



Item No: 8

Meeting Date: Wednesday 18th April 2018

Glasgow City Integration Joint Board Performance Scrutiny Committee

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PROOF OF CONCEPT UPDATE AND FURTHER PROGRESSION

Purpose of Report:	The purpose of this report is to provide an update on progress made since reporting on the outcome of the Proof of Concept, and to outline how it will continue to be taken forward.
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Background/Engagement:	The outcome of the Proof of Concept was reported to the IJB following its planned completion in June 2017 . The Proof of Concept involved a range of Partnership and Council staff and five social care provider organisations to ensure a partnership approach to the development of co-produced proposals. There was also wider engagement with social care providers who the Partnership contractually engaged with at the time for social care services.
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Recommendations:	The IJB Performance Scrutiny Committee is asked to: a) note the contents of this report.
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Relevance to Integration Joint Board Strategic Plan:

The Proof of Concept is an opportunity to deliver transformational change in service provision, leading to positive health and wellbeing outcomes for Glasgow's citizens. It is particularly linked to the IJB's key priorities of early intervention, prevention and harm reduction; providing greater self-determination and choice; shifting the balance of care and enabling independent living for longer.

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome:	The Proof of Concept supports delivery of all nine National Health and Wellbeing Outcomes.
Personnel:	None
Carers:	The transformative principles underpinning the Proof of Concept have the potential to indirectly support individuals in their unpaid caring role through purchased social care services that support greater self-determination, choice and independent living.
Provider Organisations:	The transformative principles underpinning the Proof of Concept in their application should better support provider organisations to have greater flexibility in the development and delivery of innovative social care and support provision with more emphasis on community-based assets, local social networks and the achievement of positive and sustainable service outcomes. As part of this there is potential for savings and/or efficiencies to be realised through more effective and efficient use of resources.
Equalities:	In progressing the transformative principles of the Proof of Concept with Proof of Concept providers and the wider social care market through alliance commissioning for homelessness services, tendering activity for addictions services and the new Framework Agreement for Selected Purchased Social Care Support, both will be subject to Equality Impact Assessments.
Financial:	There are no financial implications specifically in relation to this report.
Legal:	Alliance commissioning for homelessness services, tendering activity for addictions services and the new Framework Agreement for Selected Purchased Social Care Support will require compliance with procurement law and regulations, Council Standing Orders on contracts, governance and audit standards and social care statutory responsibilities. Relevant officer from the Partnership will continue to work with Council audit and legal officers as required to ensure compliance.
Economic Impact:	As above for Provider Organisations.

Sustainability:	As above for Provider Organisations.
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Sustainable Procurement and Article 19:	As above for Legal.
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Risk Implications:	Not progressing the transformative principles underlining the Proof of Concept with the Proof of Concept providers and the wider social care market through alliance commissioning for homelessness services, tendering activity for addictions services and the new Framework Agreement for Selected Purchased Social Care Supports risks the previously-estimated gap in the Social Work budget not being mitigated. Providers may not also be in a strengthened position to support service users to achieve sustainable outcomes whilst at the same time paying all their staff the new National Minimum Wage 2020 through more effective and efficient use of resources and flexible, innovative models of social care and support provision.
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Implications for Glasgow City Council:	The Proof of Concept has had implications for commissioning/procurement, contract management, care management, finance and ICT functions within the Partnership as set out in this report.
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Implications for NHS Greater Glasgow & Clyde:	None.
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1. Purpose

- 1.1 The purpose of this report is to provide an update on progress made since reporting on the outcome of the Proof of Concept, and to outline how it will continue to be taken forward.

2. Background

- 2.1. The Partnership via Glasgow City Council currently purchases circa £247m per year of social care services from provider organisations. Approximately £160m of this relates to community-based services (including residential ones), which are unlikely to pay all their staff anywhere near the new National Minimum Wage of £9 per hour that is to be phased in by 2020.
- 2.2 To meet the new National Minimum Wage, it has been estimated that the gap between current funding and maintaining a standstill position for service provision by 2020 would be an uplift in the Social Work budget of circa £21m per annum.

- 2.3 In [February](#) and [March](#) 2016 Glasgow City Council's then-Executive Committee approved the proposal that the Partnership work with a small number of social care providers to establish a 'proof of concept' over an 18-month period that would assist them to pay all their staff the new National Minimum Wage and make future savings based on planning assumptions. The outcome of the Proof of Concept was reported to the IJB in [June 2017](#) following its planned completion.
- 2.4 The Proof of Concept involved a range of Partnership and Council staff and five social care provider organisations to ensure a partnership approach to the development of co-produced proposals. This included Aspire, Enable Scotland, Fair Deal, Mainstay Trust and Turning Point Scotland. There was also wider engagement with social care providers who the Partnership contractually engaged with at the time for social care services.

