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Learning Product - Profile for effective collaboration

Conditions and Challenges for Collaboration

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1 Introduction

This Learning Product sets out the key learning points established in a project to develop 'citizen-based' services for people with learning disabilities across North Wales. The project was carried out by Mobius UK. Some examples and evidence from the project are used for illustrative purposes; however the key messages about collaboration are transferable to any situation where two or more Councils wish to work together. The challenges facing these services are amongst the most severe of all the challenges facing local government and public services. The need to change services dramatically in response to changing expectations is coupled with powerful and growing requirements to restrict resources and in many cases to "reign in" an area of significant "overspending" or over commitment. This provides both the challenges and the conditions for collaboration for the following key reasons:

- The message is a harsh one and will be resisted by Providers and possibly some carers (if there are moves to restrict placements). They will find it more difficult to resist if the same messages are coming from a number of Councils working together.
- The added scale from operating together will strengthen Councils` purchasing power or "commissioning clout". This is not the same as the point above - it is about Providers working within a regional/sub regional market that has an agreed fee structure.
- Councils will be able to make the best use of their skilled staff by specialising, particularly if they set up a Commissioning Unit which can avoid each Council doing a reasonable job and will create one unit doing a really good job.
- Council's will be able to share out lead responsibilities so that more issues can be explored in depth rather than each Council struggling with every issue.
- Council's can share experience and solutions as problems emerge.
- Working together (potentially with a Project Leader) will mean that clear targets and timescales can be set and there will be some shared impetus to achieve them.

2 Challenges and Conditions

2.1 Developing a Shared Vision

Service users, carers, staff and Providers are all going to be faced with the need to operate within very restricted resources and at the same time to manage those resources very differently. The messages will be hard to deliver and difficult to accept and implement. The messages will be more robust if they are repeated across a number of Authorities. So this provides the conditions for collaboration and for developing a shared vision. The need for a shared vision needs to be established at both a political and a service user level with the crucial starting point being with Directors. They will need to agree how that vision can be established in each of their Authorities. A key element in this will be agreement at Chief Executive level and at Executive Member level. The way this is achieved and its extension across the Authority will vary from location to location.

However, agreement to seek such a shared vision and acknowledgement about how to pursue that in each Authority is crucial. Directors will need to keep each other informed about progress so that problems can be avoided, reduced or shared.


It will be equally important to ensure that service users and carers are aware of the issues, share the need for change, and have been helped to articulate their aspirations for the future. These will not be wish lists that merely make the task harder, but essential information about what matters to them. This can be achieved through workshops with representatives – not always the “usual suspects” – and importantly, should be achieved across the collaborating Councils. This will reinforce the joint approach and can neutralise local set positions.

Prior to the Project the six North Wales Directors had reached shared understandings of the difficulties each faced and recognised that there were greater opportunities for progress through collaboration than via disconnected, independent courses of action. Their recognition benefited from the views of their Heads of Service and other key staff and this pointed to a wider groundswell for change. Whilst there may have been individual views about what the results of such change might look like, these did not amount to ‘fixed views’; rather their commitment was to an exploration of options for change – the project.

In the early stages of the project 70 people (service users, carers, Providers, staff and senior management including Health colleagues) met for a day in which the key elements of a regional ‘citizen-based’ vision were agreed. From this, via a series of drafts and wider discussion, the following was agreed.


This was a robust process through which service user and other/stakeholder views were built and tested through each Council, then via lead politicians with the final version being agreed between the Councils and Health partners.

The Vision



In North Wales our vision for the future is that:

‘People with learning disabilities will have a better quality of life; living locally where they feel ‘safe, healthy and well’, where they are valued and included in their communities and have access to effective personal support that promotes independence, choice and control’.



This provided the basis for more broadly based responses to people with learning disabilities – as active citizens rather than as passive recipients of service – thereby providing a focus for Council-wide responses and for connected approaches with other key stakeholders.



