

# Lancashire Learning Disability Preferred Provider Scheme

**Provider Briefing and  
Consultation Events  
July 2014**

# Welcome

- Introductions
- Refreshments and facilities
- Fire exits
- Signing in
- Copies of slides

# Purpose

- Ensure all providers operating in Lancashire are aware of the plans to review the Learning Disability Preferred Provider Scheme
- Produce an options appraisal and detailed recommendations for ensuring the effective commissioning and procurement of good quality and affordable domiciliary care for people with a learning disability from June 2015

# Process

Project Board established-Project Sponsor, Terry Mears with representation from Contracts, Business Intelligence, PSC, Finance and Commissioning. Project leads identified-Ian Crabtree, Sam Leonard

We will have ongoing links with ;

- County Quality group
- Partnership Boards
- Provider Forums
- Self Advocate Forums/ Networks
- Family forums / Networks

# Current Preferred Provider Scheme

- Originally set up in 2007 and revised in 2010 to monitor quality of Learning Disability services including domiciliary care, residential care and day services
- It was developed in partnership with Providers and Partnership Boards
- It has not been monitored since 2010
- Reduction in LCC and contracts capacity to monitor a large number of providers
- Current arrangements are 'Preferred Provider' Scheme, extended until June 2015

# Background Policy

## *Valuing People Now (2009)*

Set out for LA's and services to;

- Redesign their systems to give more people control over their support and allow them to use resources available more flexibly.

Greater Personalisation means;

- Commissioners changing how they work and what they decide to buy, and getting better at listening to people
- Providers working differently , in particular by setting up new types of services around individuals rather than groups

# Quality Issues

## *Driving Up Quality Code established 2013*

These code has 5 outcomes they are ;

- Support is focused on the person
- The person is supported to have an ordinary and meaningful life
- Care and support focuses on people being happy and having a good quality of life
- A good culture is important to the organisation
- Managers and board members lead and run the organisation well

