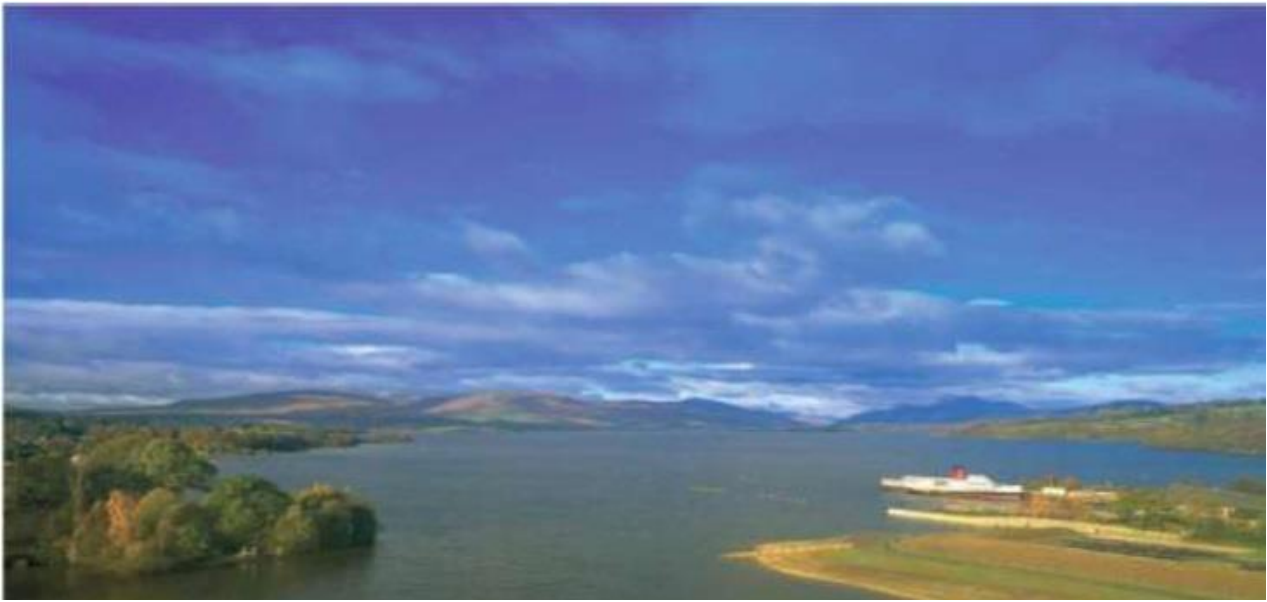


West Dunbartonshire

Market Facilitation Consortium Report

Event 30th September 2015



The Health and Social Care Partnership (HSCP) cements together both NHS and local authority responsibilities for community-based health and social care services within a single, integrated structure. In order to establish a Market Facilitation Consortium model of commissioning the HSCP, CVS and Scottish Care as a partnership hosted an event across all of our health and social care services; representatives from across the statutory, independent and third sector to begin a process to ensure the best use of the significant resources invested across our communities.

The aim of the Market Facilitation Consortium is to deliver better outcomes for those with long term conditions and those with multi-morbidities by improving preventative and anticipatory care and making best use of our community resources; measuring our impact with the national health and well-being indicators.

This approach provides third and independent sector partners access to the same information and data used within statutory services; providing opportunities for service delivery where there is an agreed and identifiable need for services based on demographic and neighbourhood analysis.

The aim of the event on 30th September was to work with, and support partners, across all sectors to deliver services in an innovative and collaborative way which is responsive, flexible and accountable to local people within their own localities. The objective of the day was to begin to develop a commissioning framework to deliver our commitment to provide enhanced delivery of service to individuals and communities as well as an opportunity to create diversity within the market place based on our population needs.

Chris McNeill, Head of Community Health and Care, welcomed those in attendance, introduced the day and set to scene for the Consortium approach. She referenced the already agreed HSCP Strategic Plan which shows the direction of travel and the approved consistency of approach from the HSCP Integrated Joint Board; laying out the partnership's requirements for detailed commissioning work to support the delivery of the long term goals.

Chris presented detailed figures linked to the delivery of a partnership re-enablement model for older people; noting that demand is increasing and capacity is not increasing and as such there is a need for all services to act together in consort. She continued by exploring the need to continue to build community capacity; identify those at risk, and continue to identify and review the range of services available. This approach cannot be delivered solely by statutory health and social care services but also includes the need for good and appropriate third sector supports, housing providers and housing stock as well as innovative models of care and usage of adaptations/equipment.

