

FEASIBILITY STUDY TO ASSESS THE
POTENTIAL NEED AND DEMAND FOR
A SELF-FINANCING DARLINGTON
COMMUNITY SUPPORT NETWORK
(DCSN)

Final Report

JENCO ASSOCIATES ON BEHALF OF DARLINGTON BOROUGH COUNCIL

November 2011

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Executive Summary

- Background research indicated that there was no single model or definition of a Community Support Network but there were a number of shared common features.
- Research was carried out in Darlington with service users, providers, key stakeholders and members of the public. In total the views of 170 people were obtained by face to face interviews, questionnaires, and focus groups.
- Darlington has a vibrant voluntary and community sector, with a wealth of services already available.
- The main organisations are located within the town centre with the potential to develop outreach services in community centres
- Access to services and information about services could be improved
- Services could be better coordinated but support for a community support network was qualified by the view that it should build on services already provided, not replace or remove them.
- Clearer care / support pathways are needed to ensure that people access the right service at the right time.
- Services should have clearly defined and measured outcomes
- Inter-generational schemes using volunteers could help to overcome the negative perceptions of younger people in Darlington.
- A membership scheme would be acceptable if it was linked to a discount shopping card.
- There is an acceptance that some services could be charged for (but not information or carers services)
- The internet has a part to play in the future Community Support Network model but an over dependency on an internet solution would exclude a significant sector of the population.

Recommendation Summary

- It is recommended that Darlington Borough Council should develop a Community Support Network based on;
- Shared values and principles
- Accessible to all
- Comprehensive and shared information systems
- Care coordination / navigation to those who need it
- Outcome focused services
- Care/support pathways leading to independence and social inclusion
- Volunteers being valued and benefitting from the experience
- A financial model that offered value for money without disadvantaging some sectors of the community.

The Darlington Community Support Network could be introduced in accordance with the following options:

Option 1– Development of a Community Support Network utilising current services.

Option 2- Development of a Community Support Network by re-tendering

1. Project Overview

1.1 Background

In September 2011, Darlington Borough Council commissioned Jenco Associates to carry out a three month study into the feasibility of creating a self-financing Community Support Network.

The basis for this work was the increasing demand for services and the challenges of reduced budgets faced by councils across the country and the need to better target limited resources on delivering positive outcomes for those most in need. Darlington Borough Council specifically wanted to develop a Community Support Network model to allow efficiencies to be made, improve the 'customer journey'/ care pathway, develop the personalisation agenda and remove the 'working in silo' culture.

By developing a more cohesive and collaborative model of care and support provision, Darlington Borough Council aim to reduce future demand for substantial and critical care by changing care pathways so that a smaller proportion of older and disabled adults become dependent on expensive social care services.

A further challenge in Darlington is an ageing population which is predicted to see over 40% of the population be aged over 50 by 2020 with 10% aged over 75. An expected increase in people with higher levels of need (eg those with long term conditions or dementia) is expected to place further pressure on a system already near capacity.

Darlington Borough Council identified that a range of third sector organisations already deliver services for older people and people with disabilities. The Participle (Southwark Circle) model had been investigated and discussed with the voluntary sector. An interest was expressed in developing a local delivery model for supporting older adults, though some voluntary organisations raised concerns over how this model would be developed, tendered and funded and queried if the Southwark Circle model could be applied to Darlington. There were also concerns over the impact it may have on current services.

Darlington Borough Council identified that they wanted to develop a model that would be self-financing within two years, would harness services that currently exist and encourage working in partnership/ consortiums (eg the need for Growing Older Living in Darlington and Age UK to work more closely).

Any model developed should encourage individuals and communities to play a greater role in 'owning' their own needs with support to find positive solutions. To improve the quality of their life allowing them to stay active and independent in their own homes for longer.

As well as looking at the feasibility of a Community Support Network, the study was also required to identify what the model would look like and what care and support services are required, as well as the practicalities around funding and coordination, volunteer support and the need for clearly defined outcomes (eg Keeping people healthy, social inclusion). Current services would also need to be mapped to ensure any recommendations gave thought to current services and any overlaps and gaps that may arise from developing a Community Support Network.

1.2 Research methodology & Approach

Sample Size & Overview of Target Groups

Darlington Borough Council identified a number of key target groups to be consulted about the feasibility of setting up a Community Support Network (as referenced in the 'Target Group' column in Table 1).

A variety of sampling and research techniques were used to gather data and ensure that all the desired target groups were reached effectively.

Web-based questionnaires were considered as a method of research, but not deemed appropriate due to the need for face-to-face engagement with key groups. It was also felt that the response rate within the timescales would be poor with an internet based questionnaire.

Jenco believed that this type of social research in which a shared understanding of topics is required would be most appropriately delivered through supportive research methods, rather than the less personal approach of filling in an online form.

Table 1 Research Approach

Target Group	Subgroup	Response Rate	Contact Method	Research Method(s)
Group 1 Unknown to DBC and other care organisations (total of 80 responses)	Residents aged 50 and above	43 (A further 35 from younger age groups)	Public access/ Marketplace events and contact with local workplaces.	Questionnaires & interviews were held during the 'Darlington Older People's Day' events on 30 th September. In addition, visits to local workplaces were carried out to gauge views of a different demographic.
	Residents between the age of 18 and 50 (defined as having a 'disability' under the Equality Act 2010).	1	Public access/ Marketplace event.	Questionnaires & interviews. Respondents from marketplace event and visits to local workplaces
	Unknown carers	3	Public access/ Marketplace event.	Questionnaires & interviews. Respondents from marketplace event and visits to local workplaces.

Target Group	Subgroup	Response rate	Contact Method	Research Method(s)
Group 2 Currently accessing services	Residents aged 50 and above	20	Contact through current service providers.	Workshop including a brief presentation to all attendees. Focus groups, (approx. six people per group) to discuss services and proposals.
	Residents between the age of 18 and 50 (defined as having a 'disability' under the Equality Act 2010).	32	Contact through current service providers.	Focus groups, (approx. six people per group) to discuss services and proposals.
	Carers of people currently accessing services	5	Local carer groups and current service users	Carers were invited as part of the two workshops for current service users. Focus groups, (approx. six people per group) to discuss services and proposals.
Group 3 Service providers/ key stakeholders	<ul style="list-style-type: none"> • DBC Adult Social Care – named lead officer – Elaine O'Brien • Appropriate Council Members • Third Sector Organisations operating in Darlington • Social Care Providers operating in Darlington • Health Care Sector • Public Health Lead • GP Lead • Existing service providers to older and disabled people as appropriate 	39. 26 at workshop, plus further 13 at interview	Identified through Stakeholder list provided on award of contract	Representatives from all key service providers and stakeholders to be invited. Initial contact & interviews, followed by workshop presentation and focus groups, (approx. six people per group).

Questionnaire research

Questionnaires carried out during 'Darlington Older People's Day' events on 30th September involved approaching members of the public and guiding them through a mixture of open and closed questions on current services and future provision to allow for both quantitative and qualitative research responses (for Questionnaire template see appendix 1). This resulted in detailed responses which helped identify key themes emerging from the research.

In addition, visits were carried out to local workplaces to gauge views of different demographic groups. 40 staff at the Lingfield Point Business Park completed questionnaires and this allowed the views of a younger age-group to be compared with views of the older age-group. There were a number of key differences in attitudes towards payment for services, volunteering and access to the internet. Subsequently recommendations on development of services for the present and future generations of potential service users can be made, allowing an element of future-proofing of any potential solutions.

The questionnaires responses also managed to target the divergent communities of Darlington and outlying villages (see appendix 2 for map of responses).

Workshops

There were initial difficulties in engaging with service users, despite liaison with the key provider organisations. The first half day workshop for older people was attended by eight members of GOLD but no service users from Age UK or other organisations were available to attend. As a result, further visits were made to Age UK to increase the sample size. This saw workshops and focus groups carried out with an additional 12 day service users at Age UK.

The focus groups were facilitated by members of the Jenco team and following the workshop the outputs were analysed and grouped into key themes. A summary of outcomes was returned to the attendees of the workshop, via their service provider organisation, to complete the feedback loop and ensure that no key points had been missed. Jenco also provided contact details to allow service users to make direct contact if they had any questions or concerns about the feasibility study, or wished to have further input.

The workshop presentation was tailored to the needs of the audience, asking about current services and also suggesting how any possible changes could affect service users at a practical level, rather than the complexities of how the model would work at a strategic level. This approach generated lively discussion within focus groups both in the initial workshop and subsequent visits to Age UK.

While it was viewed as important that service users were consulted, service providers suggested that too many feasibility studies were being carried out at around the same time. It was said that service users were becoming disillusioned with the process, finding most consultation too time-consuming and complicated to understand. For this reason, Jenco strived to keep workshops short, user friendly and informal to gather key information, but ensure minimum disruption was caused to people's routines.

Due to difficulties trying to get service users with disabilities to attend a workshop, Jenco made alternative arrangements to consult with people with disabilities through visits to the day services provided at Foundations and to Dimensions, a facility run by Darlington Association on Disability (DAD). As with the older people's workshop, Jenco decided that this research would be more effective with informal, simple, plain English discussion of key topics, rather than strategic discussion of proposals or formal presentations. At Foundations, care staff supported a group of 14 service users during focus groups to ensure those with higher levels of need were effectively communicated with and could put across their views. At Dimensions, staff performed a similar function with a group of 18 service users (and five carers), with support to ensure inclusion, including use of one sign-language interpreter. Both the Foundations and Dimensions focus groups allowed valuable information to be gathered about current and future provision of services.

Stakeholder interviews/ workshop

Initial contact was made and interviews held with key stakeholders and service providers to inform them about the feasibility study and gauge what services are currently provided. Details about each service were obtained, including type of service provided, funding and number of service users (for a full list of those consulted through interview and the workshop see appendix 3). Jenco also attended a Learning Disabilities provider event at which contact was made with a number of providers.

Following initial interviews a service provider/ key stakeholder workshop was held at the Head of Steam in Darlington.

The half day workshop was aimed to be a more strategic look at current provision and the potential for a Community Support Network. Following a brief overview of the current service framework and the potential models for a CSN (as referenced in section 4), the attendees were split into smaller focus groups to discuss key issues. With focus groups involving representatives from different backgrounds and organisations, this allowed each individual to have their say. It also allowed an element of networking to increase each individual and organisations understanding of the other services provided throughout Darlington. One such example was the detail around how the KeyRing model works (as referenced in section 4). A KeyRing representative provided details to the wider group, who were mostly unaware of the KeyRing model.

The focus groups were facilitated by members of the Jenco team and following the workshop the outputs were analysed and grouped into key themes. A summary of outcomes was returned to the attendees of the workshop to complete the feedback loop and ensure that no key points had been missed.

Issues

There were some individuals who it was difficult to reach through the research period. These included:

1. People with Disabilities unknown to DBC and other organisations

Reason: It is likely that a majority of disabled people already receive some kind of service and as a result only one response was received from this sample group.

Next Steps: DBC to ensure close working with service providers to ensure new service users are aware of recommendations made in this report and have input into future development.

2. Health Care Sector, Public Health Lead, GP Lead.

Reason: All were contacted to attend the provider/ stakeholder workshop, with no response.

Next Steps: DBC to ensure relevant personnel aware of recommendations made in this report and have input into future development.

We are grateful to all the service users, service providers, elected members, council officers and members of the public who have given their time to help us carry out this research.

1. The Current State

There are around 500 community and voluntary organisations in Darlington. However there are a few key organisations that play a role in the provision of care and support services and also act as a signpost / entrance point for people making initial enquiries about services. The key services that were mentioned by the majority of respondents to questionnaires and focus group research were Age UK and Growing Older Living in Darlington (GOLD) for older people's services and Darlington Association on Disability (DAD) for people with disabilities.

A summary of each key organisation and the services it provides is detailed below.

2.1 Services for over 50's

Age UK

Respondents to the questionnaire and focus groups identified Age UK as a key provider of services and information about services for older people.

