

CSS Provider Forum

23rd October 2015

The Park

Colin - Aspirations Support	Linda Phelps – Milestones Trsut
Joe Imber– Aspirations Support	Matt Britt – Freeways
Chris Morton – Abundant life for all	Sam – Options support
Deb Cowap – Freeways	Sharon Moore – Silvacare
Matt Britt – Freeways	Kate Croucher – Headway Bristol
Dein Glyn – Manor Community	Sharon Davis, New Beginnings Bristol
Jonathan Simmons – Maples Care	

Lucia Dorrington, Lead Commissioner, Bristol City Council,

Catherine Martin Commissioning Manager, Bristol City Council,

Gina Smalley, Procurement Manager, Bristol City Council,

Paula French, Mental Health and Learning Disabilities Commissioner, Bristol Clinical Commissioning Group.

1. Welcomes and introductions

All providers introduced themselves, their organisations, what they deliver and their interest in CSS.

2. Reviewing terms of reference.

Comments were received around the purpose of the Forum, in particular the level of 'voice and influence providers have'. It was agreed that providers will input to the CSS commissioning process.

Composition of Forum. It was agreed that the Forum would be split so that within the 2 hours, providers would meet for the first hour and that BCC and other representatives would meet in the second hour discussing items previously agreed and set on the agenda, as well as items of identified by providers in the previous hour.

It was agreed that this Forum needs to feed into the other provider Forums and Partnership Boards across the City.

Co-chair – agreed that the forum should be co-chaired with a provider. Providers to decide who that chair is and to nominate a Co-Chair. Terms of Reference need to include a time span for that chair and how the chair is re-elected.

TOR should include Provider Reps for a CSS Co-Production Group to do more detailed work on strategy, service specification etc, and how it links back into the CSS Forum and with the main Provider Forum.

Action: BCC to circulate the forums and partnership boards structure to the CSS Provider Forum so providers can clearly see how the governance works.

It was agreed by all that the CSS Forum really needs to work to ensure that all CSS providers are engaged with this process.

Standing items for agenda – impact on service users and management of risks.

3. CSS Draft Strategy

Comments received suggested that the strategy was pleasurable to read and it was good to see that people have been involved in the development of the strategy. A provider liked that success was recorded by milestones and outcomes particularly in relation to LD, such as staying well and continue to participate. Another provider said it was 'honest'.

There were concerns around the language and terminology used in the document, such as the term outcome. Concern that the term outcome is enormous and undefinable.

Action: Commissioning need to define and monitor outcomes in order for them to be realistic, achievable and measureable.

Action: Glossary of terms agreed within the final strategy.

Providers suggested that the new model should link up with the CQC standards and key lines of enquiry that providers have to meet because they provide an existing framework and some providers who provide both dom care and CSS are subject to whole organisation inspections, so they are used to the CQC Framework.

Note: some of our current CSS providers are regulated by CQC and some not, depending on what type of provision we provide.

Action: Review the CQC standards and look at it for the CSS commissioning project.

Comments were received about the use of language around quality within the strategy, which inferred that BCC commissions services that are not good quality. LD confirmed that it was not the strategy's intention to intimate this and that the best word to use throughout the document is 'quality' with a definition of what BCC means by this.

Suggestions for service user engagement – BCC to conduct 'outreach' by attending events / places that service users attend or go to e.g. day services, events such as discos (trinity centre).

Providers reiterated the importance of remembering service users 'circle of support' i.e. carers, parents, advocates. BCC should therefore consider the times of day we engage - evenings, weekends as well as in the day.

The Forum discussed the difficulty and importance of engaging with service users who do not want to engage and providers emphasised the importance to consider people anxiety around change for both service users, carers and providers. BCC and providers need to be as clear and joined up as possible about the messages we all give to service users throughout this consultation being as honest as possible about what is known/ not known at any stage in the process.

Quality Framework

It is BCC's intention to monitor achievement of outcomes through KPIs.

Comments were received from provider that their preference on quality assurance is through visits. Challenge for BCC due to limited resources and capacity.

Recommendations offered included – peer review, service user monitoring. Self-assessment forms – in similar way to the CQC PIR.

Providers favoured a strong quality assurance framework, so that they can celebrate and promote their success.

Draft shell of a quality framework to be developed and put on agenda for next CSS Provider Forum.

Procurement

Comments were received querying what the difference was between the new process and the way that we currently operate.

The proposal is to invite providers to tender to go onto an open framework which will be open throughout the life of the contract, meaning new providers can join in and offer services. Placement information will be shared electronically to all providers on the framework, improving transparency and making the process more robust. There will be spot and block contracts awarded from that framework. Providers will be required to competitively bid for placement opportunities.

Providers informed the Forum that South Glos Council have recently set up a framework where providers have to set a standard price to get onto the framework. There were several concerns around the success of this.

Providers asked questions about how choice is included. Need to make sure that BCC support individual choice of providers within the confines of those that are able to provide to requirements within the framework and for that package. Providers want reassurance that there is time allocated in the process for the provider to do a face to face assessment and that BCC are open about risk and share risk information with providers.

The commissioning exercise needs to ensure that it links in well with the other options available for people such as Direct Payment and develop better pathways for efficient and effective signposting for information.

There was a discussion and mixed views about payment by results. This needs further exploration.

Block contracts

Some providers felt that they would be able to offer improved value for money with a block contract. But equally this could disadvantage providers that do not do both accommodation based support and stand alone support packages.

Success of block can vary depending on how they are monitored. Block can offer flexibility, which can relate to the frequency commissioners pay providers but can also result in voids.

Rationalising provider base.

We are not looking to radically reduce the number of providers. However 100+ providers makes contract management difficult and is not sustainable from this perspective. We need to make sure that we can manage all the contracts effectively.

Providers commented that previously BCC had a project to match people who were in the brokerage waiting list with suitable providers and peers. Provider felt that it would be beneficial to stimulate this project again. Action: LD to liaise with Ros Cox, Operations Manager, Brokerage.

Long term vision

Providers queries how BCC intends to meet its long term vision and how well BCC understands future demand.

Providers felt this commissioning model needs to dovetail into the long term vision for increasing available accommodation and BCC's social care transformation programme in line with legislative changes from the Care Act.

Providers queried whether the change in commissioning model will mean that service users will have to change provider? BCC is unsure at present as the commissioning intentions are being consulted upon. A principle is minimum disruption for service users. However there will be changes for some providers and service users as a result of this commissioning exercise. BCC is aiming to minimise the impact on service users.

Providers commented that BCC should consider the impact this project will have on demand of advocacy services if service users will be required to change providers.

Standing item for the agenda

- Risk
- Communications and engagement with stakeholders and their reaction.

Actions from meeting

1. CSS Forum Terms of Reference to be amended and emailed back to CSS Provider Forum.
2. Next meeting - 20th November 2015, venue to be confirmed.
3. Co-production group - Providers to consider representatives and let BCC commissioners know asap.
4. Map of how provider forums feed into each other to be developed and sent to providers.
5. Reps for the next meeting, Ros Cox, Sue Waring, Paula French, Ann Wardle, Sarah Frizzle, Grace Elias, Helen Pitches

Standing Items

- Risks presenting
- Impact on service users and carers
- Updates to go to partnership board
- Feedback from other Provider Forums that affect CSS commissioning

Items for future meeting

- FAQ from BCC on the consultation.
- Note CQC community support handbook.
- Consider Service User representative on the CSS Forum – agree that it is ok for there not to be a service user represent?