

# Lancashire Learning Disability Preferred Provider Scheme

**Stakeholder Briefing and Consultation Event  
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 meetings
- 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 OCL capacity to monitor a large number of providers

# 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 2013-in response to Winterbourne View*

These 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.



# Stakeholders

## Advantages

Control of who is on the scheme

Minimum standards of quality

Safeguarding

Clear what customers should expect

Independent oversight

market development

Cooperation between providers

Financial advantages

## Disadvantages

Lack of sanctions

Insufficient monitoring

Reduction of market choice

Lack of customer feedback

No recognition of specialist providers

Cost of monitoring

None PP less supported

System centred not person centred

## If there was no PR scheme

Service level agreements

self advocates/families monitoring

Statutory arrangements

Advocacy services

Provider arrangements

Person centred services

Better signposting

## Are there things support workers do for people

Lack of Positive risk taking culture

Assessing and planning

Domestic

Travel

Doing deciding & speaking for

Personal care

More use of assistive technology

More opportunities

## What should be included in PP?

Making use of advocacy

Engaging families

Engaging community

Promoting choice & independence

Competence with MCA

Staff training/development

Person centred approaches across everything they do

Provider collaboration

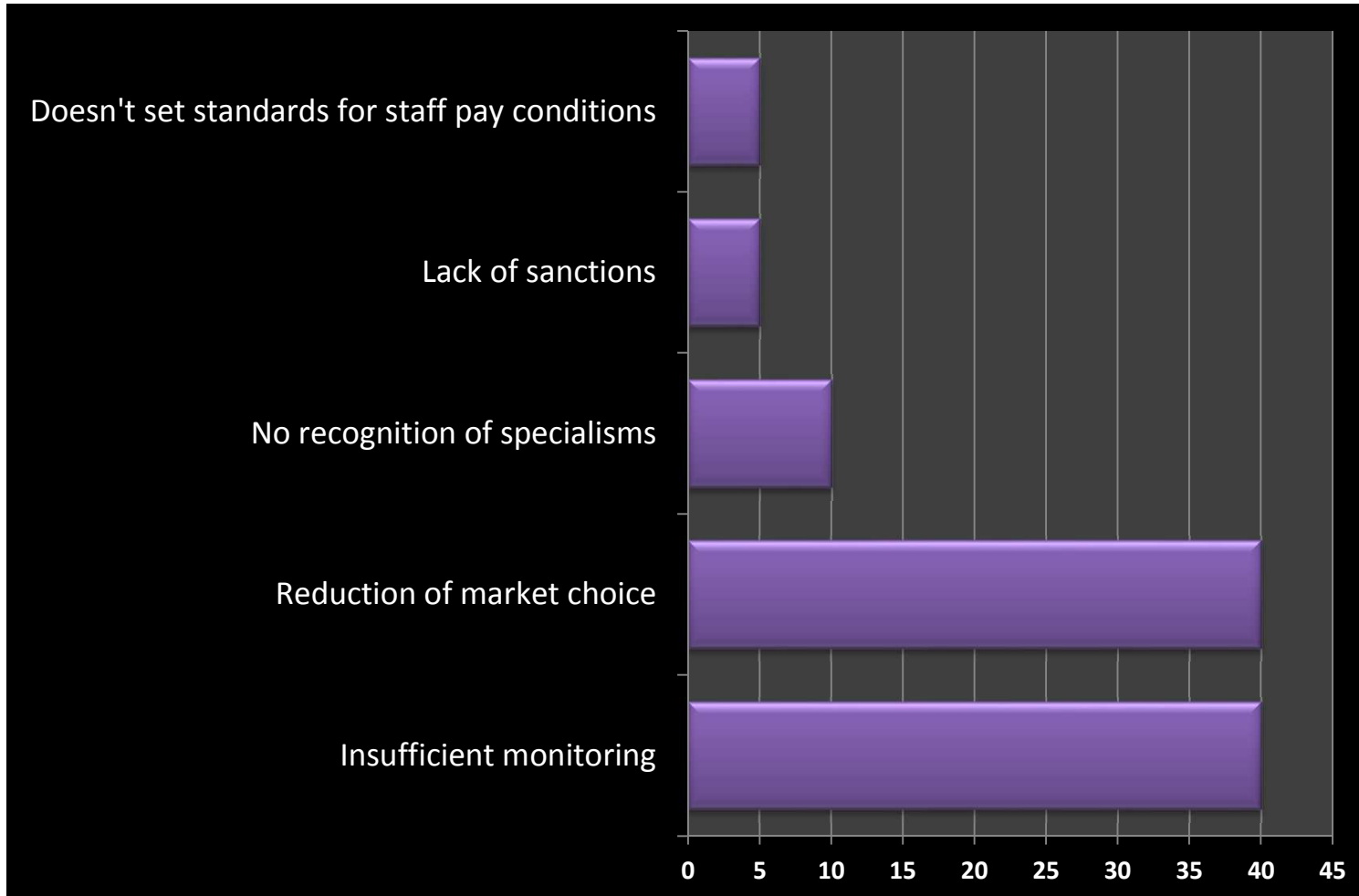
Stakeholder reviews -peer, SA, families

# Feedback from Questionnaire

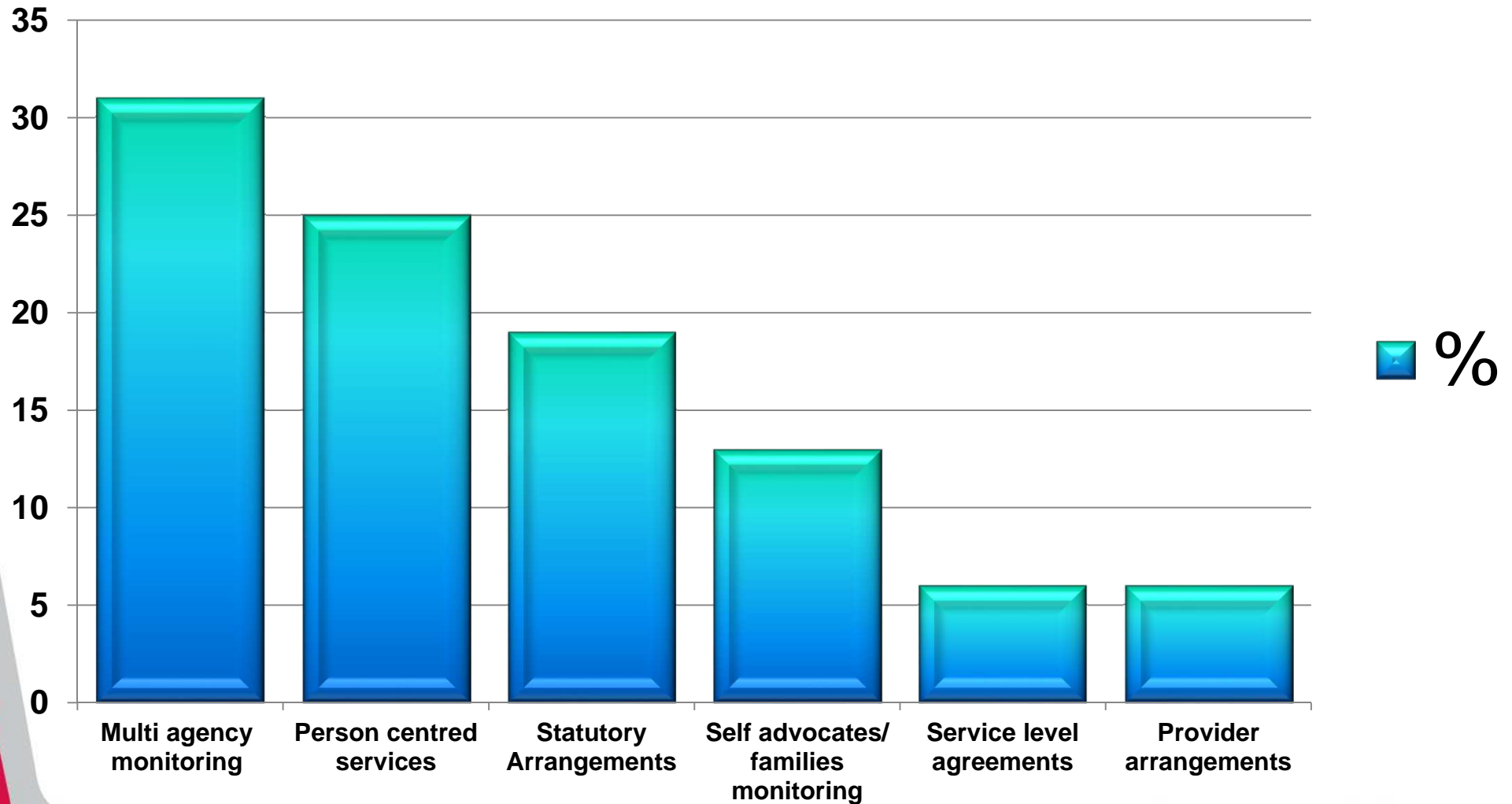
## Thinking about the Preferred Provider Scheme in Lancashire, as a stakeholder: What have been the advantages of the scheme?



