

COMMISSIONING THE FUTURE: WORKSHOP 1

Maximising the use of limited funds – Reshaping learning disability accommodation

Facilitator's Notes, July 2012



'Commissioning The Future – Workshop materials to start a new conversation between people, providers and commissioners of services' represents the work of the Think Local Act Personal (TLAP) National Market Development Forum. These materials have been designed to help those involved in strategic commissioning rehearse and explore new ways in which the public care market might develop. The exercises are offered in the context of – and can help you deliver on – the TLAP Making it Real markers of progress for personalised, community based support.

This 'Commissioning The Future' pack offers all involved in strategic commissioning an opportunity:

- To rehearse the issues they face.
- To do this outside the context of a particular negotiation, contract or agreement.
- For all people to play different roles than they do in 'real life' and explore the issues from a range of perspectives.

Each exercise represents real issues that are faced by all involved in commissioning public care. They support commissioners, providers and people who use services and carers to adopt some of the key skills and behaviours advocated in "Stronger partnerships for better outcomes: a protocol for market relations".

Maximising the use of limited funds – Reshaping learning disability accommodation

Group size: 20 participants

Resources:

- Room large enough to set out a meeting for 10 people, with space around the meeting for chairs for an additional 10 participants.
- Scenario background information (Resource 1).
- Summary of scenario background information written on flip chart paper (Resource 1).
- Activity cards x 2 for each role (Resource 2).
- Agenda sheets for each participant (Resource 3).
- Flip chart and marker pens.

Learning aims to explore:

- Bringing stakeholders together to discuss using a smaller pot of money.
- How this kind of change might work better collaboratively.
- How the Health and Wellbeing Board could drive strategic commissioning.

Scenario outline:

Work is being done to reshape the range of accommodation options for people with a learning disability, including significantly increasing use of supported housing. This is part of a wider corporate and partnership plan for transformational change in response to substantial budget reductions.

Commissioner/provider relationships are also still recovering from a one-off savings initiative a few months ago, led by corporate procurement, which took the fifteen highest cost placements and asked for 18% savings. It focussed on the bottom line rather than review and modification of individual care packages and started from a very harsh initial “negotiating” stance. The risk of Judicial Review was averted by work with the local Care Association from which a more consultative/ engaging approach had been agreed for future phases of change and negotiation. This is seen as an opportunity to put that into action.

Issues that are likely to feature in the discussions:

- Concern that the savings agenda will dominate at the expense of service change and increased personalisation.
- Service re-design with associated opportunities for new services but also potential decommissioning; changes to contract arrangements.
- The potential to develop specialised local facilities to enable more people to return from out of area placements.
- The types of community based support and access to day time occupation that are needed to complement supported living and how much of this can come from mainstream facilities.

The aim is to reach agreement on the main priorities of each stakeholder group and on the next actions to be taken.

How to run the workshop

Total time: 3 hours

TIME	ACTIVITY	METHOD	RESOURCES
15 minutes	Welcome, introductions, aims and scenario	<p>Ask participants to introduce themselves very briefly stating their name, role and one hope for the session.</p> <p>State the learning aims and scenario outline for the session as shown above.</p>	
10 minutes	Setting the scene	<p>Read the background information aloud to the group.</p> <p>Have the bullet points written on a flipchart and displayed so that the key points can be seen by the group as you read the information and throughout the session.</p>	<p>Background information</p> <p>Bullet points written on flipchart (Resource 1)</p>
20 mins	Exploring Key Themes	<p>Divide into smaller groups of fives so that you have four groups. It may be useful to ensure a mix of commissioners and providers in each smaller group.</p> <p>Ask one person from each group to be the scribe. The groups should be given a piece of flipchart paper, each marked with a different heading from:</p> <ul style="list-style-type: none"> ■ Personalisation ■ Service redesign ■ Working collaboratively ■ Commissioner/provider relationships. <p>The groups should be asked to discuss the above themes in the light of budget cuts and the savings agenda. They should be given four minutes to discuss the heading on their paper and the scribe should note the key points.</p> <p>After four minutes, the scribe should be asked to stay where they are and the rest of the group should move to the next table. The groups are then given another four minutes and the scribes are asked to update their new group on what has been covered so far.</p> <p>The new group should then build on the previous discussion and the scribe should add any new points.</p> <p>The activity should be repeated until each group has seen and contributed to all four flipchart papers.</p> <p>The papers should then be put up for display. It may be useful to spend a few minutes clarifying what is written on the papers.</p>	<p>Flipchart paper and Marker pen</p>

