



Health and Adult Social Care Overview and Scrutiny Committee	<u>Item</u>
25th January 2021	<u>Public</u>

Domiciliary Care Overview

Responsible officer: Deborah.webster@shropshire.gov.uk

1.0 Purpose

The Health and Adult Social Care Overview and Scrutiny Committee has requested that officers provide an overview of domiciliary care provision in Shropshire.

2.0 Recommendations

The report is shared with Committee members for information; further enquiry and discussion is welcomed.

3.0 Background

This report is intended to answer the series of questions sent by the Committee and in doing so outline the scope and nature of domiciliary care (also known as home care) in Shropshire with analysis of the current challenges resulting from winter pressures and the Covid-19 pandemic, and longer terms changes anticipated in the market.

3.1 Scope and size of domiciliary care provision in Shropshire

In Shropshire there are currently 84 companies registered with CQC to provide domiciliary care. They report employing 3250 carers (Care Quality Commission- CQC, Homecare survey 30/11/20). The Council commissions services from most of these CQC registered Shropshire providers as well as a small number which are based just over the border in neighbouring local authorities. We currently accredit 93 domiciliary care providers in total which includes 16 specialist (mainly Learning Disability) providers who are all contracted for packages of care via the brokerage system.

- The majority of the domiciliary care services we commission are from small, locally based companies.
- Around 75% of providers are small/medium sized local Shropshire businesses although some of those are franchises.
- Around 20% are regional to the West Midlands
- the remaining 5% are national companies which have bases locally, however, most of those businesses have small numbers of care packages compared to the local providers.

Geographical cover

The providers who work in Shropshire cover certain geographical areas. Our system allows us to see which providers work in which areas so we can approach those we need to and also carefully analyse where we are short of provisions. In each area we have providers as follows:

- Central 37
- North east 20
- North West 18
- South East 16
- South West 16

*Please note that some providers work in more than one area.

3.2 Customer base and care type

Information from the Care Quality Commission (CQC) Homecare survey 30/11/20 evidences that Shropshire based providers report supporting around 3500 people; this is made up if a mixture of Council funded, private or health funded clients. In response to a Shropshire Council survey the providers we contract with reported that their client base was made up of around 45% for Shropshire Council, 35% for self-funders and 20% for Health and other commissioners.

- .2 The Council currently commission domiciliary care for around 1500 people over 65 years of age primarily because of age related conditions or disability.
- .3 The Council also commission domiciliary care for around 600 people under the age of 65 due to needs mainly arising from their disability or long-term conditions.

For clients funded by Shropshire Council, Domiciliary care is commissioned whenever it is identified as required to meet individual needs following a Care Act assessment. Support provided is mainly for personal care, washing, dressing, medication, nutrition and daily living tasks identified in the support plan with an emphasis on maintaining independence. Some non CQC registered providers also support people with things like shopping and social support which may be funded by the Council; if for example, mental health issues prevent clients doing this for themselves.

3.3 Accreditation and performance management

Accreditation: Providers are accredited to provide care commissioned by Shropshire Council following an initial accreditation inspection by SC Contract monitoring officers, they can only be accredited if they pass all the required standards and checks. Once accredited and commissioned, there is a continuous and ongoing process of monitoring and assessment of the quality of care which is provided. We only open accreditation for area that we need additional provision and providers have to evidence that they are able to work in those areas without disruption to established providers.

Performance management: The current domiciliary care market contract took effect in early in 2019. The contract clearly sets out areas of contractual breach and non-compliance and we have a clear and robust process for monitoring performance. The provider performance oversight system is operated by SC Contracts Team; a risk matrix is maintained which draws information from many sources including our social work teams, complaints department, safeguarding team, CQC, CCG, Healthwatch and Telford and Wrekin Council to risk rate and score each provider. This system is also linked into the Liquid logic care system so that general issues with providers are monitored continuously. Monitoring visits are generally completed on a risk basis,

although the pandemic has meant that these are currently conducted physically only in the most concerning cases. Desktop monitoring is however taking place with important information requested from providers digitally.

Complaints: All clients or their representatives may make a formal complaint to a provider or directly to the Council. The Provider is required to inform us of the complaint for oversight or the complainant may go direct to Shropshire Council if we have commissioned the care.