3. Proof of Concept Outcome and Update

- 3.1 The Proof of Concept set out to develop and test a different model of commissioning, procurement and auditing/monitoring of social care services with the Proof of Concept providers that would assist them to meet Proof of Concept objectives. This also included the development and delivery of more holistic service provision with more use of community-based assets and local social networks and a focus on achieving service user outcomes. This would then be the evidence base to engage in a transformational way with all remaining Glasgow social care providers. It was planned that this would consist of both Partnership and provider proposals.
- 3.2 As previously reported upon its completion, there were a number of business pressures that impacted on the Proof of Concept, and this restricted opportunities to fully test proposals. There was however an opportunity to test the Partnership's proposed Provider Service Return for contract management, and some individual provider solutions had been tested and/or implemented.
- 3.3 The majority of purchased community-based social care provision is undertaken on an hourly rate basis. Primarily this is to enable effective tracking of public spending and because the long-standing processes for commissioning, procurement and monitoring/auditing have been traditionally undertaken on an 'inputs' and 'outputs' basis. This is set within a system where their arrangements and processes are significant, requiring providers to work with a range of professional and business support staff across the Partnership and Council.
- 3.4 The Proof of Concept provided the opportunity to review these current arrangements and develop alternative and/or 'leaner' proposals by the Partnership to enable and better support holistic service provision and the achievement of service user outcomes, better facilitating providers to meet Proof of Concept objectives. Proposals broadly included:

- commit to outcomes-based contracts in future procurement activity where appropriate;
- develop a reportable service outcomes framework for purchased social care services contract managed by the Partnership;
- revise the Partnership's Contract Management Framework (CMF) for social care services to improve efficiency and reduce administration time whilst still ensuring a framework to manage risk, professional safe care and financial accountability;
- implement a lead commissioner/contract manager model to improve the consistency of engagement activity between social care providers and the Partnership;
- revise the current approach to assessment and care management for individuals with substantial/critical levels of risk to focus less on prescriptive inputs and outputs and increase the focus on achieving outcomes with a greater focus on three key areas of risk (meeting personal care needs, staying safe and risk to others) and greater flexibility with social care providers for the six remaining wellbeing areas within the Support Needs Assessment (for example, social relationships and community activities, employability and volunteering and personal development) and
- improve financial processes through reducing the number of methods to make payments to providers, maximising the use of auto invoicing/payment and simplifying current care group payment processes.

3.5 Following reporting of the Proof of Concept outcome, the following areas have been progressed.

3.6 Contract Management Framework (CMF) and Lead Commissioner/Contract Manager Model:

- new Provider Service Return (PSR) rolled out to all social care providers with new frequency (six-monthly) and completion timescale (two weeks);
- briefing sessions on the new PSR held with Commissioning Teams in the Partnership;
- new risk assessment and recording frequency (six-monthly as a minimum) rolled out;
- CM1 (recording template for contract monitoring of services) rolled out to Commissioning Teams in the Partnership with new frequency (six-monthly as a minimum);
- Care Manager Concerns process expanded to include concerns made from external agencies and stakeholders, including the review and improvement of recording proformas and logs to make them more efficient;
- briefing sessions on the Care Manager Concerns Process held with Commissioning Teams in the Partnership;
- performance framework and associated CMF guidance updated to reflect CMF changes;
- implementation of Phase One of the Contract Management Console, the IT solution for contract management activity, recording and reporting and

- review of Commissioning Teams in the Partnership currently being progressed, including the commissioning and contract management role and function.

3.7 Service Outcomes Framework:

- a tool and associated guidance to capture and measure the achievement of service outcomes is being developed, with a focus on health and wellbeing, safety of self and others, economic wellbeing, housing and environment, relationships and community engagement and personal development and lifelong learning and
- action plan and timeline has been drafted to support the development of the process and significant testing of the tool.

3.8 Care Management:

- associated forms, tools and documents for assessment and care management (for example, Support Needs Assessment, Outcome Based Support Plan and Resource Allocation Screening) initially reviewed in the context of ensuring compliance with legal requirements and having a greater focus on three key areas of risk with more flexibility with the six remaining wellbeing areas and
- proposals for using the existing personalisation careFirst eforms but with revised guidance for staff is being developed key staff in the Partnership.

3.9 Finance:

- current payment arrangement continue to be considered as workstreams roll out as part of the Partnership's careFirst Finance Board such as auto payments, Children and Families Pathways into Care and the 2015 Social Work Framework Agreement for Selected Purchased Social Care Supports;
- auto invoicing/payment implemented for all block payments. 75 providers will be paid by auto payment for Self-Directed Support (Options 2 and 3) by 11 March 2018;
- Finance Income Team continues to make progress within Older People Services, and it is planned to be extended to Adult Services;
- processes for client contributions continue to be reviewed – quicker calculations at the beginning of support and reassessments thereafter and
- several areas of unification within the client groups have been progressed by the careFirst Finance Board (for example, client charge letters and processing of waivers/disregards).

