

Norfolk Care Association Subgroup Meeting
4th February 2026, 2:00pm – 3:30pm
Home Care (18+)

Chair: Jonathan Clemo – Director, Norfolk Care Association

Facilitated by: Caitlin Moll – Operations Manager, Norfolk Care Association

For our 2026 subgroups, we're trialling a new, provider and discussion-led subgroup model. We're shifting away from presentations towards peer discussion, shared problem-solving, and direct engagement with commissioners. The intention is to increase participation and value for providers.

Summary of discussion

The most significant topics discussed in the Home Care subgroup focused on the enforcement of five-minute billing increments within the legacy framework contract, with providers expressing strong concerns about financial viability, administrative burden, and misalignment with a relationship-based care model.

Providers also discussed feedback on PAMMS processes, and the wider uncertainty facing the home care market. Breakout discussions were used to gather feedback on PAMMS, collective purchasing opportunities, and topics for a future in-person event held in May.

Discussion Topics

Five-minute billing increments and commissioning practice

Discussion took place regarding the enforcement of five-minute charging increments on legacy contracts. Providers described operational, financial, and ethical concerns, particularly where this conflicted with the stated ambition to move away from time-and-task commissioning.

- Providers reported having to employ additional staff purely to manage billing compliance.
- Significant care-related work happens outside logged call times (e.g. liaison with health professionals, family contact, problem-solving). Practical realities (travel, entry to properties, scanning in) already consume unbillable time.
- Newer contracts allowing 15-minute increments are seen as inconsistent with enforcement on legacy frameworks, and providers felt the increment change was implemented without consultation.
- There was concern that quality and outcomes cannot be measured through call-monitoring data alone.

- Participants highlighted uncertainty - making long-term workforce and business planning difficult.
- Chris Jones - Assistant Director, Commissioning and Care Markets, Norfolk County Council - acknowledged tensions between transformation ambitions and existing payment mechanisms, noting this would take time to resolve.
- Jon Clemo – Norfolk Care Association – asked Chris Jones if the legacy framework 5-minute increment charging could be adjusted to 15-minute increments to address provider concerns ensure consistency with new contracts. Chris Jones has said he will issue a response to this query.

Communication and engagement with commissioners

Providers raised concerns about limited or inconsistent communication with commissioning teams, particularly during periods of service change and uncertainty.

- Some providers reported not hearing from commissioners for extended periods.
- Emails and requests for contact were said to go unanswered.
- Providers expressed frustration and a sense of being overlooked despite delivering significant volumes of care.
- The importance of relationship-based commissioning was reiterated.

PAMMS experiences

Participants shared recent PAMMS experiences and were invited to reflect on positive outcomes as well as challenges.

- One provider reported a positive PAMMS outcome, including an “excellent” rating in audits.
- The PAMMS process was described as stressful but also supportive when done well.
- There was interest in ensuring PAMMS remains a quality-improvement process rather than a punitive one.

Breakout discussions – PAMMS, collective purchasing, and future events

Providers were placed into breakout rooms to discuss three key areas: PAMMS feedback, interest in collective purchasing, and topics for a May in-person event.

- Providers reported that PAMMS experiences had been both positive and negative, with some visits feeling rushed at times. Providers also noted that there were limited opportunities to highlight the positive things happening within their services, with a heavy emphasis on looking only at the negative.
- There was interest in collective purchasing for items such as fuel, training, software, and consumables and a desire for benchmarking data to understand cost pressures.

- Suggestions for topics for an in-person event included closer working with health colleagues at a practitioner level.

General feedback

- Providers feel a growing disconnect between commissioning policy, payment mechanisms, and the realities of delivering home care.
- Administrative burden and financial uncertainty are impacting morale and sustainability.
- There is strong appetite for collaborative approaches, peer support, and shared learning.
- Positive recognition (e.g. inspections, outcomes for people receiving care) is valued and motivating.