TIME	ACTIVITY	METHOD	RESOURCES
5 minutes	Activity Cards and meeting agenda	<p>Distribute two sets of the activity cards so that each participant is given an activity card and a copy of the Meeting Agenda. Be mindful of the confidence and comfort levels of your participants when allocating activity cards.</p> <p>Some participants may not feel that they have the experience and knowledge required to take part in the activity if allocated a role other than their own.</p>	<p>Activity cards (Resource 2) x 2</p> <p>Meeting agendas (Resource 3) for each participant</p>
15 minutes	Meeting preparation in pairs	<p>Participants should find the other person in the group who has the same activity card as themselves.</p> <p>The pairs should then work together to discuss what they, as the person described on the card, would like to get out of the meeting.</p> <p>They should note points that they would like to raise and questions they would like to ask.</p> <p>Participants should decide who will take part in the meeting and who will support from the side (become the coach and supporter – see The Meeting below).</p>	
85 minutes	The Meeting	<p>The chairperson (as stated on activity card) chairs the meeting to the given meeting agenda. As noted on the chairperson's activity card, it should be made clear to all participants that the chairperson should aim to ensure that the group achieve a consensus or agreement by the end of the meeting, and that all participants are responsible for contributing to this aim.</p> <p>One participant from each of the pairs takes part in the main meeting. The other person with the same activity card sits or stands behind them and acts as a coach and supporter to expand upon or reveal feelings not expressed by the meeting attendee.</p> <p>(If appropriate and where there is sufficient time the meeting can be stopped briefly at various intervals so that one or more participants can be interviewed.)</p>	
10 minutes	Feedback in pairs	<p>The participants with the same activity cards work together for a second time to discuss how the meeting went from their perspective.</p> <p>Did they raise all points and ask all questions as planned? What were they happy with and were there any frustrations? Would they do anything differently next time?</p>	
35 minutes	Whole group feedback and next steps	<p>Ask for feedback from the whole group and note useful points on flip chart.</p> <p>Ask participants what their next steps might be in terms of taking their learning forward.</p>	Flip chart and markers

RESOURCE 1

Background information

(To be read aloud to all participants. Bullet points can be written onto a flipchart for display during the reading and throughout the activity).

Felpersham Health and Wellbeing Board recently signed off its Accommodation Strategy that the Learning Disabilities Partnership Board (LDPB) had developed in consultation with people who use services, carers, front line staff, the PCT and providers from all sectors. Based on the four “big priorities” of Valuing People Now (Personalisation, What people do in the day, Better Health and Improving Housing), its main thrust in the early stages of its development was to increase substantially the number of people living in supported housing.

However, its completion has overlapped with the reduced funding available to the local authority. The final strategy requires a review of accommodation from the most to the least intensive, including respite care. It is linked to a savings target of £4m over three years on a £30m joint budget for LD services. This is part of a wider plan for transformational change in the light of the current financial pressures on local authorities and their partners. A specific implementation group with all LD stakeholders represented has been set up.

There are full joint commissioning arrangements in place between Felpersham Council and the local NHS, with the council as lead commissioner. The overall aims of the strategy are:

- To reduce the amount spent on registered nursing or residential home provision for people with learning disabilities from just over 50% of the joint LD budget to 30%.
- To increase from 30% to 50% the proportion of accommodation provided through supported living.
- To increase from 6% to 9% the proportion of accommodation provided through adult placement schemes.

Over recent years the partners have developed successful models of supported living, but now have the following concerns about delivering the strategy:

- The savings target and the pace at which it has to be achieved.
- The difficulty of maintaining the drive towards supported accommodation because of low resource levels for new tenancies and the accompanying support, preventing people moving on from family home settings or congregate living.
- The need to reduce further the reliance on registered care in order to release funds towards the savings target or to support alternative living arrangements.

(Within that, particularly to challenge high cost and out of area placements, some in hospital settings, while ensuring (post Winterbourne View) that high quality care is still available to those with the most complex needs.)

The identified gaps in provision are:

- Lack of choice of living options, so people stay too long in “over-supported” settings and the choices of people who use services and carers cannot be achieved in a timely way.
- Too little supported living accommodation in ordinary communities.
- Lack of targeted accommodation for people with specific needs including people with dementia; those with profound and complex needs; those with physical disabilities and those whose behaviour challenges services.
- A need for more support to help people access mainstream housing.