When a complaint comes into the Council, we have a duty to investigate and respond and decide whether a complaint is upheld, partially upheld or not upheld. If the complainant remains unhappy with our conclusion, they may ask the Local Government Ombudsman to look at their complaint. The LGO will then consider the case and can and will give a verdict and may require the Council to provide compensation if they disagree with our conclusions.

When formal complaints have been received, investigated and fully or partly upheld or there are other concerns, providers are brought in meetings (currently remote meetings) to meet with Commissioning, Contracts and Operational team managers and required to devise and complete an action plan to address the elements in the complaint and issues raised by social workers. They are then monitored to ensure compliance. If a provider is not considered to be performing as they should and there are breaches of contract or poor performance that is not addressed the Council can suspend, partially suspend or dismiss a provider if necessary.

CQC inspections: CQC inspect and rate providers continuously. Shropshire providers CQC performance evidences a higher than average performance across England and : 87% are GOOD or OUTSTANDING, with only 1.5% rated as inadequate.

Where CQC have inspected and had concerns, their reports have generally reflected the concerns that are being addressed by ourselves and there is ongoing liaison between contracts monitoring officers, commissioning and CQC whenever issues arise.

Risks during the pandemic: Clearly during the pandemic there have been more risks to providers performance and more support needs for them than at other times, consequently the above processes have been reinforced with further checks and balances and information drawn from the wider system though tools like the National Capacity Tracker and CQC data sets so we can be sure that we are providing all the support needed for the market. Whilst this report is focussed on a general description of domiciliary Care we have included the detailed risk management processes and the Care Market Action Plan for the pandemic in **Appendix A** for further information.

3.4 Company structures and staff training

The structure of domiciliary care companies varies depending on the size of the company, however typically there will be a Registered manager, a Care coordinator and a number of senior carers plus administrators and finance staff, but the vast majority of staff roles will be front line carers. Many companies (typically the larger ones) also have their own training departments.

A great deal of the training provided in Shropshire to social care providers is by Shropshire Council Joint training team and Shropshire Partners in Care (SPiC) although other training providers do deliver in Shropshire. Joint training and SPiC offer training at subsidised rates (funded through Care Workforce development partnership) to social care providers which is significantly cheaper for providers than using the open market. Together SPiC and Joint Training form the Workforce Development Partnership through which they align the courses that they offer to avoid duplication and ensure they don't 'compete' against each other. Each January a training needs assessment goes out to the market and they work together to collate market requirements and agree how they can meet them. For example, SPiC concentrate on moving and handling, first aid, safeguarding and some technical/clinical training for the care homes and domiciliary care. In a typical quarter 1200 learners from 150 different providers attend courses. The pandemic has of course affected the delivery of training which has had to, in the main move online through webinars and self-learning modules, however courses such as first aid and moving and handling are being held in small Covid safe groups.

All carers are contractually required to undertake a thorough, documented induction programme followed by the Care certificate standards within 12 weeks of starting which covers all aspects of care provision. These include Duty of care, Equality and diversity, Communication, Privacy and dignity, Fluids and nutrition, Safeguarding adults, Basic life support, Health and safety, Infection prevention and control. New carers will need to work towards achieving the organisation's identified training/skills competency matrix or move onto health and social care diplomas following completion of the Care Certificate Standards.

Carers are required to be trained to a sufficient level to enable them to deliver support as required by care plans which may at times be of a specialist nature e.g. PEG feeding. Training must be updated at Industry recognised intervals.

During a CQC inspection the inspector will check files for identified care workers and want to see systems in place that demonstrate that all staff are suitably trained. SC contract monitoring officers will also view training records and interview staff to ascertain the percentage of staff trained in each subject and ensure compliance with requirements.

The Workforce Development fund (WDF) is funding from the Department of Health that is distributed by Skills for Care through a network of employer led partnerships across England. The Care Workforce Development Partnership (CWDP) which is part of SPiC is the employer led partnership for Shropshire and Telford & Wrekin. Adult Social Care employers in Shropshire can access the WDF via SPiC towards the cost of staff completing adult health and social care qualifications e.g. Apprenticeships, Diplomas, Certificates, Awards and Learning Programmes and circa £150,000 is disbursed to Care providers locally each year.

