Mobilising Community Capital: Shaping the market for adult social care services in the West Midlands

Market Shaping: Local Case Study Examples

This report gathers some examples of the work undertaken in the West Midlands where Partners, Providers and People are engaging to shape markets intended to assess the extent to which co-production has been enabled by ‘productive engagement’ within the West Midlands. The vision is for a richer, more efficient community care market, shaped around customer needs, with a mixed economy of providers delivering real choice, better care and improved outcomes.

The central objective of Market Shaping requires that five conditions are met. Whilst the responsibility – and in due course, the duty – to shape the market rests with the Local Authority, this requires actions across the whole of the care ‘system’.

Market Shaping - The 5 ‘Conditions’

Productive Relationships - The relationships that exist within and across the system must be positive for co-production to take place;

Accessible providers - People who use services must be empowered to access them through high quality information and through systems that allow ‘person to provider’ procurement linked to personal budgets;

Robust Intelligence - Approaches must be developed to gather, analyse, use and review intelligence about demand and supply in order to drive quality and relevant provision;

Provider Stimulus - Opportunities must be created to encourage providers of care services to strengthen, diversify and develop their services to better meet the needs of people who use them;

Active Maintenance - All ‘actors’ in the market must adopt a proactive approach to the maintenance of the overall shape of the market, to mitigate the risk of market failure and to support ‘at risk’ providers.

Action in any one of the ‘conditions’ will have a positive effect on the local care market; improvement across all five will accelerate the benefits of market shaping.

The examples below have been collected from local authorities in the West Midlands to illustrate the ways in which they are engaging over a range of issues and how they correspond to the ‘5 Conditions’. Their approach, experience and achievements provide valuable insight for others –
they are willing to be contacted by anyone who wants to learn more - and many have produced effective processes and tools which are readily available for others to utilise.

<table>
<thead>
<tr>
<th>Case Study</th>
<th>Productive Relationships</th>
<th>Accessible Providers</th>
<th>Robust Intelligence</th>
<th>Provider Stimulus</th>
<th>Active Maintenance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Home Support Skills Based Commissioning to identify the skills, practices and training required to deliver Home Support</strong> Coventry City Council</td>
<td>✓</td>
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<td><strong>To support and strengthen Third Sector care organisations to address change and respond to market opportunities.</strong> Staffordshire County Council</td>
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<td><strong>Engagement plan for the creation of a sustainable user-led Independent Living Centre (ILC) promoting independent living for disabled people</strong> Solihull Council</td>
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</tr>
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<td><strong>Establishing productive relationships to stimulate providers to identify challenges, opportunities and solutions for delivering commissioning intentions</strong> Warwickshire County Council</td>
<td>✓</td>
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<tr>
<td><strong>Improving Quality within Nursing and Residential care</strong> Walsall Council</td>
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Home Support Skills Based Commissioning to identify the skills, practices and training required to deliver Home Support  
Coventry City Council

**Approach**

- To embed the required Workforce Skills Sets within the Home Support Framework
- Development of the Skills Sets Workstream which comprised representatives from Case Management Teams and the Social Care Development Centre to progress this area of work.
- Analysis of work on specifying skill sets
- Liaison and work with the Social Care Development Centre to consider all available information and formulate a proposed model for specifying skill sets and levels of service to be purchased.
- To identify skill sets for each level of service delivery and specify these for tender documentation.
- Ensuring that the skill sets for Standard, Promoting Independence and Enhanced Support are reflective of the level of competency required for care staff delivering home support services.
- Formulating skill sets so that they are easily summarised and categorised for ease of understanding and evidencing when read within the body of a tender specification and when providers are responding to requirements such as
  - Generic Workforce Skills
  - Management Roles Generic skills
  - Understanding Challenging Behaviour
  - Risk assessments and Risk Management Planning
  - Physical Intervention Strategies
  - Safeguarding – Staff Training
- Providing a programme of skills training for provider’s employees to assure quality and consistency of service provision.