The vision is to create ordinary housing options and improved access for people with learning disabilities to community housing provision, by: building effective partnership with accommodation providers; using person centred approaches and assistive technology to promote independence.

Bullet Points for Display

- Reduced funding for public services / local authority.
- Review of spectrum of accommodation needed.
- Savings target of £4m over 3 years on £30m joint budget for learning disability services.
- Council – lead commissioner.

Aims of strategy:

- Reduce spending on registered nursing or residential homes from 50%-30%.
- Increase from 30% to 50% supported living accommodation.
- Increase from 6% to 9% adult placement schemes accommodation.

Partners’ concerns:

- The savings target and pace.
- The difficulty of maintaining the drive due to low resource levels.
- Reduction in registered care in order to release funds.

Identified gaps in provision:

- Lack of choice of living options.
- Lack of supported living accommodation in ordinary communities.

- Lack of targeted accommodation for people with specific needs.
- A need for more support to help people access mainstream housing.

Vision:

- Create ordinary housing options.
- Improved access to community housing provision.
- Effective partnership with accommodation providers.
- Person-centred approaches.
- Use of assistive technology to promote independence.

RESOURCE 2

Activity Cards



JOINT COMMISSIONING MANAGER FOR LEARNING DISABILITIES

(YOU WILL BE CHAIRING THE MEETING – It is your role to ensure that the group come to some kind of consensus or agreement by the end of the meeting)

You are well-established in your role and know many of the people present well, but you have had to work hard in recent months to redeem the difficulties created by the first phase of fee negotiations, and sustain the strong working relationship with the provider sector. You are keen to demonstrate at this meeting that the commitment to a different approach was genuine, but this is in considerable tension for you with the need to drive an effective change and savings programme to meet the goals set by the council and NHS through the Health and Wellbeing Board.

Your cabinet member has adopted the mantra “right service, right duration, right cost.” Your intention is that this session should reflect the strategy’s aim for long-term transformational change despite the need for immediate spending reductions. You are hopeful that the widespread awareness of expenditure reductions in local government and health will take the discussions onto new ground, and want to promote connections between different providers so that they offer joined-up services. You also see an opportunity and a necessity to tackle the “over-provision” of support to lower need people who use services in conventional residential settings, both for reasons of cost and of personal opportunity for them.



CLINICAL COMMISSIONING GROUP (CCG) REPRESENTATIVE

You are the designated lead for learning disabilities (LD) for the emerging CCG. You are a GP with a career-long interest in LD, and have a 30-year-old son with learning disabilities who is placed with Provider 2. You currently provide services to several LD accommodation settings, both traditional and more independent. You are therefore very familiar with the community aspects of the services and the regular challenges of supporting people successfully to live in local neighbourhoods, but are a strong supporter of this approach. You are much less familiar with the more strategic aspects of commissioning or the issues about high-cost placements and are relatively new to these kinds of strategic discussions.



INDEPENDENT CARE PROVIDER REPRESENTATIVES

All the provider representatives are concerned about how the costs of development to meet new needs and expectations will be met as the commissioners are under severe pressure. They know that banks are currently reluctant to invest in care businesses and charitable giving is also affected by the recession.



PROVIDER 1

You are the local manager for a middle-sized, not-for-profit care provider that has a group of services across the area, which you have mostly developed away from traditional residential models into a range of supported living settings. You are also very involved in the local Care Providers Association (CPA) and lead for them on learning disability (LD) issues, so were very involved with the fees issue. You are also alert to political views through participating in quarterly CPA meetings with the director of adult services and cabinet member.

You are keen to influence and participate in the re-shaping of LD services and believe positive change can be achieved even with reduced resources, but will want to ensure that prices remain realistic. You want to ensure the commissioners are held to their agreement to involve providers fully in the next phase of development and savings. In response to a positive approach from the commissioners in these discussions, the CPA will be happy to support the change process through training and awareness raising sessions with providers, including strategies for achieving efficiencies.



PROVIDER 2

You are the owner of a small cluster of group homes and a craft centre which offer fairly conventional models of care to a long-established resident group. You are very cautious about moving away from what has been a stable business model for you.

Your clients are very satisfied with the service and many of your residents' family carers would not want to take the risk of more independent living arrangements for their offspring. You are also concerned that greater choice in day occupation will threaten the craft centre's viability.