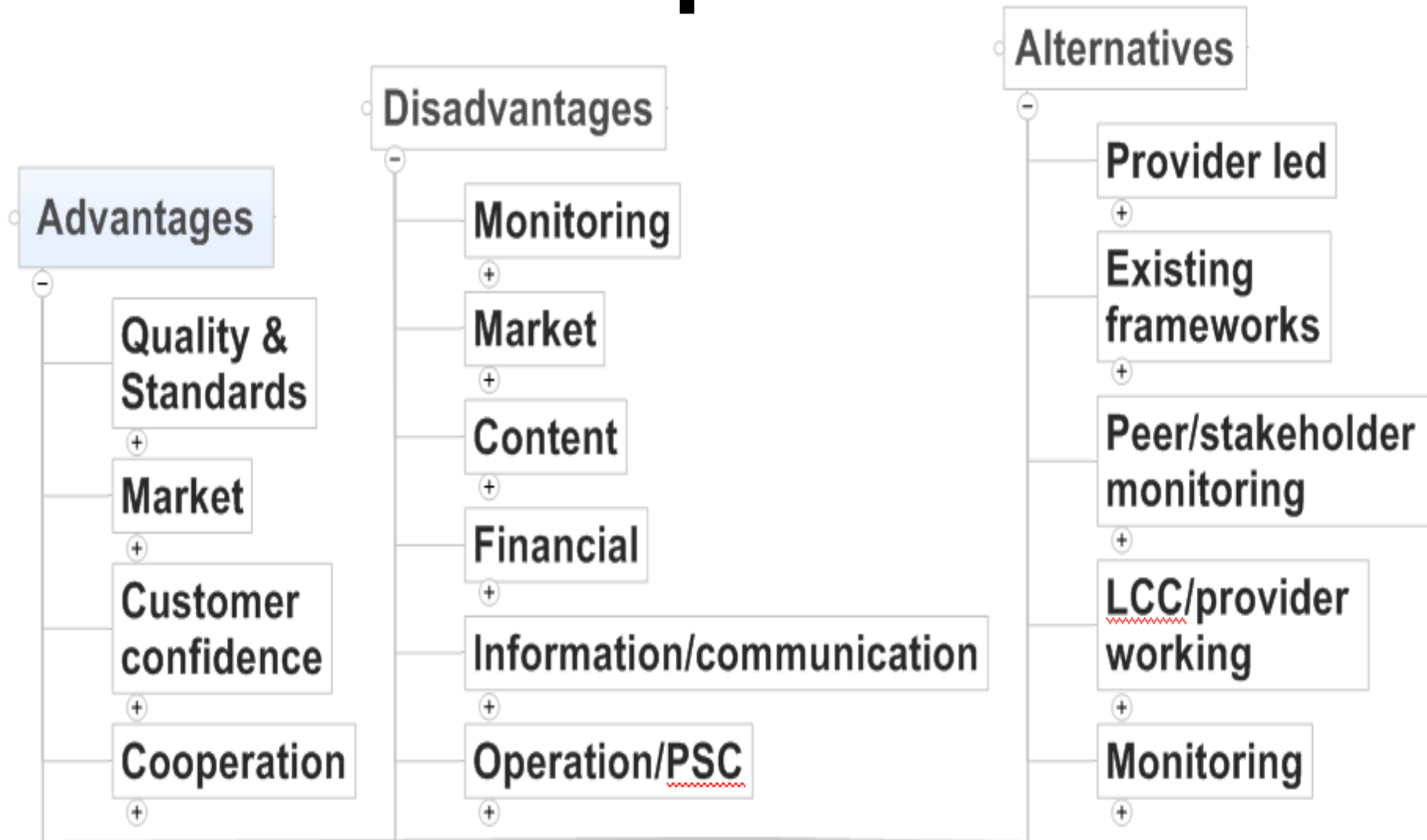
# Progress so far

- Project Board Established.
- Consultation workshops held in January 2014 with providers, self advocates, family carers and stakeholders. Also consulted with existing provider, self advocate and family carer forums.
- Questionnaires sent out March / April 2014. Responses collated May/ June 2014.



# Workshop feedback

# Workshop feedback



How can LCC & providers work together to meet the financial challenge?

- Variable Hourly Rates
- + Transparency and trust on all sides
- + Contracts
- + Community support/minimising need for paid support
- + Stakeholder communication and relationships
- + Best use of specialised services
- + Speedy decision making and reassessment/less red tape
- + Clear understanding of cost pressures with solutions
- + Sharing support and resources - buildings, training
- + Health funding
- + Collaborative problem solving
- + Remodelling
- +

work together more effectively while maintaining a competitive market

- Incentives
- + Using electronic media - blogs, web sites
- + Through LLDC
- + Providers cooperate to support individuals/groups
- + Working together for better access to universal services
- + More involvement with self advocacy
- + Sharing resource, costs and information
- + Working together to educate social workers about range of services
- + Level playing field
- + Reducing need for paid support
- + Contracts
- +

Workforce and provider challenges

- Pensions
- + Increased leave entitlement
- + Travel costs
- + Increase in wages/cost of employees
- + Staff turnover/recruitment
- + Tendering requirements
- + Compliance costs
- + Incentivising workforce
- + Staff training
- + New responsibilities
- + Increasing complexity of need
- + Other employment regulations
- + flexible hours
- + Changing expectations of service provided
- + other cost issues
- +



# Thinking about the Preferred Provider Scheme in Lancashire, as a provider: What have been the advantages of the scheme to you?

What have been the advantages of the scheme to you?	%
Quality & Standards	41
Market	28
Cooperation and communications	17
Promotes person centred services/person centred	10
Customer confidence	3

# What have been the disadvantages of the scheme to you?

What have been the disadvantages of the scheme to you?	%
Monitoring and time taken	63
Market	16
Content	16
Operational/PSC	5

# Can you think of any better other ways for Lancashire County Council to make sure your provision is good quality? If so, please outline them below.

