

Consultation on Draft Commissioning Strategy & Plans

1.0 SUMMARY

1.1 This report provides the management team a summary of the process and responses to the draft strategy and plans.

2.0 RECOMMENDATIONS

2.1 That the proposals for implementing changes to the draft strategy and plans are accepted.

2.2 This report does not answer the issues raised and criticism of the strategy and plans identified. These will be addressed during completion of finalised documents.

2.2 Agreement on action points required to implement the proposed changes is also sought as well as ratification by Social Work Management Team and full Council.

3.0 DETAIL

3.1 The draft commissioning strategy and plans describe the broad principles and specific approach for the delivery of care and support services for the next 5 years for all internal and external services.

3.2 The importance and implications of the draft plans necessitated consultation with a broad range of stakeholders.

3.3 As such a consultation process was conducted in order to obtain the widest possible range of views on the draft proposals.

3.3 The Consultation ran from the 15th August until the 31st of December 2011 and included the following activities

- Initial press release containing dates of Web Consultation. Further press release was issued due to extension of consultation from 9th of October to the 30th of November
- Web Consultation including draft plans and questionnaire feedback collated automatically from Council website

- Specialist report conducted by Hexagon Consulting using focus groups recruited from Citizens Panel. Report featured 30 people from 4 areas of Argyll & Bute
- Mail shot to all independent care providers held on Commissioning team records giving notification and inviting comment via website
- Use of appropriate regional forums
- A contact for people who needed more information, wished to join a group or simply wanted to provide views on a one to one basis

Please refer to Appendix A for more details

3.4 Feedback from the consultation has been summarised under general themes and the specific responses the web based questionnaire. Representative written responses were received and have been highlighted where appropriate, refer to Table 1 and 2 and Appendix B for further detail.

Table 1 Draft Strategy Feedback (%)

		Strongly Disagree	Disagree	Neither agree/ Disagree	Agree	Strongly Agree
1	Council is committed to working with people who use or are involved in delivering care and support services?	22	13	26	22	17
2	Commissioning Strategy is important in helping the Council meet increasing demands for care and support services?	9	4	9	30	48
3	Council's strategy should develop care and support services which are increasingly flexible and suited to the individual person?	4	0	4	17	74
4	Agree Council using external organisations to deliver care and support services?	17	9	17	22	35
5	Council should prioritise to ensure those people with the highest needs are identified and services are targeted accordingly	0	4	5	48	43
6	Council should take social and environmental benefits into account when making decisions about commissioning?	9	0	17	43	30
7	If Council has arranged for external organisations to run care services these should be monitored to check services and	0	0	13	26	61

	value for money being delivered?					
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Total Respondents - 23

Table 2 Draft Plans Feedback (%)

		Strongly Disagree	Disagree	Neither agree/Disagree	Agree	Strongly Agree
1	Commissioning plans should provide, where appropriate, support to clients who wish to manage their own social care budgets	0	10	5	38	48
2	Do you think the council should involve people in decisions about their care and support services?	0	0	5	18	77
3	Commissioning plans should ensure people can have care and support services delivered within their own home or as close to home as possible?	0	5	9	18	68
4	Do you think the commissioning plans should reflect the opinions of people and their carers?	5	0	5	14	77
5	Agree with the Commissioning Priorities for Sensory Impairment?	0	6	25	44	25
6	Agree with the Commissioning Priorities for Mental Health?	6	6	24	29	35
7	Agree with the Commissioning Priorities for Addictions/Substance Misuse?	0	7	50	29	14
8	Agree with the Commissioning Priorities for Learning Disability?	0	5	26	21	47
9	Agree with the Commissioning Priorities for Older People?	0	6	19	31	44
10	Agree with the Commissioning Priorities for Homelessness?	0	13	40	27	20
11	Agree with the Commissioning Priorities for Children & Family?	8	0	23	54	15

3.4 Common themes identified during the consultation are now summarised

Greater degree of Flexibility over when care provided

The proposal to provide increasingly personalised received overwhelming support with 91% of respondents either agreeing or strongly agreeing with this principle.

