



Report title: Glasgow City Social Care Provider Event (November 2016)

Date: January 2017

1. Purpose

- 1.1 The purpose of this report is to present feedback from the provider event for providers of purchased social care services held on Wednesday, 30th November 2016.

2. Background

- 2.1 Twice a year the Chief Officer of the Glasgow City Health and Social Care Partnership hosts an event for providers of purchased social care services. The events are designed to offer providers the opportunity for face-to-face dialogue with Partnership staff in an effort to foster a collaborative relationship with the private and voluntary sectors and to promote openness and transparency with our sector colleagues. The purpose of the events are:

- to share relevant information with service providers;
- to update providers on transformation programmes or projects;
- to bring providers together from across the sector to network/share ideas;
- to consult and collaborate with providers on key pieces of work and
- to listen and respond to concerns and questions providers have.

- 2.2 The Provider Event was well attended with approximately 140 delegates representing 90 Provider organisations who deliver a broad range of services across Glasgow in attendance.

- 2.3 The Partnership was represented by a selection of officers and Heads of Services from Commissioning, Care Management and Business Development.

- 2.4 The agenda for the day was varied and topical; focusing on an update on Health and Social Care Integration; Transformational Change; the Scottish Living Wage/ National Minimum Wage and discussion on the GCHSCP Transformational Change project "A Review and Reform of Social Care Contracts and Delivery of the National Minimum Wage 2020".

- 2.5 The morning was started with three presentations from David Williams, (Chief Officer, GCHSCP); Sam Smith (Director, C-Change); Aileen Brady (Head of Practice & Development, Inclusion). The presentations which focused on implementing change were well received and provided a stimulus for lively and engaging debate during table discussions that followed.

- 2.5.1 Following the discussions there were structured table discussions (facilitated by Partnership staff) designed to explore points raised in the presentations and relevant to the subject matter. Inspired by the presentations, provider organisations shared their experience and knowledge on how they continue meet the challenges of implementing the National Minimum Wage/ Scottish Living Wage and of implementing change in their own organisations.

2.6 The morning was rounded off with a Question and Answer session with David, Sam and Aileen elaborating further on some specifics in relation to their presentations and also addressing the queries from the delegates.

3. Presentations

3.1 There were three presentations delivered during the event. This section details some of the content.

3.2 Health & Social Care Update , David Williams, Chief Officer, Glasgow City Health and Social Care Partnership

3.2.1 As the Chief Officer, David Williams started the event with a brief update on the latest progress in the integration of health and social care services in Glasgow.

3.2.2 He presented and put into context some of the challenges faced by the IJB and the Glasgow City. For example, he described the challenges arising from demographic changes facing social care such as the projected 140% increase in people living over the age of 85 in the next five years.

3.2.3 David reiterated that the IJB has tried to avoid structural change and instead focused on doing what is right for the people in the city. Where structural change has occurred, or is to occur, this had to be undertaken for the right reasons.

3.2.4 Within this context David described some of the projects and work undertaken by the IJB such as:

- Review and reform of Occupational Therapy
- Major investment in strategic approach to technology enabled care
- Major investment in supported living and accommodation based strategy
- Proof of concept work with provider organisations
- An integrated out of hours health and social care provision
- Continued redesign of sheltered housing to more supported living complexes, a more personalised approach
- Safe Injecting Provision

3.3 Preparing and Delivering Change, Aileen Brady, Head of Practice & Development, Inclusion

3.3.1 Similar to David, Aileen placed the need to deliver and manage change within in the context of recent developments affecting social care, such as:

- The Scottish Living Wage
- National Minimum Wage
- Sleepovers
- Evolving service delivery

3.3.2 Aileen then went on to discuss some case studies involving young people and families in crisis and service users requiring sleepover support. While sharing some of the challenges these cases provided, Aileen also shared Inclusions' learning from them and how the planned changes helped evolve service delivery, producing enhanced outcomes for service users and making savings for the contracting local authority.

