Community Support Services Provider Forum 04/04/16

Notes

Attendees:

Debbie Charman – Carers Support Centre Deian Glynn – Manor Community Mark Baker – Age UK Bristol Marie – Age UK Bristol Linda Phelps – Milestones Trust Colette Bourne – Second Step Andy Bright – Brandon Trust Jonathan Simmons – Maples **Community Care** Jason Dutton – Home Farm Trust Joanne O'Neill – Alzheimers Society Ben Baber - Seeability Naomi Stickney – Keystones Vicky Baker – Headway Bristol Debi Hadley – Rethink Mental Illness Kath Aldom - Pauls Place Paula Jordon – Pauls Place Matt Britt - Freeways Esther Moore – Brandon Trust Tracey Dowling – Bristol charities

Sharon Moore – Silva Care Helen Line – Royal Voluntary Service Laura Powell – Royal Voluntary Service Bethan Butcher – Mencap Employment Phil Perry – Brandon Trust Chris Morton - ALFA CC Simon Smith – 3 Trees Yvonne Foster – 3 Trees Colin Ivey – Aspirations Support Lucia Dorrington – Bristol City Council Catherine Martin – Bristol City Council Rhona Beeharry – Bristol City Council Russell Henderson – Bristol City Council Hayley Coates - EY Paula French – Bristol CCG

Prior to the meeting sections of the CSS service specification and performance management framework were circulated to forum members.

Both documents were discussed at the forum. Providers were split into groups according to service type to discuss the draft service specification and performance management framework. All comments have been listed below.

BCC will consider these comments and make amendments where appropriate.

Specification

- Providers felt that some elements within the spec were generic.
- Providers raised concerns whether BCC has the infrastructure in place to support a change in process.

- Queries how the specification and new approach will be rolled out to front line staff. Important that care managers are aware of the approach and how to apply the price banding
- Definition of Accommodation Based Support and Non-Accommodation Based Support needs to be more clearly defined. For example, ABS providers may deliver support in an individual's home but this may also involve outreach. How is the difference defined? How is Outreach activity classified if this is part of an accommodation based support package?
- Currently there are a lot of personnel changes within front line workers. Providers comment that they spend a lot of time providing background information to care managers and this increases the amount of time to get a decision regarding a change of package. Further work is required to improve the operational processes and information sharing at the Council

Pricing Model Definitions

- BCC needs to be clear how many criteria apply in each band i.e. does an individual have to meet all criteria to be considered within a particular band?
- Price band definitions need to be more detailed, for example an individual could be in the enhanced band but not necessarily need 2:1 support
- Require a clearer definition of 'complex' as this term encompasses a variety of wide-ranging behaviours.
- Queries regarding the process for a service user moving between price bands
- Queries regarding how the transition will be managed
- Queries regarding who will make decisions about which band an individual falls within.
- What does BCC mean when it refer to specialist training.
- Queries how costs outside of an hourly rate will be dealt with? I.e. core support, wake in's etc?
- Consideration should be given to starting an individual on a higher need bracket with a transition plan to reduce the level of support to a lower need bracket over time. This will prevent longer term cost increases
- Consideration should be given to a floating bank of hours, to enable providers to be flexible in how they deliver the service and take into account variations in support needs from week to week. Banked hours could be introduced
- Concerns raised that quality would be compromised if the decision to award a package of support is purely price driven
- More rigour should be given to quality assessments prior to the award of individual packages of care. There is a risk that providers will say that they can deliver the care and support within a particular need when they don't have the required skill set.
- Queries whether price range definitions include management time.

Performance Management Framework

- Concerns that KPIs will not result in meaningful information
- Concerns with some of the indicators within the PMF for example safeguarding. This may have unintended consequences and defer providers from reporting safeguarding incidents if the measure is on how many referrals are made. Instead the indicator could focus on the effectiveness of a response to a safeguarding concern
- Not all indicators will apply to all clients. Need to make it clear that the target is based on the number of people this applies to and not all the cohort
- Are the targets for some KPIs realistic, i.e. employment? Suggestion that providers should be able to select whether a KPI is 'applicable'/'not applicable' based on the individual service user and the context of service.
- Neighbouring authorities have different PMFs. This increases the workload of providers as they need to meet multiple performance measures
- Not all individuals are able to accurately report their satisfaction. Could this be measured by reviewing trends of the number of instances of challenging behaviour from an individual, with the view that this will decline as the individual becomes more satisfied with the service
- Currently providers are required to provide a weekly reconciliation of hours of support delivered. Monthly submissions would enable variation between weeks to be more accurately accounted for
- Need to be clear about what the expectations are. For example, how do we anticipate an individual judging whether they feel safe or not?

Comments raised by Providers on process

- Some providers commented that they feel that their feedback has shaped the process and believe it will continue to do so in relation to the development of spec and PMF
- Providers recognise the importance of networking and would like to be able to share information in a more open way in order to provide the best support for their clients.
- Some providers will be able to adapt their support plans to be in-line with KPI's to avoid duplication.
- Recognition that an open framework gives opportunities to those smaller organisations that may otherwise not be seen and that this contributes to overall development of services by sharing expertise.
- Providers have an understanding that this is the start of an ongoing process, heading in the right direction that will be an evolving one that shape their organisations and will evolve over time.