**Key Outcomes**

- Complete Workforce Skill Sets which have been embedded in the commissioning process
- On-going commitment from the Social Care Development Centre and Case Management Teams
- Structured provision of skills training for provider’s employees which better assures service quality in the future
- Providers appreciation of the quality, availability and affordability of the training
- Improved communications and relationships with providers

**Costs and Resources**

- Initial and on-going commitment from the Employee Development Unit/Social Care Development Centre, Case Management Teams and the Adult Commissioning Team to work together to identify, develop and implement.

**Key Learning Points**

- Greater lead-in time
- Requires effective project management approach to assure focus, understanding, resource availability change control and contingency planning.
Key Participants
- Employee Development Unit/Social Care Development Centre,
- Case Management Teams
- Adult Commissioning Team
- Community Mental Health Teams
- Learning Disability

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To personalise mental health support services by increasing market choice and enhancing opportunities for mental health services to design their support packages to recovery

Worcestershire County Council

<table>
<thead>
<tr>
<th>Productive Relationships</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accessible providers</td>
</tr>
<tr>
<td>Robust Intelligence</td>
</tr>
<tr>
<td>Provider Stimulus</td>
</tr>
<tr>
<td>Active Maintenance</td>
</tr>
</tbody>
</table>

**Approach**

- A well planned commissioning approach using evidence based methodology, the incorporation of the Recovery Star outcomes framework and Bridge Builders models, in the design of the new service.
- Procurement of new providers using the Planning Economy and Performance (PEP) strategic grants programme team.
- Promoting choice through commissioning a menu of providers for service users
- A hub service providing bespoke care planning incorporating a user focused recovery tool.
- Market was stimulated to provide innovative proposals which address barriers to recovery and provide the skills to move people on.
- Early awareness of the recovery / reablement agenda with key infrastructure organisations and providers through provider consultation/networking events regarding the strategic grants programme which were very well attended by the third sector.
- The early engagement of the Worcestershire Mental Health Partnership Trust to co-produce the new service design motivated key staff and provided a fresh impetus into Trust staff.
- Working with the Trust’s business managers to deliver some workforce development activities to enhance awareness in key teams.
- Involvement of service users at every key stage in the development and commissioning of the new model.
- A group of service user champions who helped challenge the negative views and concerns of other service users as they arose, paving the way for a smoother transition.

**Key Outcomes**

- Commissioning of cost-neutral reform of traditional day centre activity across the county
- Engagement and networking of providers (including provider forum, blog, training sessions to ensure support across the market from the outset)
- Planning the integration of personalisation and choice into service development process with the transition to mainstream Choice and Control pathways planned from the outset
- Transition of service users to new services by capitalising on service user ‘champions’ and service user motivation towards change
- Supporting service users recovery and community integration through the provision of bridge builders
- Development of peer support groups and self help groups of those service users who were ineligible for the service
- About 90% of service users were in support of the changes especially in the use of the recovery star.

**Costs and Resources**

- Cost neutral by service redesign within current expenditure.
The Hub service costs £150,000 per annum and £450,000 of Strategic Grants per annum for the procurement of new providers.

It was critical to ensure service users were involved in the process but resource intensive so capacity and time are key considerations.

**Key Learning Points**

- Start the awareness raising and consultation a lot earlier with both staff and service users.
- Have a robust communications infrastructure and plan. Establish networks and forums for service providers to join up their thinking towards the implementation of new services.
- Need for effective time and resource planning regarding: key milestones, consultation and communication, realistic timeframes and contingency management.
- Avoid making assumptions that all staff should be aware, knowledgeable and would embrace change.
- Effective transition planning. Plan effectively for the fall out when traditional services are decommissioned.
- Establish good support mechanism for all staff and service users to support or deal with change. Identification of those who were not in support earlier in the process and develop a plan to influence them.
- Contingency plan to address:
  - lack of support from statutory and non statutory sector staff
  - service user concerns

**Key Participants**

- Worcestershire County Council; Worcestershire Mental Health Partnership Trust; Planning Economy and Performance (PEP) strategic grants programme team; Service Users; Service User champions; Care service providers;

**Background**

The main objective is to improve the take up in Individual Budgets and enhance personalisation in mental health service delivery. Where personal budgets have been evaluated in mental health the findings are largely positive and suggest that service users report a significantly higher quality of life (IBSEN, 2008, p.2) but to date the take up in Worcestershire for Adult Mental Health is low.

