Commissioning social care

Report supplement: The views of social work directors and senior managers

AUDIT SCOTLAND

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Part 1. Introduction

Background

1. Audit Scotland published its national report *Commissioning Social Care* on 1 March 2012. The report is available at www.audit-scotland.gov.uk. As part of our audit we appointed a consultant, J. Haslett Consulting, to obtain the views of Social Work Directors, or their nominated deputes, at each of the 32 councils in Scotland. This supplement accompanies our national report and summarises the main findings from this work with council representatives.

2. The report is organised into four parts: **Part 2** considers to what extent councils involve users and carers in strategic planning and how they are developing their approach to implementing self-directed support; **Part 3** looks at the support and scrutiny provided by the Scottish Government, whether managers in councils who are responsible for commissioning services have the skills they need, and councils' approach to benchmarking and collaboration; **Part 4** reports on how councils work with the voluntary and private sectors, delivery of home care, and councils' approach to dealing with budget reductions.

Methodology

3. Audit Scotland commissioned J. Haslett Consulting to carry out telephone interviews with Social Work Directors or their nominated deputes in each of the 32 councils. An interview schedule was developed to help structure the discussions **(Appendix 1)**. Representatives of 31 councils were interviewed between 8 July and 31 August 2011. One council (Eilean Siar) did not take part due to changes in personnel. Three Directors of Social Work were interviewed, along with 12 Heads of Service, seven Commissioning and Contracts Managers, and nine Senior Managers in strategy and planning.

4. Participants were provided with a copy of the interview schedule beforehand so they were able to gather information from other colleagues if required. Each interview took approximately an hour.

Part 2. Involving users and carers

5. Social care services should be designed to meet people's needs, both now and in future, and to improve their independence and quality of life. Therefore an essential part of planning these services is to involve users and carers in identifying the most suitable services and in monitoring and reviewing them.

6. Most social work representatives told us their council tried to involve users and carers from all care groups in strategic planning, and nine were confident that they were successful in doing so. Older people and people with learning difficulties are most likely to be involved by councils in the development of services. Older people were largely involved in planning when councils were redesigning services, particularly home care, day centres or lunch clubs, as part of the Reshaping Care for Older People programme.[1] People with learning disabilities were usually involved during the redesign of day services or they participated in some way in re-tendering exercises for home care services. For a number of years, councils have focussed on engaging with people with learning disabilities and their carers. Following the closure of long stay hospitals, councils and health boards have been required to prepare *Partnership in Practice* agreements for learning disability services in their area and this has ensured user and carer involvement in planning services, commonly through advocacy or focus groups.[2]

7. Respondents told us councils employ a number of ways to involve users and carers in strategic planning including through focus groups, questionnaires, representation on strategic planning groups or asking provider organisations to represent user views.

8. The groups of people least likely to be involved in strategic planning are those with physical disabilities and sensory impairments, children and families and people within the criminal justice system.[3] Children and families and people within the criminal justice system were often reported as 'difficult to reach' due to statutory involvement and/or chaotic lifestyles. A number of people with physical disability and sensory impairment receive direct payments and organise services themselves. Some respondents felt that people with physical disability and sensory impairment are relatively happy with their services and so there was no need to involve them in developing a local strategy.

[1] *Reshaping Care for Older People, Scottish Government: A Programme for Change 2011 - 2021*, Scottish Government, 2011.

[2] Partnership in Practice Agreements (PiPs) set out how health boards and councils would work together to put in place the changes called for in *The Same as You?*, the report of a Scottish Executive review of services for people with learning disabilities carried out in 2000.

[3] People with physical disabilities and sensory impairments were involved in the strategic decision process at nine councils, children and families at six councils and people within the criminal justice system at four councils.

Self-directed support

9. The Scottish Government has a strategy and is developing legislation for Self-Directed Support (SDS).[4] Under SDS, after assessing a person's needs, the council allocates an individual budget and the person may choose: to receive direct payments to spend on services they arrange themselves; for the council, or a third party organisation, to spend the budget on their behalf on the services they need; or a combination of these.

10. All councils reported that they are currently developing their approach to SDS. However, it is clear from the responses that the stage of development, interpretation, use of terminology and implementation of approach varies widely. Seven respondents told us they were in the very early stages of developing SDS and were gathering information around resource allocation systems and assessment, developing planning structures, appointing lead posts or organising strategy groups to take things forward.

