l) To identify and rationalise joint management and reporting arrangements and promote the development of joint performance monitoring, taking into account the outcome of audits and service inspections. To oversee the effectiveness of partnership arrangements for adult services against targets contained within the Community Strategy.

<p>Mode of Working</p> <p>a) To commit to responsibilities in respect of the Rotherham Compact and its Codes of Practice.</p> <p>b) To raise standards and improve the quality and effectiveness of service delivery.</p> <p>c) To promote the principles of best value for and on behalf of adults in Rotherham.</p> <p>d) To take into account the related issues of other partnerships within Rotherham and ensure joint working arrangements, especially:</p> <ul style="list-style-type: none">• Rotherham Partnership – Proud, Alive, Safe, Achieving and Learning• Cross Cutting Theme Planning Groups e.g. workforce development, diversity, information• Children and Young People’s Board e.g. transitional services, carers of children• Mental Health Board e.g. older people with mental health problems, people with physical and mental health problems• Learning Disabilities Board e.g. people with learning and physical disabilities
<p>Frequency of Meetings:</p> <p>Meetings will be held a minimum of four times per year.</p>
<p>Task Groups</p> <p>Time limited task groups will be formed.</p> <p>All task groups will be responsible for considering cross-cutting services including information, workforce development, diversity, user and carer involvement, development of collaborative partnerships, etc.</p>
<p>Accountability and Reporting Arrangements</p> <p>Accountable to:</p> <p>Primary Care Trust Board Social Services</p> <p>The Adult Board will be an advisory Board to the Primary Care Trust Board and Local Authority Cabinet.</p> <p>The Board will explore opportunities for decision making and direct procurement on behalf of Social Services and the Primary Care Trust where pooled budgets</p>

are in place e.g. Rotherham Equipment and Wheelchair Services, Intermediate Care Beds etc.

Minutes of the Adult Board meetings will be sent to:

- Primary Care Trust Board
- Primary Care Trust Directors
- Local Authority Cabinet Member
- Social Services Senior Management team
- Adult Planning and Operational Group
- Scrutiny Panel

Members of the Board will be responsible for establishing a two way communication process between the Board and their organisations/sector to ensure appropriate and timely reporting and feedback arrangements.

Members of the Board are responsible for ensuring that actions are implemented within their working environment.

Financial Arrangements

Members of the Board must declare pecuniary or non-pecuniary interest in agenda items which may conflict with personal or other organisational interests.

The Board will investigate whether the existing Primary Care Trust and Local Authority Financial Instructions and Regulations include relevant issues for the Board and whether additional financial arrangements are required.

THE ADULT PLANNING AND OPERATIONAL GROUP
*****DRAFT*** TERMS OF REFERENCE**

Purpose

To support the Board in planning together the best possible services and support arrangements for Rotherham adults. To ensure that the Voluntary and Community Sector has a voice in planning arrangements.

Membership:

Four nominees from the Primary Care Trust.

Four nominees from Social Services.

Adult Planning leads – PCT/Social Services

Representatives from:

Rotherham NHS Foundation Trust

Voluntary and Community Sector

Users/Carers

Neighbourhoods

Doncaster and South Humber NHS Trust

Contracting for Care Forum

Supporting People

SYAS

Other members will be co-opted to the Group when required.

- Membership will be reviewed after six months and then every two years, unless there is a specific request for a review which is agreed by a quorum or by the Adult Board.
- Any members nominated or elected to be on the Group may terminate their membership in writing.
- Members of the Group must have named deputy representatives who will attend meetings on their behalf where necessary. Where neither the member nor the member's deputy is able to attend, the Group member is responsible for arranging an alternative representative.

Chair

The Board will be chaired by the Health Community.

Proceedings at Meetings

No business shall be transacted at the meeting unless a quorum is present.

A quorum will be made up of 50% of the members. This must include a member from the Primary Care Trust, Local Authority, Voluntary and Community Sector and the Chair or Vice Chair.

Role and Function

- m) To recommend to the Board a plan of work which includes ten priority areas for health and social care which relate to organisational priorities.
- n) To recommend to the Board the structure and responsibilities of time limited task groups which plan, develop and monitor services in line with the identified priorities. To consider succession of existing planning teams within this.
- o) To recommend to the Board potential areas of disinvestment to reinvest in more efficient and effective ways of working.
- p) To monitor and review the task groups and receive reports on progress against targets.
- q) To ensure the effective partnership working with the voluntary and community sector and users and carers in planning and service development.
- r) To identify a performance management framework to enable services delivered in partnership to be effectively monitored.
- s) To monitor the improvement of performance of all partner agencies in delivering services to adults against agreed national and local targets, ensuring that effective reporting mechanisms are in place.

Mode of Working

- e) To commit to responsibilities in respect of the Rotherham Compact and its Codes of Practice.**
- f) To raise standards and improve the quality and effectiveness of service delivery.
- g) To promote the principles of best value for and on behalf of adults in Rotherham.
- h) To take into account the related issues of other partnerships within Rotherham and ensure joint working arrangements, especially:
 - Rotherham Partnership – Proud, Alive, Safe, Achieving and Learning
 - Cross Cutting Theme Planning Groups e.g. workforce development,

diversity, information

- Children and Young People's Board e.g. transitional services, carers of children
- Mental Health Board e.g. older people with mental health problems, people with physical and mental health problems
- Learning Disabilities Board e.g. people with learning and physical disabilities

Frequency of Meetings:

The Group will meet no less than six times per year.

Accountability and Reporting Arrangements

Reports to and is accountable to the Adult Board

Minutes of the Planning and Operational Group Meetings will be sent to:

- Adult Board
- Task groups
- Cross cutting groups

Members of the Planning and Operational Group will be responsible for establishing a two way communication process between the Group and their organisations/sector to ensure appropriate and timely reporting and feedback arrangements.

Members of the Planning and Operational Group are responsible for ensuring that actions are implemented within their working environment.

Financial Arrangements

Members of the Board must declare pecuniary or non-pecuniary interest in agenda items which may conflict with personal or other organisational interests.