Historically across the county, day services for people with mental health problems have been delivered by a mix of both statutory and non statutory sectors and have not always integrated individuals into mainstream services, often keeping users in secondary care for life. The structure of the new process was the commissioning of an interim "Reablement Hub" to undertake creative care planning with service users using the Mental Health Recovery Star and link to a newly commissioned menu of support. The Recovery Star is a tool which enables service users to work with professionals to clarify personal outcomes, assess barriers to recovery and agree a support package to overcome these. This tool facilitates choice throughout a service user journey and can be linked to an individual budget to maximise competition in delivering personalised outcomes.
The hub is managed by the local Mental Health Partnership Trust to ensure strong links to Community Mental Health services, the Care Programme Approach and other statutory review mechanisms. The Trust is an integrated health and social care provider and commissioning the hub service from them strengthens and maximises transition to Worcestershire's mainstream choice and control programme.

To facilitate a menu of options that promote recovery a number of strategic grants have been awarded which provide "bridge builder" services; i.e. those that navigate and support service users into mainstream services (a model reviewed in "About Time – Commissioning to transform day and vocational services" Sainsbury's Centre for Mental Health, 2008). These grants also link to the Mental Health Recovery Star and enable service users to visually work through where they have support needs and assess their progress against meeting these.

**Service User Engagement**

Service users were involved at key points in the process of both developing and commissioning of the new model. 126 service users were consulted from across the county (facilitated by Mental Health Action - a local Service User network) and this enabled ascertaining the support required for service users in relation to the proposed changes. About 90% of service users were in the support of the changes especially in the use of the recovery star. As a result service users were motivated to become involved in the evaluation of the Strategic Grants applications and allocation of funding. A draw of names was made to select 6 service users to sit on the evaluation panels as the interest was so high. This involvement continued through to the final strategic planning sessions where decisions were made around grant award. Service users therefore co-owned and signed off all decisions. This group of service users became champions who helped challenge the negative views and concerns of other service users as they arose, paving the way for a smoother transition.

**Provider Engagement**

Early provider consultation/networking events regarding the strategic grants programme were very well attended by the VCS. This built awareness of the recovery / reablement agenda with key infrastructure organisations and providers, supported the development of networks/forums, ensured engagement and established key links with the MH Trust and commissioners from the outset.

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To support and strengthen Third Sector care organisations to address change and respond to market opportunities.

Staffordshire County Council

Productive Relationships
Provider Stimulus
Active Maintenance

**Approach**

- Undertook, evaluated and proved a pilot scheme during 2010 which provided qualified business mentors to a range of third sector care-related organisations to
  - develop their business management skills and capacity to deliver services;
  - ensure each Mentee Organisation is better prepared to deliver personalisation through activities such as marketing, charging policies, brokerage opportunities etc.
  - deliver on Staffordshire’s Personalisation Agenda and to create ‘An Environment for a Thriving Third Sector’
- Following the pilot, a specification (available from the lead contact below) was produced for the contracting of such a Mentoring Service which has been awarded for 2 years (with an option to extend for up to a further 2 years). This contract commenced in April 2011.

**Key Outcomes**

- The contract provides at least 40 hours support a month to at least 12 mentee organisations at any one time.
- Increase in the security of current services and development and expansion of new services
- The pilot has proven the approach and informed the contracting process, which will be of interest and benefit to other commissioning authorities with similar concerns and intentions, perhaps avoiding their necessity to undertake a similar pilot.
- A ‘model’ specification which will assist other authorities to contract similar arrangements.