2.2 Managing Financial Pressures

The financial pressures on services for people with learning disabilities are amongst the most substantial pressures on any sector of Local Government. Most authorities are already experiencing significant overspends on their current budgets for these services, and these overspends have been growing in some places more rapidly than in any other service area. A major cause of that growth in expenditure has been the growth in demand, stemming from irreversible demographic pressures. The legal basis for service delivery – under which a need once identified must be addressed – has made it difficult to merely ration services. These pressures are projected to increase substantially throughout the planning period, and indeed the demographic impact will become more intensive.

This is a challenge to collaboration but also can be a powerful incentive to work together. It may be tempting to either ignore the difficulties faced by a neighbouring authority – “there but for the grace of God...” - or to feel that the local pressures are so great that there is no time or capacity for joint work to tackle them.

As well as sign posting possible actions to relieve financial pressures, collaboration offers the opportunity to develop Business Plans that address each Authority's particular issues but puts them in a regional context. The Budget Plan for each individual Council will need to be detailed and specific. A region wide Budget Plan will inevitably be more generic and generalised. However, the benefit of a collaborative overview will be to make each individual Business Plan more robust because the assumptions within it can be shown to be common across a number of Authorities. It can also provide a framework or benchmark against which progress – both individually and across the region – can be measured.

The project in North Wales showed that Councils are facing broadly similar pressures and have broadly similar service infrastructures to manage. The comparison of budgets illustrated common problems, which would benefit from joint analysis and action, and also Councils with variations that required action in one location were able to reap benefits that had been achieved elsewhere. For instance the joint review of expenditure in the six Authorities pointed up the benefits that could be achieved from jointly working with certain key Providers who were players in a number of areas. The analysis also showed that some Councils had gone further than others in reducing their dependence on high cost residential care, which encouraged others to pursue an option they had felt was not really available to them.

2.3 Planning for Change

Change can be disturbing, even when there is agreement about the projected outcomes. Where that is not the case resistance will be more substantial. The move towards personalised services across the public sector and specifically for services for people with learning disabilities will look very challenging for many users, carers, staff and providing organisations, and to key stakeholders such as Health Services. Assessing those potential resistances may lead individual Authorities to doubt the wisdom of tackling them or their

capacity to manage them successfully. It may also lead them to feel that while the challenges might be overcome locally; attracting resistance at a regional level is merely to court disaster.

There are, however, many benefits to tackling this collectively. First of all, many of the stakeholder groups including Health operate at a regional level themselves, so in fact the effort of working with them is reduced by mirroring their own footprint. Even those where there is no formal regional structure will have some region wide connectivity. More significantly the messages about the need to change services within very difficult financial limits will be reinforced if it comes consistently and regularly from all Authorities speaking the same language and promoting the same future agenda.

Perhaps most importantly the resistance can be moderated if the vision and the difficulties are shared and jointly owned. This comes back to the shared vision referred to at the start as the key to collaboration- as well as the major challenge. A collaborative regional basis for involvement of service users and carers would be very powerful and could be a positive champion for change - even within resource constraints. It is difficult to envisage long lasting grounded change without real user/carer commitment. Regional commitment of user/carer groups will also bring with it a capacity to help manage groups which become stuck in their commitment to a set of current services (or even to a current set of service deficiencies).

Similar arguments can be made about region wide working agreements with other stakeholders. If Providers are clear about the longer-term direction of commissioning for services they can adjust and reorder their services rather than just being forced into resistance to short term shifts in contracting. A shared and collaborative approach to longer term planning across a reasonable area gives them the best chance to manage their own business planning effectively. The Health Service operates across the region and has many other priorities to pursue. Provision of a coherent model for community health services for people with learning disability and a partnership approach towards delivery of the social and health care components of a comprehensive service may offer them the best vision for the future.

Involvement of service users and carers is well founded across the North Wales authorities and, as referred to above, their views were central to an agreed regional vision for the future. This strength is being developed further as representatives from each Council area are coming together to form a pan-regional forum that will serve as an important test-bed as the necessary changes unfold in pursuit of greater collaboration.

