

COMMISSIONING THE FUTURE: WORKSHOP 2

# Opportunities for business change with people buying their own care

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".

# Opportunities for business change with people buying their own care

**Group size:** 22 participants

## Resources:

- Room large enough to set out a meeting for 11 people, with space around the meeting for chairs for an additional 11 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).
- Flip chart and marker pens.

## Learning aims to explore:

- To explore opportunities for change in terms of individual users buying their own care.
- To explore the development of an approach to prevention.

## Scenario outline:

The authority has recently published a Market Position Statement (MPS) bringing together information about the market and outlining how the authority would like to proceed in the future. However, this document along with the budget setting exercise by the Council indicates a considerable diminution in expenditure.

At the same time, the Council is avidly pursuing a policy of giving every service user a personal budget and increasing the use of direct payments. Providers are concerned that this will lead to increased costs for them at the same time as the Council wishes to pay less.

Most block contracts are in the process of being terminated. Some service user groups fear people may be left without adequate support.

Finally, the Market Position Statement strongly endorses the need for the Council to move to much more of a preventative approach yet says little about how it plans to do this or the amount of money it will allocate.

This is a meeting of the Older Persons' Provider Forum, called to discuss the proposals in the MPS and the Prevention Strategy. The Statement identifies a number of opportunities for business change and development, and also makes clear the council's expectations of providers with whom they will do business in the future.

It is important that you come out of the meeting with a way forward to develop a strategic approach towards prevention and a stronger shared understanding of the opportunities and risks arising from wider use of personal budgets.

# 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>
15 mins	Exploring Key Themes	<p>Divide the group up so that they are working together in smaller groups of fours or fives. It might be useful to make random groups so that participants move from where they have initially placed themselves. You may like to organise the groups strategically in advance so that there is a good mix of roles in each group.</p> <p>Each group should be given a piece of flipchart and a marker pen. The groups should spend a few minutes sharing their experience of personal budgets.</p> <p>On the flipchart they should record the key points of their discussion. The flipcharts can then be displayed on the wall for others to see. It may be useful to spend a small amount of time clarifying the bullet points on each paper and taking focused feedback.</p>	<p>Flipchart paper and Marker pen</p>
5 minutes	Activity Cards	<p>Distribute two sets of the activity cards so that each participant is given an activity card.</p> <p>Be mindful of the confidence and comfort levels of your participants when allocating activity cards. 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>
20 minutes	Meeting preparation in pairs	<p>Participants should find the other person in the group who has the same activity card as themselves. The pairs should then work together for ten minutes to discuss what they, as the person described on the card, would like to get out of the meeting. They should note points</p>	<p>Flipchart paper and Marker pen</p>

TIME	ACTIVITY	METHOD	RESOURCES
		<p>that they would like to raise and questions they would like to ask.</p> <p>Each pair should then be asked for suggestions for the agenda and an agenda should be quickly agreed and written on a flipchart for all to see.</p> <p>Participants should decide which person in each pair 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).

Southshire Council has published a Market Position Statement (MPS) aimed at existing and potential providers of adult social care and support. It opens a dialogue between the Council, people who use services, carers and providers about the development of a diverse and active market where innovation and responsiveness is rewarded and poor practice is actively discouraged. It is looking to encourage new players in the market and particularly to ensure that the third sector plays a more significant role in the future. However, the history of the providers' forum has not always been a happy one with an increasing focus on price and terms and conditions rather than on the quality of care and innovation.

The MPS anticipates that there will be an increase in demand for services in Southshire, although is not clear whether that is across the market or for state funded care. It is clear that any increase will not be matched by increased funding so a new approach will be needed to the delivery of care and support.

The MPS also stresses the opportunities available to market services better to people with their own means, even at quite modest levels, who are likely to want to buy support to maintain their independence. The Council is also interested in getting a service information website set up that has an interactive element like "trip advisor" where people who use services and carers can comment on their experience of services.