Can you think of any better other ways for Lancashire County Council to make sure your provision is good quality?	%
Peer/stakeholder monitoring	31
Use existing frameworks	24
Monitoring	17
Provider led	10
LCC/provider working	10
Financial incentives	3
Advocacy	3

# How can we work together to meet the financial challenges facing Lancashire County Council and Providers

How can we work together to meet the financial challenges facing Lancashire County Council and Providers?	%
Transparency and trust on all sides	24
Sharing support and resources - buildings, training etc	24
Clear understanding of cost pressures with solutions	12
Collaborative problem solving	12
Variable Hourly Rates	8
Stakeholder communication and relationships	8
Speedy decision making and reassessment/less red tape	8
Remodelling	4

# What are the challenges you face to improve terms and conditions for your staff?

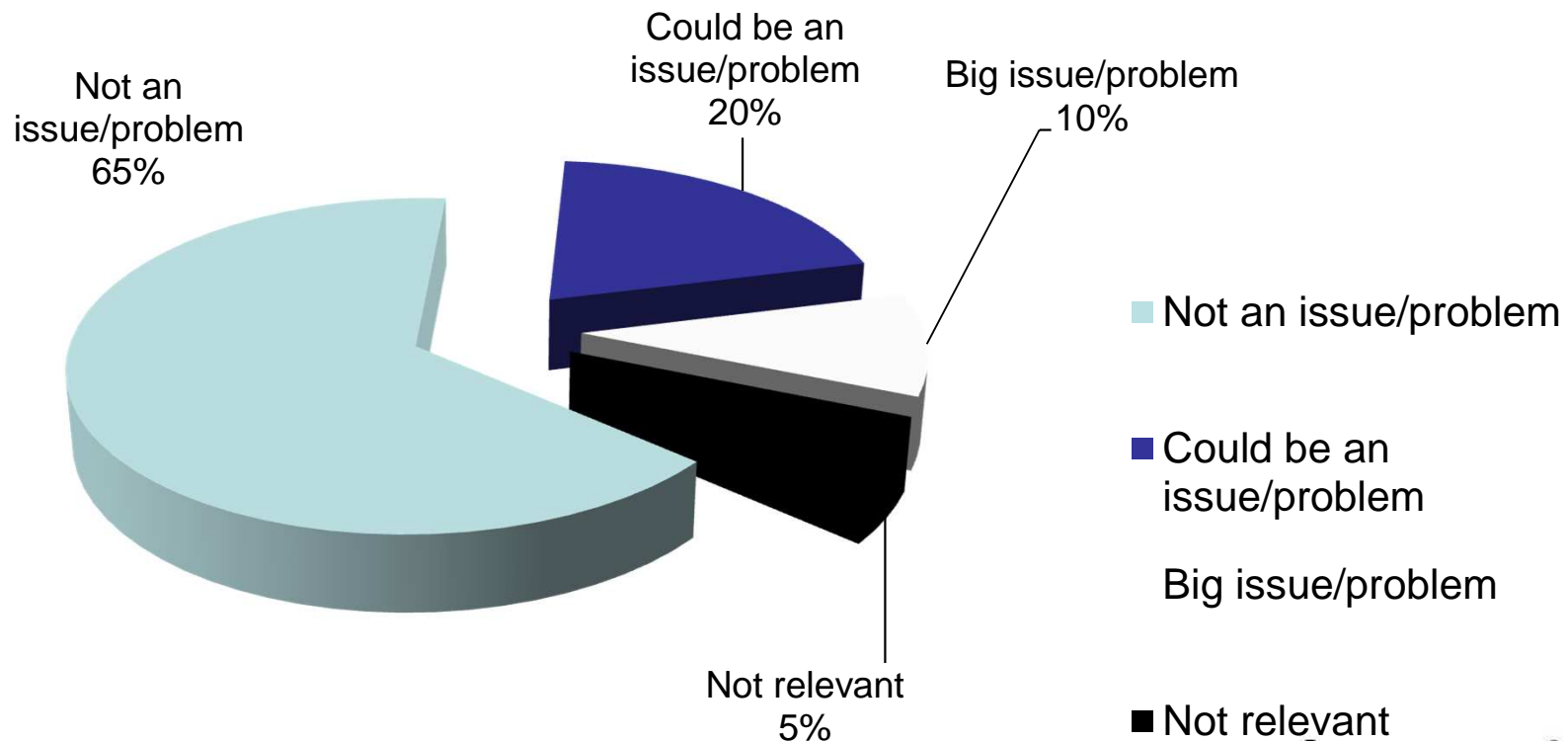
What are the challenges you face to improve terms and conditions for your staff?	%
Increase in wages/cost of employees	33
Staff turnover/recruitment	13
Other cost issues	13
Pensions	10
Incentivise workforce	6
Increasing complexity of need	6
Other employment regulations	6
Compliance costs	4
Staff training	4
Flexible hours	4
Travel costs	2



