**CSE Provider Engagement Event 20/04/2017**

**VISION**

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| **Question** | **Table 1** | **Table 2** | **Table 3** | **Table 4** |
| **Is the Vision for CSE clear and well described?** | Yes | The vision for CSE is clear and well described. Would question ‘intensive’ keep enablement | Vision:   * Straight forward * Understandable * Clear / concise * In keeping with Providers expectation * relates to legislation (Care Act) * ‘intensive’ not necessarily best/needed/person centred | What is the definition on intensive.  Potentially change intensive to ‘comprehensive’  Quite vague – term tools |
| **What are your views regarding the Outcomes?** | Query – 10 – evidence How?  Agreed 1-9 are workable and can have smaller outcomes within | User friendly – for:  PWS – want less and more friendly  Staff – want more outcomes | Outcomes:   * Too rigid * Too specific / benefits of more speculation / views / outcomes * Should be communicated at onset in MDT meeting – involve service users | Very helpful – useful tool from everyone  Make good framework for commissioners and providers  Apply to both individuals and service |
| **How could Providers demonstrate/evidence outcomes and the impact of their services?** | Tool – records to show where started and where going - progression | Devise photographic evidence for outcomes achieved as well as documentation.  Improve support guidance – include development plans/goals etc.  Include the people we support.  \*Life Star - objectives | Evidence:   * Specific documentation * Link to previous comment re understanding | Publicise success – important to celebrate success. Good reviews  Journey captured  Different outcomes for different services  Hours of support reducing due to independence increasing |
| **How can Commissioners support Providers to achieve the vision and demonstrate outcomes the impact of services?** | * Time for review – reviews about reducing hours rather than individual progress (praise) * (If it’s too quick then outcomes may not be met – shared risk taking | CSE to encourage Providers to utilise Life Star or other relevant exercises.  Provider and Social Worker forums / engagement events. Between Providers as well. | Commissioning support:   * Allocated Social Workers * Clarity from outset * Consistency * Process * Want us realism | Flexible and trusting – mutual trust  Difficulty defining commissioners  Lack of joint reviews |

**SERVICE MODEL**

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| **QUESTION** | **TABLE 1** | **TABLE 2** | **TABLE 3** | **TABLE 4** |
| **1. Does the proposed model present an accurate reflection to meet the needs of citizens?** | * Single person accommodation * Housing relationship / shared / outreach? * Outreach – is it determined by hours? * Homecare/outreach – seem to be overlapping. Personal care being delivered under ‘OUTREACH’ * Link outreach to enablement to achieve outcomes. | Why do we need to differentiate between outreach and accommodation based services?  - Definition of Accommodation based  - Definition of Enhanced  - Need to define between generic and enhanced but unsure why there is a need to define Outreach.  - Outreach should not be seen as solely task orientated to citizens being enabled to be independent/  - Specialist services other than enhanced need considering – NCHA has Deaf service needing specialist training and extra cost. | Depends on accuracy of base figures. Could fit anyone ‘into a box’ if parameters of box are clear. | Ties make sense in relation to rates of pay from LA   * How are the terms determined? * Structure and robust definitions * Needs to be based on risks of ‘getting it wrong’.   Pay = Enhanced = increased pay = ‘improved’ workforce. |
| **2. Is there anything missing? *(Consider Equality areas)*** | * Relationships between Housing Providers and Support Providers * Where is housing going to come from? * Will they pay void payments? | NCHA been doing specific policy around LGBT services with different cultural needs – specialist training required. | Enhanced outreach? i.e. service user at risk of losing tenancy/ accommodation due to needs – without skilled interventions = bad outcomes, homelessness etc.  Clarification on when/what is system based on (compared to current requirements)? | Definitions based on workforce skills required for each individual  Outreach:  County cap the hours @40; Anything less than 40 hours is outreach, with no shared element. |
| **3. What skills, tools and resources are required by the workforce to achieve the proposed service model?** | * Robust properties fit for purpose * Staff have skills * Tier of payment | * Forever changing. * Recruitment is an ongoing issue – Staff can earn more working in retail. * Linking in with ICATT and other professionals for training. * Providers sharing expertise in sharing experience including COP/DOLS * Managing expectations of families, citizens. * Delays can be problematic – legal process, recruitment * Transition not always funded but expected. * Citizen gaining access to own vehicle prior to move not always achievable. | What is the difference | Staff to have a basic level of training and understanding but specialised training as required.  Enhanced packages needing improved initial input from professionals:  - Prioritisation  - Easier access to professionals for ‘enhanced’ people.  Professionals knowing the ties and acting on it. |

**PRICING MODEL**

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| **QUESTION** | **TABLE 1** | **TABLE 2** | **TABLE 3** |
| 1. **Is the pricing model reflective of the service delivery model?** | Yes – need core ‘premium’ rates | Depends on what the actual £s are.  Where is the line for generic/enhanced? | Would there be a separate rate for core services;  Would not suggest core services for single person service;  Enhanced services would use specialist staff skills may need continued enhanced rate  As individuals become more independent a set core rate could be applied; but would need to consider cost of service and trained staff;  Robust hours with a plan and with timeframes to reduce hours;  Would be easier if council sets a standard rate, or a maximum rate  Perhaps clear guidance around rates. |
| 1. **If the cost of Enhanced services was lowered would you still deliver?** | * No – extra is required for extra training/resources etc. (risk to business) * Only if guaranteed hours in other areas * Block contract model? | Can’t answer without rates / level of differential | Depends on the cost and profit; will the service survive?  What is the rate for Outreach in the city? |
| 1. **How can Waking Nights and Sleep-in be better commissioned?** | * No difference between the two – rates are the same so may as well be waking nights * Decommissioning into Assistive Technology or waking nights split between services. * Professional engagement in positive risk management | ‘Cluster’ providers peripatetic model of support (warden service) | Set a price, need to be aware of National wage increase |
| 1. **What do commissioners need to consider in relation to the pricing model?** | * Impacts of cost reductions on markets * Block contracts to be considered? * Moving away from Frameworks? | Future proofing / addition on cost for Providers (travel etc) |  |

**RISKS**

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| **QUESTION** | **TABLE 1** | **TABLE 2** |
| 1. **What do you envisage to be the risks in this new way of working?** | * Business risks reduce desire to provide * Too many Providers – lack of specialisation * Citizen level of support reduced by lack of effective assessment / deciding who to support * Info sharing for specialisation * Social workers and commissioner knowledge of who is best to support each person. | * Retaining current work * ‘Future proofing’ rates for duration of contract * Consider infrastructure of new Providers * Clarify stricter procurement processes * The above helps to vary market * The ‘lots’ to be more specific * ‘Timing’ of process. |
| **2. What needs to be considered for a smooth transition from the Framework to the Accredited Approved provider list?** | Timeframe for approval | Issues of viability for current providers  If new providers encouraged to join could result in less work for current providers  Current providers may have capacity  Ascertain/ask why current providers have not bid for the work being requested on EOI  PLANNING WHAT WORK IS COMING UP |
| **3. What resources could your organisation bring to bear on this new model?** | Local knowledge  Infrastructure  Links to county / Economies of scale  Use the Voids identified  Promote good practice |  |
| **4.** **What would success look like?** | Providers working together  Citizens getting good support  Fair process of referrals  Smoother process in terms of procurement  Services where there is an evidence of reduction in hours | Partnership Working  Good Dialogue  Housing Providers/Commissioners/Support Providers Working Closer To Overcome Issues;  Holistc Approach – Promoting Direct Payments/Personal Budgets  Support Planning/ Person Centeredness |