

## Domiciliary Care Tender Provider meeting feedback

| Challenges            | Comments  |
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| <b>Financial</b>      | The Council underestimates what costs we have to work with and therefore the amount per hour will not be sufficient.  |
|                       | Paying providers enough so that they are able to pay employees a living wage as apposed to a minimum wage.  |
|                       | Providing extremely complex care i.e. people with a trachea/vent for £13.32 with the high level of training needed is not sustainable.  |
|                       | Slightly concerned that for 'specialist' support including Learning Disabilities if you reduce the rate too far, staff will be less experienced and trained as there will be less money for training and we will have to recruit at lower rates/wages.                  |
|                       | Employment costs including Annual Leave Sickness, relevant training. Keeping above min wage. Quality verses cost.   |
|                       | £11.03 per hour. Possible Issues, living wage for carers.<br>-Quality training in safeguarding, dementia, dignity in care<br>-Quality of care depends on supervision and training<br>-Best value is better than value for money.  |
|                       | Minimum Wage, travel time payment and training costs and TUPE rates of pay.   |
|                       | Price, recruitments, growth of business, distribution of work among providers.  |
|                       | Health related complex needs; current cost £10 per hour. Not realistic these need to be specialist enhanced rate.   |
|                       | Having everything required in place for the price especially Health and safety. Is the cost reflective of safety? How realistic is this weighed up against the risks?   |
|                       | Hourly rates can limit inputs as well as outputs. Hourly rates = hourly delivery= less flexible services.   |
|                       | Complex/specialist care will there be any joint funding?  |
|                       | Staffing we can only pay so much.   |
|                       | The price   |
|                       | Cost, lower cost = poor quality of staff and staff retention and low level training. £11 per hour plus? Overheads, management costs, travel, fuel, uniform, admin are all additional costs. Salary and all add on's not really an incentive to go for low rate service. |
|                       | How do we support clients in rural areas with out travel costs etc. 15 min call to surrounding villages doesn't make financial sense for providers or care staff. Will there be provision for this.   |
|                       | To recruit and retain skilled workforce at reduced rate   |
| Maintaining quality.  |   |
| <b>Tender process</b> | Price low? Increase costs recruitment. If we all cover the same area then we are all fishing from the same pond. Should we not zone the provision?  |
|                       | Supported Living is somewhat different from Dom care e.g. would not need CQC registration it may be worth separating the two.   |
|                       | Brokerage needs to ensure a fair distribution of work offered so that   |

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|                        | business can be sustained.   |
|                        | If the council is happy with the quality of existing service provision at existing rates is the intention to re award? It seems new providers are disadvantaged.   |
|                        | Being a framework doesn't guarantee being given contracted hours?<br>Makes budgetary planning and staffing prediction difficult  |
|                        | As a new provider in Darlington this felt a bit like a 'closed shop' are there any real opportunities for new providers to come here?  |
|                        | Maintaining quality housing provision alongside framework.   |
| <b>TUPE</b>            | TUPE without detailed information to assist bidding process.   |
|                        | Will TUPE implications be separated for each service to enable us to budget accurately reducing risk?  |
|                        | If rate is lowered and TUPE staff are currently paid a higher rate, how will the difference in rates be addressed?   |
| <b>Care management</b> | Receiving referrals to Learning in Disability Domiciliary Care service and Supported living these seem few currently   |
|                        | Reviewing existing support needs where there is increased needs in supported living hasn't happened yet.   |
| <b>Extra Care</b>      | Will the Council retain the housing management responsibility for the extra care schemes or will both parts of the service be tendered out?  |
|                        | TUPE with extra care staff how can we pay the enhanced rates to LA staff if you reduce the rate.   |
|                        | Are you going to change the charging policy for clients moving into extra care housing?  |
|                        | Do the new providers have to take on all the council staff already employed at the four extra care housing schemes?  |
| <b>What's good</b>     | <b>Comment</b>   |
|                        | Commissioning team are very approachable and open, we have never had any issues contacting them, makes a refreshing change.  |
|                        | The intention to retain a range of provision as choice is important.   |
|                        | Easy to communicate with.  |
|                        | New opportunities coming up.   |
|                        | Workers who have knowledge skills and the right application for flexible delivery – various levels   |
|                        | Contract team relationship with the LA and the provider meetings and forum.  |
|                        | Quality assessments of service.  |
|                        | Current quality of support.  |
|                        | Added value. Consideration for ad hoc care/support within an accommodation scheme. (Staff on site – clients will access) can't ignore this aspect even when clients not receiving their care [purchase hours at that time. |
| <b>General</b>         | Commissioning process?<br>Call offs?<br>Mini Competitions?<br>Needs to be clear<br>Requirement of electronic call monitoring?  |

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| <b>Questions raised</b> | <p>Is this tender available for providers for Homecare for both Older people and people with Learning Disabilities?</p> <p>Are the Council still looking at having 16 providers on the framework?</p> <p>Will providers be given TUPE information?</p> <p>Will people who currently receive direct payments be included?</p> <p>Can some staff work in neighbouring Authorities?</p> <p>Will there be separate negotiations for rates of Sleep over rates?</p> <p>Will providers be expected to be specialist e.g. Autism?</p> |
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