# Hourly rate

Question	Response	Number	Total
Willing to share hourly rate with LCC	Yes	17	21
	No	3	
	No response	1	
Willing to share hourly rate with others	Yes	10	21
	No	10	
	No response	1	

**We are exploring the possibility of providers working in defined local areas... If we move to this model of providing support, what do you think would be the impact on your organisation?**



# Some quotes from Self Advocates

**I do as much as I  
can by myself, I  
like to be  
independent.**

**There should be  
training for staff and  
the chance to  
choose staff.**

***I enjoy going to  
football with the  
staff.***

My provider  
gets me  
help with a  
speech  
therapist.

The provider  
could send staff  
who know about  
Autism.

**I can rely on my provider for  
everything, they are my  
friends.**

**They go out of their way to get information on topics I am interested in and help me plan coping strategies for stressful situations.**

**Provide advance notice when carers not attending rather than on the day.**

**Take me to  
the Library.**

Let me keep  
my privacy.

**They could provide more  
varied opportunities for work  
& social needs.**

# Group work



# Time for reflection

- Any surprises in the feedback from workshops & questionnaire?
- Any Clarifications?

# Feedback

# Break

# Our thoughts for 2015 onwards

Renewing Current PP Scheme is not an option;

- Too many providers to monitor
- Too many providers to choose from
- Too focused on paperwork
- Closes the market
- Recent tenders for specialist work had to go outside of current scheme
- Suggests Quality

# Option 1

- Option 1-Open market - no scheme

Advantages	Disadvantages
<b>Rely CQC standards &amp; Other quality marks i.e .Investors In People</b> <b>Allow other providers to work in Lancashire</b> <b>Widen 'choice' even further</b> <b>Allows for Innovation</b>	<b>No monitoring – Winterbourne factor</b> <b>No control of the market</b> <b>No consistency around quality measures</b> <b>No consistency around price</b> <b>Confusion for families and self-advocates</b>

# Option 2

- Option 2-Contract all services out in groups from end of current scheme using a framework

Advantages	Disadvantages
<p><b>Strategic Direction</b></p> <p><b>Poor Providers would not get through</b></p> <p><b>Ensure people can deal with all people and particularly those who are 'struggling'</b></p> <p><b>Any provider can bid for new work</b></p>	<p>Major disruption</p> <p>Lot of work as each tender would need to carry out a rigorous quality check</p> <p>Not be popular with families</p> <p>Does not encourage providers to work together</p> <p>Focus on cost</p> <p>Big Providers may dominate</p> <p>Lose providers who already operate in a geographical location.</p>

# Option 3

- Option 3-Carry out a an initial quality check followed by a phased roll out of where the support arrangements are grouped on a geographical/zonal basis . To be completed over a 2-3 year period based (**PREFERRED OPTION**)

## Advantages

Based on a number of people per area requiring support

Greater emphasis on relationships and linking with the surrounding community

Smaller number of providers per district – meaningful choice

Greater emphasis on quality

Greater emphasis on providers working together

Minimising ‘on costs’ and maximising shared support where appropriate

Providers working already in that area best placed to continue to provide services.

