SCOTLAND EXCEL

CARE AND SUPPORT

SPECIFICATION DEVELOPMENT EVENTS - SUMMARY REPORT

Version 1.0 (December 2018)

Care and Support Specification Development Events
Summary Report December 2018

1.   Overview of Sessions

1.1   Scotland Excel in collaboration with the Scottish Government scheduled three specification development events held on 20th November in Glasgow, 22nd November in Dundee and 29th November in Stirling. The purpose of the events was to consider, and advise, what should be included in a care and support tender specification, using the National Health and Social Care Standards as the basis thus cementing the new standards into a procurement process. Attendees included Local Authorities/Health and Social Care Partnerships (HSCPs) commissioning and procurement staff; provider representative organisations, CCPS and Scottish Care, Scottish Government and the Care Inspectorate and an extensive representation of provider organisations.

1.2   The sessions were well attended with a total number of 45 people attending the Glasgow event, 22 attending the Dundee event and 33 attending the Stirling event, totalling 100 people. The full list of organisations in attendance across the three sessions can be viewed at Appendix 1.

1.3   Scottish Government provided an input at all three events on the adult social care national reform programme. The Care Inspectorate provided an update at the Dundee event on the Health and Social Care standards and how these impact on commissioning and procurement.

1.4   The agenda and PowerPoint presentations from the three sessions are attached as a separate PDF file *[Care and Support Specification Development – Agenda and Slide Pack].*

2.   Activity 1 – Yes / No / Maybe

2.1   Attendees were asked to work in groups to consider headings which had been taken from a sample of 14 Local Authority/HSCP specification documents for care at home/supported living and care and support services. The activity sought to consider the purpose and content of specification documents over and above the requirements of the Health and Social Care Standards.

2.2   The groups created a 'Yes' pile for those headings they considered to be a key part of a specification document but either not covered or adequately covered by the Health and Social Care Standards, a 'No' pile for those headings they considered were adequately covered by the Health and Social Care Standards, and a 'Maybe' pile for those which require some further investigation.

2.3   The raw data from all tables across all three events has been collated and is available with the other documents on the Scotland Excel web site. An overview is provided below in Figure 1.

Figure 1 – Collated Response Information – Yes / No / Maybe Activity

Specification Heading	Yes	Maybe	No	Total Number of Tables
Contract Monitoring	12	1	1	14
Technology Enabled Care	11	3	0	14
Fair Work Practices	10	3	1	14
Availability of the Service	10	0	4	14
Care Inspectorate Registration	10	0	4	14
Medication management	7	3	4	14
Role of Carers	6	2	6	14
Quality Assurance	6	1	7	14
Policies and Procedures	5	3	6	14
Staff Training	5	2	7	14
Links to the Community	4	2	8	14
Positive Risk Taking	4	2	8	14
Adult Support and Protection	4	1	9	14
Managing behaviors which challenge the service	4	0	10	14
Complaints Process	3	3	8	14
Overnight Support	3	3	8	14
Equality and Diversity	3	2	9	14
Provider Service Information	2	1	11	14
Health and Safety	2	0	12	14
Staffing Levels and Workforce Planning	1	3	10	14
Service Principles	1	2	11	14
Human Rights	1	1	12	14
Staff Recruitment and Selection	1	1	12	14
Care and Support Planning	0	4	10	14
Staff Supervision and Appraisal	0	4	10	14
Management and Leadership	0	2	12	14
Privacy, Dignity and Respect	0	1	13	14

2.4   The highest ranking 5 themes in the 'Yes' pile for inclusion within the national specification for care and support services were:

- Contract monitoring;
- Technology enabled care;
- Availability of the service;
- Care Inspectorate registration;
- Fair work practices.

2.5   The highest ranking 5 themes in the 'No' pile that attendees felt were adequately covered by the Health and Social Care Standards and therefore should not be included in a national specification for care and support services were:

- Privacy, Dignity and Respect;
- Management and Leadership;
- Staff Recruitment and Selection;

- Human Rights;
- Health and Safety.

2.6   There are some limitations to the data in Figure 1:

- Response information is based on perception of the headings which may result in differences in responses from attendees;
- The headings in the 'Maybe' pile requires further exploration which could result in either a move to the 'Yes' pile or the 'No' pile, which could alter the identified highest-ranking themes.

2.7   As part of the activity, attendees were provided with blank cards and asked to identify areas for inclusion within the specification. The following headings were identified:

- Business Continuity and Contingency Planning;
- Outcomes Focus and evidence of achievement;
- Zoning and block contracts;
- Relationships and expectations of families;
- Collaboration;
- Termination of services;
- Core Services;
- Volunteers;
- Peer workers;
- SSSC Code of Conduct;
- Personal budgets principles and processes;
- Joint meetings and forums;
- Shared Roles and Responsibilities between Local Authority and provider.

2.8   It should be noted that some of the above suggestions may be better explored in the framework terms and conditions. This will be explored further by the technical group.

2.9   The breakdown of responses by event is available as a separate PDF file *[Care and Support Specification Development – Raw Data]* also available on the Scotland excel website (link)*.

3.   Activity 2 – Let's develop the specification together

3.1   Attendees were asked to work in their groups to consider the headings they had put in the 'Yes' pile during Activity 1. They were asked to develop the headings further and provide recommendations of what should be covered under each of these headings. This section will summarise the proposed specification content for the 5 highest ranking headings from Activity 1. Full response information is available in the Raw Data file.

3.2   **Contract Monitoring:**

- Focus on participation, collaboration, partnerships and supportive approaches;
- Focus on outcomes achievement and greater use of I.T. based measurement tools;
- Develop proactive approach;
- Standardised process that connects with other partners.

