



Health & Social Care Moray

Market Shaping Strategy 2018

Adult Learning Disability Services

**Report on the facilitated discussions at the
strategy launch event held in Holy Trinity
Church Hall, Elgin, on 9 November 2018**

1. Introduction

Commissioners of adult health and social care services wish to understand the local market and stimulate a diverse range of care and support services to ensure that people with a learning disability and their carers have choice over how their needs are met and that they are able to achieve the things that are important to them.

A key tool for engagement with local and national providers and supporting the market to remain vibrant and stable is the production of a market shaping strategy.

The Health & Social Care Moray launched the Market Shaping Strategy for Adult Learning Disability Services at an event on 9 November 2018 which was attended by 30 provider representatives.

A facilitated workshop discussion took place as part of the launch event to provide an opportunity for providers to consider and respond to three key questions.

2. Discussion themes

The first question asked: “**What are the barriers to being a provider in Moray?**”

One of the key themes was around **staffing** – particularly recruitment, retention and training.

Providers are experiencing their own challenges and undergoing change in their structures. They highlighted the challenges to recruitment posed by changing demographics and low levels of unemployment. The Living Wage has led to a far more level playing field between providers who are often competing for the same reducing pool of staff. Care and support is still not respected as a profession which offered carer progression. Money may not be the motivation for people but it is a reality that they can earn more working in a supermarket.

There is concern that the requirements of registration with the Scottish Services Council and ongoing registrant responsibilities may cause providers to lose staff. The move to the progression model may cause some entrenched staff to fear their jobs are under threat.

The increasing complexity of the needs of service users means SVQ training doesn't go far enough. Bringing in specialist training for small numbers of staff can be costly but providers are open to shared training.

Relationships with the council and Health & Social Care Moray can be difficult to establish for those new to Moray and it can be challenging to identify the right person in the organisation to connect to in order to have discussions and raise opportunities for change.

It can be challenging to understand whose **outcomes** we are trying to achieve – the person or the service. There is tension between economies of scale and personalised support with individuals still be fitted into services. People are sitting with high level packages because they live in a residential setting but to get out of a residential setting is really difficult. Support models still behave as though they are residential care and if staff are with someone 24 hours a day then can it be described as supported living?

There is a challenge of balancing what is important to the individual and risk taking. Decision making around risk needs to be more collaborative and dynamic but can be hampered when the person does not have an assigned social worker. Much of keeping people safe is still governed by

Lack of suitable **accommodation** is a barrier and stronger partnerships with housing providers will be vital to moving projects forward. Possible sources of capital grants should be investigated. A mix of accommodation is needed with greater opportunities to test how technology in the home can be utilised such as an overnight responder service which could operate across more than one provider. A note of caution was sounded over assumptions being made that group living is not the ideal. Some people thrive and develop in that setting whereas having your own tenancy can lead to isolation.

The second question asked: “**What can providers do to address these barriers?**”

Providers recognised they could be doing more in terms of **staff** development, with the need to invest in skills development and the provision of training. This could be jointly run by organisations to reduce costs. Further opportunities could be offered through the establishment of some form of social care training academy involving Moray College UHI.

Greater collaboration was a recurring theme. This could be through the current Learning Disability Providers Forum or other types of forums which include the involvement of smaller third sector and social/micro enterprise providers and help raise awareness of the breadth of services on offer.

The final question asked: **“What can Health & Social Care Moray do to address these barriers?”**

The **Market Shaping Strategy** was again welcomed for providing structure and clarity. Outcome focused assessments and individual service agreements are key to progression and there must be greater involvement with families to ensure they are supportive.

The health and social care partnership was urged to review good practice in other areas and examine what lessons could be learned. Staff must be accessible and open to innovation. **Relationships** with providers need to be honest and open with greater clarity required as to the services being commissioned now and in the future and to take into account what is a sustainable level of service for providers.