Case reviews are now raising the expectation of a more person-centred approach to care and a stronger voice and choice for the resident in organising their lives and this is challenging to your approach. While you were not directly affected by the high cost placements initiative, care managers are questioning whether some of your more able residents need the level of support being provided.



PROVIDER 3

You represent small local voluntary organisations working in learning disability (LD) support: drop in, carer support, employment projects, access to leisure etc.

You and your colleagues can see a growing role for your range of services and support in this changing environment, but are concerned that the costs of coordinating and delivering them will not be recognised in the pressure to make savings. You have heard a councillor recently inaccurately describing voluntary organisations as entirely staffed with volunteers and not recognising the costs involved. You are very committed to improving choice, personalisation and normalisation, but you are not very experienced in strategic discussions of this sort. You would like part of the development plan to be specifically focussed on the role of local support and community responses.



LOCAL AUTHORITY PROVIDER

You manage the remaining council learning disability resources which consist of a small number of respite beds and several day services, which have developed substantially from building based services into more diverse patterns of support.

You are an effective and experienced manager and a real problem solver, who has seen complex staff groups through a variety of changes, so you are ready to tackle this latest challenge. But you do wonder where more money can be taken out of an already over-stretched service. You will be a positive participant in the meeting, both listening and contributing, but will want to ensure that the plans for day occupation keep some focus on the most complex and dependent people who use services. You have some good links already with the local voluntary groups and are keen to build on them.



PEOPLE WHO USE SERVICES REPRESENTATIVE/ADVOCATE

You are experienced members of the Learning Disabilities Partnership Board and think that it has been going well, but too slowly as a good way for people to have a say about what it means to have a learning disability and what are the best things to help.

You were pleased about taking part in creating the strategy but want the next steps to be a proper joint task with people who use services leadership and their ideas and human rights at its heart. You are speaking for different sorts of people who use services. Many of them want to live their lives within ordinary communities and do the same things as everyone else does, but some are scared by the idea of change or are very disabled so need very high levels of care and support. You want to make sure that all these different people are involved somehow and their needs are met. You want the council to offer people who use services different ways of creating their person-centred plan, such as the use of video/ audio recordings.



CARER REPRESENTATIVE/ADVOCATE

There will be more than one viewpoint represented from among:

- Those advocating strongly for their relative's right to have the same opportunities and choices as other people of similar age
- Those who see the need for change but want assurances about how the risks of more independent living will be managed
- Those who are family employers, managing self-directed support for their relative
- Those who do not wish to see any change in conventional care arrangements for their relative, and are not sure it is appropriate for them to have a stronger voice and choice in these arrangements.



HOUSING PROVIDER

You are the housing provider representative and want to ensure that all the views of registered social landlords (RSL) are represented. The RSL you work for has a number of Supported Housing units, some of which you provide the care and support to the tenants, but mostly you have an agreement with a local care provider to provide the care and support function as well as holding housing management agreements.

Your concern is that some of the Supported Housing units are congregate living settings, if your tenants were to move on into more independent settings leaving voids that take time to fill or if a complete service redesign were to be undertaken, you will lose rental income.

From experience, you know that people with learning disabilities are unlikely to be able to move into a scheme after just one viewing, as others do such as those with mental health issues. You would like to see some more general needs type housing options used for people with learning disabilities, but you feel currently there is not the local experience and knowledge to provide support on a more peripatetic basis. This is putting tenancies and tenants at risk.

You are also concerned about the perception that Assistive Technology is the answer to everything, without real thought taken around cost. You are also concerned about having an accurate mapping exercise carried out to help plan for future housing need.

RESOURCE 3

Meeting agenda

Aims of meeting:

- To gain agreement on the main priorities of each stakeholder group covering:
 - People who use services and carers expectations
 - Provider proposals and concerns
 - Commissioner ambitions and constraints
 - Risks and benefits.
- To agree main areas of activity.
- To agree lead people.
- To agree further development needed.

Agenda:

- 1) Welcome and introductions.
- 2) Commissioner ambitions and constraints.
- 3) People who use services and carers expectations.
- 4) Provider proposals and concerns.
- 5) Risks and benefits.



Think Local, Act Personal is a sector-wide commitment to moving forward with personalisation and community-based support, endorsed by organisations comprising representatives from across the social care sector including local government, health, private, independent and community organisations. For a full list of partners visit www.thinklocalactpersonal.org.uk