

Self Directed Support Project Commissioning and Contracting Workshops – an overview

A series of 10 workshops were held from June to November 2008 each lasting for 2.5 Hours. The venue was The People's Place at Technorth. The workshops consisted of presentations and group work sessions. The aim of the workshops was to work out what providers and Adult Social Care Commissioning and Contracting Sections need to do to get ready for the introduction of self directed support in Leeds. A delegate from the PCT was identified but unfortunately did not attend any of the workshops therefore the PCT was not represented as a commissioning body.

Workshop 1. 16/06/08

This was an introductory session and consisted largely of three presentations. Firstly Kevin Davey gave an overview of the project to introduce self directed support in Leeds. This included the work of the twelve work streams that make up the project. Secondly Viv Slater from In-Control gave a presentation covering the background to self directed support, the philosophy behind self directed support and an overview of government policy around self directed support. Viv then gave an explanation of what In-control is and gave an outline of the In-control model. Viv also presented some stories about citizens who were using self directed support and how this had improved their lives.

Thirdly Tony Callaghan gave an outline of the proposed topics for the workshops and invited the work stream members to add to them.

The work stream members were also very keen to hear about what was being done in the other work streams. As a result a slot was created at the start of each workshop for Kevin to feed back on progress in the other work streams

Workshop 2. 25/06/08 A Retail Model

This workshop theme was around what sort of support citizens using self directed support would want to buy with their personal budgets. The group focused on people who use support services as customers in a retail model.

Firstly the group looked at what would a customer expect and want. All members agreed on the following:

- Quality
- Choice
- Good customer service with user friendly access
- Services tailored to the individual's needs
- Adaptability and flexibility
- Good knowledge of product
- Accountability
- Reliability, sustainability and dependability with good cover arrangements
- Good communication-listening to people and taking them seriously
- A clear process for dealing with complaints and putting things right.

- Honesty and transparency
- Timely response
- Reasonable price -value for money
- Respect, friendliness and courtesy
- Appropriately skilled staff

However in any transaction there is also a responsibility on the customer and so the group also considered what the provider would expect from the customer. The group identified:

Clarity about needs and requirements -being clear about what is non-negotiable

Respect and courtesy

Appropriate and relevant information

Feedback and honesty

To get paid!

Be reasonable and realistic and flexible

To work in partnership

Understanding

Prior notice of changes to the package

The group then looked at the current experience of customers of social care services. The following issues and views were identified:

- A good service is provided most of the time to a lot of people
- Staff are trained to a high standard - alternatively some people thought that staff are insufficiently trained and supported
- Lack of choice
- Quality – not consistent
- Not always flexible e.g. times of some services are limited –they are service led and do not fit in with people's lives
- Service users have no control
- Lack of advocacy
- Services are patchy-some good, some bad
- Some agencies are not always reliable
- People do not always get the time that they are assessed as needing
- Staff are not always consistent
- There can be delays in getting a service
- There may not be a named person to contact if things go wrong
- Services are high cost

The group then looked at what needs to change. The following changes were identified as necessary to effectively implement self directed support:

- Cultural change for care management staff, service providers and service users
- Private sector, voluntary sector and statutory sector need to work in partnership
- Providers need to treat people as equal partners
- Providers need to look at the persons experience when they try to get support and make access to the service more user friendly
- Providers need to be less defensive

- People need a menu that they can dip in and out of -not a list of services that people have to fit in to
- Services should be built around the needs of customers rather than around the needs of the staff/service
- Different/more flexible contracts of employment for staff
- Support plans need to be reviewed on a regular basis- they should not be fixed and need to be flexible and adapt to changing needs and circumstances
- Staff need to change and buy in to self directed support
- People should not have individual budgets (IB) forced on them or be forced to do their own support planning and management
- Need to identify the gaps in the market and make provision for them
- Support services need to be flexible
- We need to be realistic and determine how far this can go and what are the boundaries

Workshop 3. individual Service Funds 30/07/08

In this workshop Tony Callaghan gave a presentation on individual service funds drawing on the learning from Inclusion Glasgow
The group then looked at the challenges and opportunities that were created in introducing individual service funds in Leeds

The group identified the following challenges:

- Resource allocation. ASC need to pay providers realistic funds and be realistic with inflation formula increases
- Review process has to be timely, responsive and consistent and its got to happen
- HR issues/changing staff contracts
- Sustainability
- Getting the support plans right
- Managing the customers budgets
- Flexible rostering and use of staff hours
- Keeping professional boundaries between support worker/customer
- Recruitment and retention of staff in certain areas
- How to get health and social care joined up
- Cultural change for all concerned
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The group identified the following opportunities:

- Flexible Support - living the life – choice and control
- Bespoke service for individuals
- Increased job satisfaction
- Become an innovative specialist provider
- Customer's better quality of life.
- Much less bureaucratic response to changes in needs
- Smaller ' matched to need' staff teams
- Consistency of staffing for the individual
- Provides an opportunity to look at alternative ways of providing services

- HR issues/changing staff contracts
- Shift in power – an opportunity for the customer to experience genuine ‘in control’ and consequently improve mental well being.
- Improving quality of life and health and well- being for the customer

Workshop 4. Values Underpinning Self Directed Support - 20/08/08

This workshop included a presentation from Viv Slater of In-control on the values and principles underpinning self directed support. This included rights to independent living, individual budgets, self-determination, accessibility and flexible funding and the principles of accountability and capacity

The group then looked at the challenges of adopting these values in their own organisations.

Challenges identified were:

- Managing the culture change
- Changing the mindset through training
- Will need changes to the way they employ staff in terms of workforce contracts and terms & conditions
- Marketing –will need to market themselves to customers
- Contracts to be clear & promote mutual accountability
- Monitoring standards
- Double running
- Safeguarding
- Fears of possible abuse / maladministration of individual budget. - professionals need to trust people
- Issues of eligibility and rationing of funds – eligibility needs to be made consistent with prevention and promoting independence
- Vague meaning of “community”
- Staffing – they need to ensure that the customer receives service satisfaction. But what happens if things don’t work between staff and customer?
- Litigation –health and safety
- Competition between organisations-how far will they go?
- Fear about changing jobs and roles
- Changing customers expectations
- Current system is geared up to respond to crisis rather than prevention. Customers need the confidence to take control and feel supported in doing it.
- Carers have to trust the people they care for to make decisions
- Will people know that the money allocated will be enough to pay for the support people need?
- Can we sell the idea of self- directed support to people?
- Putting the values in to practice is a huge challenge to individuals in the statutory, voluntary and independent sectors who have the values but a system that does not support the theory

Workshop 5. 27/08/08 Service Design

This workshop started with a presentation by Tony Callaghan outlining the key messages from the first four workshops. The group was then asked to design a

service to enable a customer to spend their individual budget on the support that they require. Issues the group was asked to consider were:

- Working in Partnership – collaboration between the Statutory, voluntary and private sectors.
- Support Planning – (Who and how?)
- Recruitment of staff
- Training
- Terms and Conditions of Employment
- Use of Local Authority Risk Enablement Panels
- Contracts
- Contingencies
- Sharing resources skills& knowledge

The service design contained the following features:

Flexibility

The service will provide 24hour respite/support which will be flexible to accommodate customer's needs.

The service will ensure that the service will respond to the needs & provide the support that it has agreed to provide

Customer comes first

It should not provide a service which has tight contracts which don't allow flexibility for the customer. Contracts need to be flexible – it's about saying yes – but also managing risk taking

Value for money

Support will be affordable to give choice. The service will have a transparent approach to cost of services

Support planning

The service will develop a support plan with the customer to ensure a seamless service. If their needs change the service will reassess its support to meet their needs. The service will help people to stay in control of their life and the decisions they make. There will be one to one planning of what people want and how it will be provided to ensure everything is included and there are no hidden gaps/costs

Staffing

The service will have a fair, legal recruitment process as per correct legislation. Customers will write a person specification for the type of support worker they want to enable a matching process. The service will match customers to support workers

to provide reliability and consistency. Customers are made aware of their responsibilities in the process. The service will provide staff who are appropriately skilled and trained in delivery of support to individuals with a description of staff and clarity of role for staff.

The service will utilise strategies that recruit & retain good/excellent staff e.g. incentives for high quality feedback on individual good workers. They would look to ASC to vet/assess/train other people employed directly by individuals but could provide training for others if required

Safeguarding

There will be clear safeguarding responsibilities between ASC and provider

Communication

The service will talk to customers regularly. The service will listen to customers and what they need and respond accordingly.

Information will be freely/widely available. The service will start with a description of who they are – it will have a mission statement in basic English. It will contain the core values. The service will say what its values are and how it values its staff.