**Costs and Resources**

- The 8 month pilot cost less than £10,000 and the contracted service has been tendered for £30,000 per year for 2 years.

**Key Learning Point**

- Need clear understanding and commitment of the whole commissioning organisation.
- Ensure the mentoring service is focused on a manageable number of relevant organisations.
- Clarify how the scheme relates to other third sector support organisations.

**Key Participants**

- Staffordshire County Council, Age UK South Staffs, a range of small, third sector care-related organisations.
Background
Staffordshire County Council wanted to prepare for personalisation and its impact on the third sector organisations by providing support and strengthening to assure greater sustainability of those organisations preventing specialist small organisations to fail or fall out of the social care marketplace. The principal aim was to develop the business management skills of third sector organisations (“the Mentee Organisations”) to help them improve their capacity to deliver on programmes such as the Staffordshire Personalisation Agenda and also to assist in creating ‘An Environment for a Thriving Third Sector’ (which is a priority within Staffordshire’s Local Area Agreements 2008 – 2011).

The Scheme
The principal requirements are to provide an outcome focussed service which will result in Mentee Organisations being supported (as far as reasonably practical) via the provision of support and mentoring to:

- develop their business management skills;
- develop their capacity to deliver services;
- develop their services to support the Council’s Personalisation Agenda;
- assist to create an environment for a thriving third sector.

Support is provided for up to 12 mentee organisations at any one time through a minimum of 40 hours of support per month (inclusive of time spent providing face-to-face mentoring, writing reports and the provision of administrative and management support).

Mentoring Provision
The key roles of the mentors are:
1. to deliver support to organisations which deliver services to diverse minority groups and align with current equalities legislation;
2. to gain an understanding of how each organisation functions and the source(s) of its current funding (to include funding for the training and development of staff and whether support is received from partnership working with Staffordshire Social Care Workforce Partnership (SSCWPF));
3. to provide practical solutions and support to help each organisation to develop further in the future;
4. to evaluate each organisation’s structure and current services and identify if these are still fit for purpose;
5. to produce a business/action plan in conjunction with each organisation that will develop the organisation and address business areas such as:
   a. their mission statement;
   b. their vision structure and management;
   c. the areas of service provision the organisation wishes to deliver which could help support delivery of the Personalisation Agenda;
   d. financial and funding systems (including the development of charging policies for service users, if appropriate, who may wish to fund the receipt of their services via a personal budget, as well as support to capitalise on other external funding opportunities);
   e. capacity issues;
   f. human resources and work force planning and training/development, including the recruitment and retention of local volunteers;
   g. organisational policies (e.g. health and safety);
   h. risk management;
   i. marketing and publicity;
   j. opportunities for partnering activities with other similar organisations (e.g. training, business development, sustainability);
   k. business contingency planning;
   l. further expansion or development of social enterprises or user-led organisations, as appropriate;
m. signposting to other support opportunities available across the Contract Area, e.g. through Staffordshire Consortium of Infrastructure Organisations (SCIO), Staffordshire Social Care Workforce Partnership (SSCWP), Social Enterprise West Midlands, etc.

6. to establish an Action Plan with SMART (Specific, Measurable, Achievable, Realistic, Time) objectives, outlining direction and deliverables, that is agreed by both the Mentor and the Mentee Organisation in question (with the support of Trustees/Management Boards);

7. to establish what support each mentee organisation is seeking and the agreed outcomes to be achieved;

8. to identify what level of support each mentee organisation is seeking;

9. to document what both mentor and mentee organisation are committed to during the period of time during which the organisation is accessing the Scheme;

10. to establish timescales within which identified Support tasks will be completed;

11. to identify what form support will take (e.g. one-to-one meetings, e-mail correspondence, telephone calls, etc);

12. to establish and develop each Mentee Organisation’s mission statement;

13. to develop each Mentee Organisation’s vision, structure and management;

14. to promote and develop areas of service provision that the organisation wish to deliver which could help support delivery of the Personalisation Agenda.