More in depth discussions are needed around **accommodation** – the types of future models and how these can be flexibly designed and commissioned. Stronger strategic links across health, social care and housing were urged to provide a forward vision.

The full table discussion notes are attached in **Appendix 1**.

3. Evaluation

A total of 25 evaluation sheets were returned. Nine people rated the event overall as excellent, 13 as good and three didn't answer the question.

People found the event to be informative and welcomed the publication of the Market Shaping Strategy document along with the opportunity to have open, honest discussions with fellow providers and with Moray Council/Health & Social Care Moray.

They took away that there is an appetite in Moray for innovation and creativity and a passion and commitment to work together to meet the challenges ahead and improve outcomes for people with a learning disability.

People would have welcomed council/Health & Social Care Moray staff moving round the tables during the discussion session and introducing themselves at the start of the question panel.

From the evaluations it was evident providers would welcome further networking events and extended opportunities for more in-depth discussions on key topics.

The full evaluation comments are attached at **Appendix 2**.

4. Next steps

A programme of future provider engagement events will be developed for 2019 to continue to build on the success of this initial event.

APPENDIX 1: Notes from tables discussions

Q1. What are the barriers to being a provider in Moray?	
Staff – recruitment, training	<ul style="list-style-type: none">• Recruitment – do we see that change? Projection but not there yet. It's a bit different if development and training is good. SLW was a glimmer but hasn't really changed it. Longer term core and cluster services using technology. Getting people with a variety of skills.• It is rural. This impacts on recruitment. HQ for many organisations is out with Moray. This can create challenges in terms of viability. If you are a provider already in a local authority area then it's very difficult to develop a 'proper' infrastructure. Challenges mean that the management structures need to be more creative in terms of what's in place. Scale is a real problem.• Demographics – This also impacts on recruitment and retention for staff, particularly for Moray. Perhaps slightly reduced via MOD migration.• Has Living Wage impacted on competition? Noted a far more level playing field between different providers.• Recruitment and retention comes in waves and often there is no rhyme or reason for what is happening in different areas.• Lots of expectations on staff to be switched on all the time and not falling into institutional ways. Staff taking on lots of responsibility, undertaking training when they could get a better paid job in a supermarket. Concerns that we will lose staff due to SSSC requirements and there is not the through-put of staff to fill the gaps. Lot of staff rely on sleep-overs to top up their pay.• Staff recruitment and retention – need for staff with the right skills, including managers. Changing of qualifications requirements – SVA, registration and maintaining it can take time and resources but this can also be recruitment positive.• Change in the complexity of service users – means that SVQ training isn't enough but costly to bring in the specialist training; need to collaborate with other providers. Difficulties around practicalities of collaboration of services/staffing/training.• Have staff also been "institutionalised"? Care providers who work 1:1 with the individual can become quite entrenched. Training and changing the culture needed. Staff are aware that their role in a person-centred approach is about having a different mind-set and staff need support with that. It's not about "your" rota. Aim of progression is for staff to become unemployable but in a cluster model there is work for staff and the sustainability