The service will clearly state what the provider service is offering e.g. brokerage, signposting, hands on delivery, advocacy and be clear about signposting to its partners who may be able to bridge any gaps.

'Menu'

The service will have a menu – broad speaking e.g. social care & leisure options to enable the customer to identify what their preferences are This moves away from 'one size fits all'. Will provide a choice of different options

Partnership

The service will engage in genuine partnership with other companies marketing similar services. Sharing of knowledge and resources e.g. in times of crisis. Areas of expertise in different agencies will enable sharing amongst other agencies e.g. training expertise/recruitment expertise

Quality Assurance

The service will have systems of quality assurance to monitor performance and identify customer satisfaction through genuine feedback.

Suggested options are star ratings, random/ mystery shopper approach, inviting feedback in addition to official monitoring

(No workshops were held in September because 2 large conferences were held and for all providers of social care and support in Leeds)

Workshop 6 - 1/10/08 Issues from the conferences.

Tony Callaghan gave a presentation which outlined issues raised at the conferences.

These included:

Identifying your Niche

Service design

Workforce

Partnerships

Training

Cover

Safeguarding and accountability

The group then looked at what support providers need to change their business and where they were going to get it from.

They identified that they needed the following support:

To do market research –do homework on area, customer ratio, needs, what do customers want?

Identifying your niche finding where are the gaps

Being able to access up to date, reliable information

Financial Management skills

Time and dedicated resources to allow strategic planning

Marketing skills and PR

Support to get there!! (Small organisations)

Contract design training & resources

Developing tailored packages

Whole system culture change and genuine back up to achieve outcome

Education and training resources.

Time resources for all staff to learn how to implement this successfully and run 2 systems in the beginning

Joint training is a must. We should have common goals and 'all be singing from same hymn sheet'

HR issues – job satisfaction for everyone involved in this/job security

Do workforce analysis and work out provider costs

The group looked at where they would get this support from:

Social enterprise support organisations

Organisations such as Slivers of Time

Networks

Skills for Care

Tendering for Care

Set up a central access point for services

Some form of quality standard for services & a framework (protects both providers and service users)

Central information point

Social Care-dedicated posts to facilitate

Multi-Agency Workgroups to break down barriers

Information networks and alerts on up and coming changes impacting on business
CBI/Compact
Build new partnerships
Consultancy/Mentoring
Lessons learned from pilots/experts/customers who have done this already – first hand knowledge
'Pump priming' – finance to make this work properly

Workshop 7 Contracting 08/10/08

Jason Lane gave a presentation on contracting

Following this the group looked at what should be in place to make documents/agreements clear and easy

Responses from the groups were:

A contract (at whatever level) only when required
Should be simple/ user friendly/ no jargon or limited legal speak - even the font should be simple and easy to read!

Suggested Template:

Name of customer
Name of employee
Outcome - to be achieved
Frequency – Number of hours in period (timescale)
Tasks
Contingency – cover arrangements

Some people thought that Individual contracts should enable more flexibility
We should have a basic principal written contract with minimum standards, but verbal contracts may be used where appropriate
Alternatively some thought that we should have a standardised national contracting framework which is then applied to all local authorities – try not to re-invent the wheel

The group then looked at what should be in place so parties can enter into agreements with confidence. Responses from the group were:

Overall framework
Contingency plan
An 'advocate' if required e.g. Independent Advisor or helper
Informal networks
Probationary period –an easy opportunity to opt out of the contract
Help with transition: how to maintain existing provision whilst developing and growing alternative provision.
Support networks – family and friends
Emergency cover

Dispute resolution process

Workshop 8 Communication 22/10/08

The group looked at creating a communication plan for the work stream

The first task was to identify who are the interested parties, who needs information and whether there are different issues for different groups

The group identified the following:

All providers including social enterprises, private enterprises and potential businesses, voluntary sector, statutory sector including the ASC in-house providers and the Foundation Trust

Housing Associations,

Mainstream organisations across Leeds City Council, e.g. ALMO's Leisure Services

NHS – PCT, Other NHS Trusts/Services, Community Health Services, Hospitals

OT's Practice Based Commissioning Consortia, Intermediate Care Tams.

Provider Networks e.g. Leeds Care Association and the Voluntary Sector Forums

Try to target new potential providers – through advertising in the local media

Carers/relatives who could in effect become providers

Supported Living Schemes

Community Groups and Organisations,

Keeping House

The group then looked at what information will be useful. The response was:

Basic information about the principles of self directed support, the In-control model, the Leeds approach and practise and any changing legislation and policy

Information to help providers decide what their role is and what it means for them

What sort of support is available to help providers develop and help with marketing skills?