Also expressed was the need for services which don't currently fall within the provision of personal care but which are important to maintaining the clients independence, preventing social isolation and promoting wellbeing such as posting of mail, feeding of pets

“...maybe if she had a couple of hours a week she could use at her discretion for ad hoc support”

“One of the problems I found when caring for my mother was you can't get care at night, especially Saturday night, so you can't get away for a bit of respite”

“In my experience, once I found out I could get help from Social Work, I was told what I would get. There was no discussion about it. It felt like I should be grateful and that I could either take it or leave it.
“

“where can I get someone to post my mail, the girls do this already but might not in future” (via forum meeting)

Importance of Commissioning Strategy

In general most respondents agreed or strongly agreed with the need for a Commissioning Strategy with 78% agreeing or strongly agreeing that a coherent strategy and plans were necessary. Comments recognised the need for Commissioning as a means of identifying and addressing strategic aims within an environment of increasing need and financial austerity.

Some respondents were very critical of the perceived absence of clear strategic outcomes linked to the budgetary resource and commissioning activity which would be required for delivery

“If this is what it takes to improve the overall standard & help make it difficult for unprofessional care services to exist then this will have a huge positive impact for service users & carers.”

“Agree in principle but feel there are too many 'consultation exercises' which appear to have few outcomes and to be in the Council's interest and based on cost cutting rather than on listening to individuals.”

“the current draft “Commissioning Strategy” is very poor - it fails to present a broad assessment and forecast of need, an overarching set of desired outcomes, a consideration of broad strategic options, a detailed framework for planning the nature, range and quality of future services and working in partnership to put these in place, or a clear rationale for service development and procurement activity”

Training and Quality Issues

This was highlighted across all forums and explicitly in the Citizens Panel consultation. Respondents were concerned any future tender exercise would not adequately ensure standards were maintained if services were provided independently. Anecdotal descriptions of care being provided by inexperienced staff were cited as evidence and have been encountered during ongoing contract management activity by Commissioning team. These issues were also identified as being crucial to any future contract management activities.

“we are isolated but I don’t think that should be a reason to provide a lesser level of care”

“but I’m concerned about the declining level of care he receives. The Council seems to be making staff redundant because of the cut backs and it is affecting the level of care provided”

“I’m concerned about training. My mother is in her nineties and she often gets very young girls coming to provide care, sometimes around seventeen years of age.”

Lack Of Information on Accessing Services

Unexpectedly the ability to access social work services continues to be a challenge. While there is no quantitative measure of respondent’s perceptions the issue was raised in forum meetings and in the Citizens Panel consultation specifically. The need for this information was particularly acute at points where services are being accessed for the first time by people who have no previous experience of service provision.

“Nobody tells you when you are disabled what you are entitled to. Nobody gives a damn”

“As you get older and you find for the first time you need care and support, who do you turn to first? How will Social Work become informed you have a need”

“A big problem is that most people don’t know what care and support is available”

Consultation Process

Several consultees described a lack of information surrounding the consultation process. There was also involvement from elected members describing the lack of opportunity to provide feedback on proposals and requesting extension to deadlines. While deadlines were extended to December 2012 to accommodate additional submissions none were received.

Other criticism centred on a perception the consultation was tokenistic and being used to justify decisions which had already been made. The format and audience made consultation particularly challenging in some areas. Due to the complex subject nature and specialised needs of consultees in some forums, e.g. Learning Disability. It is questionable whether any realistic consultation could be conducted without causing confusion and unnecessary anxiety with some service users.

“I question whether the Council is correctly structured for consultation”
(Statement from meeting)

“Why didn’t the Council place a short piece in the Oban Times and the like to alert people to the consultation?”

“The Council should have put a flyer in every local paper”
(Statement from meeting)

Person Centred Approach

Linked to the issue of flexibility the strategic commitment to personalisation was broadly welcomed. Reservations about the move to clients assuming responsibility were based on individual suitability and the desire to become responsible for social care budgets as a means of obtaining improved outcomes.

Concerns were raised if situations arose where Direct Payments would be a default option because no other alternative was available. The perceived emphasis on Direct Payments as a means to achieving this outcome was also identified, rather than as users of services becoming more involved about how the care package was delivered (see next)

“This move to a more personalised approach has to be welcomed. In my experience, the Social Work service was too paternalistic in how it dealt with its clients”

“It’s important the client is at the centre of things but not all will know what’s best for them. I don’t think this process needs to be dressed up as person centred planning. It would be a big improvement simply if better information and advice was available and that clients were treated with respect. Ultimately, many will need to be advised by professionals what is best for them.”