Staff and volunteers are all trained to signpost people to other services if Age UK does not provide them, but know an alternative provider.

Services include a wellbeing and support centre (Bradbury House), which comprises of a day centre, (registered with the Care Quality Commission) and café, both of which run on week days.

Other services provided include hairdressing, bathing, exercise and fitness classes, arts and crafts, drop-in IT classes, photography classes, reminiscences, topical discussions and themed days.

The day service and café are well attended, though we were informed that the café runs at a loss.

Attending the day centre was considered a crucial social activity by many service users as it was the only time during the week that they had chance to talk to someone.

Age UK also offers services in the community, including bathing (£13.00 per session) and nail cutting services (£11 per session). There is also a befriending service paid for by Council and there are examples of this also informally doubling up as a shopping service, providing extra benefit for service users.

Age UK collaborate in service delivery with a number of other organisations including Mind, Southern Cross, and Pathway for Care and their links to other organisations are also enhanced by representation on the Older Peoples Partnership Board.

Funding is becoming an issue and despite various avenues of funding streams, including fundraising and charging for some services, Age UK consider that Council funding is essential.

Introducing charges for services has had a mixed response. The bathing service was free, and when charging was introduced 70% of people stayed with the service. However, eight service users applied for direct payments and received them and others receiving the service moved from twice a week service to once a week when charging was brought in.

Growing Older Living in Darlington (GOLD)

GOLD is run with the Council, providing information on services and events and carrying out campaigns. It has over 700 members who have the opportunity to influence how services are run, though members interviewed said they would like more say in how the Council provides services.

2.2 Current services for people 18-50 with a disability

Darlington Association on Disability (DAD)

DAD performs a number of services for people with a disability, including:

- Shop mobility service
- Access/ advice drop-in
- Carer identification
- Signposting to other services (eg Dimensions) informal signposting to CAB/ Age UK for benefit enquiries
- An information system for internal/ external referrals and carry out informal follow-up on all enquiries if possible (call/ letter from DAD information services to the service that the individual has been signposted to)

DAD views its town centre position as crucial to allow access to a range of information and services for service users and potential service users. The drop-in office is a main access point for enquiries, providing a centralised point for specialist service information.

Other Organisations

Jenco also contacted a number of other providers through attendance at a service provider event for Learning Disabilities. Representatives from the following organisations were interviewed, with details being taken of the services provided and some discussion on the basics of a community support network.

- Oaklea Trust
- UBU
- Creative Support
- LD Community Nursing Team
- Daisy's Café- social firm
- Allied Healthcare
- Avalon Group
- Potens
- Innovations
- Voyage Options
- United Response
- St Anne's Community Service
- Dimensions
- LifeLine
- Mencap
- The Right Focus
- Holicote short break service
- Key Ring

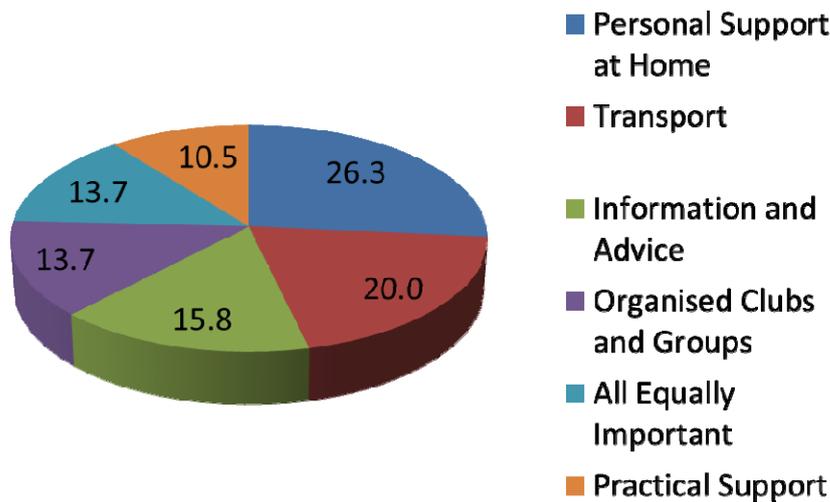
In addition, the following service providers, who it had not been possible to interview, managed to attend the workshop and feed in their ideas

- MIND
- Link
- WRVS
- Groundwork NE
- Red Cross

2.3 Importance of Services

As well as identifying key organisations, people contacted through the questionnaire and focus groups were also asked which type of services they felt were most important to help them maintain independence and the services that they would be willing to pay for.

Fig. 1 Order of Importance of Support Services



(1) Personal Support at Home

Personal support at home was viewed as the most important type of service to help people remain independent in their own home. Befriending services were seen as important as they help prevent social isolation and can identify any potential health issues or emerging care needs.

Service users identified a number of agencies, including 'Advocacy Together' as providing crucial support in the home. Other agencies assisted with preparation of meals and took service users out.

One service user at the Dimensions focus group didn't like using an agency ("different carers, different visiting times") and preferred the current arrangement where they have a direct payment and a PA. Three members of the focus groups at Dimensions had a similar arrangement and one group member had a relative as their carer. All were concerned that care plan reviews were leading to a cut in hours and that there was still a focus on services rather than outcomes. KeyRing was also mentioned as being "very good- a great service" to help people remain independent.

(2) Transport

Throughout the research, transport was identified as both a crucial factor in allowing people to remain independent and also a barrier to accessing services, especially for people with poor mobility. It was also the type of service that the largest percentage of people felt they would be willing to pay for (23%).

Changes to transport services including the cessation of the ring-a-ride service, the lack of a proper bus station and alterations to the bus schedule, especially evening/night services had caused problems. Two people with disabilities in the Dimensions focus groups and one member of GOLD specially identified transport to hospital as an issue.

The stakeholder workshop identified possible solutions in creating efficiencies by sharing drivers, volunteers and vehicles across organisations. This could involve a consortia being formed to own a minibus, which could be based at a central hub. Further research would be required into this approach, as the extra cost for insuring vehicles for community use may be prohibitive. A cost benefit analysis would need to be carried out alongside alternative methods of transport (eg using taxis) to see which is most cost efficient and provides most benefits to service users.

Bus services did not provide adequate facilities and access for people with disabilities, older people with a lack of mobility, or people with pushchairs. There was a view that drivers often only saw “the wheelchair, not the person” and there was a lack of space for storing pushchairs, walking aids and wheelchairs during journeys. One exception was ‘Paul’ from JP travel who many of the Dimensions service users agreed was excellent and saw them as a person, not just a wheelchair.

Most members of the Dimensions group wanted access to transport that allowed them independence to do what they want and as such were not interested in group day trips. Payment for transport was being made in some circumstances but the group felt that the free bus pass or taxi vouchers from the Council should continue.

(3) Information and Advice

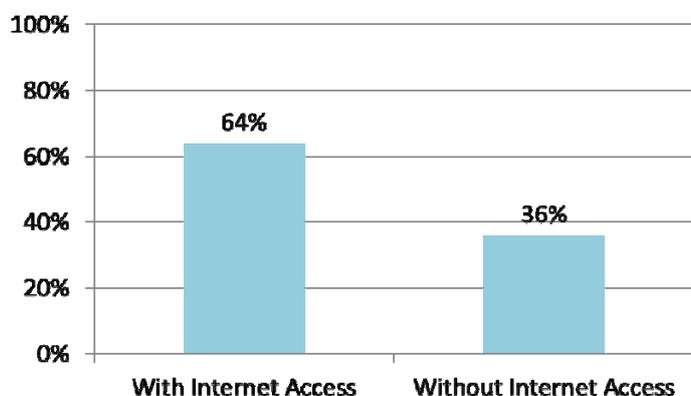
While not seen as a vital factor in maintaining independence, lack of access to information and advice about services was seen as prohibitive to accessing the other types of service. 40% of questionnaire respondents said that voluntary and community organisations did a ‘poor’ or ‘not very good’ job of advertising services. 45% said they didn’t know where to get information on care and support services, though some of these people said they would find out about services if they needed them.

Questionnaire and focus group respondents generally felt that information and advice were services that should be provided free and would not be willing to pay a charge simply for information.

The questionnaire asked people whether they had access to the internet, while the focus groups also asked about internet usage and the possibility of using the internet as a point of information for services.

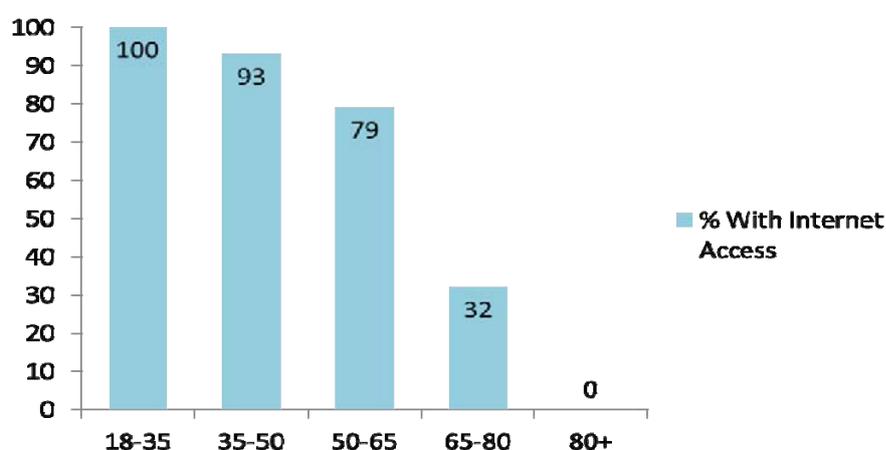
Based on findings from the questionnaires, 64% of the total sample had access to the internet.

Fig.2 Internet Access- Total Sample



While it was found that the 18-35 age group all had access to the internet, this percentage decreased with age, up to the point where none of the over 80's partaking in the questionnaire had access. Just 21% of those aged over 65 had access to the internet.

Fig.3 Internet Access by Age-Group



The lack of internet access was also supported in findings from the focus groups with older people. Very few of the attendees at the older people's workshop had access to the internet and the majority had no interest in having access. Frustration was aired that the internet was often considered a solution without giving thought to those who do not have access. One example suggested was the Council producing minutes and information about meetings only on the web with no hard copies provided. This was seen as: "not very democratic".

In the focus groups for older people, one woman suggested she was: "a pen and paper woman". This resonated with the rest of the group and suggests that an internet based solution to providing information or access to services will not meet the needs of older people of Darlington.

"I have a computer, but no internet. It's not easy to learn to use it and if you don't use it frequently you lose confidence. Many people don't want to learn".

However, it is likely that over time the percentage of older people with the internet will increase, so internet solutions may be more appropriate in planning for future need.

For people with disabilities the outcome of the focus groups suggested that the majority had access to the internet, but needed support in using it and accessing the information they needed. This support was generally provided by family or carers.

This support based access could potentially be developed for both older people and people with a disability. One focus group attendee said she didn't know how to find train times on the internet, so had visited the library and staff there searched train times for her and printed off the information. If a similar brokerage service could be provided, it may help people become more comfortable in accessing information from the internet. This type of service would need to encourage the user to become independent, or it may create excessive admin roles for staff and encourage people to become dependent on someone else finding information for them.

The idea of a coordinator role (as outlined in Section 4- 'Coordinated Approach') was suggested and seemed popular, though there were concerns over how this person would be initially accessed.

(4) Organised Clubs and Groups

Day services were highly valued by service users, both at Age UK for older people and Dimensions and Foundations for people with disabilities. Services provided at Age UK included an art group, hairdressers, exercise classes and bathing service.

Foundations service users had accessed services in the wider community, with two members of the focus group being frequent users of the gym and swimming facilities at the Dolphin Centre. This access would not have been possible without support from their families/ carers to help build confidence and support visits to the activities. People at the Dimensions workshop also preferred groups and activities that supported them to do new things. Examples included; gaining confidence and computer skills in order to enrol on university courses at Teeside / Darlington campus, training to be a member of an interview recruitment panel for new staff and learning computer graphic skills that are now being used to teach others.