3.5 The process of procuring domiciliary care

The two main areas where domiciliary care is procured for people are within the community and for hospital discharge, however the Council is increasingly using our reablement service START to manage hospital discharge with the domiciliary care

market focussing more now on longer term care. A brief summary of the process is as follows:

- If the individual requiring care is coming out of hospital, there is a Fact-Finding Assessment completed (FFA). If the individual is already in the community then the Care Act assessment is completed (CAA)
- Fact Finding Assessments are completed in the hospital by a trusted assessor based on the condition and presentation of the patient at the time. Care Act Assessments are completed by the allocated Social Worker
- The assessment covers every aspect of an individual's current requirements and anticipated ongoing care needs
- Following completion of a CAA or FFA for each individual the package of care requirements are put on to a secure brokerage SharePoint site which can be accessed only by accredited providers. Initially the only details given are postcode, number of hours, and how many carers are required.
- New requests into brokerage are published the same day they are requested to all providers. Alerts are sent directly to providers each day as and when new packages are published or changed.
- If a Provider has the capacity to bid for the package of care they may ask to see the CAA or FFA before offering to contract for the work. The detailed assessment is only accessed for viewing through their individual secure SharePoint folder.
- If a provider considers they can meet the needs of the individual they may then bid for the work; each is awarded based on how quickly the care can start, how close to the times requested and cost. Providers can currently bid between £16.50 and £19.20 per hour.

This brokerage process is managed by a highly trained team of brokers who offer an extremely effective and robust service and have effective relationships with the market and with assessors requesting care. All domiciliary care packages are brokered in the same way regardless of whether they are Individual Service Funds', reablement packages or Direct payments for both community team (CAA) and ICS (FFA) requests.

Through our brokerage process we are also procuring care on behalf of the CCG as part of our development of partnership working. During the pandemic brokerage have also been procuring health funded packages which comprised mainly of hospital discharges for 'Fast-Track' assessed patients. (generally, end of life)

4.0 Market Challenges and support

The domiciliary care market has been challenged by issues such as recruitment and retention and funding for several years which we have been working together to address. For domiciliary care providers in Shropshire the main challenge has often been recruitment. The very successful Every Day is Different campaign (A National carers recruitment campaign) resulting in an uptake of care roles finished at the end of 2019 but SPiC have been continuing with this work locally in order to support members with their recruitment. SPiC advertise vacancies on behalf of providers on their Facebook page and other local jobs pages and also promote the Shropshire Chamber of Commerce as the local DWP approved organisation supporting small local businesses

with the recently launched Kickstart scheme for apprenticeships in regards to the care sector; this was only launched mid-September.

During the early months of the Pandemic recruitment was easier for many providers with significant numbers of people previously employed in the hospitality sectors looking for work. This was however still not always the case in all areas particularly the very rural.

Currently SPiC are working locally with the NHS and Health Education England to support a second rotational apprenticeship programme across health and social care after the success of the first.

The pandemic has added significant additional challenges to the domiciliary care market such as the cost and supply of PPE, managing financial risks, the size of the market in the County and understanding all the requirements to meet staff and service users' needs during a major pandemic. The Council have worked with SPiC and the market to assist with these challenges in many ways:

4.1 Financial Support

At the start of the pandemic, in recognition of the challenges that care providers would be likely to face, Shropshire Council wrote to all providers to offer assurance, support and flexibility in how care could be delivered. At the beginning of April, following guidance from ADASS and the LGA, further correspondence set out the way in which additional finance would be provided to specifically support the additional cost incurred by care providers due to Covid 19. Our engagement with providers confirmed that they were incurring significant additional costs in relation to the purchasing of PPE, agency staff, funding for staff who were unable to work and other financial challenges.

The decision was made to provide the funding as a one-off payment as there was clear evidence of an immediate need to support cash flow. In the week commencing 13th April, all County providers the Council contract with, received a one-off payment, representative of an additional 10% of their contract value (at 31.3.20) for 12 weeks – this included joint contracts with the CCG and amounted to just under **£2.4 million**.

We have also since this sent out Infection Control Funding grant (ICF) of over **£8.6 million** which has been distributed across the care market in Shropshire

In addition, we established a business grant fund for providers who have experienced financial loss due to Covid 19 of up to £10,000 and 41 provider companies accessed the grant money.