**Scheme Outcomes**

The required outcomes for mentee organisations from the provision of support are:

- an increase in financial stability;
- an increase in the number of external funding applications submitted;
- an increase in the security of services being delivered;
- the development and expansion of existing services provided;
- a planned expansion and development of new service provision;
- an increased profile (through marketing and media initiatives);
- a greater awareness is achieved of Staffordshire’s Personalisation Agenda and how it will impact and influence the future of each Mentee Organisation’s service delivery, as well as access to relevant training opportunities;
- each Mentee Organisation, where appropriate, is better prepared to deliver personalisation through activities such as marketing, charging policies, brokerage opportunities etc.

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**Quality Assurance Framework to evaluate compliance of providers to assure performance, improvement and delivery of outcomes**

Coventry City Council

<table>
<thead>
<tr>
<th>Productive Relationships</th>
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</thead>
<tbody>
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</tr>
<tr>
<td>Robust Intelligence</td>
</tr>
<tr>
<td>Provider Stimulus</td>
</tr>
<tr>
<td>Active Maintenance</td>
</tr>
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**Approach**
- Single tool to evaluate compliance of providers - monitoring on CQC and SPRU outcomes
- 6 monthly business check and annual contract review
- All providers monitored against the same outcomes and scoring is consistent across the market allowing provider comparisons
- Risk Management through additional monitoring / investigating throughout the year to respond to concerns and ongoing improvements with providers through Provider Escalation Panel
- Identifies opportunities for service consolidation and strengthening
- Informs the Training Strategy for providers

**Key Outcomes**
- 154 providers were subject to the process in 2010/11
- Areas of compliance evidenced and non-compliance are identified and addressed consistently
- 61% of Care Homes scored 90%+
- 72% of Home Support providers scored 90%+
- 14% of Day Services providers scored 90%+
- 55% of Housing with Care providers scored 90%+
- It challenges providers to demonstrate outcomes (to a certain extent)
- It is an understood process with provider acceptance
- Provides means of building relationships with providers to have constructive dialogue

**Costs and Resources**
- Cost neutral by refocusing contract officers

**Key Learning Points**
- Think through what you want to achieve and how you are going to use the framework
- Co-design with providers and users
- Recognise it is an evolutionary approach which will require regular co-design of framework improvements and response to new requirements
- Ensure sensible connection to other processes and requirements to achieve coherence and consistency and avoid duplication.
- Focussing on key information that demonstrates quality to providers, users and carers, and the Local Authority
- Be clear how you will utilise ‘soft’ data and intelligence
- Increased focus on user and carer involvement to gauge quality
- Develop profiles of organisations to give a ‘Value for Money’ and ‘total contribution’ picture
Identify common themes to organisations that can be acted upon and use to drive quality and mitigate risks

Aggregation of outcomes

**Key Participants**

- Coventry City Council;
- Service Users;
- Third Sector;
- Service Providers

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Engagement plan for the creation of a sustainable user-led Independent Living Centre (ILC) promoting independent living for disabled people

Solihull Council

Approach

- Visits to successful Independent Living Centres (ILCs) in other places were undertaken with a view to learning and illustrating role models
- Discussions on the findings of the visits
- Service users determined a preference for a wide number of organisations working collaboratively.
- Establish the Solihull Independent Living Consortium (SILC)
- Engagement Workshop to summarise progress to date, discuss directions and plan future action. Participants were council, Enable Solihull, council commissioners, managers from local third sector service providers working with disabled groups and older people, and representatives of service users.
- Next Steps determined
- Investigating possible council assets
- SILC presentation to the Solihull Council Asset Management Group

Key Outcomes

- Improved relationships and understanding
- A shared approach with determined next steps
  - Business plan
  - Identify council site
  - Undertake a skills audit for the consortium.
  - Set up a project steering group.

Costs and Resources

- Initial implement.