While there were positive examples, further improvement could be made by linking more services to clear outcomes relating to giving confidence, gaining specific skills and developing more independence. This in turn would lead to people being part of an inclusive society where they could do what they wanted to do with the support needed. An example was given of going to the pub with a personal assistant rather than a day centre. On this basis the group felt that they would pay for services like everyone else but support would be needed.

While traditional day services and support do have a role, the care pathway should be adapted to allow service users greater choice and access to services in the wider community.

Some clubs and activities were difficult to access for those living in more remote areas of Darlington, and a suggestion was made at the stakeholder workshop that services could reach out into communities, utilising local authority community centres, church halls and community rooms to make access easier for people outside the town centre.

(5) Equal Importance

13.7 per cent of questionnaire respondents felt that all the types of support were equally important and needed to be retained. The view from the focus groups supported this- very few overlapping services were identified and people were keen to defend what already exists, but awareness of and access to services was an issue due to a lack of signposting between services.

(6) Practical Support

Many people already paid for practical support in the form of cleaners, gardeners, decorators and handyman services. While there was some use of the Three Rivers 'Care and Repair' service, many people said they acquired services from private firms through word of mouth. For example, one older person initially found a cleaner through a friend and when they needed a new cleaner, asked their neighbour for details. While word of mouth seems an effective way to acquire services on the recommendation of a friend, neighbour or relative, there was a view expressed in the questionnaire responses that:

"We need quality information on tradesmen so we're not conned by cowboys"

Some older people had been put off Meals on Wheels because of the cost and a recent scam which involved someone gaining entry to properties on the pretext of being from Meals on Wheels.

2.4 Support Services to Voluntary and Community Organisations

As well as the services provided directly to service users, there is also support provided to the organisations themselves.

Evolution provides a range of support services for the voluntary and community sector in Darlington, though stated that they won't provide services that the council should be providing.

It has a variety of funding sources, with income of approximately £70k a year from the Local Authority. In addition to this, other income (approximately £430k) is generated from other income streams including:

- Hiring out rooms to other organisations
- Contract with Fire station to hire out rooms
- Subsidiary company providing IT solutions, web design, marketing, social media support
- Community accounting service.
- Project management and consultancy service.

Evolution is looking to develop an information hub and signposting service adjacent to current Evolution office, potentially incorporating Tourist Information. They suggested that due to the number of voluntary and community organisations, knowledge of all of them is difficult. For this reason, Evolution expressed doubt over the value of a single 'point of access'.

They are currently developing a directory for commissioners and individual users, which will help increase knowledge of services by allowing organisations to 'sell' themselves by having their information in the directory where the majority of services will be listed. The directory will be available online and in community areas (eg GP surgery, library etc)

Evolution expressed an interest in putting together a Community Support Network Model, suggesting the organisation could carry out the role proposed for the Southwark Circle/ Participle model at considerably less than the £680k a year quoted. However, they stated that if Darlington Borough Council are going to go to tender, they will wait to bid rather than develop a model prior to specification. Any future partnership/ network should consider the third sector strategy that has been developed by Evolution along with third sector organisations.

2.5 Volunteering

2.5.1 Current State

Organisations in Darlington already have dedicated volunteers supporting their services. Most organisations have their own volunteers and in addition Evolution runs a Volunteer Centre which acts as a volunteer recruitment agency. The Volunteer Centre allows organisations and groups to advertise volunteering opportunities and Evolution offers a range of leaflets on different volunteering opportunities in Darlington, helping to signpost individuals to roles that may interest them.

The Evolution website also has a link to the 'Do-it' volunteering website- a national database of volunteering opportunities, which also allows searches to be carried out on a local level (<http://www.do-it.org.uk>). Through the 'Do-it' website an individual can view volunteering opportunities and available times/ days and register interest in an opportunity.

During the focus groups with older people, it was suggested that a lot of the older service users partake in voluntary work, yet they perceived a problem with demotivated youth believing that:

"Volunteering by younger people is not wide spread as there is nothing in it for them".

Throughout focus group and interview discussions with older people, the younger generation were frequently stereotyped as a being demotivated, "making all the mess" in the town centre and lacking respect for older people.

Questionnaire responses supported the view that:

"Younger people are not interested in volunteering".

Yet the figures provided by Evolution for new volunteers recruited through the Volunteer Centre (Fig.4 - Volunteers Registering with Evolution, 2010/11) suggest that the view that younger people are not willing to give their time is a misconception, with the highest proportion of volunteers falling under the age of 25.

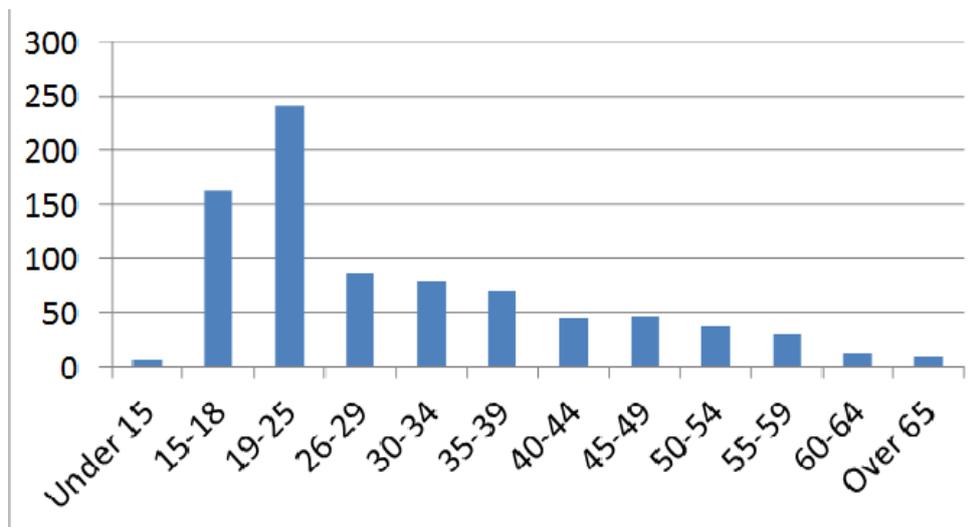
These figures may be affected by the 'compulsory volunteering' aspect as individuals requiring more experience before finding employment are referred to Evolution by the Job Centre. Regardless of the source of these younger volunteers, they should be encouraged as volunteers and their skills utilised effectively.

To further increase the number of younger people volunteering, Evolution has formed links with the Darlington campus, particularly students on health and social care courses and is also looking to further harness the potential for working age professionals to be engaged and enabled to volunteer.

DAD also suggested a broad mixture of volunteer age groups among its 170 volunteers, with significant representation from younger people. However, neither DAD nor Evolution provided detailed information on the volunteering activities these people took part in.

There appears to be a need to bridge the generation gap and alter some of the views and stereotypes currently in place. Age UK currently has 317 volunteers, but didn't provide an age breakdown, though may be able to facilitate / encourage cross-generational volunteering as this may currently be lacking.

Fig.4 Volunteers Registering with Evolution 2010/11



2.5.2 Barriers to Volunteering

During research, issues were identified that prevented organisations recruiting volunteers, but there were also issues that prevented individuals from considering volunteering.

The role volunteers can play in supporting the provision of services should not be underestimated. However, volunteers are not 'free' labour. Organisations need to fund advertising, recruitment, training, management, organisation and administration of volunteer activities. As such it is important that volunteers are not recruited just for the sake of adding to the quantity. It is important for organisations (and a potential Community Support Network) to identify a need for specific roles and recruit volunteers accordingly.

With time and resource requirements to recruit and manage volunteers, the seemingly emerging concept of 'compulsory' volunteering, in which volunteers may only be with them a short time in order to bolster a cv is not one that is attractive to organisations looking to create a stable group of volunteers. If further aspects of administration could be centralised to the Volunteer Centre, then short term volunteers may be more attractive to organisations as they would have less vested interest in them.

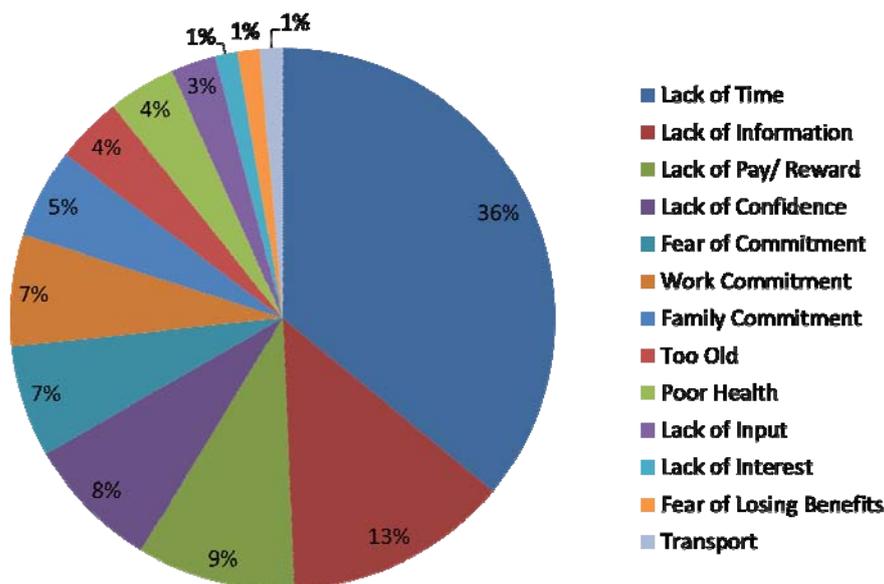
Some organisations interviewed during research encourage paid staff and service users to do voluntary work, though liability and employment issues arise if payment is made to volunteers, other than mileage expenses. DAD also encourages service users to volunteer and identified people with disabilities as an ‘untapped source’ of volunteering, but suggested this would require support and encouragement to ensure individuals felt confident enough to volunteer. Confidence was also an issue identified as a barrier to volunteering by respondents to the questionnaire, with respondents offering various reasons for being nervous about becoming a volunteer. These included:

- Person of retirement age being daunted by return to working environment
- Person who was naturally shy
- Fear of committing to regular time/ day and feeling you can’t say no
- Lack of information.
- Unsure of expectation

One organisation suggested that sometimes it was approached by the ‘wrong kind of volunteer’. The justification for this statement was that in some instances more professional care or commitment is needed than can be provided by volunteers, (eg high level of personal care need). If this is the case across the sector, then a more cohesive approach is required that allows these ‘wrong kind of volunteer’ to be redirected to a service that can assess their skills, commitment and interests and match them with a suitable organisation or specific volunteering role. This is already in place in some organisations, who signpost potential volunteers to more appropriate services if they have no suitable roles. Again, Evolution’s Volunteer Centre should act as a referral hub for these potential volunteers.

The demand on people’s time was viewed as a barrier to recruitment with difficulty faced when trying to recruit someone to give time for no financial gain when they are already busy with work and family commitments. Lack of time was also the predominant factor preventing people from volunteering.

Fig.5 Barriers to Volunteering



From the questionnaire responses, people who volunteered suggested that volunteers needed to feel valued. This didn't always equate to financial reward, but could be simply empowering volunteers to help shape the direction of services or projects, or 'for many volunteers a simple thank-you is enough'

2.5.3 Volunteering Conclusion

Many of the barriers identified are about perceptions of what volunteering is and what it entails. People feel wary, reluctant and unsure of volunteering, unless they are familiar with the service already (ie current service users, or potentially friends/relatives of service users).