In total this means **£11.4 million** will have been injected into the Shropshire care market since the pandemic began and in addition, the Council made a further committed to pay invoices within 5 working days during the pandemic, rather than on the usual 30-day terms, the Council is also paying for 2 weeks in advance and 2 weeks in arrears.

In regards standard annual funding arrangements on top of pandemic money and following consultation with the market and SPiC, Shropshire Council made uplift arrangements for 2020-21. These arrangements are in addition to, and entirely separate of, the Covid-19 support described above. In order to utilise our limited resources to the greatest effect and support a sustainable market, the decision was made to uplift the lowest paid end of the market, resulting in a 2% uplift to any placements that fall below

the determined average weekly rate, with no uplift awarded to providers already receiving at, or above, the average rate. This uplifted rate is lower in terms of percentage than some neighbouring authorities however Shropshire Council base rates are in general higher and lowest rates were automatically uplifted. For example, domiciliary care lowest rates have been automatically uplifted from £14.95 to £16.50 this year whilst highest rates have remained the same. This is in order to support sustainability at the lowest paid end of the market. It is worth noting that our highest rate of £19.20 per hour is higher than our neighbouring authorities.

4.2 PPE support

We have also been providing emergency PPE which has been regularly accessed by providers. We set up an emergency response service very early in the pandemic and providers were able to access PPE through the Council as a result of the Local Resilience Forum drops throughout the week by applying for stock on line and being allocated a slot to collect from Shirehall We also worked closely with our colleagues in the NHS and CCG to develop a stock monitoring system through power BI which enabled us to successfully coordinate mutual aid where this was required. We also offered a fit testing service to providers who could not access FFP3 masks through their usual supply chains. We provided them with the masks and the fit testing as required.

- Since August a DoH portal has given providers access to larger amounts of free PPE to bolster what they can obtain through normal suppliers.
- We monitor providers PPE levels through the CQC home care survey; Most providers are currently stating they have reasonable stocks of PPE and no major concerns
- Advice on how to use PPE, donning and doffing etc available on SPiC website and links to videos and pictograms were added to market comms and many free training opportunities have been and continue to be available

4.3 Financial reconciliation support

The financial reconciliation process monitors the delivery of care at source and evidences where providers are over or underdelivering on care packages to ensure that care is delivered as commissioned and that we are paying providers correctly. In addition to Monitoring delivery the process will report to social workers so that care packages can be reviewed in order to be reduced or increased as required to ensure that the needs of the individuals are met but are not exceeded.

The reconciliation process also allows us to evidence if a provider is in a high-risk category financially. Indications would be where providers are reluctant to engage with the process, where repayments are not made or where they suggest supporting high risk providers

When concerns arise, the Reconciliation Team support and negotiate individually with each provider, on monies we can reclaim during each scheduled payment, during to financial difficulties they are currently facing.

4.4 Market size and stewardship

We are working with colleagues in our contracting team to ensure that we only accredit the right providers in the right areas in order to protect our existing provider market. Considering this we have not re opened our domiciliary provider accreditation process for over 2 years as we currently have a variety and high volume of care providers

accredited in Shropshire and bidding for packages on brokerage, with over 1800 hours of capacity in the dom care market. On balance the number of providers does provide some resilience to the market as there have been well documented issues nationally when large care companies go into financial difficulty.

4.5 Communications and forums

Since the beginning of the pandemic we have been robust in our communication with the market: Between the 1st February - 8th April 2020, formal communication took the form of regular Frequently Asked Questions (FAQ) bulletins, after this, we continued to provide FAQ updates but in a different way. Responding to requests from some providers who were overwhelmed by the number of emails they were receiving, from week commencing 13th April, FAQ updates were provided via the Shropshire Partners in Care website, with providers signing up for update notifications instead of receiving hard copy by email. From mid-May to present day, we have shared weekly briefings with the whole provider market. In addition, and in response to information requests from the market we have held provider forums; managed virtually and drawing in expertise from various system partners where providers have concerns about any issue.

We have also created service area specific dedicated welfare teams and this includes a team of 4 people supporting the domiciliary care market through ongoing welfare calls. Every provider has a each has a Key Contact or welfare officer for support. The focus of support is led by the company's needs and supplemented by insights from National Capacity Tracker and information sharing across the system. We work with Shropshire Partners in Care to respond to offer a shared response to national guidelines, maximise resources, identify gaps and ensure each business has its own contingency plan in place.