11. Representatives in ten councils said that SDS would lead to a fundamental shift in the way they work with users and how they provide and commission services. They said the function of the council would change from buying and delivering services to a role helping service users to understand the support they required, providing them with an appropriate amount of funding and signposting them to a range of possible care providers from which they could purchase support.

12. Only 14 councils currently offer individual budgets and, where they do, they are not available to all care groups. The people most likely to be offered them are those with learning or physical disabilities. Some councils are also piloting individual budgets for people with mental health problems when they leave long-stay hospitals, or older people currently receiving day services.

13. Thirteen councils provide support and advice to those receiving individual budgets through an in-house SDS team, care management team or an existing direct payments team. In sixteen councils people receiving direct payments are mainly supported by external organisations.

14. Several respondents said SDS is already having an impact on how services are commissioned. For example, councils are using framework agreements to help providers develop a range of options for care provision which will enable choice for service users.[5] In several areas, councils are working with service providers to ensure they are developing services that will be required in the future in line with the planned SDS approach to providing care.

[4] *Self-directed Support: A National Strategy for Scotland*, Scottish Government, 2010; *Self-directed support: A draft bill for consultation*, Scottish Government, 2010.

[5] Framework agreements are made with providers when they are accepted onto a list of preferred providers. Typically, the agreements set out a specification of the services and standards, and prices and terms for when a place is required.

Part 3. Commissioning social care

Guidance for commissioners

15. A majority of councils had found the Social Work Inspection Agency (SWIA) guidance on commissioning and the Scottish Government / COSLA (SG/COSLA) Guidance on procurement of care useful in helping them to develop their commissioning.[6] [7] Twenty-three respondents found the SWIA guidance very useful, three found it quite useful and four found it not at all useful.[8] Those who found it useful said it served as a good baseline for commissioners, with clear definitions and a rigorous self-assessment process. It was also useful in providing frontline staff with an overview of the commissioning cycle and their role within it. Those who did not find it useful said it lacked instruction on 'how to' commission services.

16. Seventeen respondents found the SG/COSLA guidance very useful, seven found it quite useful and five found it not at all useful.[9] Eleven thought it was helpful in negotiating the complex arrangements for social care procurement with colleagues in corporate procurement departments. Respondents also said it was helpful in describing the role of framework agreements and service user involvement in the procurement process. Those who criticised the guidance felt it was not clear enough about EU regulations and when to tender contracts. They also felt the guidance lacked examples and detail on alternatives to tendering such as negotiated contracts and awarding grants, or that it was 'too wordy'.

17. Respondents told us they would welcome more support and guidance on commissioning, in particular to reflect the change around the move towards personalisation and SDS. They thought there was a need for:
    - information on developing the market
    - examples of outcomes based commissioning
    - tools for planning services, particularly with respect to demography and helping the council use its powers and influence to promote the wellbeing of its community
    - examples of best practice
    - information on alternatives to tendering.

[6] SWIA published the *Guide to strategic commissioning* in September 2009. In April 2011 SWIA became part of Social Care and Social Work Improvement Scotland (SCSWIS) and from September 2011 SCSWIS became known as the Care Inspectorate.

[7] *Procurement of care and support services*, Scottish Government and COSLA, September 2010.

[8] One respondent did not answer.

[9] Two respondents did not answer.

18. A few respondents commented that in England significant resource had already been put into developing commissioning due to changes in how services will be commissioned. Respondents noted that materials developed by the Department of Health may be useful and directly transferable to Scotland.

19. A few respondents called for a national discussion on commissioning and procurement to help commissioners understand their role in a changing environment. This means understanding more about the tensions between service user control over their own support as part of the personalisation agenda, and the role of the council in fulfilling its duty of care. It also means recognising the difficulties with individuals exercising choice when statutory measures such as child protection and legislation relating to vulnerable adults are involved.

Skills and capacity of commissioning staff

20. Most councils report that they use individual personal development plans to identify skills gaps in commissioning and contracts staff. Representatives from six councils said they had sought training for commissioning staff from external organisations including CIPFA, the University of Birmingham and the Institute for Public Care, or through Scottish Vocational Qualifications. One council had developed its own training package on the social care commissioning process which it delivered to corporate procurement and service staff.