To overcome these barriers, there needs to be:

- A clearer understanding of what volunteering is and roles available, making it easier for non-service users to be aware of volunteering and finding it easier to access.
- Clear understanding of the role of the Volunteer Centre and encouragement of signposting between services. The 'wrong kind of volunteer' should be steered to the right kind of opportunity rather than turned away and losing interest in volunteering. Evolution's Volunteer Centre plays a key role and should continue to do so.
- Create time for busy people through closer links with local businesses. Evolution already do this, but businesses may need encouragement or incentive to allow staff time to volunteer
- Identify people who are potentially 'time rich'.
 - Evolution's link with the Darlington campus could be used to facilitate cross- generation projects and volunteering. There may be an opportunity to use students IT skills to assist the development of any IT based training or solutions for older people's services. Examples of even younger age-groups taking part in similar projects are available nationally (<http://www.guardian.co.uk/society/2011/sep/20/adopt-a-care-home-internet-older-people>)
 - Build confidence among the recently retired to encourage them to take on a volunteering role
 - Build confidence among disabled people, including current service users to take on a volunteering role

2. Background and other Models

There is no one single definition of a Community Support Network. The models identified all differ in terms of provision, design, funding and size. It is not simply a case of transferring a successful model from one area to another, as current services, demographics and population size all impact on the success or failure of a scheme. However, there are a series of key features associated with the models, namely:

- Optimising independence, choice and control
 - Enabling people to participate in community activities
 - Providing information on the choice of support services available
 - User led organisations
- Community focussed
 - For the community
 - Run by the community
 - Community can be defined in terms of a common interest group or a geographical community
- Coordinated
 - Coordination between members of the network
 - Coordination in the approach to providing support (care pathways)
- Defined outcomes
 - Information, advice and support easily accessible
 - Improved health and wellbeing
 - Reduction in social isolation
 - Outcomes need to be individual and measured
- Efficient
 - Shared resources to enable closer working between organisations and potential cost sharing/ savings
- Cost effective
 - Early intervention reducing demand for later services
 - Funding options

3.1 Other Models

For the purpose of this research, the following models were explored:

1. Leeds Neighbourhood Networks

- Established in early 1990's
- 37 schemes giving city-wide coverage
- Provide various services and activities for older people in a distinct community within an area of Leeds.
- Social activities, groups and clubs, information and advice, practical support
- Schemes are supported by Adult Social Care/ NHS and other funding
- Schemes are managed by local people who decide what they want from their scheme.
- Added value of £800k in volunteer time alone
- Annual unit cost (2008) of delivering the service was £159.59 per older person

Comments

- The schemes have a standard contract but are commissioned from different providers. The contract focuses on four priority outcomes; reduction of isolation, increased participation and involvement of older people (in the network and the community), choice and control, enhanced wellbeing and healthier choices.
- Leeds has a “Keeping House” service commissioned from Care & Repair that provides an online directory of services that include “quality assured domestic and personal care services”. This service and the “Infostore” (for over 50 year olds) complement the networks by providing information and access to public and self-funded services. In 2012 Leeds will be operating an e-marketplace as part of a regional initiative (see 4 below).

Value for Money

- The schemes have secured a £2million a year funding commitment from the local authority and the NHS. Currently this supports 17,174 older people across the city.
- An outcome benefit measurement model is currently being introduced that, it is hoped, will confirm the value of early intervention / preventative services. Although Leeds recognise that the joint funding into the schemes is “significant” their expectation is “this funding will generate far more value in the form of enhanced social capital and community engagement”.

2. South London Community Support Network- A Common Interest Group

- Established in 1993
- Formed by a group of mental health service users
- Member organisation- membership is free
- Management Committee meet quarterly
- Employs advocates to help empower service users in exercising their rights
- Volunteers operate as befrienders in the community
- Offers employment opportunities
- NHS main funding source (£279,523 in 2011)
- Registered charity

Comments

- A user led organisation
- Provides in-patient, community and forensic advocacy services and involves volunteers as befrienders for people with mental health problems in the community.
- The funding requires that the CSN works solely with those with a diagnosis or pre-diagnosis of mental illness.
- To get information on the wider range of mental health services people are signposted to Lambeth MIND who provide a directory of services.

Value for Money

- Although the group is a registered charity and invites donations it appears (from its annual accounts) to be very dependent on the contracts it has with the NHS.

3. Southwark Circle- A Social Enterprise

- Established May 2009
- CSN for adults 50+
- Social enterprise registered in the UK as a Community Interest Company (CIC)

A model which had previously been considered by Darlington Borough Council. Provided by 'Participle' (see <http://www.participle.net> for further company information) the model is seen as potentially self-financing in three years, based on a minimum of 2,550 members each paying an average of £33 per month for services. The model operates using a membership and token system, whereby a service user pays an annual membership fee of £10 and buys tokens, each worth £10 and exchanges them for one hour of support from a Neighbourhood Helper. Support provided is practical tasks such as DIY or gardening, when required.

Comments

- The original decision by Southwark Council to fund the Southwark Circle was "called in" by the Scrutiny Committee where concern was expressed that the payment for membership could disadvantage those most in need. Elected members also questioned the strength of the evidence suggesting that the model would be self-financing in three years.
- Southwark Council is now in the third year of funding the Circle and, although not yet evaluated, includes the scheme as a model for its future development of adult social care.

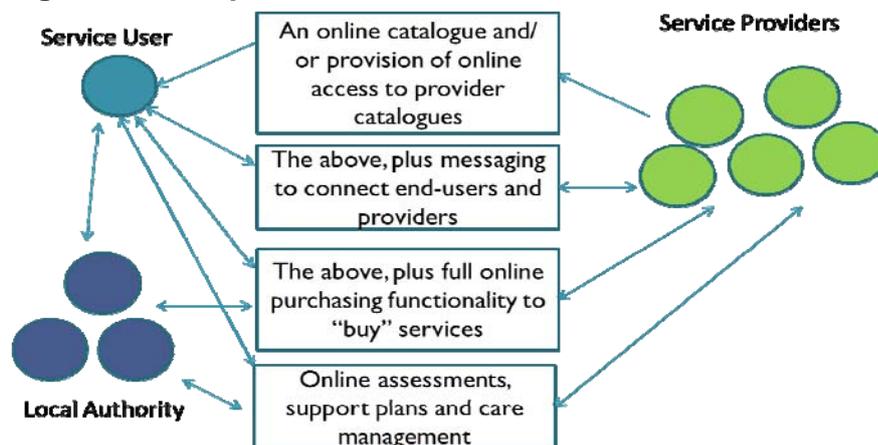
Value for Money

- The scheme would require a "one-off" investment of £680,000 over three years

4. Technological Approach- e-marketplace

- To be established Spring 2012 in Yorkshire and Humber
- 'Amazon' style website allowing customers to research, browse, window shop and buy products and services.
- Greater service user control allowing choice of products and services to meet individual needs
- Allows postcode searches to find local services
- May prevent individual from needing to access other more traditional health and social care services
- Help increase uptake of personal budgets as a cash payment which will reduce council transaction costs in procuring and paying for external care and support services.
- Council pays one off registration fee
- Service providers pay 2.5% levy on transactions

Fig.6 E-marketplace Overview



Comments

- In addition to delivering the functionality described in the above diagram the e-marketplace is expected to become a catalyst for change in health and social care.
- The e-marketplace blueprint identifies eight user groups principally affected by the new technology: Non-eligible citizens, self-payers, direct payment clients, 3rd party budget holders, domiciliary and day care providers, payment teams and commissioning teams.
- The e-market place will not go "live" until 2012 so has not been tested or evaluated

Value for Money

- Development costs (£500,000) for the e-market place have been met from government funding. A one off registration fee of £30,000 is payable to the contactor (Shop4Support). The cost of maintaining the service is covered by a 2.5% fee on transactions. On this basis it is considered "self-financing".
- Potentially more significant savings could be achieved by the Local Authority if the e-market place is part of a wider transformation programme.

5. Coordinated Approach

- Connected Care & Local Area Co-ordination
- Schemes target geographical communities
- Existing services (health, social care, housing, employment etc) co-ordinated by Care Navigators/ Local Area Co-ordinators who guide people through the system
- Services enhanced by local volunteers
- Management committees include local people
- Funded by local authorities
- Cost benefits relate to avoidance/ delay in taking up more expensive assessed services
- Transformation of existing system rather than provision of additional services

Comments

- Schemes tend to be focused on neighbourhoods with higher level needs.
- Valued by the people who receive it.
- Can offer an alternative to the assessment / care management function

Value for Money

- Savings relate to early intervention and more efficient use of existing services
- The cost of implementing LAC, to the most deprived wards in Darlington, is estimated (by Peter Fletcher Associates) at just under £500,000

6. KeyRing

- A model which already exists in Darlington, providing support for people with Learning Disabilities
- A KeyRing Network is generally made up of 10 ordinary homes (though the Darlington scheme has recently been extended to 13 members).
- Darlington scheme has also created 'associate members' who access some, but not all services.
- People who need support live in 9 of the homes. These people are KeyRing Members. They help each other out and meet up regularly. A Community Living Volunteer lives in the 10th home. The Volunteer is a person who helps Members out. They help with things like reading bills, forms and letters. The volunteer supports Members to explore what's going on in their neighbourhood and get involved.
- If Members need more support, there are paid workers that they can call. These workers can help if Members want to do something that will take more time.
- Referrals received from Connections and from ASC. All service users have their own tenancy. Service is free for members. Fixed price block contract with KeyRing (approx. £45k per annum)
- KeyRing want to expand further, but alternative funding sources will be required.

Comments

- The model combines a community of interest (learning disability) with a housing / locality focus.
- Dependent on volunteers with back up from managers and support workers.

Value for Money

- Good value as a targeted service offering an alternative to residential care.
- Potentially difficult and costly to replicate as a universal service to a wider community (older and disabled people).

3.2 Impact of a CSN on current provision

Darlington already has a wide range of services providing care and support for older people and people with disabilities. The development of a CSN should represent a different way of doing things, with the emphasis on effectiveness and efficiency, rather than adding another initiative to what already exists. On this basis it would be possible to create a tailor made CSN for Darlington incorporating some of the success factors from the above models.

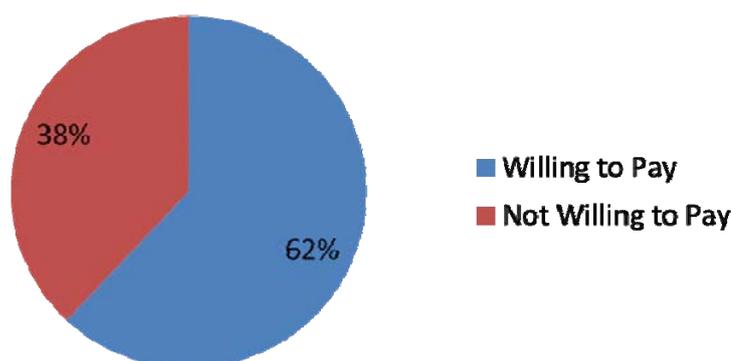
3.3 Potential uptake of members

During questionnaire research, respondents were asked whether they would pay £10 a year to subscribe to a membership scheme that gave information and access details to care and support services. Just 28% of respondents said they would become a member of a scheme. When respondents were asked if they would become a member if this allowed them membership benefits, such as discounts at local stores, this figure rose to 64%. Darlington has the 'Get more from Darlington' scheme which allows people to become a member for an annual fee of £5. A similar scheme, or something connected to the 'More' scheme could be an option, but care would be needed to ensure people were not disadvantaged if they can't afford membership.