Information about demand, potential customers and what they want, where they are - where are the gaps

What the minimum service standards are

Guidance on pricing

Guidance on measuring outcomes

Guidance on developing partnerships

Progress of the project -where we're up to in Leeds – what's in place / what is still to do.

How providers can become involved

Sample of paperwork used e.g. Self Assessment Questionnaire

Pointers to sources of information such as Information Store, Through the Maze, Leeds City Council sites.

Right amount of information from customers seeking support led by needs and wants

How statutory obligations are affected e.g. the effect on employment and other legal obligations such as health and safety

What support is available to providers from H.R /EDU/Contracts & Commissioning to make the transition to self directed support?

Whether any risk management training is available for us?

What has the early implementer been like and what are the lessons learned?
What are people's expectations e.g. both customer and ASC
What other services are out there?
How can I market/reach people?

The group then looked at how the information will be communicated including format and frequency. The response was:

Website Internet/website – Toolkit – so avoid duplication containing FAQ, Directory, Moderated forum, downloads, links.

E-Mail and Mail shot – to everyone to include local case examples and stories.

Providers can register for regular updates (or by mail for postal updates).

Will we have a register of providers and do providers need to register to receive information or is it available to any provider?

Events – regular, large and small, specialist and general -conferences meetings, workshops -events need to fit audience

Use existing networks e.g. Voluntary Sector, LCA, Neighbourhood Networks, Chamber of Commerce, benchmarking bodies, diversity and equality networks, social enterprise support networks.

Newspaper adverts directed at providers and informal caring arrangements in the mainstream media and specialist publications. (The adverts needs to be short and snappy, clear and concise, well organised and set out but easy to access more detail if needed)

Written – newsletters – simple straight forward

Surgery/consultation meetings

Road shows to community groups

Setting out a stall at trade events

Forum DVD?

Provider Forum meetings

Helpline

Provider Directory

An Information Officer?

Workshop 9. Learning from other Areas and the Pilots

Recovery and enablement pilot

Amanda Wardman did a presentation on the 2 year recovery and enablement service pilot in Leeds which the Community Support Service has been running for people who use mental health services. The recovery and enablement service works intensively with people for 6/8 weeks. If after that period the customer needs longer term support this is passed to a long term support provider. The plan is that this model is rolled out in Leeds

The group discussed how this model fits with personal budgets.

It was the view that personal budgets were not appropriate for people accessing a recovery and enablement service. Usually this service would be for people in crisis and/or who had experienced an event which left them in need of additional support.

It may be stressful for the customer and time consuming to set up a personal budget in these circumstances. Also everyone should have access to this service in the first

instance to give people the opportunity to recover abilities, learn new coping skills and maximise their independence as far as possible.

Personal budgets should then be offered to people who still need longer term support once they have had the period of recovery and enablement

As well as benefiting the individual the model is also cost effective as people often need a lower level of long term support following the period of recovery and enablement

However there can then be a problem with transition to long term support. The long term support provider needs to build on the work of the recovery and enablement team or the progress can be lost. There is a need to track what happens when it is passed on. There needs to be a link with long term provider and effective handover. The long term provider needs to check/audit what is going on.

The team then looked at identifying what lessons from these pilots can be useful. The lessons were:

Contracts

Traditionally monitoring has been very numbers based /hours based. This is how ASC have monitored performance. Also in respect of training ASC has only looked at numbers of staff trained. ASC need to look at the content of training and measure the quality of training

ASC should put in place quality monitoring by talking to customers

Feedback forms are not always the best/only way to do this as often they are ignored. ASC contracts need to utilise other ways of obtaining feedback from customers such as talking to them in person or on the telephone – one way does not suit all

One older people's dignity initiative is using customers to gather information from other customers about how they are treated in the service and outcomes

Service Provision and Quality

Quality rating should largely be determined by people using the service

ASC should collect compliments as well as complaints

Care plans need to be outcome focused – not hours

Empower staff through training so that the provider has relatively autonomous local teams with flexibility to monitor their own rostering and work to suit service users in contrast to a bureaucracy based system (e.g. Service Providers have to ask the Social Worker to enter tasks on to the Individual Service Agreement so that the Service Provider can then do the tasks that they know need to be done!