3.10 Proof of Concept providers emerging proposals broadly fitted into four main categories, of which some have been tested and implemented or are being progressed. There have however been some proposals where there are legal and procurement implications, which would require a new procurement procedure rather than a modification of an existing contract and, as such, have not proceeded. Some of the proposals have included:

- review/redesign of services or their delivery for them to be more effective and efficient, with a focus on outcomes (for example, review transport arrangements to maximise independent travel, review night-time supports and sleepover arrangements with flexible alternatives and use of assistive technology where appropriate and develop/explore use of outcomes-based care planning tools and progress an integrated model approach across drug and alcohol crisis services);
- greater use of shared care/supports, community-based assets and local social networks (for example, develop common interest groups, group day activities, shared care/supports, supported employment and/or peer initiatives for individuals who have common social care needs/outcomes);
- greater use of assistive technology for service delivery (for example, use of technology for delivery of night-time supports and use of technology to connect supported individuals with activities within their communities including independent travel) and
- review/redesign of back-office arrangements (for example, review/redesign of HR and Finance functions with greater use of technology/systems solutions).

4. Transformative Principles

4.1 Whilst the objective of the Proof of Concept was to develop Partnership and provider proposals to assist providers to pay all their staff the new National Minimum Wage and make future savings, there were a number of principles that underpinned them that would assist them to realise wider transformational benefits. They included:

- greater flexibility in the development and delivery of innovative social care and support networks within communities;
- better use of resources for service delivery;
- greater integration of services;
- greater use of technology enabled care to a position of mainstream provision to meet individuals' social care and support needs;
- leaner commissioning and contract management arrangements;
- less one-to-one and/or paid staff involvement in the lives of supported individuals with strengthening of communities and greater use of their assets and local social networks and
- greater focus and emphasis on delivering sustainable service user outcomes.

5. Progressing Proof of Concept Principles

5.1 Although the Proof of Concept's planned completion was in June 2017 at which time its outcome was reported, there is now a real opportunity to engage not just with the five Proof of Concept providers but with the wider social care market within Glasgow to realise the transformative principles that underpinned the Proof of Concept, and effect wider transformational change.

5.2 Co-production and joint service planning with the voluntary and independent sectors have been firmly established within homelessness services. This momentum was further enhanced in [January 2017](#) when the IJB approved the development of effective joint commissioning arrangements within a strategic

partnership framework. It was agreed that this would commence with the development of a Glasgow Alliance to End Homelessness, requiring a new innovative procurement and service delivery approach, to deliver the IJB's transformational change agenda for homelessness services in the city. The Partnership is working closely in partnership with voluntary and independent sector service providers and other key stakeholders to modernise service provision and significantly improve outcomes for people experiencing homelessness in Glasgow.

- 5.3 The IJB has also initiated a transformational change agenda for purchased addiction services in the city. The first phase of this was completed in 2016/17. The second phase, a co-produced strategic review of residential rehabilitation and move-on supported accommodation services, is nearing completion. This will result in tendering activity that will reflect delivering a more integrated flexible and responsive service provision, reflecting the views and aspirations of people with lived experience who have been fully engaged in the co-production processes and will support the formal procurement activity.
- 5.4 The IJB recently approved in [March 2018](#) that the Partnership proceed with an open tender to replace the 2015 Framework Agreement for Selected Purchased Social Care Supports when the current Framework Agreement expires in January 2019. The 2015 Framework Agreement applies to care and support services, day opportunities services and short breaks/respite services for people with mental health issues, people with disabilities, older people and children affected by disability. Work for the tender is currently being progressed by officers in the Partnership via the Framework Tender Governance Group. A 'lessons learned' exercise in relation to the 2015 Framework Agreement has been conducted, and improvements will be incorporated into the planning for the new tender. The 'lessons learned' exercise included engagement with the social care providers currently on the 2015 Framework Agreement, and engagement with them will continue as work for the tender progresses (in line with procurement legislation and regulations to ensure fairness, openness, transparency and Best Value).
- 5.5 It is now planned that the transformative principles of the Proof of Concept will be progressed with Proof of Concept providers and the wider social care market through alliance commissioning for homelessness services, tendering activity for addictions services and the new Framework Agreement for Selected Purchased Social Care Supports. Both include engagement with purchased social care providers.
- 5.6 Progress on these, and their outcomes, will be reported to future meetings of the Integration Joint Board as required.

6. Recommendations

- 6.1 The IJB Performance Scrutiny Committee is asked to:
- a) note the contents of this report.