Self Directed Support

See previous, while there was enthusiasm for this approach where suitable, there were distinct reservations voiced at several forum events. A widely held misconception was encountered on several occasions where consultees believed people would be forced to take a Direct payment due to lack of suitable alternatives.

The complexity of appropriate contract monitoring of these contractual arrangements was also raised. Concerns were expressed about the need to ensure personal budgets were spent appropriately to ensure assessed needs were provided and identified outcomes delivered.

“I have reservations over giving people control over their social care budget. It’s too liberal and could be a waste of scarce tax payers’ money. I’m all in favour of involving the client more in agreeing their package of care but that shouldn’t extend to providing them with the funds to make their own arrangements”

“you are forcing people to take direct payments when they don’t want this responsibility”

(Expressed at several local forums)

“I have reservations over giving people control over their social care budget. It’s too liberal and could be a waste of scarce tax payers’ money”

“Not everyone will be in a position to take responsibility for their own care. There must be a choice over whether they take responsibility for their care budget.

“I believe there are some aspects of social care where an element of paternalism is required”

Shifting The Balance Of Care

There was broad support for the principle of looking after people at home or close to home as possible, with 86% of respondents either in agreement or strongly agreeing with this principle. This was contingent on being supported by adequate resource transfer to the community setting and provision of adequate acute and residential facilities as an alternative when inappropriate.

“It’s more cost effective to keep people in their own homes and it’s what most people would prefer”

“I think more effort should be made to support those discharged from hospital make the transition to being cared for at home.”

“Of course most people would rather stay at home and receive care and support there. But will the resources be there to achieve that? I worry that hospital wards are being emptied to save money but the savings won’t be allocated to fund better care in the community.”

“Choice is a very important element for anyone needing care and support. For some, supported living will be required and not everyone will find care at home or care in the community suitable.”

Using external organisations to deliver care and support services

56% of respondents supported this principle. Respondents understood why this was an attractive option due to the pressures on the Council to achieve Best Value. However 26% of respondents disagreed or strongly disagreed, citing their concerns about the potential for lost cost, low quality services being introduced. Others identified the critical importance of the need for active supplier management with the Council having authority to impose real sanctions. Not all respondents were against reducing costs but criticised the Council for not making this explicit.

“The private sector will provide care at a cheaper cost but doesn’t it dawn on the Council they will only be able to do that by paying their staff a lot less and over time that’s bound to affect the quality of the staff and the job they do”

“This may be action which is necessary because of budget cuts and the requirement to manage within cash limited budgets, but should not be presented as something which it is not. This is also a sham consultation. Whatever the response, the Council is already committed and is already some way down the road of outsourcing services. The Council is now clearly seeking public support after the event for public relations purposes”

“The private sector will respond by offering lower wages and poorer conditions of contract”

“It seems strange to me that, allowing for the profit motive, the private sector can provide these services cheaper than the Council”

“In my experience as a Councillor many years ago, justifying the selection of a higher priced tender is exceptionally difficult.”

“Many elderly people, especially those living on their own, are very reluctant to criticise any aspect of their care in case they are left without care. That’s a real concern”

“If you currently have a complaint about the service provided by the Council, you can go to them directly with this.”

Recent high profile failures within the private sector, e.g., Southerncross, were cited as a major risk to this part of the strategy. Several respondents stated externalisation needed to be supported by robust advocacy and contract monitoring arrangements. 87% of respondents agreed or strongly agreed with the need for robust contract monitoring arrangements should services be externalised.

The risk to the Council of losing experience in how to run a care service was identified as a major concern. Consultees questioned how the Council would respond in the event of a major contractual issue with no remaining in house service to call on at short notice. Concerns about the ability of the Council to specify and manage any outsourced services were also received.

“We have seen a major contractor in the care homes sector going bust overnight. What steps will the Council take to ensure there is no interruption in the delivery of care and support if one of their contractors goes belly up?”