Similarly links with Health have progressed to a point where representatives from each of the Councils meet together with Health colleagues to develop even greater connectivity across the region.



2.4 Building Capacity

Each local Social Services Authority is already trying to tackle these issues and is struggling to establish sufficient management capacity (not capability) to do justice to the complexities. How can they release resources to support a collaborative effort and why should they divert capacity to this end?

The short answer is that they have a better chance of managing the change if they pool their thinking and their resources, and recognise that they are likely to be doing that already, albeit in a slightly informal and unstructured way.

The need for more structured approaches to pre-existing ways of exchanging ideas and drawing from learning in other Councils across North Wales prompted a review of good practice through which each Council identified a number of aspects of their work that were seen to be working well and, about which, they were happy to share their learning. This process produced a rich list of differing models and initiatives, laying the ground for accelerating progress in each Council and across the region. Options were identified for how this would progress eg:

- By building further on existing collaborative work across pairs of Council.
- By identifying a 'lead' Council for specific aspects of development.

2.5 Maintaining Direction

The agenda for change for services for people with learning disability is huge. The pressure on resources will continue to be unrelenting. For each Authority these issues are only part of the overall pressure for change. It is easy to get disheartened or to lose direction or to confuse priorities. A collaborative approach must recognise these risks in order to enhance the chances of success and provide a focus that will be difficult to sustain in each Authority alone. Key elements to this include the development of the key 'next steps' to be taken (suggested stages are set out below); sustaining a vision of a model social care service (an outline is provided in the **Appendix**) and a decision about how formal a collaboration to create (a possible option appraisal for structural change is provided in **Appendix 2**).

Suggested 'next steps' –

- Agree across Authorities that the financial pressures and the service reconfiguration issues facing services for people with learning disability are common across the region and need to be addressed in common.
- Agree that the common approach will require collaboration, coordination, common and consistent information and agreement on common milestones, including the need to appoint a Project Leader/Coordinator.
- Review eligibility, numbers receiving services, levels of need and response across Councils to achieve consistency and parity.

- Consider issues of capacity to ensure progress/delivery of change across the Authorities. This might be funded either by pooled resources from the Authorities or through a bid for Improvement Grant or Invest to Save funding to ensure that coordination, common information and milestones are developed and achieved.
- Agree key elements in service reconfiguration and Business Planning in each Council.
- Review examples of good practice and development in each Council summarised below and use that review to agree a programme of joint work as proposed below. The Project Leader would coordinate this and report to Directors.
- Agree a common approach for negotiations with key Government bodies such as Department of Work and Pensions (re benefits etc.); Learning and Skills Council (re work preparation, access to adult education etc.); and key national voluntary organisations concerning their role and potential for developing social enterprise and other service responses (including advocacy and care brokerage). The Project Leader could undertake this work.
- Agree a common approach to commissioning with Health, including a common strategic view about health care and support in community settings (a model is suggested elsewhere in this report). The Project Leader could lead on this.
- Consider the need for structural reconfiguration using an option appraisal model (see Appendix 2).
 - A regional partnership would involve informal pooling of budgets and secondment of staff but would stop short of creating a new organisation. It would be given the lead in all commissioning on behalf of the six Councils and for ensuring or delivering services but would still report through existing Council structures.
 - A fully established regional unit would involve formal budget transfers into a pooled budget; staff redeployment to a new organisation; new formal governance arrangements.

2.6 Lessons Learned

In carrying out this review over a protracted period of time there was the opportunity to identify a series of points (lessons learned) that it is important to consider in pursuing similar changes.

- 'Top Level Ownership' is a pre-requisite for such change. Collaborating LAs need to have the clear commitment of Directors, Chief Executives and lead politicians.
- Clear understandings and articulation of the reasons for change help build commitment across different groups. Such reasons can be articulated in both negative (things that don't work well) or positive (things we want for the future) terms.
- If possible the inclusion of Health colleagues from the outset should be sought. This will ensure their contribution and commitment throughout.
- Collaborating LAs need to invest time, bringing together the managers who lead these services to work as a planning group. The membership of this group should be consistent and they should meet on a regular basis (eg. monthly over a period of about



12 months) to have oversight of the planning and activity covered within this learning product.