4.6 Testing and vaccinations

Up until October testing for domiciliary care workers was only available through the STP or pillar one testing for symptomatic workers and their families or through gov.uk. In Early November, domiciliary care workers were allowed to take a test without symptoms through gov.uk however limits on numbers and frequency of tests soon became apparent.

Since November 23rd there is a new national regular testing regime in place – providers registered with CQC will be sent 4 tests per worker each month; workers will test themselves and then send off weekly. There is no largescale access to rapid testing as yet for domiciliary care providers.

Vaccinations for domiciliary care staff will be undertaken in Group two as designated by the JCVI. This means that Domiciliary care workers should be vaccinated by Mid-February 2021.

4.7 Feedback

Healthwatch Shropshire have recently carried out an Enter and View project on Homecare in Shropshire under responsibility given to Healthwatch under the Health and Social Care Act 2012. Healthwatch met with a number of local providers and ran a questionnaire for people using homecare services in Shropshire. Whilst recognising the limitations that the nature of domiciliary care and the Coronavirus Pandemic placed on the project, we felt that the report was a valuable insight into the home care market.

We were pleased that in general, the experience of the great majority of people receiving home care services from the providers detailed was a positive one, however we recognise that achieving feedback from people using the full range of home care services will be an important next step.

We recognised the themes of recruitment, rurality and hospital discharge picked up by the project as an ongoing challenge and we are working with Shropshire Partners in Care (SPiC) and the wider health and social care system in actively trying to address those issues with the aim of achieving better outcomes for the people of Shropshire.

We are currently looking at ways of sourcing care packages more quickly and more effectively in the South-West of the County where rurality, sparsity of population, recruitment issues, winter weather and the road network combine to make sourcing care very difficult in many parts of this area.

Continuity and consistency of carers is one of the most important things for people receiving support but a challenging issue to address in home care. During the pandemic providers have been able to use the Infection Control grant to limit the numbers of different carers going in to each client, however, without this additional financial support this is a challenge in 'normal' times due to the part time nature of the workforce and covering annual leave and sickness.

5.0 Current market position

Shropshire Council currently spend around £77,000 (not inc. START) per week on reablement and around £800,000 per week on long term domiciliary care.

Market availability, which normally at this time of year would be very limited is now in the region of 1800 available hours a week which is unprecedented. In the main this is due to the fact that there is a lower level of demand for care than we would expect at this time of year and some clients have said they do not want carers coming into their home during the pandemic and family have provided care, especially with numbers of people furloughed. The combination of less work and income and increased costs does present significant risks for providers.

Overall the risk to Shropshire Council is currently moderate as we are managing and supporting the market well. No Domiciliary care providers in the market have closed since the start of the pandemic and no providers have handed back placements on financial grounds. In addition, this winter we have more market capacity and contingency planning in place than ever before, and market providers indicate a very clear willingness to work with us productively and in different ways to ensure that we can meet the needs in Shropshire throughout the winter.

Although we are in a strong position in the County as set out in this report there is a remaining risk to the Council, to providers and to continuity of care due to the unpredictable nature of outbreaks, and financial impact if there were provider failure. Whilst we have been and will continue to give significant amounts of support to prevent failure, if a situation arose where a substantial provider was to withdraw from the

market, and we saw increased demands at the same time there are both financial and reputational risks to the council.

Going forward we want to support our Shropshire providers to diversify services into different ways of working to support their sustainability and make sure that Shropshire Council are prepared for the future through opportunities such as outreach care and alternative day offers, to name a few examples.

We have already started this work with significant engagement with providers and we are currently commissioning different kinds of community support such as the 2 Carers in a car service, and a new pilot service for community support in the South West of the County which will deliver outcome focussed community care for this rural area to support winter pressures which starts on 11th January.

List of background papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)

Cabinet Member (Portfolio Holder)
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Councillor Dean Carroll

Local Member

All

Appendices

Appendix A Market support and risk management processes

STW Care market action plan- what our teams support the market with...