Key Learning Points

- This engagement activity has improved relationships and information sharing between commissioners and service users to encourage change.
- A user led centre potentially helps make real a new relationship between the state, providers and people who use services.
- It is possible to deliver on co-production through a User Led Organisation – this is a community based approach
- Productive engagement has been on-going over a period of time (of which events are only part) and relationships have been well established and formalised
• It is vital to recognise that social care is a shared agenda involving many stakeholders
• The consortium of 8 (see below for member list) is a manageable group
• It is important to work with existing services and not reinvent the wheel

Key Participants

• A recently formed partnership, the Solihull Independent Living Consortium (SILC), enables Council officers to work closely with ENABLE-SOLIHULL (a charity that represents disabled people and provides disability information) and other third sector organisations on plans to create a new user-led Centre for Independent Living, with the intention that it take over and manage a council site. SILC consortium members are: Enable-Solihull, Disability Information Advice Line (DIAL); Family Care Trust; Age UK Solihull; Solihull Care Ltd; Solihull Carers Centre; Solihull Life Opportunities (SoLO ); and Solihull Workforce in Care Development Agency (SWICDA).

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**Introduction**

User led organisations (ULO) organisations are run by and controlled by people who use support services. They have been identified as one of the key mechanisms for encouraging the participation of service users in the design, delivery and monitoring of services. ULOs are potentially significant participants in mobilising community capital and working with councils to develop local service provision that will enable people to exercise choice and control.

The consortium operates on a ‘hub and spoke’ approach with Enable-Solihull at the hub, supported in the delivery of services by the other organisations.

In May 2011 SILC held a workshop to share ideas and formulate plans with local third sector organisations, council staff and representatives of service users.

**Background**

*Putting People First* restated an earlier central government commitment to a user led organisation (ULO) in every local authority in England by 2010. The Department of Health supported the expansion of ULOs modelled on existing Centres for Independent Living’ (CILs), which represent disabled people’s views and provide services to promote independent living. In *Think Local Act Personal* (section 3.2.1) the Coalition Government has reiterated that councils should make better use of user-led, resources and consider partnership arrangements which might include Centres for Independent Living.

**Characteristics of ULO Centres of Independent Living**

The Department of Health (2007) produced design criteria for ULOs covering values, governance and minimum services. ULOs should promote the ‘social model’ of disability and have a management committee or board of which 50-70% must be people who use support services. A ULO can be a single organisation or a group of organisations. A minimum set of ULO services is:

- Information and Advice
- Advocacy and Peer Support
- Support in using direct payments and/or Individual Budgets
- Support to recruit and employ Personal Assistants
- Disability Equality Training
- Assistance with self assessment
- Support the implementation of the Disability Equality Duty by public sector organisations
Solihull Independent Living Centre

Aim
To plan for the creation of a sustainable a user-led Independent Living Centre promoting independent living for disabled people and providing the range of support and resources. CIL needs to provide services that can generate income from multiple income streams.

Main steps taken
Visits to successful CILs in other places were undertaken with a view to learning and offering role models

- **Southampton Centre for Independent Living** (SCIL), created in 1984, was one the first Centres for Independent Living in the country. It provides peer based services to support disabled people to live independently. In 2005 SCIL opened a facility where disabled people can access all their Independent Living needs under one roof. The centre also offers conference facilities and rents accessible office space to organisations providing complementary services.

- **Ideal for All** Independent Living Centre in Sandwell, was established in the 1990s originally as part of an asset transfer agreement. It is a focal point in the area with a lot of organizations and many services in a plush building ‘all singing all dancing’. Apart from the traditional information and advice services, the centre also provides social activities regardless of the individual’s disability. Space is rented to providers to generate income.

- **Mercian Ability Partnership (MAP)** was set up in Tamworth two years ago, It ‘started from scratch’ as there was no disability group there. TAM is much smaller than Ideal for All but runs a range of services out of a day centre. Income is generated mainly through access surveys (using the skills of the manager who is a qualified building surveyor).