Q1. What are the barriers to being a provider in Moray?	
	of the provider needs to be obvious to the staff.
Market shaping	<ul style="list-style-type: none"> • Give organisations some comfort on what was needed/required. None of the organisations can do it speculatively. How does this come about? How can it be fair? Organisations don't care what other organisations are contracted to do (others not sure about that). What can we predict? Surely we can predict something! No organisation will invest without letter of comfort. Transitions service. Learning skills to move on. Funding looked like – would need comfort of void paying. • Not previously had a strong sense of what we want to do so this document and event has been really useful. • The potential scale – not in local authority's interest to let any one provider get too big but that affects scale for provision, especially if not already in Moray or neighbouring authorities.
Relationships	<ul style="list-style-type: none"> • Local knowledge and relationships are difficult to establish if you are on the 'outside'. • Knowing more about the person or persons (in council/Health & Social Care Moray) to go to and have the discussion with • We have properties we know aren't working. How do we as a housing provider or care provider get a conversation going? If we have got voids are we really ready to have the discussion? • Organisations which are a housing provider and a care provider are happy to separate these functions but haven't been able to have these discussions. We are going through our own challenges and the appetite for change is there.
Progression, outcomes, positive risk taking	<ul style="list-style-type: none"> • What's our carer engagement like? Quarriers is important but more importantly the answer to this question depends on our approach to positive outcomes. Noted carers service is very good. Noted that carers have a key role in delivering the progression model. • Sometimes a challenge to understand whose outcomes we are trying to achieve i.e. service or personal outcomes. • SDS has shaped direction of travel. Agreed that there is a tension between economy of scale and personalised support. • In terms of progression H&SCM is looking at 3-5 year blocks. This will impact on tenancy and role of providers. Shared Lives approach has potential in terms of supporting progression. • Interesting that people are being over-supported. People sitting with high level packages because they live in a residential setting but to get out of a residential setting is really difficult. Others which are support models still

Q1. What are the barriers to being a provider in Moray?	
	<p>behave as though they are residential care. People are still being fitted into services – we move people out of residential care but have gone back to it in some ways. If someone is with you 24 hours a day can you call it supported living?</p> <ul style="list-style-type: none"> • There is a challenge in balancing what is important to the individual with all the regulations around keeping people safe. Do we need more clarity around what does ‘keeping people safe’ mean? Something around joint decision making and accountability? This has been talked about for years – still governed by Care Inspectorate, Health & Safety etc. • Risk taking – people not often having an assigned social worker can slow things/progress. If a provider wants to take a risk then that needs to be collaborative with social work and needs to be able to move quicker and be more dynamic.
Accommodation	<ul style="list-style-type: none"> • Accommodation – identified as another barrier. H&SC noted importance of cluster groups and partnership working with housing; need a provider as a partner to work with. Future looking at a 5 year plan including multiple housing projects. • Own tenancy was perceived as sometimes leading to isolation. H&SCM has adopted the real tenancy test. Agreed as important. • We want people to be as happy as they can with their life and we are up for looking at services which are not working for people but we talk about group living settings as though we shouldn’t be having them. Some people develop in a group setting. Some have now been institutionalised. Not everyone will want to live in their own home, haven’t always asked people if they are happy living where they are. • Guardians expect people to have a “home for life”. • Accommodation – capital for the buildings was from the special needs grant. Trying to lobby to reinstate this or similar or other grant system and it would help if local authority is in support of this. The existing funding route is very difficult. Need this to support the building of new accommodation and this is on the national agenda.
Services	<ul style="list-style-type: none"> • Difficult that providers can simply adopt a framework. Needs to be jointly developed. • Another issue is technology. For example how do you utilise a responsive service? Noted in relation to overnights this needs to be done by registration. Opportunities for partnership approach with other providers (e.g. reduced cost overnights) • Dreamtime – noted that reducing mental health/depression and therefore medication is a huge benefit.