Need to be able to dip into enablement for people whose needs increase

Sharing Information –E.g. on Individual Service Funds

Providers are all competitors

Why should they share?

What is in it for them?

What about commercial advantage

Needs a culture change for providers

Tony Callaghan then did a presentation on the outcomes for different groups of customers identified in the Individual Budgets Pilot Evaluation. The evaluation identified positive outcomes for mental health service users and people with a physical or sensory impairment. Outcomes for people with learning difficulties were mixed. Lower levels of well-being were experienced among older individual budget holders than the comparison group.

The group discussed why this may be. The following factors were identified:

Leeds Federated Housing Association have done research regarding levels of satisfaction and found that most people were happy with current services. However people maybe afraid of repercussions if they complain. People are afraid that what they get already will be taken away.

Different expectations – older people are generally more grateful for what they get They don't know that they can ask for more that they are getting. When you explore with them a different way of doing things then they have a very different response. Some are still influenced by memory of the Workhouse and wartime experiences such as rationing or have a make do and mend philosophy

This has been re- enforced by rationing of services under Community Care

People also have examples of change not feeling better e.g. fuel providers which may make them anxious about change

We need older people as champions and need to use them to address the barriers When it comes to social inclusion, the social worker's expectations are often much higher than the older persons

Social Inclusion - crunches up against FACS

There are bureaucratic barriers and Local Authorities are risk averse

It is hard to help people to make real friendships we need reciprocal befriending.

Workshop 10. Review and Action Planning 12/11/08

Tony Callaghan reviewed what the workshops had covered and asked if there were any topics which had been missed out. The group said not.

The group then discussed what actions need to be undertaken by the Local Authority and providers (and anyone else) in order to ensure that commissioners and providers are ready for the introduction of self-directed support.

Actions identified were:

Local Authority

More people need to see the SAQ and RAS and comment on it. Such as this workshop group, the SDS service users reference group and more service users, more Voluntary/Independent sector organisations. Share between work streams Consider how the various assessment processes - SAQ, SAP, CAF, etc fit together. Talk to Health –commissioners / providers

There needs to be more information for people who use services because different messages about IBs are flying round.

When IB implementation managers are appointed circulate their contact details

Draw on expertise of all members of the various work streams –this is a valuable resource
Set up service provider forum both online and have forum meetings
Feedback – communication strategy – needs to be consistent /accurate
Increase the pool of early implementer
Give deadline for total transformation – set milestones and let people know.
Have a test drive – early implementers/ volunteers, people already on Direct Payments. Feedback – what's gone right /what's gone wrong
Early implementer's pilot can identify gaps in provision then commissioners should engage with providers to fill the gaps – can they do it? - have a bolt on? Trigger more choices
Meetings, Newsletters generating interest-who is going to do this?
Set up databases so people know how to find smaller less well known providers.
Have approved provider list rather than block contracts -decide criteria to be an approved provider with an appeals process
How does local authority manage the market? There needs to be sustainability for providers or they won't invest
Create chance opportunity for more 'spot' contracts
Streamline paperwork and admin to keep costs down
Provide Advice and Training Central Resource e.g. for queries re risk assessment, data protection, level of public liability, insurances to choose.
Training of staff – especially if allowing staff to use their initiative. Training around perimeters.
Train care managers to 'de- hassle' the process. (People more happy to agree to contract if someone makes it simple for them)
Encourage and give incentives to small providers to take on the SDS model and provide flexible care/support possibly on a Social Enterprise Model

Providers

NHS providers need to change with this agenda
Providers need to decide whether they're interested in SDS, how they will be involved and whether they need to change
Share information and good practise
Look at principles and consider how organisations can /do meet them.
Providers have a duty to encourage people who use their services to demand IBs
Providers to set a menu of what they can provide at what cost sooner rather than later.

Anyone else

CSCI – how are they involved and other inspection authorities?
Health - PCT Trade Unions
Clear information for people who use services, carers, and potential service users build up of information little by little e.g. Newspaper articles, community TV, radio
LMU and other training providers -training future social workers
Supporting People
Link to – local Involvement Network
Councillors
Voluntary sector forums – continue to keep our members Informed.

Both Commissioners and Providers

Perhaps more workshops (after the early implementer?)

Set up Forum to discuss – reviewing on outcomes. Outcome focus

Risk panels – what has come up in the Oldham panels. (Case study to explore)

Members of this group as Provider Champions

Tony Callaghan

Commissioning Officer – Adult Social Care

30/01/09