Discussions at Service User Reference Committee Meeting, 28th April, 2011

This meeting discussed Ideal for All and the Mercian Ability Partnership. Overall, the service users were in favour of a wide number of organisations working collaboratively. Participants observed that many of the services already exist in Solihull, but not the focal points. They particularly liked the range of services offered by Ideal for All, noting that some of the activities are not available in Solihull and others only available to condition specific individuals. Ability to generate an income was felt to be precarious in the case of MAP with over reliance upon one individual.

Engagement Workshop, 26th May 2011

The half-day workshop was led by council staff and Enable Solihull. Participants were council commissioners, managers from local third sector service providers working with disabled groups and older people, and representatives of service users. The purpose was to summarise progress to date, discuss directions and plan future action.
Summary of Engagement workshop
Presentations were given on ‘role model’ ILCs and on ULO policy agenda and the DH Criteria
Comments on role model ILCs

Reflections on the DH list of minimum services
Nothing for carers is on the list - that is a very important omission
Support networks and social aspects
Welfare benefits advice
Employability
Volunteering opportunities
Stress the huge importance of advocacy
Remember this is meant to be a ‘minimum’ list

Comments / discussion points from break out groups
Users wanted to talk about information about services. Some called for a ‘simple database for services’ with everything, always kept up to date. Information needs to be available in various formats (on-line, paper, face to face) and in all sorts of venues eg clinics. Some offered the idea of volunteers keeping service information up to date.

Some ULOs struggle with meeting the requirement for 50 – 70% service users because of experience and skills.
Services needed must shape the venue – not the other way round
Provide services that can generate multiple sources of income to make the ILC sustainable – look at ‘social enterprise’ models
Make it very clear that the ULO is open to self-funders
Branding should be inclusive (eg some older people will not access services they think are for disabled people)
A CIL must link with other service developments in Solihull ensuring that resources are effectively linked together where possible.

Next steps
Business plan
Identify council site
Undertake a skills audit for the consortium.
Set up a project steering group.

Investigating possible council assets

Council property services have been asked for a list of sites
Workshop participants from the council and Enable Solihull stressed the importance of ‘One front door’. Some users and TSOs thought the geography of the borough was against a single site as there is a north/south split and location in one part would be difficult to access from the other. The idea of a hub and spoke model was suggested but some thought that would be little more than a referral service.

**SILC presentation for the Solihull Council Asset Management Group – 30th June**

The meeting was successful (confirmed in a follow up phone call to Michael Glynn, Personalisation Programme Manager, Solihull Metropolitan Borough Council). The committee wants a more detailed business plan. A site remains to be found.

**Reason for approach**
SILC was formed as a partnership of third sector organisations on the basis that it would facilitate joint bids to provide health and social care services that would be beyond the capacity of any individual organisation.

A consortium led by Enable Solihull will qualify as user-led according to DH criteria because Enable Solihull is user led (even if other consortium members are not)

**Key Learning Points**

- The engagement activity in Solihull about the ULO is an example of both sharing information and encouraging change.
- A ULO centre potentially helps make real a new relationship between the state, providers and people who use services.
- It is possible to deliver on co-production through a ULO – this is a community based approach
- Productive engagement has been on-going over a period of time (of which events are only part) and relationships have been well established and formalised
- It is vital to recognise that social care is a shared agenda involving many stakeholders
- A consortium of 8 (see above for member list) is a manageable group
- It is important to work with existing services and not reinvent the wheel

**IPC Market Shaping Stages**: at present the Solihull ILO fits ‘market intervention’ (interventions intended to deliver the kind of market believed to be necessary a community). Next steps would move towards ‘market structuring’ (give the market shape and structure trying to achieve outcomes agreed, or at least accepted).
Appendix 1: Participants

ENABLE-SOLIHULL is a charity that represents disabled people in Solihull. It provides disability information and guidance and undertakes surveys and consultations. The charity is ‘user-led’ with disabled people represented on the board as well as in the workforce and as volunteers.

