

Feedback from two Adult Social Care Pan-Provider Forums (July and Nov 2014)

Two meetings with adult social care providers were held during 2015, which relate to operational areas which may change pending implementation of the Care Act 2014. We have shared the issues raised with the internal workstreams working on this, and will respond to this feedback in due course.

Issues noted by providers for Care Act 2014 workstreams

Focus on outcomes

Shared learning around providing outcome-focused support for service users

Working with carers / family

- Carers need training to understand 'what is a carer
- Training for carers around wider care needs and sharing information
- Support plans for service users *and* carers
- Have a regular review process
- Different forums for communities
- Talk to families and carers to obtain information
- Educate service users and families on the Care Act and what it will mean to them and their role and responsibility

Issues around providing outcome-focused support for service users

External agencies

- Fears around CQC reaction (how will their monitoring take this into account?)

Working with the local authority / other providers-

- Not sure what to do when people say they have no one (networks) during an assessment
- Training for providers suitable for multi – agency training so that social work teams and providers work in the same way – innovative ways to meet people's outcomes.
- Link in with current affairs, work in partnership with people/organisations/dentists etc.
- Training needs - accessing courses is a real problem
- LA and hubs need to be promoted (5 centres)
- Training – how to pay for training?
- Inform us as providers how the council will commission differently, specifically around flexibility for providers to focus on delivering outcomes in a different way
- Support of commissioning to get organisations to work closely with each other
- Detailed, current and timely assessments by social workers
- Monitoring should be flexible and supportive

Focus on Prevention

How could your organisation help with promoting prevention for people and carers? (By prevention, we mean providing services, facilities and resources that stop people from developing needs for care and support, slow down the escalation of those needs or minimise the effect of those needs).

Improving services – other

- Day care – increasing the range of activities to improve physical and mental ability.
- Look at how accommodation changed requests, how to fit workforce to this new situation
- Respite in care homes. Needs-based services to prevent breakdown in caring

- Maintain long term relationships i.e. maintain day service relationships if in residential

Working with the local authority / partners

- Clarity around providers not on Frameworks and how they work - taking feedback from forums to team meetings/supervision etc.
- Advanced care including end of life care
- Organisations need to be less precious about their own services and work toward collaborative working.
- Information and signposting
- Information about clients and work with them being passed over – transition from services
- Council needs to respond quicker to organisations
- How will the council monitor that providers are meeting people's outcomes?
- How will the council commission services differently and flexibly for providers to be able to focus on outcomes differently?

Focus on the Care Act 2014

What can the Council do to help your organisation's staff to prepare for the Care Act 2014?

- Providers supporting one another, sharing strengths/information/expertise
- Share information to take things forward
- Outreach services service / drop-in / open days
- Pan Providers Forums are very useful and helpful in networking
- Set-up/facilitate forums for providers
- Have regular forums that are themed to have better understanding of LBTH and improve communication
- monthly carers gatherings that include information and training for carers but will also provide carer peer support
- Set up day care forums with other day care providers (request for thematic forums)
- Provide a working partnership between service providers and training such as dementia care for employees (?)
- Share the practice framework to support provider and enable staff to be more confident in new approach

What kind of staff development may be required?

- Training on new approach (Practice Framework)
- Training on coproduction
- Understanding the Care Act and its duties
- Training around flexibly meeting people's outcomes and goals
- Training on prevention duty
- Need to understand the act as providers
- Sharing expertise e.g. staff in care homes attending dementia café and training and development

Focus on commissioning

How does our current approach to commissioning (either through procurement processes or as part of individual support planning) enable you to be creative and flexible in the services you provide?

- Currently allows providers to be flexible and innovative, however future caps may limit choices

What else could we do to make it easier for you to provide creative and flexible solutions for service users?

Commissioning

- Very specific commissioning with no room for flexibility
- Find the commissioning process 'fixed'
- Suggest for more opportunity for providers to deliver solutions with incentives

- There needs to be some training for PAs of people with complex needs

Brokerage

- Brokerage needs to broaden its horizons, e.g. not only use Tower Hamlets services
- Brokerage need to be independent and not desk based

Direct payments / one-off payments to carers

- Cash budgets is a good idea, however monitoring care package/hours can make providing difficult/unprofitable/cannot meet costs
- Direct payments provide flexibility and a means to independence for service users. Can sometimes conflict around personal budget amounts based on customer wants/needs and commissioned amount.
- Initial limits/caps are a false investment, as you may need to invest now to save money in the long run.
- Increase take-up of cash personal budgets
- People should be able to spend on services such as haircuts to allow for more choice for the person on how they use their budget
- Be transparent about thresholds, criteria, timescales in responding to requests for personal budgets - currently all inconsistent
- Clarify expectations around provider managed cash personal budgets
- Better clarity on what providers' roles could be in advice/providing paid-for help via personal budget
- Referrer/signposted to some services are not personal budget holders
- Some services providers' offer not configured to access personal budgets
- Carers receive a one-off payment for a specified item. Payment should be for a carers' individual need - this may be very different services to specified items. Remove cap on carer's payment.

Operational issues

- Assessment tools are awful, not flexible at all
- Use of preventative activities is part of improving health outcomes
- Clearer information on the client, family members and of other providers
- Less paperwork, instead more details e.g. referral terms, assessment with agreed terminology, risk assessment processes in place early on at referral. Using a timelier and joined up approach.
- Involvement in assessments / reviews with social workers, a key stakeholder

General

- The current approach is quite confusing. We (providers) are currently receiving mixed messages from various people at LBTH. Vision and opinions vary and often contradict each other. Inconsistent information.
- Creativity limited to service fitting into FACs criteria which is not outcome based
- Procurement process and involvement to understand long term council plan/plan to be flexible
- Approach is limited at times, it is not clear to providers how they fit in
- Can be sometimes difficult to translate national policy in practice
- Treat all as individuals, a one fits approach does not work
- In need of a culture shift, changing attitudes and aspirations across council
- Communication and involvement is critical
- Systematic involvement of service users and carers to influence decision making
- Easy access for providers to TH training e.g. Safeguarding, equality and diversity and CPD
- Training on prevention duty, manual handling, assistive technology

Queries for the Council

- How will the council ensure transparency of expectations within services around partnership working?
- Will the council respond more quickly to support changing needs?