3.4 Preparing and Delivering Change, Sam Smith, Director, C-Change

- 3.4.1 Sam placed the changes within her own organisation and how they were shaped within the context of “forward and progressive legislation such as the “SDS Act” and “Adults with Incapacity”. She reiterated the need to focus upon what matters most to the person and the savings may follow. Organisations can create the conditions for people to flourish by focusing on their assets.
- 3.4.2 The discussion then moved on to consider the lessons learned by C-Change on implementing change. These included: a willingness to persevere through difficulties; to maintain a focus on citizenship and empowerment; to think creatively and make use of outside consultants where necessary; focus on community; and make technology work for the organisation. Finally, she opined that cutting costs does not necessarily equate with poorer service for service users.

4 Feedback from table discussion

- 4.1 The table discussions produced a number of key themes. The first of which was in relation to the commissioning and tendering process.
- 4.1.1 It was widely thought that smaller organisations are disadvantaged by the current tendering process. This is for a number of reasons: the tendering process isolates providers but at other times the organisations are expected to be partners and work collaboratively. Tendering can be challenging for small organisations as it is possible for all the SMT to be involved in the exercise thus taking them away from other duties.
- 4.1.2 Time limits on tendering exercises can be challenging with tight timescales.
- 4.1.3 Some of the smaller organisations stated they need support for tendering.
- 4.1.4 Discussions reflected that the need to do the procurement and commissioning process differently. It was thought by some providers the current arrangements stifle creativity.
- 4.1.5 In order to commission for positive change participants felt there was a need to:
- Involve key stakeholders to agree a joint vision and strategy (including Service users)
 - Procurement activity that has provider collaboration central and allows for creativity.
 - Need to adopt a solution oriented approach.
- 4.2 There is a recruitment crisis in social care for many providers and a strategy to tackle this problem should be explored.
- 4.3 There continues to be some confusion and misunderstanding for organisation and practitioners between outcomes and outputs.
- 4.4 There is a need to facilitate a shift in culture to become risk averse and adopt a risk enablement approach. Risk needs to be a partnership approach involving the GCHSCP, providers and service users. It was recognised that the relationship with commissioning staff is paramount for delivering quality services.

4.5 The majority of providers stated they are engaged in transformational change and have an understanding of the issues and lessons arising from this. There is a desire to move the conversation forward from transformational change as this has been covered adequately in previous provider events.

5. Feedback from anonymised survey

5.1 To inform this report and also evaluate the event an anonymous questionnaire was sent to all providers and individuals who attended the event. Of those who were contacted 25 responses were received.

5.2 Overall, communication and engagement with provider organisations prior to the event was viewed positively by those who submitted responses. The majority of respondents thought the topics for the agenda were interesting.

5.3 The majority of respondents (80%) reported that the quality of table discussion and facilitation was either good or excellent. This continues to be one of the strengths of the provider event and one aspect which is highly valued by organisations. Providers appreciate the opportunity to network with other organisations and to discuss challenges and concerns affecting their organisation to find common cause and seek solutions.

5.4 A number of providers advised they would like more time for the question and answer session and also to have the opportunity to submit questions anonymously prior to the event.

5.5 Some respondents noted they would like to have a clearer sense about how the discussions, questions and presentations at the provider event feed into the strategic plan and also shape future actions undertaken by the Partnership. In summary, a statement summarising what providers said and what the Partnership did in response.

5.6 Finally, 74% of respondents thought the event was useful or very useful. Table discussions and the opportunity to network are highly regarded.

5.7 Respondents advised that future agenda items they would like to see considered are:

- Presentation on change management skills
- Detail on how tender processes will work and what commissioners are looking for in a good tender. In addition, ideas on what to preparation organisation could do to ensure their tender are ready.
- Examples of collaboration between providers and GCHSCP and any innovative work.
- A focus on supporting the council to achieve its outcomes and how providers can help with that.
- Exploration and discussion of "Alliance contracting".
- More input from health