3.4 Payment thresholds

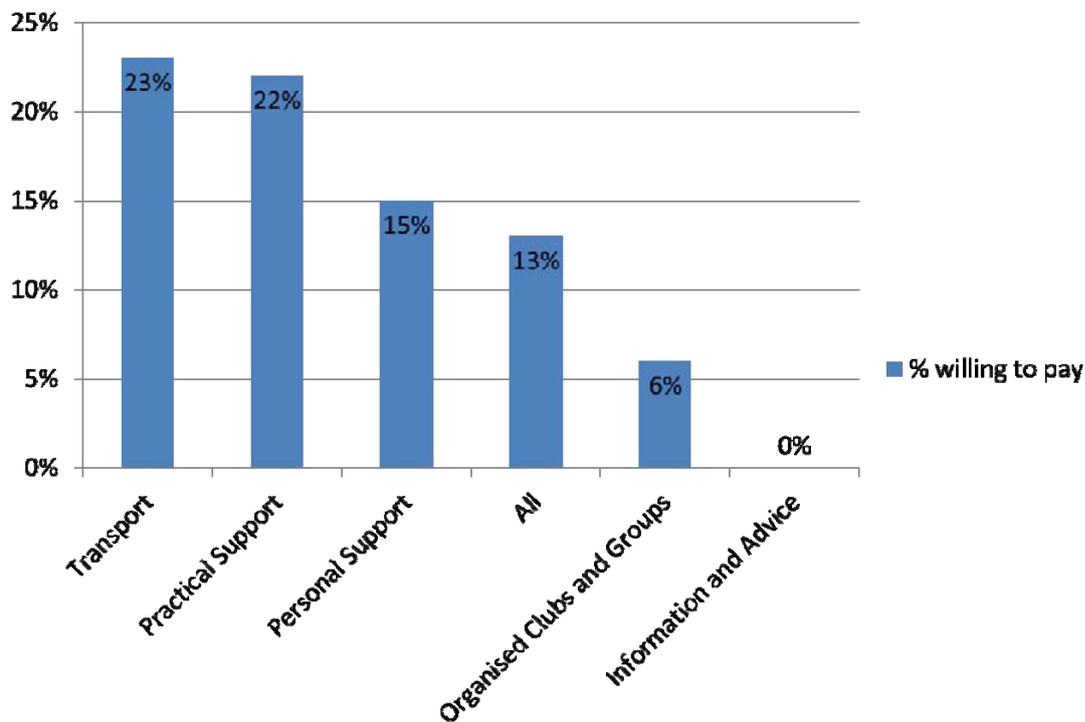
Respondents were asked whether they would consider paying for services and which services they would be willing to pay for. 62% said they were willing to pay for services and many of the service users participating in the focus groups already paid for some practical support, such as gardening and handyman services, and health services, including chiropody.

Fig.7 Willingness to Pay for Care and Support Services



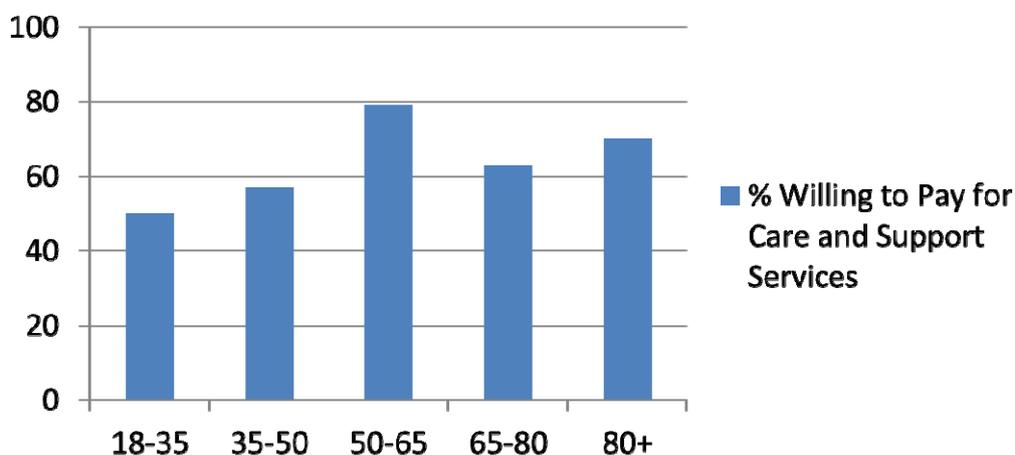
Of those willing to pay for services, transport and personal support were the most acceptable, with nobody surveyed willing to pay for information and advice services.

Fig.8 Willingness to Pay for Specific Services



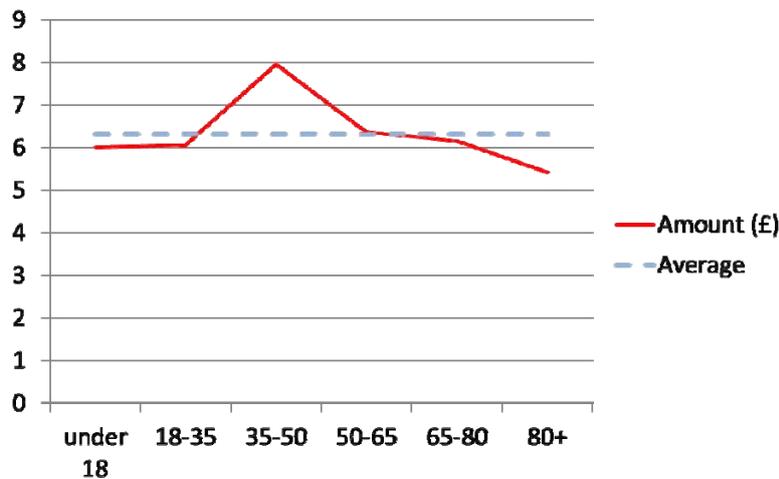
The group with the lowest willingness to pay for care and support services was the 18-35 age-group. This could be linked to them not needing services currently, or perceiving that they would not require services in the close future. The 50-65 age-group were all in employment, which, coupled with the acceptance that they may need to use services sooner may explain the increase in willingness to pay from younger age-groups. These outcomes suggest that charging for services, if brought in effectively and with consultation with service users, could be a way forward. However, steps should be taken to ensure that those unwilling/ unable to pay do not opt-out of services that they need because of charging. There was a general consensus among carers that carers' services should not be charged for.

Fig.9 Willingness to pay by Age-Group



Questionnaire respondents were also asked what they believed would be an acceptable charge for one hour of support service. The current National Minimum wage as of 1 October 2011 was £6.08 for workers aged 21 and over. Of those who said they believed paying was acceptable, the average response was £6.32. The payment threshold peaked at an average of £7.95 among the 35-50 year old age group. This could be explained by the fact that all respondents in this age-group were in employment. The decrease in the acceptable amount for people between 65-80 and the over 80 age group should also be noted. If charges are brought in for services soon, then care must be taken to ensure these people are not priced out of services they require (though this may be a challenge as minimum wage obligations must be met).

Fig. 10 Amount willing to pay for one hour of care and support



4. Financial Sustainability

4.1 Self-financing Community Support Network

A self-financing model of Community Support Network would require a level of income from members commensurate with the cost of running the service. This income could come from a membership fee – which would be used to fund the network (information, signposting and coordination) and an hourly charge for services that would be levied by the providers.

Steps would have to be taken to ensure that those people unable to pay were not excluded from services. This would require a simple benefit check as the cost of doing a full financial assessment would not be cost effective. A “safety net” may also be required for exceptional cases which could be administered by the hub.

The majority (64%) of people surveyed in Darlington would be willing to pay a membership fee of £10 per year but only if it provided additional benefits such as a discount in local shops. This could be done if the membership was combined with the “More” Darlington discount card. As the “More” card has an annual fee of £5 providing it as an incentive would effectively halve the income generated for the network.

Although some people are already paying for services 62% of those surveyed would only consider paying an hourly rate of £6.32.

“Participle” estimate that their Southwark Circle model would be self-financing based on 2,550 members paying £10 a year membership, £10 an hour for services and each member spending an average of £33 per month.

If the membership income is £5 per member per year and each member purchases 3.3hrs support per month at an hourly rate of £6.32 the total gross annual income based on 2,550 members would be £263,026.

The e-marketplace adopts a different self-financing approach. The website is funded by a 2.5% levy on transactions. Service providers pay nothing unless there is a transaction. The consumer pays whatever they agree (costs are influenced by competition) and payment is made electronically.

In reality the customer is paying for the service and the running cost of the website as the transaction levy is likely to be reflected in the service provider’s charge. Similar to any charged for service a “safety net” would be needed to ensure that it did not disadvantage some sectors of the community.

4.2 Social Enterprises

The benefits of a social enterprise lie in its ability to trade and any surplus (profit) having to be put back into the community it serves. Organisations that have charitable status are also able to access additional funding and tax concessions.

It would be feasible for existing charitable organisations to set up a CSN as a social enterprise. This business model would remove the total dependency on CSN membership to achieve a financial balance.

4.3 Cost Savings

Most Community Support Networks claim to achieve cost savings for both the Local Authority and the NHS by virtue of providing early intervention / preventative services. They argue that if these services were not in place then people would resort to higher cost services either because their circumstances had deteriorated or because there was no alternative.

Evidence of the financial impact of early intervention / preventative services is limited although the Partnerships for Older People Projects (POPPS) schemes evaluated well at a national level.

If the CSN provides accessible and accurate information, helps where necessary to coordinate support and links people to services with clearly defined outcomes then this is likely to have an impact on health and social care budgets.

A 75 year old Darlington man told the researchers that he had attempted to redecorate his house. In doing so he injured his back and shoulder requiring a hospital visit and weeks of physiotherapy. He said that if he had been made aware of a reliable and trusted decorating service he would have gladly paid for this rather than suffer the injury (*and avoid additional costs for the NHS*).

Cashable benefits are possible if the introduction of a CSN is part of a wider transformation programme resulting in a reduction in other areas of council or NHS activity. In order to achieve these benefits it would be necessary to identify the activities, the costs, the demand forecast and the savings.

5. Summary of Findings

Community Support Networks are not subject to a single definition but they do share key features:

(a). Values and principles

- Optimising independence, choice and control
- Community focussed
- Coordinated
- Defined outcomes
- Efficient
- Cost effective

(b). Accessible services

Darlington is a comparatively compact town and services are very focussed on the town centre. This is seen by many people as an advantage but this may exclude harder to reach communities. Although there are no longer any community development workers there may be an opportunity to utilise under-used community centres to provide an outreach model. Services based in the centre of town could run some activities in different neighbourhood localities by use of the Council's community centres.

Transport is seen as a significant problem in Darlington and for some a barrier to achieving greater independence. Its role in ensuring the success of a Community Support Network should be considered as part of the current review of transport in Darlington.

(c). Information and Advice

There is a lack of awareness of available services and a need exists for both a comprehensive information directory and identified contact / access points. Information should be available in different formats. The use of the internet needs to be complemented by paper based systems as many people do not have access to the internet. However a computer based directory with the facility to print off hard copies in different formats could be located in the contact / access points.

(d). Care coordination / navigation

From the research carried out with providers, service users, key stakeholders and the general public, it was identified that most services needed already exist, but better coordination and information is required to allow a smoother journey along the care pathway. Some signposting to other services occurs between organisations, and DAD informally tracks the progress of people into services and along the care pathway. However, there is a need for closer working between organisations, and health providers to ensure people can access the most appropriate services more easily. A contact point/ person for an individual would allow a more joined up approach to accessing services.

(e). Outcome focused services & Care/support pathways leading to independence and social inclusion

To improve access to services and the journey through the care pathway, outcome driven contracts are recommended. This should ensure more people progress through the care and support system and are enabled to be active within the community, rather than becoming dependent and staying in the same specialist service, or being directed towards unnecessarily high levels of support.

Many service users interviewed preferred groups and activities that supported them to engage in different activities in the wider community, with some service providers actively looking to identify opportunities. This needs to be extended to ensure all service providers are agreeing outcomes with service users to facilitate access to the services they desire.

If the Council is providing grants and funding for services, closer monitoring of performance and outcomes is essential.

(f). Volunteers being valued and benefitting from the experience

There are a number of barriers to volunteering which need to be addressed. There is a need to provide information on volunteering that makes it clearer for people to understand what volunteering is and the roles available.

Organisations and the public need to better understand the role of Evolution's Volunteer Centre and encourage signposting between services. For example, the 'wrong kind of volunteer' should be steered to the right kind of opportunity rather than turned away and risk losing interest in volunteering.

Different groups need to be targeted to ensure they understand volunteering and are encouraged to partake. This can be achieved through:

- Evolutions links with local businesses to encourage workplace volunteering
- Confidence building among groups such as the recently retired and people with a disability, including current service users, to take on a volunteering role
- Forming links with Darlington campus to facilitate cross-generation projects and volunteering.

(g). A financial model that offered value for money without disadvantaging some sectors of the community.

