**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 friendlyStaff – 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 everyoneMake good framework for commissioners and providersApply 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 reviewsJourney capturedDifferent outcomes for different servicesHours 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 trustDifficulty defining commissionersLack 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 individualOutreach: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 rateAs 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 providersCurrent providers may have capacityAscertain/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 InfrastructureLinks to county / Economies of scaleUse the Voids identifiedPromote good practice |  |
| **4.** **What would success look like?** | Providers working togetherCitizens getting good supportFair process of referralsSmoother process in terms of procurementServices where there is an evidence of reduction in hours | Partnership WorkingGood DialogueHousing Providers/Commissioners/Support Providers Working Closer To Overcome Issues;Holistc Approach – Promoting Direct Payments/Personal BudgetsSupport Planning/ Person Centeredness |