



Provider Bulletin

Volume 2 Edition 86

November 2017

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Fee increases

Following consultations undertaken in early summer comments received were considered and a decision has now been made regarding inflation awards for 2017/18 and the formulae to be used.

The decisions made were:

1. Approved fee increased to care homes, based on the inflation formula agreed in 2016:

Residential	£515.76 per week
Nursing	£507.43 per week

Specialist Placements: 3.21% Residential; 3.5% Nursing
2. Approved an hourly increase for domiciliary care providers of 64p an hour
3. Approved a 3.21% increase for other non-regulated contracts
4. Approved further engagement with domiciliary care and community based providers to explore and explain the basis for an inflation formula for 2018/21.

Engagement with domiciliary and community based providers will be undertaken over the coming months and further details will be included in future provider bulletins.

As you are aware there have been some delays in processing the inflation increase for 2017/18 as a result of in depth work being undertaken to ensure contracts were up to date as schedules have been used for a number of years. Where amended contracts had not been issued schedules were issued by mid-October. Work is now underway to ensure accurate contracts are in place and any necessary amendments will be dealt with retrospectively. As work to input all of our contractual information onto ContrOCC has been delayed (see article below) it is likely that schedules will need to be used to pay inflation for 2018/19 so it is essential that we have up to date information in place to reduce any future delays to payments. Further information will be shared in due course.

Christmas/New Year Rotas

As you will be aware, central Government is predicting unprecedented pressure on Health and social care over the coming months. We would ask that providers build flexibility into their rotas to support ongoing hospital discharges, so that people do not have to remain in hospital longer than is absolutely necessary. Also, if care and nursing homes anticipate difficulties in being able to assess people in hospital in a timely manner please contact socialservices.contractingunit@northyorks.gov.uk so that potential solutions can be considered and staff can be updated.

Any comments you have about these Bulletins (good or bad!) are welcome.

Please contact:

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Tel: 01609 797042 or
01609 532025

Flu Jab

The Department of Health has taken the decision to fund flu vaccinations for staff working in care homes, nursing homes and domiciliary care. This is the first time this has happened and comes in the wake of severe flu outbreaks in Australia and New Zealand. We are awaiting further information about how staff can access flu vaccinations, which we anticipate will be available in mid-November, and would, in the meantime, promote the take up of vaccinations particularly for high risk groups. For ideas on how to promote take up of the vaccination and to dispel myths visit <http://www.nhsemployers.org/flufightercare> for further information.

Fire Risk Survey

Thank you to those providers who have completed the Fire Risk Survey. Responses are being analysed and follow up contact made, where required. For those providers where we have not received a response, and it is felt that a response is required, the Quality & Monitoring Team will contact providers and complete the survey over the phone or offer to send a further copy so that we can be assured that appropriate fire safety processes are in place.

If, as a result of the survey responses, it is felt that providers may benefit from additional information or links to updated guidance this will be provided.

Notification of Death

A number of instances have been highlighted in recent months of providers failing to notify HAS of the death of a people accessing services, in a timely manner. In case providers are not aware the relevant clause in the PPA states:

B6.1 Should either Party become aware of the death or hospitalisation of a Person, the Council or the Provider will notify the other at the earliest opportunity but no later than 48 hours following the death or hospitalisation.

We would ask that providers ensure that this information is provided to HAS as soon as possible, in line with the contract clause, rather than waiting to include it on the Occupancy and Activity Return (Bed Return).

Training Update

Thank you to those providers who contributed to the recent Training and Learning survey. 126 providers contributed to the survey and work has been undertaken to analyse the key messages in the responses. Tracy Harrison, Head of Training & Learning, attended some recent Provider Engagement Events to provide an overview and explore some aspects in more detail.

We will now commence a more detailed piece of work to review the training offer, both in terms of training offered free of charge and training which may incur a charge. Further information will be shared as this work progresses.

Unison Ethical Care Charter

Unison introduced the Ethical Care Charter in 2012. It was compiled to address areas of perceived poor practice across the domiciliary care market, driven by actions of commissioners. The Council has, in the past, been asked to sign up to the Charter. While we have not formally signed up to Unison's Ethical Care Charter, the Council already adopts a number of its principles. The ones not agreed to are a blanket removal of zero hours contracts, which a number of providers and staff have told us they wish to retain, and a blanket increase in pay. To view the charter visit <https://www.unison.org.uk/news/article/2012/11/ethical-care-campaign-launched/>

ContrOCC

As you may be aware, HAS uses a contract management and payments system called ContrOCC. Currently residential and nursing homes are paid through the system and we are currently working on plans to expand this for non-residential services. The system is web based, so no additional hardware is required, however internet access is essential. We are aware that some providers have had connectivity issues when using the YORTender system and therefore, as work progresses we will contact providers to identify if they are likely to experience similar issues with ContrOCC.

Before we make any changes we will test processes with a small group of providers prior to rolling out further to ensure, as far as possible, that any potential impacts have been identified and, where possible, mitigated.

Further updates will be shared through Provider Bulletins over the coming months. In some cases we may undertake short surveys to capture as many views/comments as possible to feed into our plans.