There is reluctance amongst Darlington residents to pay for a membership scheme unless it has some "value added" feature such as a discount card. The majority of people are willing to pay for services although this varies in relation to the type of service. More people would pay for transport and practical support and some people are already paying for these services. Care would still need to be taken to ensure people who couldn't afford or were unwilling to pay membership fees were not disadvantaged. A simple benefit check or "safety-net" process could be operated at the point of access.

6. Recommendations

The feasibility study has found that although Darlington has a thriving voluntary and community sector more could be done to improve its efficiency and effectiveness. The attraction of introducing a Community Support Network is understandable but there is no single existing model that could be applied to Darlington with a guarantee of success. It would however be possible to combine the features and success factors of existing Community Support Networks with the needs and aspirations of the people of Darlington.

On this basis it is recommended that Darlington Borough Council should develop a Community Support Network based on;

- Shared values and principles
- Accessible to all
- Comprehensive and shared information systems
- Care coordination / navigation to those who need it
- Outcome focused services
- Care/support pathways leading to independence and social inclusion
- Volunteers being valued and benefitting from the experience
- A financial model that offered value for money without disadvantaging some sectors of the community.

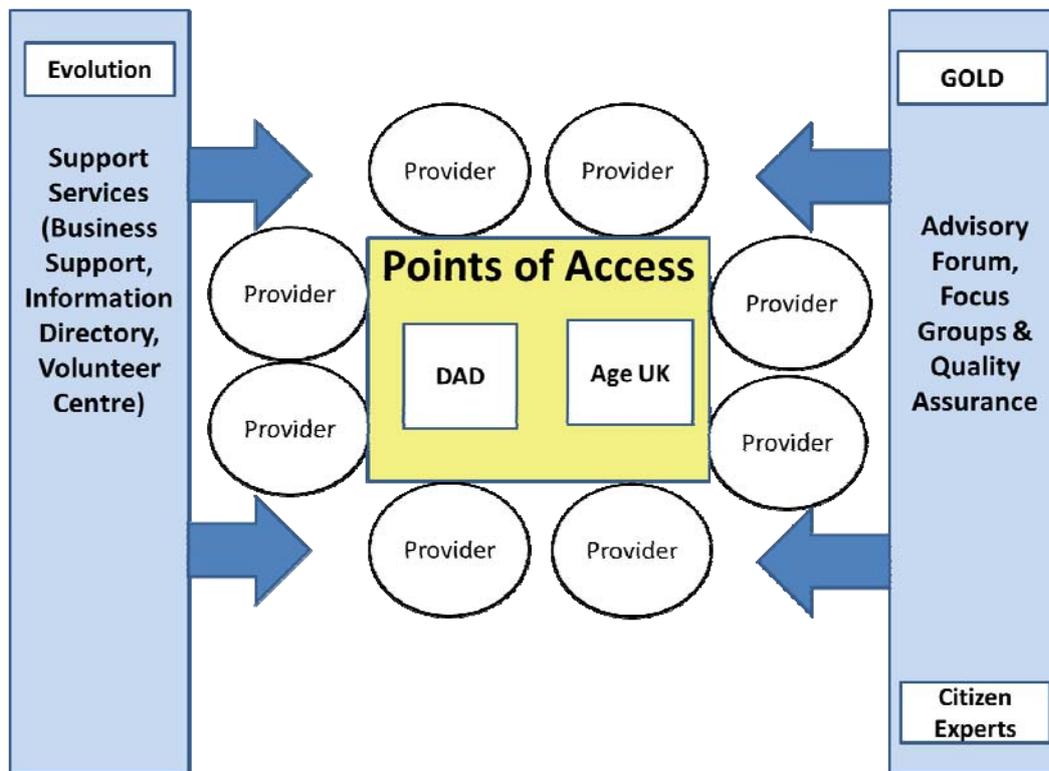
The Darlington Community Support Network could be introduced in accordance with the following options:

6.1 Option 1 – Development of a Community Support Network utilising current services.

Darlington has a dynamic voluntary and community sector. Although the larger organisations tend to dominate this could be advantageous in developing their role to create a more formal network.

In this model Age UK and DAD, working in conjunction with Evolution and GOLD, would form the hub with formal links to the other voluntary organisations to create a network.

Fig.11- Proposed Model for Option 1



Points of Access

For people with a disability, DAD already provides an informal service, which allows people to drop-in to their central office and enquire about services. From here, people can be signposted to other services to meet their need.

For Older People, Age UK is a prominent service provider in Darlington and informally already acts as first point of reference, information and advice for many older people in the area. Although the questionnaire only asked whether people knew how to find information on care and support, with a simple yes / no option, seven respondents specifically said they would go to Age UK when seeking information on care and support services. Attendees at the workshops also reflected that Age UK and GOLD were the best sources of information on services.

DAD and Age UK provide an effective, though informal, Point of Access for potential service users. However, the developed solution needs to operate on a formal basis with outcomes defined for the individual making the enquiry and tracking of their progress throughout the care pathway carried out.

- Points of Access to act as a facilitator for the person making the enquiry, providing details of services it provides and details of other service providers. Details of other service providers should be developed into a detailed directory of services, based on the directory already being developed by Evolution
- Points of Access to log details of person making enquiry (within DPA guidelines)
- Points of Access to log what service a person is referred to.
- Points of Access to review and log details of that persons progress into a service

It is recommended that the Point of Access provides a brokerage service to assist people with internet use. This should see the service provider act as an enabler and confidence builder to lend support and allow users to access the internet, not a service that people become dependent on for information.

Support Services

Evolution to continue in its role providing support services to the main hubs and other organisations.

Included in responsibilities will be:

Continued encouragement of partnership/ collaborative working

Development and maintenance of the directory

Volunteer centre tasks

- Work with organisations to support volunteer recruitment
- Work with local businesses
- Work with college to develop an intergenerational aspect to volunteering

Growing Older Living in Darlington (GOLD)

GOLD would continue to act as an advisory forum, provide focus groups and quality assure the network in respect of services for older people.

Citizen Experts

Citizen Experts would continue to act as an advisory forum, provide focus groups and quality assurance for the network in respect of services for disabled people.

Other organisations

The majority of organisations would continue in their present role but with greater clarity regarding their position along the care pathway and their relationship within the network. For example organisations would state what their access criteria was, their charging policy, whether they were specialist (and if so what outcomes they are trying to achieve) or for the wider community.

6.1.1 The Positive and Negatives of utilising existing services

Positives	Negatives
<ul style="list-style-type: none">• Builds on existing best practice and relationships• Minimum disruption• More efficient use of resources• Low cost to introduce	<ul style="list-style-type: none">• Existing contracts with organisations may have to be reviewed / amended• The network partners would need a concordat on new working practices.• Outcomes would need to be negotiated and agreed with organisations• Wouldn't be self-financing (introducing a membership fee for existing organisations is likely to require a change in their constitution)

6.1.2 Next steps for commissioners

- Explain proposal
- Review existing contracts
- Define outcomes
- Amend contracts
- Establish concordat
- Set launch date of CSN

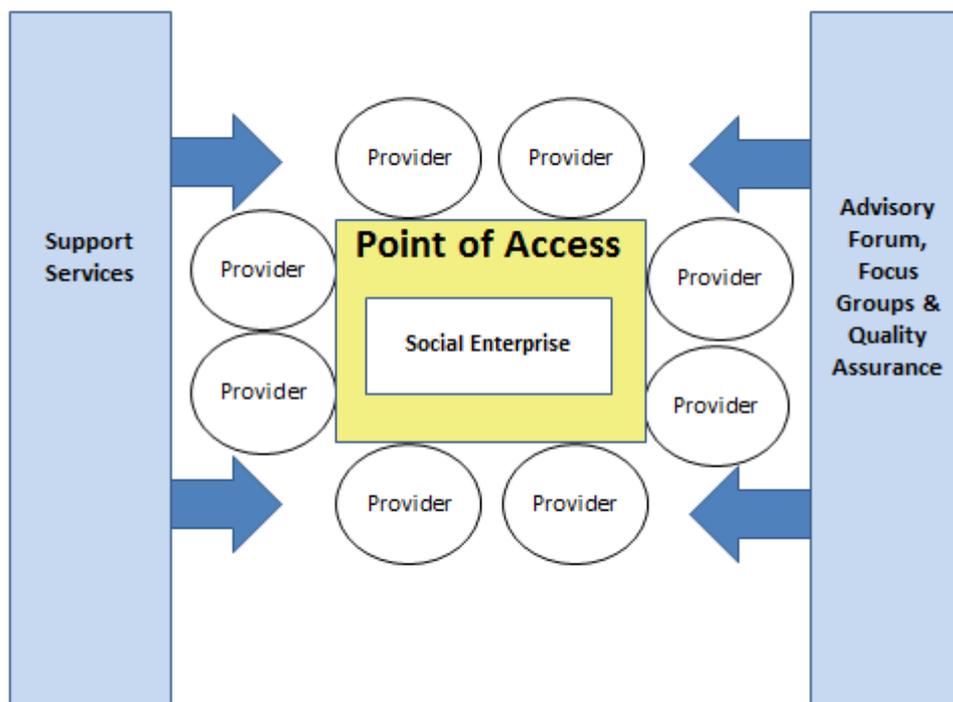
6.2 Option 2 - Development of a Community Support Network by re-tendering

The key features of a Community Support Network would remain the same but in the re-tendering model these would be used to form the basis of commissioning specification.

- Shared values and principles
- Accessible to all
- Comprehensive and shared information systems
- Care coordination / navigation to those who need it
- Outcome focused services
- Care/support pathways leading to independence and social inclusion
- Volunteers being valued and benefitting from the experience
- A financial model that offered value for money without disadvantaging some sectors of the community.

The specification would confirm the model required and the organisational structure required to deliver it. The tender could invite those organisations, with a knowledge of the needs of the people of Darlington, to work in partnership to establish a Community Support Network as a social enterprise. Expectations regarding a membership scheme and charging for services could be explicit in the specification

Fig.12- Proposed Model for Option 2



6.2.1 The Positives and Negatives of re-tendering .

Positives	Negatives
<ul style="list-style-type: none">• New service with a new way of working• Ability to introduce a social enterprise model• Potential to be self-financing	<ul style="list-style-type: none">• Potentially disruptive to existing services• Length of time to tender• Cost of tendering and introduction of new service

6.2.2 Next Steps for commissioners

- Consult
- Develop specification
- Run workshop(s) on tendering process
- Tender appraisal / selection
- Start of contract and monitoring arrangements
- Identify areas for de-commissioning

6.3 The e-marketplace

The e-marketplace could be applied to either of the two options with the benefits outlined in Section 6.3.5 below.

6.3.1 e-marketplace in Option One

In option one the information held and developed by Evolution and the Local Authority would migrate to the e-marketplace website. Input would continue to be made by both organisations. This would put all the information on services in one place and enable people to use the full functionality (including internet purchasing) of the e-marketplace.

The e-marketplace would be accessible to those people who had the internet at home and at the CSN access points where guidance would be given (from volunteers) in helping people use the system. Coordination of services and care brokerage would be offered by Age UK & DAD.

6.3.2 e-marketplace in Option Two

In option two the e-market place would be an integral part of the service model. The commissioning specification would require that the Social Enterprise used the e-marketplace for in-putting and accessing information, care co-ordination and care brokerage.

6.3.3 e-marketplace Summary (see appendix 5 for e-marketplace blueprint)

A place where people who need support can find out about their locality and how their need can be met

This includes information about Housing, Transport, Things to do, Residential Care, Domiciliary Care, Day Care, Personal Assistant and support to regain independence after a period of illness.