- The importance of a collective vision cannot be overstated. Some may argue that collaborating Councils already have statements of direction or vision that are compatible. This does not have the strength – or the validity – of a vision that is built from the views of users, carers, providers and other stakeholders. Its real strength will be demonstrated when it becomes the focus for rigorous debate toward shared direction at the highest levels of participant Councils.
- A vision that focuses on people with learning disabilities as active, contributing citizens (not recipients of service) allows for expanded thinking and engagement of the wider services in Councils and the role of local communities.
- Financial considerations are now more important than ever and there are significant benefits that spring from collaborating to build long term shared approaches. Such benefits range from opportunities to achieve economies of scale with shared providers to improving financial systems based on learning from other Councils. This also brings the opportunity to compare eligibility criteria for specific services.
- The planning group referred to above should adopt a disciplined approach to the planning of changes that arise from this process. A shared project plan that guides the key phases of change and identifies roles and responsibilities will do much to ensure continued progress.

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ELEMENTS IN A MODEL CITIZEN-BASED SOCIAL CARE SERVICE FOR PEOPLE WITH LEARNING DISABILITIES

ALL PEOPLE SHOULD HAVE

- Access to assessment services at the point of initial referral or through transition arrangements.
- Access to reassessment via key worker.
- The right to be recorded on a database/register (with agreement).

ALL ASSESSMENTS SHOULD

- Be based on Person Centred Planning or equivalent.
- Identify how the person centred plan can be achieved (not the services the person needs) with the presumption that people should live within their community access the resources available to 'other' citizens and be supported in decisions that promote greater levels of independence.
- Agree the support **needed to** achieve the plan, and the cost of that support.
- Establish an individual budget or Direct Payment to realise that needed support and any elements to be provided by the Council.
- Agree a review period, and be clear that any significant change in circumstances should trigger a review.
- Include service Providers as key members of any review which should be based on PCP.

SERVICES TO BE COMMISSIONED TO RESPOND TO NEEDS

- All commissioning should be based on aggregate information from PCPs and database information used to develop Commissioning Strategies.
- Local Commissioning should be driven by Regional Strategies, jointly produced with Health colleagues and shared/developed with key Providers.
- A full range of community based services needs to be developed so that there is capacity to meet peoples` needs within the community. The exact shape of those community services will vary from locality to locality but it is presumed that the following capacities will need to be accessible.
 - Care for people with challenging behaviour in settings which provide intensive support but individual space and tenancies.
 - Community Living Schemes which can provide substantial support and 24 hour cover where needed.
 - Community Living schemes providing less substantial support and where that support is enabled with Telecare and where staff and management support is flexible in response.



- Schemes which support transition and other changes in need so that people can move on as their needs change.
- A range of variable support arrangements to help people stay with their families or live on their own (or independently with other people of their choice) such as “key ring”, “key ring+”, Telecare, homecare.
- Capacity to offer respite.
- A range of support services to help people integrate into their communities and help them access work, leisure and voluntary activity. Such support should normally be time limited for individuals and focussed on support for transitions. The support may be related to institutions rather than individuals (e.g. support to a leisure centre to help it achieve open access).
- An essential element in these services must be a community based range of health care expertise and support targeted to supporting people with challenging behaviour in their community accommodation rather than in specialist provision and also geared to ensuring people with special needs get proper access to standard health care services.
- Clear signals and procedures should be established to achieve and support the “de-commissioning” of services. The key areas for decommissioning relate to any residential and nursing home services and any “traditional” day activity building based services. Clear commissioning messages need to be given to current Providers and there should be partnership work with them to enable them to develop new services and businesses. Clear messages also need to be given to people seeking to arrange services.
 - There will be a presumption against any placement in residential or nursing home provision from a specified date.
 - There will be no further out of area placements.

There will be moves to commission new services in the community and to move people into those services and away from out of area placements.