Chris referred to the demographics for West Dunbartonshire which show significant numbers of people with long term conditions and complex needs. There are increasing demands for care at home; however there is a significant funding gap between the increasing needs against the current and future financial envelope available. There are some solutions linked to reablement as well as increased use of technology including Telecare and Telehealth.

Within West Dunbartonshire, the demographics are showing that the pressures within the system represent forecasted figures at 2022 levels. Therefore the proportion of older people identified as requiring care and support is currently seven years ahead of target.

Chris explained that given this context we will need to work more collaboratively to deliver effective and efficient services whilst exploring new models of care. We need to, moving forward, be working collaboratively to deliver effective and efficient services whilst looking for opportunities for delivering different models of care.

Selina outlined the demographic and financial challenges for the third sector, with increasing expectations from commissioners, from funders and from service users. Noting that there is a need to meet client needs within current budgets; whilst making the best use of a range of funding streams and not relying solely on the statutory sector to fund activities. She referenced the need to protect, consolidate, improve and, where feasible, expand services to clients; within a consortium model of delivery.

The strategic advantages to this approach means there is a;

- Mechanism for robust consultation between partners
- Joint framework for needs analysis and programme planning
- Opportunity to use research to inform practice

The operational advantages to this approach means there is a;

- Focus on activity and shared objectives across all partners
- Capacity building across the sector through shared training and development opportunities
- Shared practice and development across quality assurance and continuous improvement through shared opportunities.

The challenge for all partners is to change their mind-set and their offer within a consortium approach to delivery and there is a need to agree across the partnerships shared objectives. She noted there are a range of specific challenges connected with partnership working itself; personality issues, perceived power imbalances, balance of sustainability with common objectives; however there is a real opportunity for effective joint working within the model and the historical context of partnership working across West Dunbartonshire.

Margaret welcomed the active role and opportunity the HSCP had given Scottish Care within West Dunbartonshire. She outlined the broader aims of Scottish Care to ensure support to the independent sector and ensure their involvement in the delivery of the agreed outcomes for integration; by playing a lead role in service improvement at local and national levels.

She provided context linked to the need for change across all sectors; an increasing older people's population, increasing demand on existing resources and challenges in service delivery. She outlined her work within the Residential Care in Scotland Task Force and the expectations from the Government and their partners to deliver within a changing legislative environment of for example Self Directed Services and the implementation of the Public Bodies Act.

There are a range of models of care that need to be considered as part of the changing models of delivery;

- Step up and Step down care
- End of life care
- Hospital at Home
- Care Homes as community hubs
- Extra Care Housing
- Care Villages

All of the models share a common approach of collaborative service delivery; moving forward this needs to be the approach by all partners when engaging with service users and carers as well as when negotiating commissioning and procurement. This is delivered within a context of an awareness and recognition of skills, expertise and commitment to quality across the sectors.

After each speaker there were facilitated workshops to allow partners to discuss and debate the issues raised by the speakers and begin to formulate ideas and plan for action.

1. Workshop One; Reviewing the current landscape in West Dunbartonshire

Participants were asked to answer two questions;

- What services do you currently provide?
- How could they be adapted to meet future challenges as described within Chris's presentation?

Each group had representatives from statutory, third and independent sectors; following discussion in each group it was clear that there is a large range of services from residential to community services available across all sectors within West Dunbartonshire. There is a range of specialist skills, knowledge and good practice which can be shared between and across sectors. And there was an appetite from all in attendance to deliver the new agenda.

When representatives were asked how they could adapt to meet future challenges there were clear and distinct actions;

- Work more effectively together to create person – centred activities within communities and provide opportunities to access community resources
- Share approaches and good practice linked to risk assessment /risk management; manage better the current risk aversion which is prevalent within organisations by working in partnership with other agencies including the Care Inspectorate
- Outcome focused support need to be supported by good communication between organisations across all sectors; there needs to be an increasing capacity for communication to be able to provide and react to the need for more flexible service delivery; for example currently and often there is late notice to services for packages of care resulting in a limited time to plan.

Representatives offered practical solutions to some of the issues raised above;

- Establish a Providers Forum for Care at Home services across statutory, third and independent services as the Providers Forum for Care Homes is effective and useful network
- Peer support for small organisations from larger organisations across the sector; this would allow for support to manage funding, help with SLA/contracting and procurement processes to ensure future targets/outcomes/quality assurance framework and more effective future planning. For third sector partners this opportunity for more mature relationships allows organisations to share good practice and collaboratively without competition
- Improve linkages with housing strategy development, acknowledging the importance of appropriate housing within the care context.

2. Workshop Two Towards a consortium style model of delivery

- What are the benefits of this approach?
- How best could the approach be taken forward?