21. Those councils that don't use external trainers, reported that they deliver training and support for social care commissioning and procurement staff in-house as 'on the job' training. Corporate procurement and legal service teams provide training focussed on council standing orders, financial regulations and the procurement process. A few respondents told us their council had developed awareness raising programmes which were delivered to front line staff as well as commissioning/procurement teams, to ensure that appropriate importance was placed on the commissioning process and how it affects users.

22. Most respondents felt there is scope to improve training for social care commissioners and said they would welcome a national training programme. This should include a move to a more personalised approach to providing social care services, including how to work with local providers.

Benchmarking and collaboration

23. A characteristic of good strategic commissioning is regular benchmarking among partners to help them improve services. Twenty-two councils belong to national networks which deal with specific issues, such as the national benchmarking group on 'Shifting the Balance of Care', the Community Care Benchmarking Group, or the Association of Directors of Social Work and Joint Improvement Team groups established around specific themes or client groups. A number of interviewees said their councils were involved in established regional networking/benchmarking groups such as the Tayside Contracts Groups or the Clyde Valley Consortium. Others look for councils with similar demographics to compare costs at the point of redesigning or putting services out to tender. Some said they regularly benchmark

performance and spend using national data produced by the Scottish Government, statutory performance information and information from CIPFA.

24. But interviewees told us there were difficulties with benchmarking due to performance and expenditure information being recorded differently in different councils, making it impossible to compare 'like with like'.

25. Many interviewees had been involved in collaborative procurement such as the National Care Home Contract, joint equipment or meals services contracts, and national work on secure residential care for children and young people. Nineteen interviewees had carried out collaborative procurement activity with other councils. They reported benefits such as:

- economies of scale and cost
- consistency of practice
- the ability to develop new services for small population groups
- less duplication of effort and bureaucracy
- a more streamlined approach for providers.

26. Some interviewees had noticed factors emerging which make collaboration difficult, such as differences in ideological and political priorities and the potential for councils to retreat into 'silos' when budgets are tight. One respondent observed that developing shared services with other councils and integration with the NHS were often competing agendas and created difficulties in understanding where best to collaborate and with whom. They would welcome help to negotiate the tensions generated by these apparently conflicting agendas.

Part 4. Working with service providers

27. All respondents reported that they have an open dialogue and relatively good relationships with service providers. Representatives from nine councils thought it was important to give service providers a clear message that changes in policy are coming (the introduction of SDS) and that there is increasing pressure on budgets, so they will need to adjust accordingly. A number of councils use strategic planning groups or service provider forums to communicate what types of services will be commissioned, and some reported they are working with providers to develop services for the future for specific care groups (mainly older people). Some respondents thought the market may develop more independently of councils as service user choice increases. They said providers would have to consider how they market their services to ensure they receive sufficient interest from customers.

28. Representatives from several councils reported that financial pressures were limiting joint training initiatives with providers. However, there were examples of joint training initiatives around child protection, adult support and protection, re-ablement and rehabilitation, and on the tendering process and procurement regulations.

29. Interviewees told us councils adopt a variety of ways to drive up quality including using individual case reviews and Care Inspectorate information. Twelve respondents said they use contract monitoring processes to work with service providers to improve the quality of services. Some contract monitoring systems use information on quality (eg, case reviews and Care Inspectorate inspection findings) to determine whether the council will itself conduct a full service review.

30. All respondents said it was important to consider the long-term sustainability of the voluntary and private sectors, though seven felt their council had significant room for improvement in this area. Those who felt they were proactive about ensuring provider sustainability, thought good communication, relationship building and open dialogue were important in achieving this. Other factors mentioned include:
    - extending contract duration for providers
    - using market analysis tools
    - supporting providers to access other sources of funding
    - encouraging smaller providers to embark on collaborative ventures with other providers
    - supporting providers to consider recruitment and retention issues, eg additional training programmes or other incentives to attract or retain staff.

31. Some councils use framework agreements to attract sufficient providers to their area to give users a choice. The framework agreements can be used to ensure business is spread across the providers on the contract to protect their viability. One council gave providers a one per cent increase in fees in addition to an inflationary uplift this year to help their sustainability.

One respondent suggested that, as pressure on finances increases, councils may need to make political decisions at local level between the retention of in-house staff and the requirement to sustain the external market.