Mix of large and small locality zones

Quality Check completed and monitored

# Option 3

## Disadvantages

Change of support provider for some people

Change not always welcomed by families and self advocates

Fewer providers

Some providers may support less people/other providers may support more



# Group work



# Reminder

- The Preferred Provider list has 66 providers.
- No new ones are allowed to join.
- The list has lots of things we expect providers to do but it is not being checked.
- New list would have less Providers.
- It would be based on geographical areas.
- The new list might have some new providers.
- Some providers on the list now might not be on the new list.
- The list would have new things we expected providers to do based on your feedback.
- The new list will be monitored.

# Your views on the Preferred Option?

Working/ Not Working about  
this option

# Feedback

# Procurement issues- what providers can be doing now?

Joanne Sherborne

# Procurement Update

It is proposed that the procurement process for the new framework will be carried out in 2 stages:

PQQ (Pre-Qualification Stage)

ITT (Invitation to Tender Stage)

However this will be dependent on the outcome of the options appraisal.

# Key Procurement Dates (provisional)

Tender for new framework goes live/PQQ commences: **13/10/14**

Procurement briefing events: **20/10/14**

PQQ deadline:  
(6 weeks after PQQ commences) **24/11/14**

PQQ results announced:  
(6 weeks after PQQ deadline) **29/12/14**

# Evaluation Criteria for PQQ (proposed)

Main areas expected to be covered:

- Professional and business standing ( eg any relevant convictions, legal financial issues)
- Financial standing (this may include a Dun and Bradstreet report and rating)
- Insurance requirements, Health and Safety and Equality and Diversity
- References and contract compliance



# Evaluation Criteria of PQQ

## (continued)

Technical capacity and professional ability- this is likely to include the following areas:

- a CQC evaluation based on most recent published report
- previous experience including supporting people with complex needs and challenging behaviour
- personalisation/person centred approach and risk management
- Maximising independence and maintaining relationships
- Integration with Health and other key partners
- Working in partnership with LCC
- Dignity and safeguarding
- Managing Change within your organisation
- Training and development

# Evaluation Criteria of PQQ (continued)

Technical capacity and professional ability- continued:

- Evidence of Remodelling & doing things differently (as in line with Valuing People Now 2009)
- Sign Up to *Driving Up Quality Code 2013* ( it is proposed that at the ITT stage an Action Plan will need to be submitted based on the 5 areas)

# Registering on new E-Tendering System

The Tender will be carried out on the new e-tendering system adopted by the Council therefore you will need to ensure you are registered on the new system:

- The new system is Oracle Sourcing which can be accessed via the new iSupplier Portal.
- Providers should have received a letter from the Lancashire Procurement Service regarding setting up on the iSupplier Portal.
- If you haven't, hard copies are available today and we can arrange for an electronic copy to be sent to you with the relevant hyperlinks included.

# Further Information

We will keep providers informed of any updates re the commencement of the tender, once the tender goes live, further information will be available via the e-tendering site and via the Procurement Briefing Events.

# Finance Issues

Andrea Bailey

# Next Steps

- Feedback is on the website to view
- Options appraisal July 2014 to Cabinet
- Involvement from providers re Finances
- Involvement in Key Performance Indicators
- Use of the feedback in the development of the Initial Quality Checks
- Use of the feedback in the Tender Documentation

# Thank you for listening

If you want to look at the feedback please  
see the website

<http://www3.lancashire.gov.uk/corporate/consultation/responses/response.asp?ID=229>