Governance and oversight

- Adopting a whole system approach
- Single points of referral for:
 - IPC Support IPC, Ccg (NHS SHROPSHIRE CCG) Testing support
 - Staffing support
- PPE – urgent supplies
- Risk Management and prioritisation
- Regulatory compliance

Testing

- Testing programmes – all cohorts
- Hospital discharge and admissions support
- Training the trainers in care homes
- Accessing kits

Communications

- Lead comms officer system wide
- Working continuously with Spic on constantly updates information
- Streamline and highlight important comms
- Communicate all relevant guidance

Financial support

- payment to support increased costs
- Payments in advance
- Invoices paid in 5 days
- Additional grant funding advice and opportunities
- IPC grant funding (imminent)
- Ongoing debt management support and repayment programmes
- Financial resilience and viability

Workforce

- Supporting the workforce- wellbeing and resources
- Redeployment of staff into care homes
- Staff testing
- Leadership and HR operational support
- MDT / Enhanced health in care homes
- Primary care and community health support

IPC and PPE

- Training and support to care homes re:
 - IPC
 - Use of PPE
 - isolating/ cohorting/ shielding
 - Testing
 - Cleaning
 - Compliance
 - General issues and advice
 - Outbreak notification

Emotional and psychological support

- Bereavement support
- TRiM model
- MH first aiders
- Stress and anxiety workshops
- Coping with crisis workshops

Robust risk management process

See next slide

STW Risk Management Process....

Risk assessment information sources

Baseline Risk Assessment

- CQC status and report
- Suspension, Change of Ownership, Concerns, Food Hygiene rating.
- Safeguarding issues
- MDT issues
- Concerns raised with contract and monitoring teams

C19 Outbreak risk assessment

- PHE England outbreaks information
- PHS/ Welfare calls outbreaks information
- Information from tracker
- IPC information and status

C19 Workforce Status risk assessment

- National tracker information
- Exclusivity of staff from tracker
- Welfare calls information

C19 PPE Risks

- National tracker information
- Welfare calls information
- IPC information and status

Outliers (general issues/wider concerns)

- Financial viability concerns (occupancy data/ contact from care homes)
- Welfare calls concerns
- Professionals report concerns
- Testing booking calls concerns

Risk Assessment and mitigation process

- Daily Care home review meeting
- Weekly care home risk analysis meeting incorporating social care and health protection risk (separate for each authority)
- Additional Mitigations and actions agreed
- referrals made as required
- Daily information into dashboards/ sitreps/PHE report/ admissions data

Referral destinations

Staff resource Risk

- Referred For Wraparound support/ Redeployment from system
- weekly redeployment huddle meeting
- Referral to appropriate process

Health protection risk

- Outbreak control measures
- SPH/training/testing

PPE Risk

- Identification of pathway dependent on nature of risk**
- referral to LRF PPE team if issue is due to supply shortage
- refer to IPC team if issue is due to incorrect use / lack of knowledge

IPC Risk

- Referral though to IPC team for support on training/ Testing/ IPC advice

Operational Risk

- Referrals for multiple operational risks/ safeguarding/ medicine management/ clinical and discharge risks as required

Financial Viability Risk

- Referred to commissioners for individual action according to viability issue

Actions and processes

- Action** - Redeployment from system
- Process** - redeployment request form, or

- Action** - Front line carers from Internal Local Authority staff resources
- Process** - referral to LA HR team, or

- Action** - Front line carers from Dom care market
- Process** - referral to brokerage team

- Action** - Referral to appropriate testing procedure for Staff testing and resident testing
- Process** - as required according to testing grid to ascertain cohort and symptom status

Supply shortage

- Action** - refer to LRRP PPE team
- Process** - contact www.shropshire.gov.uk/pppeform

Incorrect use of PPE/ Lack of infection control

- Action** - Enhanced IPC training referral (for IPC usage donning doffing etc) referrals and advice
- Process** referral email to ccg.ipc@nhs.net

Clinical issue

- Action** - clinical issues to be referred through to the named clinical lead for the relevant care home
- Weekly GP calls to care providers
- Process**-email to katylewis@nhs.net

Regulatory issue

- Action** - to be reported through to CQC
- Process** - report to enquiries@cqc.org.uk

Individual Care/Safeguarding and discharge issues

- Action** - to be reported through LA routes
- Process** - report to Local Authority SW teams/ FPOC

Medicine management Issue

- Action** - Referral to medicines management team
- Process** - email address TBC

- Action** - Commissioner signpost to grant funding opportunities within council / individual discussion with provider/ SPiC as required and appropriate on an individual basis