

Action Points For Adult Social Care (ASC) from the Provider Workshops

General points

The Independent Sector, Voluntary Sector and Statutory Sector Providers need to work in partnership
We need to be realistic and determine how far this can go and what the boundaries are

Quality Assurance

- Commissioners need to set up a system of quality assurance with standards for services and a framework to monitor standards. This will protect both customers and providers.
- Commissioners need to set up a system and provide guidance on monitoring performance by measuring achievement of outcomes. ASC performance monitoring has traditionally been very numbers based and/or hours based. Also with 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 also engage in quality monitoring by talking to Service Users. Feedback forms are not always the best/only way to do this often they are not filled in – need to think of other ways e.g. such as talking to service user in person or on the telephone – one way does not suit all
- Quality rating should largely be determined by people using the service One older people's dignity initiative is using service users to gather information from other service users about how they are treated in the service and outcomes. Monitoring through experts by experience could be incorporated in to the quality assurance scheme

Market Management

- Commissioners need to identify the gaps in the market and ensure that provision is made for them
- Commissioners should carry out analysis of demand and provide information about demand, potential customers and what they want, where they are, and where the gaps are to help providers with identifying their niche
- Commissioners should move to a system of approved provider lists rather than block or cost/volume contracts
- Commissioners should work out the criteria to be an approved provider with an appeals process

- Commissioners should encourage and give incentives to small providers to take on the Self Directed Support (SDS) model and provide flexible care/support possibly on a Social Enterprise Model
- Commissioners should provide 'pump priming' finance to encourage innovation and make this work properly .This could be financed from funds released e.g. as a result of modernisation of Day Services
- Commissioners should set up databases so people know how to find smaller less well known providers.
- Commissioners have to trust providers and value their judgement

Contracts

- Different views were expressed about the use of formal contracts when citizens employed their own personal assistants:
- Some took the view that there should be a basic written contract with minimum standards, but we should also allow verbal contracts to provide flexibility.
- Others thought that there should be a standardised national contracting framework which is then applied to all Local Authorities
- In general a contract (at whatever level) should only be used when required
- Contracts should be simple/ user friendly/ no jargon or legal speak - even the font should be simple and easy to read
- So that parties can enter into agreements with confidence they should have access to an advocate if required. There should be a probationary period with an easy opportunity to opt out of the contract. People will also need help with transition
- All agreements should detail the contingency plan with emergency cover
- There should be a dispute resolution process

Safeguarding

- There should be clear safeguarding responsibilities between commissioning and providers

Training

- There is a need for cultural change for care management staff, service providers and service users
- Joint training is a must. We should have common goals and 'all be singing from the same hymn sheet'
- Providers want to know what support is available to providers from the Council's H.R. /Organisational development/Contracts & Commissioning Sections to make the transition to SDS.

- Staff will need training especially in order for providers to empower staff to use their initiative and work in a relatively autonomous way.
- Care managers should be trained to 'de- hassle' the process.(people more happy to agree to contract if someone makes it simple for them)
- Specific training Providers want includes:
 - Guidance on measuring outcomes
 - Guidance on developing partnerships
 - Education about the new systems and paperwork used e.g. Self Assessment Questionnaire
 - Risk management training
 - Develop and help with marketing skills.

Info/communication

- Providers need to be able to access up to date reliable information. It was suggested that we should have a Central information Point with Adult Social Care-dedicated posts to facilitate information to providers
- There also needs to be more information for people who use services because providers are becoming aware that different messages about Individual Budgets are being circulated
- Suggested methods to communicate with providers are: – website, events, networks, set up service provider forum both online and have forum meetings
- We need to give clear timescales for total transformation – set milestones and let people know.
- Provide an Advice and Training Central Resource for queries for example on issues such as risk assessment, data protection, level of public liability, insurances to choose.

Pilots

- Lessons learned from pilots/experts/customers who have done this already – first hand knowledge should be disseminated to providers
- Early implementer's pilot can identify gaps in provision then commissioners should engage with providers to plug the gaps and increase choice.
- The pool of early people for the early implementer should be Increased e.g. use volunteers, or people already on Direct Payments
- When Individual Budget Implementation managers are appointed their contact details should be circulated to providers
- Give providers feedback on what the early implementer has been like and what the lessons learned are– what's gone right /what's gone wrong

Access and Inclusion

- Eligibility needs to be made consistent with prevention and promoting independence
- People need to know that the money allocated will be enough to pay for the support people need.
- When setting up Individual Service Funds we need to pay providers realistic funds and be realistic with inflation formula increases
- 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
- The review process needs to be timely, responsive and consistent -it's got to happen!
- We need a much less bureaucratic response to changes in needs (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!
- More people need to see the Self Assessment Questionnaire and Resource Allocation System and comment on it. Such as this workshop group, the Self Directed Support service user's reference group, more service users and more independent sector organisations.
- There should be consideration of how the various assessment processes such as SAQ, SAP, and CAF, fit together.
- People should not have individual budgets forced on them or be forced to do their own support planning and management
- With regards to recovery and enablement 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
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.
- Paperwork and administration should be streamlined to keep transaction costs down

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