

STAC (Support To Access the Community) and Supported Living Provider Engagement Event Feedback 12/05/2023

Process/ Procontract/ Contract Monitoring

- Currently, the contract is fixed – doesn't allow for room when people who use support services go into crisis. There can be a lack of timely support from care management in these situations, often waiting weeks/months for review. In crisis situations providers are having to manage risk/safeguarding for the person using the service and other people in the service, ensure suitable staffing at last minute etc.
- Pro contract does not get used to its full capacity anymore. Lots of time spent implementing and learning this system as well as time spent changing the way referrals are dealt with for us to go back to how things were previously. All the new tenders are via Pro Contract but day to day brokerage does not use this system.
- The previous tender process was very time consuming and in depth. Understand due diligence is needed but this needs to be less time consuming on a provider.
- It can be difficult to navigate multiple forms of communication and information sent from various contacts when looking to assess an individual.
- Need to have confidence that extra support requested for individuals if further complexities arise will be addressed and agreed efficiently rather than waiting for an assessment to take place.
- Workbooks are very quantitative and cannot fit a lot of the detail of work providers do. The current format does not allow detail around quality of service/ care as it lacks a quality statement aspect. Future changes could include inclusion of areas such as: compliance and staff training and questions asked should be put into context to allow them to be useful.
- Current timeline and process to get packages signed off can take a long time and feels unnecessary if a provider is on the framework and their rates have been agreed- this can sometimes hold up the process significantly- this can result in long voids- resulting in sustainability issues. Providers feel they are not always communicated with for reasons why something is refused- would be good to understand or have feedback themes from Governance process to why things are not approved etc. Improved sharing of information (best practice)
- Currently not well aligned with other local authorities- have to complete various frameworks or manage varying rates for houses with joint funded service users.
- Current spec/contract is vague on safeguarding process with returns and more could be done to specify what needs to be submitted/support for providers. There are anxieties around this as sometimes submit everything and then wonder how much concern they are generating over things that do not necessarily need to be submitted.
- Need more dual accountability and assurance of transitions and planning.
- The current process does work and allows for early on engagement with the individual to look at compatibility within our services but sometimes key points in support plans may be missed which can affect if an individual fits into a housing/ placement. An individual may have got their hopes up following visiting a service/ meeting others in the service and could then need to be declined. This may be down to social worker pressures and time limits and is understandable. Complex Individuals need to benefit from continuity of social workers to allow the assessment to be valuable.

- Need to create clearer pathways/ protocols for supporting high/complexity/ challenging needs. Damage, violence - need a process for resources people from health, social care, police, AWP (Avon Wiltshire Partnership) mental health providers, model what environments are appropriate for complex support needs. Criteria for higher need support, better environment, currently passing people around as there is no solution

Needs/Reviews/Outcomes

- Providers aren't always getting the correct information through support plans – more often than not, there is a lack of disclosure of information (especially history of arson). This sets the support up to fail as correct support is not set up from the start of the placement and also creating issues around compatibility of people using support in Supported Living/accommodation.
- When providers do go back and challenge support hours, often finding that it's a challenge to get any increase. They are also having to provide a lot of evidence and paperwork to support the request. Providers would like to see more trust between Bristol City Council and themselves – they wouldn't be asking for increase if the person using the service did not require it. The nature of their services are to support people to independence and more often than not, they are the people who know the person best.
- Generally seeing newer packages, people who need support are needing higher support but hours are lower. More complex needs, mental health, substance misuse etc.
- An understanding is needed that individuals in some cases now have much higher, more complex needs as we shift away from the use of residential care. This can mean that day to day management of multiple complex needs is much more challenging and needs higher levels of support than that needed previously.
- Reviews often end up in decrease in hours. Providers feel like there is a focus on reducing hours rather than the care that is being provided.
- Providers are spending a lot of time supporting people using services with managing their emotional needs. Maintenance of these needs should be seen as a success and "meeting an outcome". Management and maintenance is preventing a dip in mental health issues and requiring more intense support in the longer term.
- Disparity between what needs are identified on the support plan and what needs are in reality (higher needs).
- Most placements are made at crises point instead of preventative placements.
- Providers would like to see more realistic and individual outcomes – regardless of whether they might be smaller, low level (but achievable) outcomes or larger, long term goals. Providers report that in some cases, people who need a support service don't feel they can disagree with the social care practitioner when developing their outcomes/goals

Finance

- Providers finding it difficult to do initial costing without having the full picture of the person who needs a support service.
- Providers used to have a "contingency pot" for certain people with fluctuating needs, which could be used in a crisis situation – sometimes preventing the need to call emergency services as provider could manage situation before it got to crisis. Providers requesting for this to be reinstated.

