

ACTIVITY CARDS



HEAD OF STRATEGIC COMMISSIONING

(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)

Your intention is that this session should reflect the need 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 see it as crucial that commissioners and providers work together taking a 'whole systems' approach, to manage changes in investment portfolios and the resultant reduced activities in areas to be decommissioned. This enables commissioners to more effectively spread the increasing demand for support across local authority, social care and health, and the voluntary/community sectors. The council wants to see more people accessing a preventative service as an alternative to a Personal Budget.

You have only been in this post in this authority for six months.



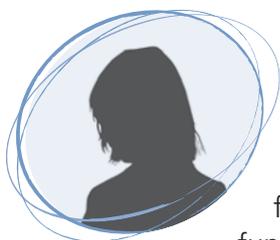
THE OLDER PERSONS COMMISSIONING LEAD

You have worked in Southshire for many years, having started in the finance department. You have gradually worked your way up the authority but 'bear the scars' of many run ins with providers over the years, mainly about contracts and price. You tend to be suspicious of the private sector and view the voluntary sector as well meaning but not really competent in contracting terms.



PERSONALISATION LEAD

You offered to chair this meeting but were superseded by the Strategic Commissioning lead. You are pleased that the council continues to be committed to preventative work, but feel that the focus of discussion so far has been too much on the re-shaping of “conventional” services rather giving people funding outside the eligibility test to use for low level community based provision. You are worried there are moves back towards more traditional commissioning approaches.



NHS – CONSULTANT IN PUBLIC HEALTH

You are a senior member of the Public Health team, but you are mainly focussed on the major NHS health campaigns about obesity, dementia and excessive alcohol consumption. You are much less familiar with issues of commissioning and procurement, and the functioning of the market, so may find it difficult to relate to some of the concerns of the providers.

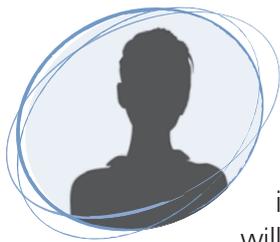
You are enthusiastic about the potential of the Prevention Strategy, but will have to work hard to apply your more strategic outlook to the more personalised, responsive, local activities and services that might be needed to support wellbeing in the way the Strategy envisages.



PROVIDER 1

You are chair of the local branch of the care home owners' association. You wish to point out that people still want residential care and that attempts at prevention are largely unproven. You don't think people with high care needs can remain within the community. You think the chair of the Forum should be with the provider side and that the market position statement is just the council dressing up its approach as co-operation when it still thinks it manages the market.





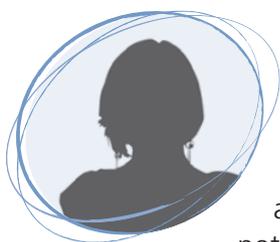
PROVIDER 2

You manage the local homes of a large provider with homes in several local authority areas and to diversify into extra care housing. You are interested in how funding for that will work and how personal budgets will affect contracting for home care in extra care accommodation.



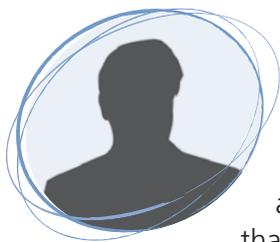
PROVIDER 3

You represent a national care home and home care provider similar to Care UK. You have both residential and home care services in the area and your organisation is committed to a personalised approach within your services, and to maintaining active life for older people. You want the opportunity to provide reablement services.



PROVIDER 4

You are a local small home care provider. You are concerned about the pressure on council fees for your current services, but have got a significant number of self-funded clients and are well-regarded in the area in which you operate. You disagree with Provider 1 about the potential to support people with high care needs in the community as you deliver this service to some people now.



PROVIDER 5

You are from the local branch of Age UK, which provides a number of community based services in the area. You see opportunities in the approach of the prevention strategy to develop your services, and know that others in the voluntary and community sector would be interested, but you can't see how this is going to be resourced as grants are under threat and donations are down.





ELECTED MEMBER

You are the Social Care portfolio holder who has just asked to come along to observe, but said “I could put in a word or two about the budget, if that would be helpful”.

You have been on the Council for some twenty years and have a reputation as a bit of a wheeler and dealer. Your husband runs a local home care agency; consequently you feel you are a bit of an expert in this area. You are committed to the Prevention Strategy, but have quite a lot to learn about what that might mean in practice.



USER LED ORGANISATION

You represent the Asian Welfare Association (AWA), which is a community-led organisation working to improve the quality of life for older Asian men and women in an urban area of Southshire.

AWA also works locally to strengthen links with the wider community.

You had great support from county and district council community development officers to get your organisation and its services off the ground so see this as crucial to the success of the prevention strategy. Your organisation created a meeting space for Asian elders to gather, socialise, take part in activities, a lunch club (over 150 members) and to get information about health and local opportunities.