The market place will help those eligible for public funding and self-funders alike to buy services that meet their needs

Provides greater opportunities for suppliers and buyers to establish new trading partnerships

6.3.4 Key Features

- Information, Advice and Signposting
- Potential customers can access all the information required to make informed choices about the support they need which is clearly provided and helpfully organised
- People are guided and signposted to the most relevant information and range of services according to the needs they describe
- Choice and Control
- Social Care customers can take control of their own support arrangements
- They can use the market place to buy services that suit their own circumstances best and get what they want

Quality and User Voice

Information about the quality of individual provider services is openly available through the website

Customers can comment about their experience of services and this contributes to quality ratings

Customers will be able to support and advise each other through the website

6.3.5 Benefits

Benefits for Customers

- Customers are able to access health and social care information and advice
- Customers, if they choose, are able to access a facility to self-manage their care and support - becoming less dependent upon traditional social work
- Provides a clear purchasing process given that a providers availability and process are accessible
- The system will be accessed by a website so there are no problems accessing services out of hours
- Offers a convenient way to compare prices and products from a single source rather than spending time contacting each individual supplier
- The customer receives a level of trust as they are dealing exclusively with suppliers who are members

Benefits for Providers

- A free and easy way to start trading online
- A 'pay as you go model' if you don't sell anything, you won't pay anything
- Free training and support is provided for early registrations
- Provides an additional sales channel to market and sell products and services

Benefits for Social Care Staff

- It will help social care staff to work creatively with customers
- It will be a tool to enable the management of Personal Budgets

Benefits for the Local Authority

- The Council adopts a more enabling / facilitating role.
- Customers can be diverted from Local Authority services by identifying and purchasing alternative services to meet their needs.
- The system has the capacity to work with Local Authority financial management systems for those people with direct payments / personal budgets.
- A local e-marketplace can stimulate the area's economy.

6.4 Care Pathway

Under each of the options outlined above, a new care pathway would be developed, as referenced in Appendix 6.

Appendix 1- copy of questionnaire

Questionnaire on the feasibility of establishing a Community Support Network for older people and adults with a disability living in Darlington.

The questionnaire will take between 5 and 10 minutes. You will not be asked to identify yourself by name or address and any information you do give will be subject to the Data Protection Act (1998).

1. Do you live in Darlington and if so what is your post code?
2. What age group are you in? (please circle)
18-35yrs , 35-50yrs , 50-65yrs , 65-80yrs , 80yrs+
3. Would you describe yourself as having a disability? **Yes / No**
4. Do you have a long term medical condition? **Yes / No**
5. Do you provide care for a relative or friend **Yes / No**
6. Do you currently receive any care or support service arranged through Darlington Borough Council? **Yes / No**
7. Do you know where in Darlington you could get information on care and support services ? **Yes / No**
8. How good do you think the voluntary services in Darlington are at advertising their services?
Very good / good / not very good / poor
9. Do you think there is some overlap in what voluntary organisations in Darlington do?
Yes / No

Examples of service overlaps
10. What gaps do you think there are in the services for older people and adults with a disability in Darlington?

Gaps in services
11. Do you have access to the internet? **Yes / No**
12. Do you currently do any voluntary work for Darlington organisations or would you be interested in doing some? **Yes / No**

13. If “yes” please state who you work for or who you would like to work for and how many hours a week you are able to do voluntary work.

14. What do you think stops people from volunteering?

15. The following types of support are intended to help people remain independent in their own home. Please rank in order of importance to you (1= most important. 5= least important)

Type of Support	Rank
Information and advice - on health, housing and care services (e.g. newsletters, leaflets, directories, web-sites)	
Organised clubs and group activities - that you could attend to help keep you healthy and prevent loneliness.	
Personal support in your own home (e.g. advocacy, bathing, befriending)	
Transport (e.g. day trips, shopping trips, transport to group activities)	
Practical support (e.g. gardening, housing repairs)	

16. Which, if any, of the above support services (provided by a voluntary organisation) would you be willing to pay for?

17. If there is a charge for a support service how much an hour do you think would be reasonable ?

£

18. Would you pay a £10 a year subscription to a membership scheme that gave you information and access details to care and support services?

Yes / No / Maybe

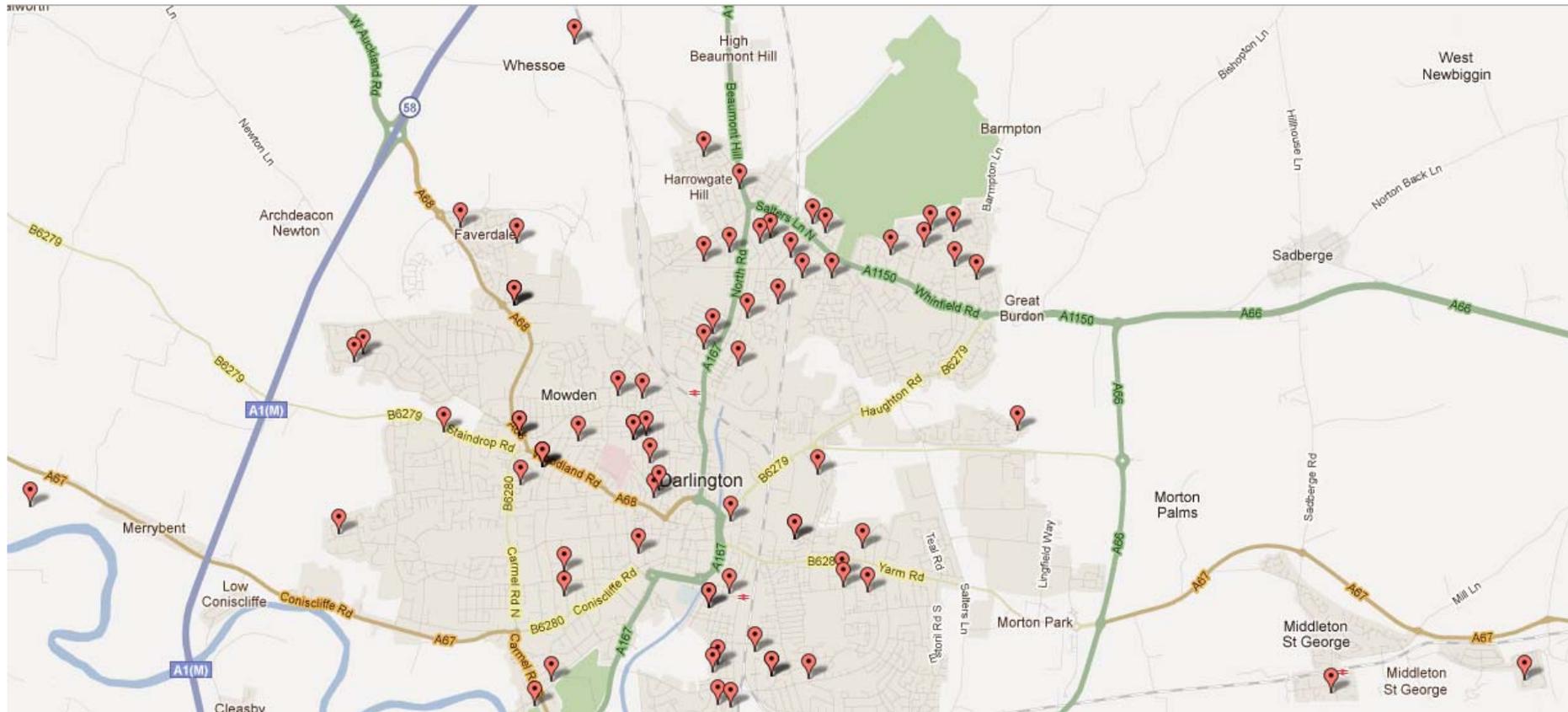
19. If “no” or “maybe” to question 18 - would you subscribe to such a scheme if it also gave you a 10% discount at Darlington stores?

Yes / No

20. Would you like to make any comment on how care and support services could be improved in Darlington?

Thank you for taking part in the survey.

Appendix 2- Questionnaire responses plotted by postcode



Appendix 3- workshop attendees

Name	Organisation/ Role
Mary Hall	Council Officer
Mark Humble	Council Officer
Jeanette Crompton	Council Officer
Ann Workman	Council Officer
Lynn Walker	Council Officer
Kevin Kelly	Council Officer
Ann Kennedy	Council Officer
Lisa Holdsworth	Council Officer
Nicola Childs	Council Officer
Denise Rudkin	Council Officer
Berni Thompson	Council Officer
Sue Nuttall	Council Officer
Yvonne Hall	Council Officer
Lesley Compson	GOLD
Vicky Blakey	Evolution
Joanna Hodgson	DAD
Diane Lax	Link
Gary Emerson	MIND
Nigel Potter	Groundwork NE
Alison Robson	WRVS
Val Steel & Hilary Lane	Red Cross
Tracey Hall	KeyRing
Sue Bell	Dimensions
Lynn Bushell & Nicola Harrison	UBU

Also, the following people were interviewed about services prior to the workshop:

Name	Organisation/ Role
Nik Grewer	Council Officer
Elaine O'Brien	Council Officer
Warren Tweed	Council Officer
Helen Watson & Denise Rudkin	Council Officer
Lynne Heslop	Council Officer
Pauline Mitchell	Council Officer
Yvonne Hall	Council Officer
Jeanette Crompton	Council Officer
Lisa Holdsworth	Council Officer
Kevin Kelly	Council Officer
Councillor Copeland	Councillor
Lauren Robinson	DAD
Jenny Joyce	DAD
Tracy Roberts	DAD
Karen Grundy	Evolution
Lynn Blewitt	Evolution

Appendix 4 - Questionnaire Statistic summary

Statistics Summary	Number of Respondents	Disability?		Carer?	
		Yes	No	Yes	No
Total	78	20	58	4	74
under 18	1	0	1	0	1
18-35	20	1	19	2	18
35-50	14	2	12	0	14
50-65	14	4	10	2	12
65-80	19	8	11	0	19
80+	10	5	5	0	10

Do you know where to get information about care and support services?		
	Yes	No
Total	42	36
under 18	0	1
18-35	7	13
35-50	6	8
50-65	9	5
65-80	12	7
80+	8	2

How good are the Community and Voluntary Sector at advertising services?					
	Very good	Good	Not very good	Poor	Not rated
Total	5	33	19	13	8
under 18	0	1	0	0	0
18-35	0	9	6	3	2
35-50	0	6	2	3	3
50-65	0	11	2	1	0
65-80	0	6	7	5	1
80+	5	0	2	1	2

Internet Access		
	Yes	No
Total	50	28
under 18	0	1
18-35	20	0
35-50	13	1
50-65	11	3
65-80	6	13
80+	0	10

Volunteering					
	Volunteering now	Average Hours	Not volunteering	Not Volunteering but Willing to in future	Average Hours
Total	23	15.4	55	4	2
under 18	0	0	1	0	0
18-35	3	5	17	0	0
35-50	3	3	11	0	0
50-65	3	not specified	11	1	2
65-80	10	3	9	3	not specified
80+	4	4.4	6	0	0

Barriers to Volunteering													
	Lack of Time	Lack of Pay/Reward	Lack of Info	Fear of Commitment	Lack of Interest	Lack of Confidence	Family Commitments	Work Commitments	Too old	Poor Health	Fear of Losing benefits	Lack of Input/influence	Transport
Total	27 (36%)	7 (9%)	10 (13%)	5 (7%)	1 (1%)	6 (8%)	4 (5%)	5 (7%)	3 (4%)	3 (4%)	1 (1%)	2 (3%)	1 (1%)
under 18	1	0	0	0	0	0	0	0	0	0	0	0	0
18-35	10	6	1	0	1	0	1	1	0	0	0	1	0
35-50	5	0	1	0	0	0	0	3	0	0	1	0	0
50-65	7	1	3	0	0	2	2	1	0	1	0	1	0
65-80	3	0	4	4	0	2	0	0	0	2	0	0	0
80+	1	0	1	1	0	2	1	0	3	0	0	0	1

Most Important Services						
	Information and Advice	Organised Clubs and Groups	Personal Support at Home	Transport	Practical Support	All Equally Important
Total	15	13	25	19	10	13
under 18	0	0	1	0	0	0
18-35	2	4	6	4	2	3
35-50	4	3	4	4	2	0
50-65	4	2	6	6	3	3
65-80	3	4	6	2	1	3
80+	2	0	2	3	2	4

NB some valued more than one service as equally important, so more than 78 responses received

Willingness to Pay for Services				
	Willing to pay for Services	Not willing to pay for services	% willing to pay	Average amount willing to pay (£)
Total	49	29	62%	6.32
under 18	1	0	100%	6
18-35	10	10	50%	6.05
35-50	8	6	57%	7.95
50-65	11	3	79%	6.36
65-80	12	7	63%	6.16
80+	7	3	70%	5.42

Services Willing to pay for							
	Information and Advice	Organised Clubs and Groups	Personal Support at Home	Transport	Practical Support	All	None
Total	0	5	12	18	17	10	26
under 18	0	0	0	0	0	0	1
18-35	0	2	0	7	2	5	9
35-50	0	3	4	2	4	1	3
50-65	0	1	2	3	4	1	4
65-80	0	0	4	3	4	2	8
80+	0	0	2	3	3	1	1

NB. Some would pay for two or more services, so more than 78 responses received. Three people responded that they wouldn't pay, but then reconsidered on the 'which services would you pay for' question.