Q1. What are the barriers to being a provider in Moray?	
	<ul style="list-style-type: none"> • Geography – making sure services are in the right place; accommodation.
Q2. What can providers do to address these barriers?	
Staff	<ul style="list-style-type: none"> • Staff – ‘grow your own’ invest in people to give them the qualifications and skills. • Have a list of trained trainers in the area that can be loaned/hired out – or produce a way to offer unfilled places on courses to other partners. tsi and SACRO could have a role in this. Better to pay another provider than someone else. Inspire train all staff prior to start but has to do it in Aberdeen due to cost (at least 2 people have turned down jobs in Moray due to this week in Aberdeen). This could be feasible in Moray if shared cost with other providers. • For all of us – think about the wording of job ads so that people with good transferable skills know that they would and could be considered for the job and then get the right SVQ or qualification once in post that will satisfy registration. Also how are we recruiting? Job fairs, social media. • Using volunteers in the workplace appropriately. Conversation with tsi around volunteer management to make it easier for organisations to use volunteers that would have the positive knock-on to some of the above.
Collaboration	<ul style="list-style-type: none"> • Working with social enterprise to help people improve wellbeing and skills. Learning what the sector does. Need to learn about other opportunities. ALISS website – add your services. Are SW aware of range of opportunities? Event for small enterprises to sell business. • LD Forum. The Forum also links to other national forums. LD Forum can also help others – including providers find out more information. Joined up training has been a positive outcome. • Providers need to work more collaboratively, specifically pooling resources. • Possibility of forum to focus more on supporting provider collaboration. • Potential for savings/efficiencies in terms of joint training run by providers (e.g. training academy involving Moray College UHI) • Decide on agreed forums/mechanisms/communication methods between all organisations – LD Forum, tsi Health & Wellbeing Forum. Possible more use of webinars for meetings/forums.

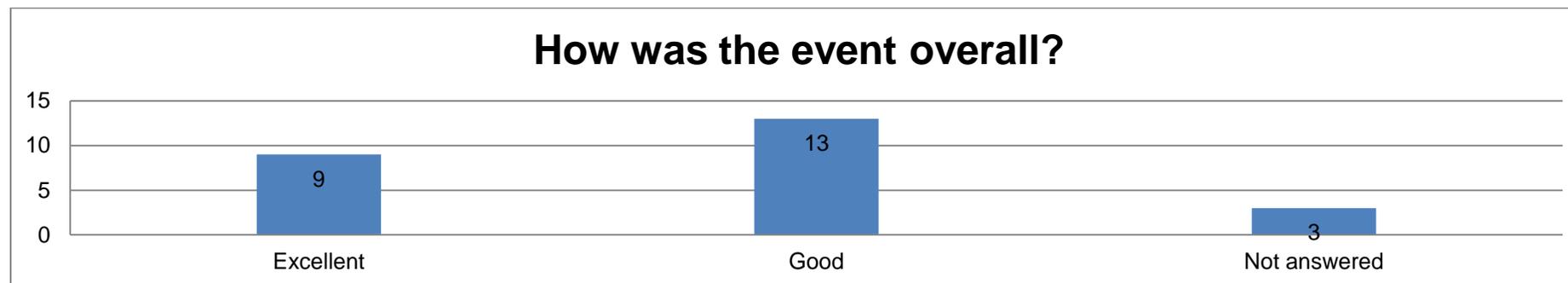
Q3. What can H&SC Moray do to address these barriers?	
Collaboration, shared learning	<ul style="list-style-type: none"> • Aberdeen City and Aberdeenshire – PIN with provider/housing and partnership for 24 people. • Foyer in Aberdeen have the exact service – go visit • National providers may be able to draw on their experiences elsewhere to give HSCM advice on how to do things and help map out what things could look like. • Continued joint working, bringing our strengths to the table as there is lots of in-house expertise here. • Organisations work together. • Directory of services. This is difficult to keep up to date. This would address lack of information for providers though. • Highlight the success of Fochabers project with C-I-C and Osprey Housing. • HSCM recognise that organisations sit here as our partners and as one another’s competitors. • Collaborate with ARC re the LD Forum and then add in the MSS ongoing discussion as a session following it. May increase attendance at the forum and effectiveness. Find out how the ARC Forums feed up to Scottish Government. No strong voice it would seem in the same way as Scottish Care for example. • Market shaping on social media?
Accommodation	<ul style="list-style-type: none"> • HSCM knows of about 70 people in Moray with a learning disability who need a different housing situation and are looking at ways of joining everything together. There is money in the Strategic Housing Implementation Plan – we’re looking at how we move forward with a project plan and timeframes so we achieve outcomes. • Are we talking about more HMO properties? Need to have the end user identified so we can find the site as the sites are easy to find. Can’t custom design properties as there may not always be tenants and we’ll be left with voids – need to be flexible. Need for more communal space and people to have their own front doors. Successful core and cluster scheme in Huntly supported by technology, with a bungalow, 4 flats, staff flat and ability to add and subtract flats in the scheme with Osprey. • The suggested cluster size which gives most flexibility is 8-12 or 6-8 units. Need to future proof. Housing providers need the confidence they are going to get their rent paid. • Who has the accommodation need? Not just people with LD, also older people so need flexibly designed accommodation – tenants could all be people with LD one decade and all older people the next. There will always be a need for extra care type housing. It’s about having a range and a choice.
Market shaping,	<ul style="list-style-type: none"> • Forward planning, understand need, publishing need. Procurement. Purchasing solution. Go out – all these