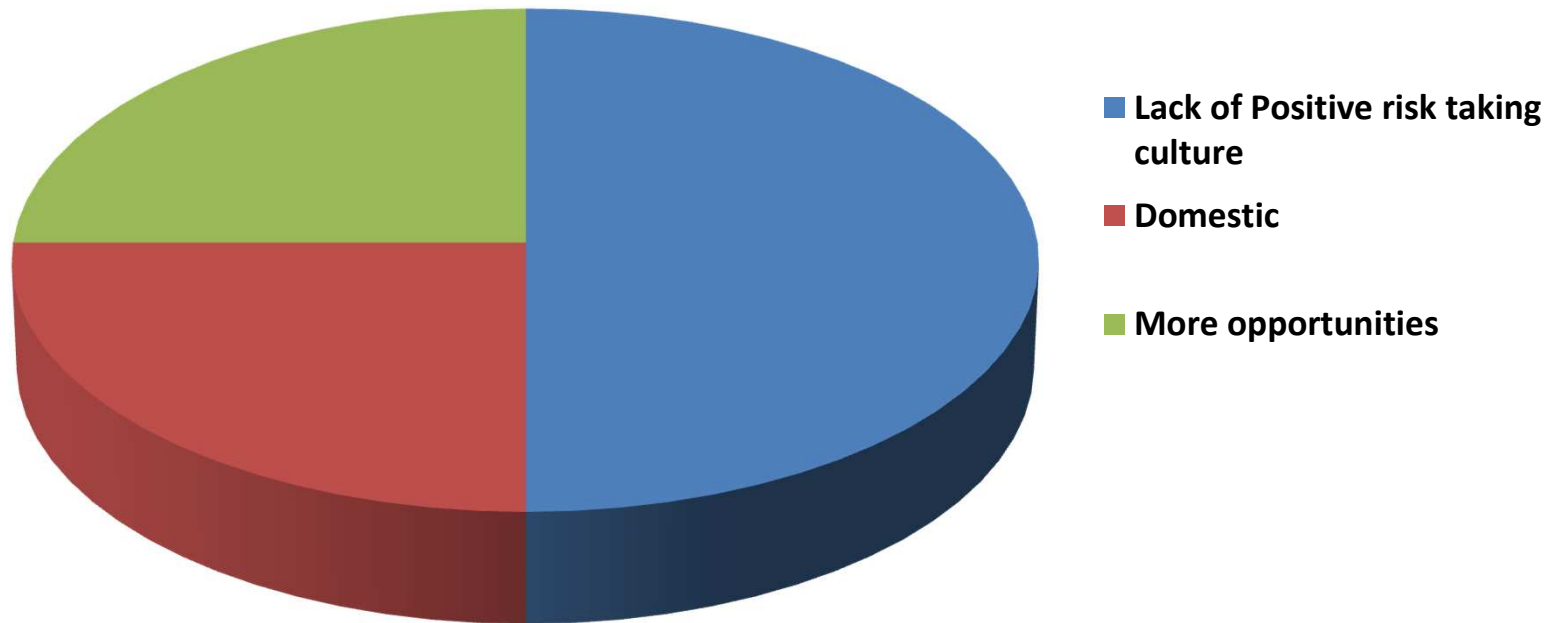
# What have been the disadvantages of the scheme?