- Providers have grave concerns over Universal Credit and the flexibility that people using services now have over spending their money – whilst this promotes independence, in reality, increasingly people are choosing to spend this money in multiple other ways, and fall into debt with providers. If this is not able to be resolved, providers are having to serve notice on placements and can not recoup their rent owed. This is leading to placement breakdowns and potentially homelessness.
- Building space is becoming more expensive. Need appropriate spaces to support some needs.
- Like the SPOT purchasing as do not feel blocks have worked very well with current model (not enough flexibility). Blocks would work if 24-hour provisions- have Block for core and then additional spot for 1:1 - would work more for larger model- cluster- core on block and individualised in the background choice and flexibility- allows for other providers and specialisms to provide the 1:1 support and people who use services have choice.
- Direct payments are OK but not suitable for everybody, especially those lacking Mental Capacity around some decisions

Accommodation/ Housing

- Providers would like to see better working alongside Department for Work and Pensions (DWP) and Homechoice services.
- Better movement for people who need support through supported living/accommodation to Homechoice properties. When people who use support are stuck, this is when they begin to disengage, behaviours change, and more support is required.
- Movement towards a mix of provision own front door for those that need/ want it and shared communal spaces, so individuals don't have to feel isolated but can have their own space when wanted. This would need sufficient social work and staffing to allow fluctuations in need and behaviours. Need to be able to keep service users and staff members safe but also allow for safe withdrawal from a situation/ escalation. Although noted "own front door" model is not for everyone.
- Would be good to see Housing providers added to the framework- Support the growth of general needs housing and also support the separation of landlord and support provider so that individuals do not need to leave their own home. It can also then incentivise housing providers to have more accessible housing.

Wider Services/ Employment/ Training/ Volunteering/ Skills Opportunities

- Could be more services looking at young person's intervention support.
- More placements/volunteering opportunities for people who use support. At present, choice is very limited, even with using "We work for everyone" for support.
- Support to access employment is challenging to deliver - business/ employers still discriminate – work opportunities aren't there. Issues re benefits – loose Personal Independence Payments (PIP) if working then loose job, then have neither.
- Providers feel there is a very real need for day services/centres. Now that providers are solely expected to support people who use support to meet their activity/socialising/hobby needs, it is isolating SU's if providers choose to hire an activity to come to the SL accommodation, however this is the most cost effective solution. People do not have money left to pay for (often) expensive day services/activities.

- Huge gaps in social prescribing- things to happen in evenings out of hours. Moving people into digitisation - requires wider community input.

Positive Feedback

- Providers feel like they are making a difference when they are able to reduce support hours.
- Providers really like seeing all people who need support who brokerage are searching for, as it allows them to consider compatibility amongst their Supported living/accommodation properties.
- The way that Bristol City Council commissions, allows for more flexibility and individualised support plans vs South Glos. There is a lot of administration required for South Glos, however they do pay more per hour.
- Current Community Support Service contract is improved, more regulated, allows providers to standardise and show their good work.
- 'My team around me' is positive – shared support of teams.
- Relationship between commissioning and providers has never been better.

Single Framework

- Reassuring and positive that the Single Frame Work aims to be more straight forward and less time consuming.
- Single Framework seems forward thinking and it is positive that providers meet a criteria and then are asked for more information to look at fulfilling a spot purchase.
- Aspects built in the spec around co working with health and Local Authority`s to support providers around complex packages to stop placement breakdown.
- Model needs to focus on the complexity- how much flexibility do we have within the package to manage this? There needs to be a reality of what providers can do with the package and money -bigger picture behind the scenes and what is manageable expectations and realism.
- Reward innovation?
- Look at Integrated Care Board / Mental Health rehab pathways, bring the Local Authority and Health together.
- Consider more provider – led assessments, Trusted Assessors, so needs can be better identified.
- Integration of DAY and Support to access Community support services sounds positive.
- Transport pressures need to be addressed where service users can't access community transport.
- Flexibility of the service provision – framework needs to enable this. Flexible support rather than individual hours commissioned would be helpful.
- The most important engagement element of this transformation is to think about how we engage with the current population and people who are potentially going to be transitioned through these changes and how they would like their support to look in the future. We need to understand what individuals and their families want and need.