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strategic planning	<p>needs in Moray. Qualification stage – go onto list – join any time – leave any time. DPS. New work – publicised to all, invite in to chat. Light touch approach for new. 2 providers in Buckie can approach just them. Clarity from council – specification needs to be better.</p> <ul style="list-style-type: none"> • H&SCM can do more to make ourselves accessible especially for new, innovative ideas (e.g. what the providers want) • Providers welcomed this meeting as part of the above model. • More events like this are a good thing. • Honesty on the part of the commissioners if we really want new providers to be part of local provision. • Events like this are the starting point. We want meetings to happen and it's good we have the 1:1 meeting in a few weeks' time but what are they for? • Having a named contact otherwise where do you put your idea? You get passed from pillar to post. • Is there a strategic discussion HSCM is having with housing so you don't have to rely on organisations like Castlehill coming forward? There may be providers who are not involved at the moment and they might have properties coming up. This is an area which strategically needs to be better. • There needs to be more strategic working across housing and social care. A strategic housing link is missing. There is no housing rep on the Moray Integration Joint Board. • Open conversations are what we have wanted for years. Business plans set out what we are going forward with so we can have honest conversations. We invest in those conversations and hope to get a return on that investment. It's important to know if you are round the table or not. • We as HSCM need to be clear about the service we are commissioning • Commissioning need to understand that once we drop below a certain number of hours we need to do things differently. • Co-ordinate with providers over our contribution to the Strategic Housing Investment Plan.
Progression	<ul style="list-style-type: none"> • ISAs are the key. • ART – no report and lots of work put in from provider. Agreed that the results are implicit. • Commissioners need also to talk more to families to identify future support. • The Accommodation Review Team (ART) has a very good process. In terms of the individual' preferences, more information on that would be helpful such as where they want to live in Moray and who with.

Q3. What can H&SC Moray do to address these barriers?

- HSCM recognises sleepovers have been 'normalised' and families and staff can be resistant to change.
- Now have assessments focused on outcomes and how providers are helping to deliver those outcomes for the individual. There has been a real system change in approach. Families are getting on board but we sometimes leave it too late in the process to involve them.
- Change the social work allocation/re-allocation process to make it quicker and more dynamic/responsive to enable positive risk opportunities.

APPENDIX 2: Event evaluation and feedback



Comments

- Inspiring to get together/Moray Council honesty and vision that more engagement of providers needed to look at filling the 'gaps'.
- Informative but would have been good to learn more on L.A. plan to decrease or increase providers.
- Informative – good to engage with others
- Informative. Good opportunity to get better sense of council thinking and direction. Good to meet other providers and people from Moray Council. Welcomed the Market Shaping Strategy – succinct and useful document.
- Amy and Diane facilitated well
- It was a good opportunity to have a discussion. Often these don't actually and you do not have a proper chance to talk
- Aimee and Diane were excellent in their approach to the group
- Open, honest discussions
- Good event (sorry hall a bit cold).
- Good overall presentation
- Interesting and well attended. The report sent prior was very helpful.
- Long overdue meeting but very welcome!
- Shared information – networking with other service providers
- Very interesting regarding the type of housing and environment that different providers have identified.