Procuring services from voluntary and private sector providers

32. All but one respondent said their councils had carried out some tendering activity recently. In 17 councils this resulted in a complete change of service provider or the introduction of a new service provider to a contract. In eight areas there was no change following the tender process and those remaining had not completed the process or the respondent did not know the outcome.

33. To manage risks to users of providers closing due to financial difficulties, councils should carry out checks to be satisfied that the provider is financially viable and capable of delivering the services. All respondents assured us that they had robust systems to make sure providers' businesses are viable, including requesting a considerable amount of information at the tendering stage, the Pre Qualification Questionnaire (PQQ). The PQQ includes checks on staffing levels, staff turnover, capacity for growth, financial information, and information from service users. Outwith the PQQ process, we were told a number of councils also check references, have site visits, use market reports, check credit ratings and use Care Inspectorate information.

34. Responsibility for checking and monitoring this information varies. In some councils the social work commissioning and contracting teams are responsible for collating and monitoring information. In others it is left to corporate procurement teams or economic development departments. Some respondents said their council used the contract monitoring process to monitor the on-going viability of services.

Home care provision

35. Twenty-one respondents told us more than half of the home care at their council was provided in house. Two said provision was equally split between in-house and external providers and five said their area had more external than in-house provision. One interviewee said their council was developing an arms length body to provide home care and other support services for older people.[10]

36. Many areas reported targeting home care services at those in most need and all areas have adopted a re-ablement approach to home care. Re-ablement involves health and social care professionals helping users to relearn daily living skills to maximise their independence.

Impact of budget reductions

37. Councils are facing increasing financial pressures and twenty-one respondents told us their council was facing budget reductions this year and next. Seven said they were seeking

[10] Two respondents did not answer.

efficiency savings but these would be spent on meeting increased demand for social care services because of growth and demography.

38. Thirteen areas expected to achieve savings through service redesign around personalisation and approaches such as re-ablement and telecare.[11] Two respondents expected to achieve cost reductions through shared services and the streamlining of 'back room' costs and one said existing services will be expected to provide more for the same cost. Interviewees said the most common impact of pressured council budgets on external service providers was that they were not given an inflationary uplift and have been asked to find efficiency savings from existing services.

39. Three respondents said budget reductions were having no effect on current services and no-one reported that their council had closed a service without providing an alternative form of support. However, 13 areas have implemented new eligibility criteria and seven now charge for services previously provided without charge or have increased charges already in place.

40. All respondents were sure that budget reduction would not bring about risk for individual service users. Most were clear that their role was to both manage risk and enable service users to take informed risks. Some respondents said their councils were developing 'low level' preventative community based services to ensure that some support was provided for individuals who were not eligible for 'substantial or critical' services. Conversely, two respondents said the greatest risk to service users would be that the council could no longer support the development of preventative services due to budget reductions and that this would have a direct impact on the need for more intensive services at some point in the future.

[11] Telecare covers a range of devices and services that use technology to enable people to live with greater independence and safety in their own homes. For example, electronic sensors in the home which are used to monitor things like movement, falls or bath water levels which can trigger an alert to a call centre or local carer who can contact the person or arrange help for them.

Appendix 1: Telephone interview schedule

Introduction

Audit Scotland is carrying out this telephone survey as part of an audit of commissioning social care. We are reviewing how effectively respondents and their planning partners commission social care services by reviewing how they:

- involve service users and carers in commissioning decisions
- work together to plan and procure effective social care services
- work with providers in the voluntary and private sectors to ensure high quality, sustainable care services.

We plan to produce a national report early in 2012.

As well as interviewing Social Work Directors or senior managers, we will:

- hold focus groups with a sample of voluntary and private sector providers
- gather the views of a sample of service users and carers
- prepare short case studies on selected aspects of commissioning
- draw on existing data and reports.

If you would like to know more about the audit, please see the project brief on our website: http://www.audit-scotland.gov.uk/work/forwardwork.php?year=2011 (near the bottom of the page) or contact the project manager, Cathy MacGregor, on 0131 625 1865 or cmacgregor@audit-scotland.gov.uk.

We have engaged Julie Haslett, an independent consultant, to carry out the interviews for us and prepare a summary of the results. Julie will provide us with a short summary of your responses and a report on the aggregate results from all respondents. She will not provide us with verbatim reports from every interview. We will not publish in our report anything about your individual council without validating it with you first.