Within the workshop group members referred to the success of the multi-agency Care Homes Providers Forum which meets bi-monthly; providing an opportunity for representatives to come together from both statutory and independent sector care home providers. The Forum discusses practice issues as well as opportunities for shared learning e.g. My Home Life programme, a joint planned approach across sectors inspection preparation and training in adult support and protection.

The benefit of the approach related to providers having time out to reflect on practice and service delivery and being able to invest time in delivering within a proactive model of approach.

Some examples of benefits identified included;

- Improving early intervention opportunities
- Helping cement a solutions focus to activities and building stronger functional relationships across sectors
- Allowing boundaries to be reduced and more flexible approaches developed
- Better sharing of resources
- Encouraging providers to see themselves as 'agents of change' and not merely service providers

When representatives were asked how the approach could be taken forward there were clear and distinct actions identified;

- Create opportunities for connectivity and training across sectors to empower/build staff confidence and building relationships across the sector
- Using the already good experiences providers were keen to see a Care at Home Providers Forum using the same approach as the Care Home Providers Forum; supporting providers to come together to share good practice and information
- Development of a procurement/partnership agreement meeting which supports providers to be able to define partnership working together; supporting a market and outcomes based approach.
- Increased use of on-line resources to share/access information across the partnership consortium
- Further develop/analyse demographics to target services to vulnerable people and those living within our neighbourhoods.

3. Workshop three; Exploring new models of care

- What are the models of care suited to our clients/patients?
- What are the barriers to new models of care?

Providers all agreed that the responsibilities moving forward require all partners to participate; most individuals require a tapestry of services from a range of providers.

All providers agreed that we are striving towards a reablement model; as such services are moving in the right direction, with a focus on person centred approaches and direct services to meet individual client needs.

When representatives were asked how the approach could be taken forward there were unclear as to how to create an environment to create distinct models of care but rather sought a facilitative model across the partnership with opportunities for shared learning which can be used to shape and change how organisations and how services can adapt in the future to meet the needs of individuals. There are opportunities for some older people to be independent, active in their communities and not socially isolated; however equally there are individuals who require additional support which could be offered by non-specialists and finally those who require significant levels of service to meet their complex needs. Therefore there needs to be a range of opportunities for older people as providers as well as users of services.

Market Facilitation – Next Steps

Chris closed the session with feedback from the groups and agreed that there would be a write up of the presentations and feedback from the workshops sessions which would be circulated to partners.

There were key actions identified within the session which could be progressed:

- A second facilitated workshop session in Spring 2016
- Establishment of a Care at Home Providers Forum hosted by the HSCP by December 2015
- Development of CVS/HSCP workstream to support rehabilitation as outlined within the Falls Strategy March 2016
- Development of CVS/HSCP footcare workstream to support older people at home with basic footcare March 2016
- Scoping of Housing/Scottish Care partnership to review opportunities for new developments within available sites in West Dunbartonshire March 2016
- Creation of regular updates process on the development of the Consortium Quarterly

Chris agreed that the spring workshop would be the opportunity to review progress on the Consortium as well as the commissioning and procurement approaches, as well as identifying where new ways of working are being implemented and are effective.

Shared vision Next Steps; Market Facilitation – Consortium Development Activity

September 2015	<p>Using the Strategic Plan document as a guide, distil key messages and develop the proposed consortium model focussing on:</p> <ul style="list-style-type: none"> • Partnership and Consortium definition and status • Draft consortium purpose and key deliverables • Outcome focussed approach • Requirement for leverage and potential external contribution • Community benefit approaches • Levels of membership/ engagement across partners within the consortium
September – December 2015	<p>Recruit a sectoral focus group to further develop the model in a real world context, gaining agreement on key areas of consortium membership:</p> <ul style="list-style-type: none"> • Agree criteria for sectoral • Contractual framework • Procurement framework • Improvement areas • Gaps in service • Monitoring and Evaluation • Quality Assurance <p>3 – 4 facilitated sessions of around 12-15 key organisations spanning key current delivery partners (registered and commissioned)</p>
March 2016	<p>Finalise model documentation and develop broader market awareness session spanning current and potential consortium members.</p> <p>Agenda for the session:</p> <ul style="list-style-type: none"> • WD health and care profile • Challenges and opportunities • Consortium model – rationale and engagement opportunities • Facilitated table discussions/Q&A – cross sector • Proposal packs distributed to all present for Board consideration and sign up

October 2015	Recruit service users and carers to participate in focus groups to provide a broader market analysis and mirror and inform the universal providers approach.
January – March 2016	Consortium arrangements in place