Attendees
Linda Flynn (Provide)
Simon Harniess (ECA)
Lavinia Warwick (Manorcourt)
Christine Richardson (Forest Homecare)
Nick Fleming (Carewatch Southend)
Steve Ede (ECC)
Simon Froud (ECC)
Patrick Higgs (ECC)
Georgia Dedman (ECC)

Agenda

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Actions from last meeting

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<td>1. Identify domiciliary attendees of Clr Spence provider group</td>
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<td>2. Discuss with Matt Gillam attendance at the strategic provider forum and whether this would be representative of all CCG’s</td>
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<td>3. Enhancement Rates – meet with service managers and discuss the future of enhancement rates and whether something can be</td>
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implemented for the life of the existing LAH contract

4. Enhancement Rates – Discuss a different approach to enhancement rates for the life of the contract and identify responsibility of escalation, focussing on a very clear criteria to remove ambiguity

Georgia Dedman
Jayne Holttum
DLD's

5. Request latest ADASS Benchmarking Data and share with group. Obtain latest data from Guy Pettingell

Georgia Dedman

6. Review soft market testing questionnaires on future of LAH / Intermediate Care and align with ECA sub-group intentions

Georgia Dedman
Lucy Johnson

7. Trusted Reviewer pilot to be added to the agenda for the next meeting

Nick Stephenson

8. Relaunch the strategic provider forum with a Terms of Reference

Nick Stephenson
Simon Harniess

**Agenda Item 1 – Introductions**

**Agenda Item 2 – Actions**

A review of the actions from the previous meeting took place. A number of actions were closed. A discussion around enhancement rates took place with the agreement that options would be explored as to how the process could be redefined for the life of the current LAH contract, with discussions taking place at the ECA sub group as to how the placement of complex packages can be reviewed in the new model. Providers advised that the current lack of enhancement rates being applied to packages is impacting on price submissions and the sustainability of existing packages. Providers suggested the base rate should be the focus and could this increase be spread differently. It was raised that even established providers in different markets are finding it hard to deliver a sustainable domiciliary care business. ECC confirmed the ambition to test new ways of working prior to a new model going live as well as the testing of new models that has taken place through winter planning.

A discussion took place around the increased volume of safeguards. Less are escalating to the enquiry stage however this is labour intensive for providers, a simple call could resolve the issue and unsubstantiate the safeguard almost immediately. An increased volume are coming from the East of England Ambulance Service where on-going dialogue is underway. An issue was also raised around District Nurse safeguards and working in SILO’s. If communication was improved between District Nurses and Providers, the volume of safeguards would be likely to decrease.
The ECA sub-group session recapped ECC’s approach to the cost of care model with the Council evidencing their financial constraints. A discussion took place as to how, in the next contract, more funding can be drawn into the pot by bringing in other services. ECA members are encouraged by the positively to move forward, however providers suggested that ECC need a balanced view and feedback from those new to the market would be crucial.

Agenda Item 3 – Commissioning Update

Adult Social Care Transformation

Patrick Higgs advised that ECC are moving to a four year business planning cycle in terms of budget and work plan and are currently understanding where ECC and ASC need to be in four years taking into account budget gap. How do we transform models to maintain sustainability, meet need and within budget? Prioritisation model of current work is underway. Some of this work must be transformational. Are we being creative enough to achieve sustainability? Thinking will be shared in future meetings.

Intermediate Care

Dale Evans updated on the current work taking place on the future of Intermediate Care. Early discussions are taking place with Health colleagues and the ambition with most CCG’s is to move to an integrated model of Intermediate Care. Do we need a standalone intermediate care offer or can we work with the market to deliver a new model? Pilots will need to take place.

Providers raised that we must move away from time and task for this to be possible and if this was a good time to move to an outcome based model. There appear to be very few options when an Adult is in crisis and therefore the first port of call is often an ambulance. The future must focus on prevention to support crisis in the community to avoid admission to hospital. The deconditioning element of going into hospital is critical, however the options do not seem to be available at present.

Providers raised that there are often unrealistic expectations from Health in terms of a carers role, support would be needed to upskill staff or improve access to Nurses etc in the wider workforce for a new model to work. Patrick Higgs confirmed that the NHS 10 year forward plan in terms of primary care networks is the pressure for CCG’s, and must focus on the impacts to Acute Trusts. Providers are reluctant to accept discharges on a Friday as there is not enough support over the weekend but the system should be operating a 7 day equitable service.

Simon Froud highlighted the 24hr and Night Owl services that are being trialled through winter funding in the Mid. Dale Evans explained that the aim is to introduce an additional 16 Extra Care schemes across Essex by 2025, equating to ~500 units. This is an opportunity to look at how care is delivered in these schemes.
Newton Europe

Dale Evans advised a piece of consultancy work with Newton Europe is being scoped with the aim to begin in May. This will be working across Health and Social care systems Essex wide & by CCG area. This also includes Southend and Thurrock. The high-level scope is to review pathway from community to acute hospitals and back out again. Newton Europe use a diagnostic tool to identify how well this works currently to deliver the outcomes for individuals. West Essex have already looked at the Acute and pathways when exiting. The work is likely to take 3 months and should give a good insight into the whole system to base the future intermediate care model on. Patrick Higgs advised this will result in a diagnostic report and individual local systems will then take a decision as to how much they want to buy into a model.

Agenda Item 4 - ECA sub group

Simon Harniess updated on the ECA sub-group. The current strategic provider group has been in existence for a while however discussions have varied with operational issues often taking priority. ECA was approached by ECC to set up a sub group to discuss the future model in terms of a Live at Home replacement.

The aim of the group:

- ECC and ECA have begun to meet to discuss how we can shape the contract which replaces Live at Home by Feb 2021.
- The intention is to meet regularly over a period of time to consider particular aspects of the contract, e.g. workforce, business models, etc
- There is an initial core group, but the intention is to widen this to include other representatives and subject matter experts as required. Task and finish sub groups may also be set if needed.
- The role of the group is to do some of the initial thinking around future models of service delivery with the intention of sharing and testing this more widely with the provider market ahead of any decisions being made by ECC.
- Whilst the primary focus of the group is Live at Home, the group may also consider other areas which may be broader or linked.
- We have agreed a clear direction of travel and are drafting a Memorandum of Understanding to underpin the group.

Simon Harniess invites others to join this group. Each meeting will focus on a different element e.g. contract, workforce and this will feed back into the LAH strategic provider forum.

Agenda Item 5 - The future of the strategic provider forum

ECC are keen to understand what the future of the strategic provider forum looks like, ensuring the best use of the time. There are a number of groups currently in existence (Strategic forum, ECA sub-group, Cllr Spence meeting, Locality provider forums, Contract Management meetings)
A discussion took place as to whether the wider group can discuss the outputs from the ECA sub-group and feedback. This approach was agreed and the strategic provider forum will be re-launched with the aim of a quarterly meeting to take place. There will be a terms of reference for the group, robust minutes and actions and a clear link to the ECA sub-group discussions. All outputs will be available on the provider portal.

AOB

Trusted Reviewer model – The pilot that took place in the Mid is currently be evaluated. Simon Froud confirmed the pilot worked well. The evaluation will be shared at the next strategic provider forum.

ECA are inviting Melanie Weatherly (Lincolnshire Chief Exec) who has led a successful Trusted Assessor / Reviewer model for a number of years. Melanie will be visiting Essex on the 1st May and two sessions will be delivered in different parts of the County to share learning. Simon Harniess suggested this would be a good opportunity to discuss what has already taken place in Essex.

End.