- Excellent market shaping strategy document, fantastic MI info and commissioning goals leading to business development.

Q2. Which aspect did you find most useful?

- The group discussion, meeting other providers, sharing views and hearing ideas.
- Group discussion x6
- Presentation and reasoning for looking at provision.
- Enjoyed the workshop
- Group discussion and feeling that our contribution is important.
- Networking
- Chance to feedback
- Mix of presentations from local team and group discussion was helpful/interesting.
- Good table discussion with all organisations represented sharing well.
- Meeting other providers
- Round table session
- Networking with colleagues from other organisations
- Discussion with other providers and partners to allow an understanding of current landscape
- Collaborative working, frank and honest discussions
- Practice issues around progress in person centred approach.
- The view and internal work behind Housing Association and local housing provision.
- Opportunity to inform MHSCP of barriers, chance to network with other providers. Like the idea of dynamic procurement. Good table facilitation.

Q3. What is the key thing you will take away from today's event?

- That there is an appetite in Moray for innovation and creativity and opportunity to do something different.
- Collaboration
- The opportunity to develop the service and have the 'conversation' to make this happen or at least explore ideas.
- Progressive plan for individuals supported.
- That there is an opportunity to work together.
- Future communications
- Incorporated participation
- Opportunity to develop Moray is a real potential. Feels like the commissioning team are very receptive to creative and different ideas and opportunities.
- Recruitment and accommodation are concerns for all providers. Thinking about how to move forward the accommodation issues.
- ALISS – directory of available services
- Avenue to take forward opportunities
- Need for overview of demand
- Consider Market Shaping Strategy in light of current services provided and potential for future provision
- To consider SACRO's participation in service delivery in Moray in partnership/collaboration with other providers.
- That the partnership is open to ideas.
- Vested interest in collaborating/networking with other as well as sharing resources
- We are working together, not necessarily in competition. There is the passion and commitment from all to meet the challenging needs.
- Other providers' updates
- Contacts with Housing Associations and what they are looking for. Shared accommodation was a subject that I would like to explore further.
- Need to get beyond talking – transformational change is big and bold and brave. Moray needs to commit to meet partner providers at least half way.

Q4. How could the event have been more effective?

- Bit of feedback from the tables would have been helpful.
- More questions during discussion. More informal question/answer session
- It would have been nice for all the panel to be introduced
- Opened up group discussions and staff from the council moving around the tables
- Better understanding of how third sector/social enterprise can raise awareness of opportunities they can provide with carers and clients.
- Mapped out demand.
- It would have been helpful for the H&SC staff to stand up and introduce themselves at the start of the Q&A session
- Could have been longer – more opportunity to consider the individual topics in the discussion session
- Delegate list beforehand
- Warmer
- No comment at this early stage.

Q5. Any suggestions for future events/workshops?

- Longer discussion exercise
- That there are future events of a similar nature
- Introduction from all providers
- More networking/sharing events
- Hold them? Keep up the conversations
- I think it was well organised. No suggestions
- Involvement of “non-traditional” parties who may have more to offer or creative ways to share and collaborate. Look at how events are shared or actually carried out – i.e. using media platforms
- Similar events but longer in terms of time. This could be a day event as there are so many issues to discuss and people to partner.

Q5. Any suggestions for future events/workshops?

- Ask service users to attend – bottom up approach.
- Fully agree with future workshops and I will arrange a 1-2-1 meeting to suit.

Q6. Any further comments?

- Given that I had driven a distance it was nice to get biscuits at the start. Often for budget reasons these are omitted now but it is important.
- More clarity on the specific details of what the council require to enable providers to look at scope, costs and implementation.
- Not to have events on a Monday or a Friday please
- Thanks for holding the meeting
- I think it would be useful to continue with events like this as it is useful to tap into other providers' views.
- Thanks for the opportunity
- Would like to know the individual commissioning officers with responsibility for each of our properties in Moray.