The Solihull Independent Living Consortium (SILC) formed in January 2010 is a partnership of organisations involved in providing health and social care services in Solihull. There is a formal Memorandum of Understanding along with agreements between partners and ENABLE-SOLIHULL as the lead body. There are 8 partners covering most disabilities. It is not intended that this group will act as an exclusive club but it will actively seek to work with other organisations where this is in the interests of service users.

Solihull LINk - SILC has a 12 month contract from the council to host and support Solihull LINk (Solihull Local Involvement Network). This is a network that aims to find out the views of local people on health and social care services, and campaign to improve services.

Members of Solihull LINk: Solihull Life Opportunities, Age UK Solihull, Solihull DIAL, Solihull Care Ltd, Solihull Carers Centre, Family Care Trust and SWICDA (Solihull Workforce in Care Development Association).

Solihull’s Service User Reference Committee (SURC) is a sub group of ENABLE-SOLIHULL
Establishing productive relationships to stimulate providers to identify challenges, opportunities and solutions for delivering commissioning intentions

Warwickshire County Council

**Approach**

- Establish ‘Commissioning Intentions’ through engagement with service users, carers and other stakeholders.
- Develop service-based ‘Provider Forums’ to bring together local and strategic commissioning with the supplier market. This had helpfully been preceded by a successful skills brokerage programme which was seen as an important component in widening and deepening the engagement between providers and commissioners.
- Promote the Resource Directory, personalisation, Personal Budgets and Direct Payments at each forum to enable providers to start working collaboratively in a competitive market to identify their response.
- Once dialogue with the provider sector has been effectively established it is intended to bring provider and user perspectives together.

**Key Outcomes**

- A ‘Meet the Buyer’ event was held in August 2011 for the adult social care managers to introduce their Commissioning Intentions for 2011-2014. Challenges and opportunities for each service type were identified for more detailed consideration at the respective ‘provider forum’.
- ‘Provider Forums’ were initiated in September 2011 for Residential Care, Mental Health, Home Care, Supporting Independence & Supported Housing and Day opportunities.

**Key Learning Point**

- Effective commissioner:provider engagement to generate shared understanding and commitment is required before the development of a Market Position Statement can be undertaken.

**Key Participants**

- External registered and unregistered providers, Social Care and Support, Strategic Commissioning and the Market Facilitation Team.

**Contact Details for Further Information**

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Improving Quality within Nursing and Residential care

Walsall Council

Approach

- Meet with providers to discuss how to facilitate productive and meaningful improvements in quality outcomes through the setting up of a quality reference/working group made up of key PCT, Council and Provider representatives.
- Understand what quality issues providers currently face and what they would like to see in place to support them with quality outcomes improvements.
- Determine what good quality outcomes are from a provider perspective.
- Meet residents and relatives, conduct short interview style questionnaire, using tools from the ASCOT toolkit from PSSRU with both groups, looking at the following domains:
  - Control over daily life
  - Accommodation cleanliness and comfort
  - Food and nutrition
  - Safety
  - Social participation and involvement
  - Occupation
  - Personal cleanliness and comfort
  - Dignity
- Determine what good quality outcomes are from a resident/relative perspective.
- Consider a range of different techniques for assessing what those who live in residential care and their relatives think about the quality of care including peer assessment, customer satisfaction, enter and view role of the LINks and future role of healthwatch.
- Develop a clear, positive vision of quality outcomes in social care shared by providers, commissioners, procurement, senior managers, staff, users and relatives.
- Identify what is already in place which contributes to the vision.
- Identify any gaps and possible actions to address them.
- Report back to the quality board for consideration and action.

Key Outcomes

- Raise standards
- Document improvement
- Codify and quantify “local” quality indicators

Costs and Resources

Key Learning Points
Key Participants

- Local authority
- PCT
- Service Users
- Relatives
- Key local providers
- Local Faith groups

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