“What would happen if the contractor went into administration, like Southern Cross? It’s frightening even thinking about “

“If you get your contract specified clearly and you stand over the contractor, you will get a damn good service for less money. But that places great pressure on the Social Work service to get its act together when it procures these services and I’m not sure they have the resources and expertise to do that well.”

“If the Council backs away from direct service delivery, they will lose their front line expertise and experience to the extent they will struggle to procure and monitor these services effectively. In time, the Social Work service may be no more than a bunch of administrators and policy makers with no hands-on expertise in the delivery of social care

“What happens if the independent provider walks away from the contract? If the Council has outsourced all of its services? Where is the plan B”

Prioritisation of Needs

There was broad support for this principle, 91% of respondents agreed or strongly agreed with the PON framework. Respondents appreciated the need to prioritise services based on objectively assessed need.

“I agree with the Council’s concept on priority needs. It would be very difficult to argue against that. But what is also important is that, if you are not regarded as a priority, the reasons are made clear to you”

“It’s a no brainer, isn’t it? How else would you prioritise other than on the basis of the seriousness of someone’s care needs?”

However this was balanced with recognition when the Council cannot provide services unsuccessful applicants should receive advice on where alternative help can be provided. The importance of receiving a substantive reason why services were refused was also felt to be important.

“...if you are not regarded as a priority, the reasons are made clear to you and you are given advice on other organisations which may be able to help.”

Service Commissioning Priorities

In general responses were supportive of the Commissioning Priorities. Where criticism was identified this related to

- A lack of detail within specific commissioning plan priorities, including more information on what services were not a priority,

accompanied with a rationale. This was felt to be a clear weakness and unwillingness on the part of the Council to clarify what the priorities were (and what were not) for fear of criticism

This included a lack of detail in relation to the service costings, proposed commissioning and procurement activity and implications for services users.

- An emphasis on early intervention and prevention. Including the imaginative use of funding and partnership working to provide services which prevent/delay people requiring an assessed service as categorised within PON 1 or 2
- The need for provision of advice and information on what services were available and how these could be accessed
- An absence of daycare/lunch clubs and specialist Alzheimers Services within the Older People section.
- More emphasis on supporting carers.
- How the Council will link with Partner Agencies such as NHS Highland to deliver services strategically.

4.0 CONCLUSION

4.1 The consultation identified broad support for the overall principles contained in the commissioning strategy and plans. Moving towards services embodying the principles of

- Personalisation
- Self Directed Support
- Developing increasingly flexible services
- Assessment based on clear prioritisation of need
- Services being delivered at home or as close to home as possible
- Recognising importance of clear Commissioning Strategy and Plans as basis of dealing with increasing need within climate of decreasing Local Government funding

4.2 Support for service externalisation as a means to achieving Best Value received a 57% approval. 26% of respondents disagreed with this strategy. Associated with this response was a clear desire for stringent monitoring arrangements with 87% of respondents agreeing or strongly agreeing with this principle

4.2 Consultation process could be improved by earlier involvement with fora, e.g. Public Partnership Forums. The effectiveness of consulting within some client areas (e.g. Learning Disability) should be refined in the future due to the complexity of the subject nature and the ability of clients to understand the subject matter.

4.3 Development of commissioning plans should include specifically for each service

- Broad assessment and forecast of need
- Identified set of desired outcomes
- Consideration of broad strategic options
- Framework for planning the nature, range and quality of future services
- Clear rationale for service development and procurement activity.
- Partnership arrangements for service delivery

This would require further clarification from each service using results from recent review activity.

4.4 To achieve Best Value the use of external consultants to conduct Citizens Panel focus groups should be re-evaluated. It is proposed these events could be conducted by Council Officers. Independence could be maintained by events being hosted by another service.

4.5 Amendments to Commissioning Strategy and Plans should be communicated to all respondents including attendance at all forums. Consideration should be given to providing a document given Council responses to specific concerns using a “What you said” and “What we did” format.

5.0 IMPLICATIONS

5.1 Policy – Finalise Changes to Commissioning Strategy and Plans

5.2 Financial - None

5.3 Legal –Compliance with SPD guidance on Social Care and Commissioning

5.4 HR -none

5.5 Equalities- Final plans should include Equality Impact Assessment

5.6 Risk - Finalised Plans will minimise risk to service delivery and continuity

6.0 APPENDICES

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