## Can you think of any other ways for Lancashire County Council to make sure provision is good quality?

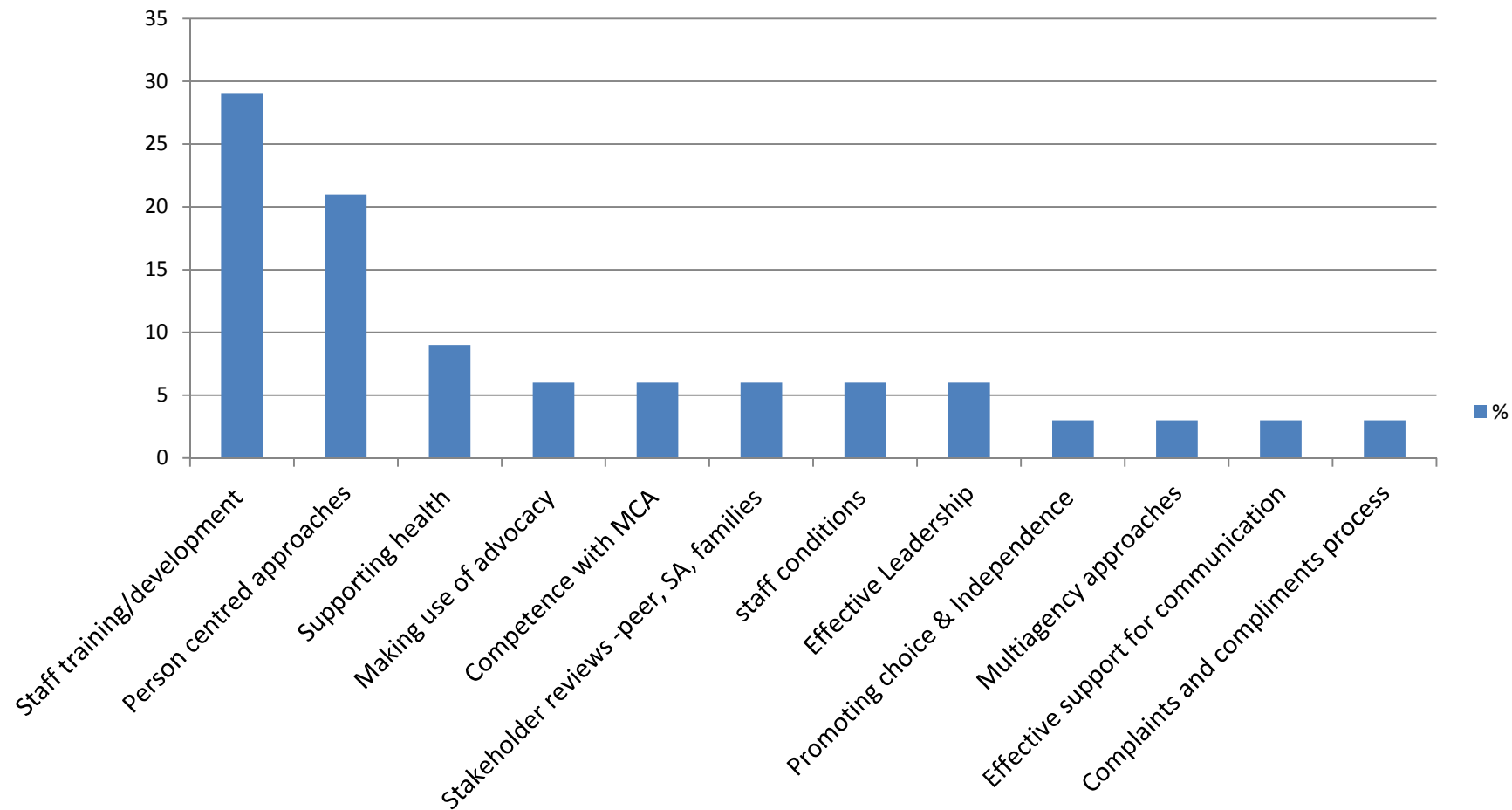


**Are there things that support workers do for some people with learning disabilities that you think they could do on their own?**



# Are there things that should be added to the list?

%



# 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

# 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