3.3 **Technology Enabled Care:**

- Requires to be strongly linked to the human aspect of care;
- Explore the use of technology to meet outcomes including examples, and how it improves effectiveness and efficiency where appropriate to do so;
- Consider future developments and proofing;
- Collaborative approach between Local Authority/HSCP and provider or provider and provider to share knowledge and skills;
- Consider cost ownership for equipment;
- Consider supporting people to use technology;
- Provide examples of different technology available.

3.4 **Availability Services**

- Available to meet person's outcomes;
- Evidence contingency planning;
- Safeguarding service availability through collaboration;
- Consider boundaries for example hospital admission.

3.5 **Care Inspectorate Registration**

- Be clear on registration requirements i.e. which service;
- Consideration should be given to grading requirements as this may vary by Local Authority;
- The approach to maintaining quality grades should be a supportive and collaborative approach;
- Should only be required at time of being asked to deliver a service (not for getting on to the framework).

Attendees queried the use of non-regulated services in spirit of a community approach to social care. This should be explored further.

3.6 **Fair Work Practices**

- Requirement to demonstrate an approach which meets SSSC requirements;
- Clear policies and procedures linked to equality and diversity, staff recruitment and retention;
- No inappropriate use of zero-hour contracts;
- Greater balance of risk between Local Authority/HSCP and provider;
- Ethical Care Charter: [https://www.unison.org.uk/content/uploads/2013/11/On-line-Catalogue220142.pdf];
- Consider wider employee benefits packages;
- Fairly linked to pay and considering travel time;
- Scottish Living Wage implications and impact on job roles within provider organisations;

Attendees voiced the importance of this section within a national specification for care and support services and linked to the Scottish Government wider national reform programme.

3.7 While this summary report provides additional information on the highest-ranking themes from Activity 1 and identifies those headings which are clearly covered by the Health and Social Care Standards, it is recommended that those headings sitting in the middle section of the table in Figure 1 are explored in further detail by a smaller technical group. This group should also consider in detail the suggested new areas identified in section 2.7 of this report.

4.   Activity 3 – Specialisms

4.1   Attendees were asked to work in groups to consider specialisms in the delivery of care and support services. Support accessed through the national framework will be personalised to meet the needs of the individual requiring a service. There is recognition that requirements vary, and people may require low level right through to highly complex support. The framework is intended to maximise the services available to respond to varying needs.

4.2   In light of the above, attendees worked in their groups and considered:

- How the framework should be structured to ensure that there is a range of services available from low level to high level complexity;
- What makes a service specialist / what are the additional requirements?

4.3   A summary of response information is detailed in 4.4 below and the breakdown of responses by event is available as a separate PDF file *[Care and Support Specification Development – Raw Data]*.

4.4   **Specialisms**

- Clarifying low level and high level of complexity;
- Links strongly to training expectations/skillset required and resources;
- Let people using services/families see what is available, give choices for people requiring a service;
- Be inclusive for providers who are capable and competent in delivering across different care groups;
- Holistic services;
- Can see why categories are used to structure frameworks but perhaps should consider not splitting in to categories and assessing by the level of need as categories very much overlap.

5.   Activity 4 – Contract Monitoring

5.1   Attendees were asked to work in groups and consider approaches to contract monitoring and opportunities for improvement or greater consistency in approaches, including consideration of who is collecting data and what they are doing with it.

5.2   A summary of response information is detailed in 5.3 below and the breakdown of responses by event is available as a separate PDF file *[Care and Support Specification Development – Raw Data]*.

5.3   **Contract Monitoring**

- Needs to focus more on service user views;
- Need to consider what information we are collecting and why, especially with GDPR implications;
- Greater opportunity for provider forums and discussions;
- Create a standardised/consistent format;
- Greater flexibility which allows for change in circumstances;
- Mentoring for providers by other providers.

5.4   **Contract Monitoring - wider or longer-term aspirations**

Some suggested longer-term improvements including:

- Care Inspectorate and Local Authorities/HSCPs working to reduce unnecessary duplication;
- Creating a shared hub for information.

6.   Conclusion/Recommendation

6.1   A wealth of information has been collated through the three specification development events. This report has provided a high-level summary of the collated outputs. It is recommended that a smaller technical group is formed to review the raw data in greater detail and develop fuller proposals for the national specification.

6.2   You can continue to feed in to this project by contacting the Adult Social Care Team at: socialcare@scotland-excel.org.uk

Appendix 1 Organisations in Attendance

Action in Mind	Penumbra
Angus	Potters Healthcare
Ark Housing Association	Quarriers
Aspire	Raeburn Healthcare
Avondale Care	Rainbow Care Services
Baillieston Community Care	Royal Voluntary Service
Balmoral Health and Social Care	SAMH
Barony Housing Association	Scottish Borders
Blackwood Group	Scottish Care
Bluebird Care	Scottish Government
Bon Accord Care	Sense Scotland
Brothers of Charity	Shared Care Scotland
Capability Scotland	South Ayrshire
Care and Wellbeing Co-op	SRS Care Solutions
Care Inspectorate	SSP Recruitment
Carewatch	Stirling
C-Change	Sue Ryder Care
CCPS	Support for Ordinary Living
City & County Healthcare Group	Swanton Care
Clackmannanshire	TayCare at Home
CM2000	The Good Care Group
Community Integrated Care	The Mungo Foundation
CRSS	The Richmond Fellowship
Dumfries and Galloway	West Dunbartonshire
Dundee	West Lothian
East Dunbartonshire	Wheatley Group
East Renfrewshire	
Edinburgh	
Elite Care	
Enable	
Fair Deal	
Falkirk	
Hanover Scotland	
Highland Homecarers	
Home Instead	
HRM Homecare	
IAMH	
Icare Group	
Ion Care and Support	
Key	
Loretto Care	
Mainstay Trust	
Moray	