In the budget setting exercise, the settlement from the Comprehensive Spending Review means that the council expects to save £180m by 2014/15, with ?68m already delivered in 2011/12 and a further ?55m planned for 2012-14. A proportion of the savings is to enable reinvestment in adult social care, but the department still has to find net savings of ?13m over the next two years.

The distribution of the budget is broadly as set out below.

In direct services people's services account for over half of all expenditure with smaller proportions being spent on adults with learning disabilities (25%), physical disabilities, mental ill health etc. Half of the expenditure on direct services is spent on residential care for all adult groups.

Prevention includes grants given to voluntary organisations for low level and community based services to investment in services such as intermediate care and reablement. In the new Prevention Strategy the Authority committed itself to continuing investment in prevention, despite the spending squeeze.

Support and administrative costs includes; commissioning and contracting, finance [including budget management, income collection, procurement, processing payments and staff pay], human resources, training, information technology, administration, democratic services, health and safety, corporate services, senior management and trade union costs and corporate re-charging.

Assessment and care management includes all forms of social care information and advice services.

Currently in Southshire some 85% of residential care with nursing and just under 75% without nursing is provided by the private sector, with a further 18% provided by the voluntary sector. Some 84% of domiciliary care is provided by the private sector.

Within the above data are a range of providers, from large private and not for profit organisations that have regional or national business bases, through middle range local organisations to small voluntary and community sector groups. Many recognise that change is coming and some are keen to develop new types of service, but all share financial concerns as they see downward pressure on fee or grant levels while their costs potentially rise as they respond to more personalised commissioning and delivery. Those who have block contracts are concerned about the impact of their loss and want to ensure that risks of transition are well-managed.

The council is keen to engage the voluntary services sector, but they have so far been reluctant to be involved. It is not clear whether this is due to a lack of interest, a lack of resources to get involved or a lack of awareness of the opportunities, particularly through the prevention strategy.

The Southshire MPS emphasises four key qualities for future providers. They should be:

- Focussed on restoring independence or preventing admission to hospital or residential care; “maintenance” will be a minority provision.
- Able to diversify into approaches supporting healthy lives for longer.
- Able to offer preventative and early intervention services.
- Demonstrate person-centred values and approaches while still offering value for money.

The goal of the Prevention Strategy is to deliver a sustainable improvement in the wellbeing of Southshire citizens and to promote services that support that overall goal.

“We want to support people to live as independently as possible with dignity and respect. We want people, including informal carers, to be supported to:

- Look after themselves, stay healthy and retain their independence.
- Participate fully as active members of their communities.
- Choose and have easy access to the type of help they need, when they need it.
- Remain safe and secure and continue to enjoy a good quality of life.”



## Bullet Points for Display

### **Market position statement:**

- Encourage new players.
- Third sector more significant role.
- Increase in demand for services anticipated.
- No increase in funding.
- Better marketing of services.

### **Comprehensive Spending Review:**

- Department has to find savings of £13m over next two years.

### **Distribution of the budget:**

- Direct Services 76% of which...
- ...half is spent on residential care.
- Authority committed to continuing investment in prevention – currently 4%.
- Support and admin costs 13%.
- Assessment and care management 7%..

### **Private sector:**

- 85% residential care with nursing.
- 75% residential care without nursing.
- 84% domiciliary care.

### **Voluntary sector:**

- 18% residential care.

Voluntary sector has so far been reluctant to get involved.

### **4 Key qualities for future providers:**

- Focussed on restoring independence or preventing admission to hospital or residential care.
- Able to diversify into approaches supporting healthy lives for longer.
- Able to offer preventative and early intervention services.
- Demonstrate person-centred values and approaches while still offering value for money.

### **Goal is for people to:**

- Look after themselves, stay healthy and retain their independence.
- Participate fully as active members of their communities.
- Choose and have easy access to the type of help they need, when they need it.
- Remain safe and secure and continue to enjoy a good quality of life.

## RESOURCE 2

# 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.



**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](http://www.thinklocalactpersonal.org.uk)