The questions Julie will ask you on the telephone

Part A: Involving users and carers over the last 18 months or so

1. Thinking about service users and carers in the following client groups, which group has had the most involvement and influence over decisions about services at a strategic / planning level?

- older people
- adults with learning disabilities
- adults with physical or sensory disabilities
- children and families
- others – please specify

For this client group, over the last 18 months:

2. Has the council (and its commissioning partners) involved users and carers in developing commissioning and procurement strategies for this group? Please explain.

3. Are service users and carers in this client group involved in monitoring and reviewing the quality of services on a regular basis? This might include being asked for their feedback, or being part of a group that is reviewing services. Please explain how you involve them, if at all.

4. Can you provide an example of how their views have actually changed or influenced your decisions?

5. Thinking of the following client groups, which group has had the least involvement and influence over decisions about services at a strategic / planning level?

- older people
- adults with learning disabilities
- adults with physical or sensory disabilities
- children and families
- others – please specify

For this client group, over the last 18 months:

6. Why have service users and carers in this group had the least involvement?

7. Do you have plans to change the approach to their involvement?

Part B: Self-directed support

8. What is the council's current approach to self-directed support:

a) What options do you offer users / carers in addition to direct payments?

b) Is this only for specific client groups? If so, which ones?

c) Are these options available to existing service users / carers or just new ones?

d) Do you calculate individual budgets for any client groups? And if so, which groups? And what system do you use to calculate the individual budgets?

9. What advice and support do you provide for clients receiving (i) self-directed support and (ii) direct payments? Please explain:

a) what sort of support they receive

b) who provides it

c) for how long they are supported

10. How is the Scottish Government's strategy and draft Bill on self-directed support impacting on how you commission services?

Part C: Scottish Government support and scrutiny

11. Have you used the Social Work Inspection Agency's (SWIA) self-assessment *'Guide to strategic commissioning'* (2009)?

a) If so, how useful did you find it? (very useful / quite useful / not useful)

b) If not, why not?

12. Do you use the Scottish Government / Joint Improvement Team's 'Guidance on procurement of care and support' (2010)?

a) If so, how useful did you find it? (very useful / quite useful / not useful)

b) If not, why not?

13. If you have used the guidance, how have you used it and what action have you taken as a result?

14. Is there any further guidance or support needed that would help you with commissioning social care services? Please explain.

Part D: Skills and capacity / benchmarking

15. How does your council ensure that it has the skills and capacity needed for commissioning social care services?

16. Do you benchmark your council's performance and spend on social care services with other respondents or partners?

17. Has your council commissioned or procured social care services in collaboration with other respondents?

If so:

a) Which client groups and which services was this for?

b) What have been the benefits, if any, of this collaborative commissioning or procurement?

c) What have been the problems or emerging issues, if any, of this collaborative commissioning or procurement?

Part E: Working in partnership with voluntary and private providers

18. In what way, if at all, does your council involve voluntary and private sector providers to:

a) help determine what types of services will be commissioned?

b) develop their skills and capacity to meet the objectives of your commissioning strategy?

c) improve the quality of the services?

19. Do you consider the longer term sustainability of voluntary and private providers as part of your commissioning plans? If so, what steps to you take to ensure the sustainability of services you may need in the future? Can you give an example?

Part F: Procuring services from voluntary and private providers

20. What was your last tendering / re-tendering exercise?

Thinking about this last tendering exercise:

21. Did it result in a change of provider?

22. What measures did the council take to assure itself that providers run a viable business?

23. What measures did the council take to assure itself that providers had the capacity to provide the right quality and scale of services?

Part G: Costs of home care provision

24. What is the current balance in your home care provision between in-house and external contracted provision? (eg, 50:50 or 30:70)

Part H: Impact of budget reductions

25. Are you facing a budget reduction in 2011/12? And in 2012/13?

26. What impact will a reduction in your budget have on:

a) Service provision?

b) Current commissioning plans?

c) People who need social care services? Will the budget reductions pose any risks to service users? Do you have contingency plans to deal with these risks?

Is there anything else you would like to add?

Thank you for helping us with this audit.

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If you require this publication in an alternative format and/or language, please contact us to discuss your needs.

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