Willingness to pay for Membership			
	Yes	No/ maybe	Change to yes if benefits
Total	22	56	28
under 18	0	1	0
18-35	3	17	9
35-50	4	10	5
50-65	5	9	4
65-80	5	14	8
80+	5	5	2

Appendix 5- E-marketplace Blueprint (with kind permission of the authors)

The Doncaster TLAP and eMarketplace Blueprint

October 2011

The Blueprint is a detailed description of what the organisation will look like in terms of its business processes, people, information systems and facilities and its data once the project is complete. It is used to maintain the focus of the project on the delivery of the new capability.

Background

The essential dilemma that council's face in the current financial climate is that they need to avoid a 'lose: lose' situation, where social care and health get increasingly financially constrained, in a situation where no alternative system to increase productivity while maintaining outcomes is developed. This downward spiral results in less choice for citizens, worse outcomes for public money spent, more disputes and judicial reviews, and a generally a poorer services and outcomes for citizens. Instead council's need to create a 'win: win' scenario where social care is able to develop a more lean, less bureaucratic system, which reduces the onus on councils whilst giving more choice and more control to individuals. This will enable creativity to flourish providing an opportunity for positive outcomes to be delivered whilst less money is available.

Personalisation, as a strategic move towards self-care, is the only alternative social care model available. Furthermore it has the tools to be able to reduce process, remove costs from the system, and achieve the win: win scenario described. However, there are major challenges to making this happen. For example, councils spend, on average, £35m of every £100m on non-residential care and support but only approximately £5m is spent via PBs and only £2.5M via DPs. Given the Governments 2013 target and need to develop a 'self-management' personalised model of social care, commissioning practices, social work activity and spend associated with it will have to change significantly in a very short period of time.

It is clear from emerging Think Local Act Personal (TLAP) partnership documentation that there needs to be a major re-emphasis on the development of minimum processes for critical segments of the social care pathway, these aspects of personalisation are under developed and if not addressed will disable personalisation as a plausible response to the current issues facing health and social care.

In this context the introduction of an eMarketplace can deliver an information and advice portal, a social care product and services catalogue, messaging with providers, plus a transacting and review platform, which can act as a focal point for further personalisation.

The eMarketplace project is therefore part of a wider programme of change within adult health and social care. It is an important project in its own right, but as a new

technological step forward around which other modernization projects may operate it becomes all the more significant as a catalyst for change and modernisation. This blueprint considers the specific impact of the eMarketplace on the social care organisation, but it situates this in the context of a successful wider programme of change linked to TLAP as it affects health and social care more generally.

Processes

Having an eMarketplace changes some processes and introduce new ones. This area of scope covers any operational business models that will change as a result of the work that will be carried out. The processes that will change are described under four headings: changes to current ways of working, activities that will need to be phased out, details of what new processes will be needed, and what difference new processes will make to performance and output. These are detailed for 8 user groups principally affected by the implementation of the new technology: Non-eligible citizens (those people who just want information and advice in advance of disability / need), self-payers, direct payments clients, 3rd party budget holders (those people maintaining a budget for an eligible social care customer), domiciliary and day care service providers, payment teams, commissioning teams.

- Changes to existing ways of working

Non-eligible Citizens: All citizens will be able to have access to a single web site for information about health and social care. This will mean the Council has to bring together its information and advice about health and social care into intuitive web based guidance with appropriate links out to relevant other sites.

Self-payers: People who pay for services themselves will use the information and advice portal to access services. Purchases and search information will then be able to be shared with the local authority.

Direct Payments (DP): DP users will be able to transact with providers via the web site.

3rd party budget holders: Carers, family and friends, as well as brokers and care navigators etc, will be able to purchase services on behalf of the cared-for person by using the web site.

Domiciliary care and day care services: Direct payments will increase to become the default position for community based provision, which will mean these types of services will be accessed gradually but increasingly via the web site

Payments will, over time, become, on the whole, web based between individual or managed budget holder and the provider. With support arrangements and alternatives for non-web users, and those who want a choice in how to access services.

Commissioning will be increasingly targeted on prevention services for non-eligible customers, and on developing a social care non-council contracted service response from the local community for eligible customers.

Social care staff will need to become assessors of wider vulnerability and enablers of risk taking, and be less of a gate keeper to money and services.

- Phasing out of old ways of working

Non-eligible Citizens Old leaflets and information and advice systems will need to be stopped or ended or taken out of circulation, with arrangements to continue sufficient for non-web users

Self-payers will need to be considered as mainstream social care customers, requiring support to access and use the eM, support which extends beyond current assessment work

Direct Payments systems and processes will need to be increasingly efficient

3rd party budget holders will need to be more flexible and creative in how they put together care packages, and roles of support planners and budget managers clearly delineated. The council may consider the need to stop doing these roles and enable the 3rd sector, private sector and peer support groups to start to do this work.

Domiciliary care and day care services will need not to rely on block contracts for their financial survival, internal domiciliary care 'clearance systems' may need to be down sized as more transactions happen through the web site

Payments services in the council will need to respond to the impact of web based transacting and overall manage fewer transactions for council services

Commissioning teams will need to reduce the block contracting they do, and increase the market facilitation work that they do.

Social care staff will, over time, need to stop or much reduce the extent to which they do support planning, and focus this effort on vulnerable people where this need is assessed as necessary. Customers would then have the choice to gain this needed support from the social worker or independent provider / friend or family member, once again, with sanction / agreement following the social work assessment.

- Introduction of new ways of working

Non-eligible Citizens will need to get used to using the web site to find out information about health and wellbeing, and being signposted to non-statutory services. Provision for non-web users would need to be identified and delivered

Self-payers will need to get used to purchasing goods and services on-line

Direct Payments teams will need investment, they will need to promote and support the use of the eMarketplace as the mechanism for purchasing by direct payment users

3rd party budget holders in the voluntary private or community sector will need to be far more creative about how they source service solutions for a support plan. Peer support will need to be a primary activity in the future

Domiciliary care and day care services will need to become less dependent on block contract or framework agreement business and more adept at responding to self-purchasers (direct payment users or self-paying customers) who will be purchasing their services independently over the web.

Commissioning teams will need to systematically start developing the local community-base market, focusing on micro-provider solutions

Social care staff, as well as continuing needs assessments will also have to become evaluators of broader vulnerability. Subsequent to this broad vulnerability assessment they will need to differentiate the support they offer.

For all the clients social care staff will need to become experts at identifying necessary outcomes i.e. what results support should deliver, as well as needs. Then, for most clients social care staff will need to leave the support planning and purchasing which meets the identified outcomes to individuals or 3rd parties.

For the some more vulnerable clients social care staff will need to provide them with support to plan and source solutions using the eMarketplace, and for a small minority of clients social care staff will need to put in place clear rules or restrictions as to how and what services are accessed.

- Performance and output

Non-eligible Citizens will need to learn to be responsible for their own health and wellbeing

Self-payers will need to learn to navigate the eMarketplace and access help when they need it, and the council will need to support non-web users suitably

Direct Payments teams will need to increase output and increase the efficiency of their operations

3rd party budget holders will need to learn to be creative in how outcomes identified by social workers are met and will need to learn to use the eMarketplace

Payments team, output would be expected to fall as more transactions are delivered via the web site

Domiciliary care and day care services will need to maintain services people want to buy whilst operating in a more uncertain environment. i.e. reductions in the security of block contracts and increases in income from direct payments users and self-funders.

Commissioning focus on contracting and purchasing need to move towards market facilitation and creation of new enterprises and opportunities in local communities

Social work performance focus on support planning needs to reduce and to become responsive to user choice. Performance focus needs to be on eligibility assessment, outcome identification and review.

Organisation

This area of the blueprint covers the people changes that will result from having an eMarketplace. This is a broad section and it covers everything to do with personnel and organisational culture to how many employees the company will need when the eMarketplace project is complete. The broad workforce changes needed as a result of personalisation are far reaching and are summarised in the workforce strategy document published for Skills for care in May 2011:

http://www.google.co.uk/search?sourceid=navclient&ie=UTF-8&rlz=1T4ADRA_enGB363GB363&q=capable+confident+skills

The details below aim to focus on the specific workforce implications specifically as a result of having an eMarketplace.

- New skill requirements for employees

In house services: Council services employing staff to deliver maintenance domiciliary care and day care will need to get used to delivering services to independent purchasers using the web site to contract for their services.

Commissioning: The JSNA, Community Intelligence Assessment, Housing Strategies will need to be used more comprehensively than is currently the case on a ward by ward basis to better understand the social care needs in that community.

Commissioners will then need to plan, seed and develop local informal care navigation and support services, in the form of peer support groups, PA suppliers, community based organisations that may be able to broaden the scope of their business.

Commissioners will need to support new providers entering the market such as pubs and clubs and as well as traditional social care providers. All will need to be enabled to register on the web site.

Social care work: For the eMarketplace platform to become a key focal point for the delivery of social care all the council's social care work teams will need to be familiar with the web site. When a customer is requesting information and advice the web site should be the first resource the staff team refers to. They will need to signpost people to the site, as well as sit with people and support them to access the

site, enabling and educating the social care customers to make use of the opportunities the site offers.

One of the key assessments social work staff should be undertaking when they are assessing citizen's needs is the extent to which they will be able to self-care. That is, the extent to which they are able to manage searching for information, advice and purchasing via the eMarketplace. Social care workers will need to make nuanced judgments about the ICT skills, capabilities, and direct payment management skills of their social care customers. Social care workers will need to be able to direct their customers to sources of support and training if they themselves are unable to provide it. Source of training and funding for it will need to be identified

- Culture changes

Council's need to be prepared to stop providing paternalistic institutions such as some day care services, care homes

Moving people on (meaning no longer requiring statutory intervention) from social care provision needs to become the mark of success for social work teams.

Direct payments and enabling people to receive them needs to be the default position of social workers and managed budgets will need to be external to the council as far as possible.

A re-focus from assessment to review will be needed, and a withdrawal from support planning for the majority of customers, but not all, will be needed.

Risk enablement needs to become the norm.

Commissioners need to be market facilitators rather than purchasers in the market, and will need to focus on the whole market not just the formal one

The value of community-based provision needs to be recognised as do the limitations of traditional services.

Traditional budget and output control mechanisms will need to change.

Genuine pooled budgets between health and social care need to be the norm, so that actual integration of prevention services can occur, and there can be a commitment to individual outcomes across health and social care.

Traditional social care providers need to understand that they need to direct services at individuals with personal budgets rather than council officers. They need to accept the eMarketplace as the purchasing mechanism for social care and address the fact that it is external to the council.

The 3rd and the statutory sectors both need to understand their role as community resources and the need for them to be social care's 'front line'

- Staffing levels

Staffing levels in payment processing teams, internal 'clearance house' brokerage teams may need to reduce over time as more and more business is transacted via the eMarketplace web site.

- Employees moving from one role to another

Traditional social care contracting staff may need to develop a community engagement role, using seed funding to develop community capacity, time banks, peer support and other innovative solutions.

- Training needs

In-house service managers and staff

eMarketplace awareness

How to register services and users and transact on the eMarketplace

The future of personalised social care and opportunity realisation training e.g. how to make the most of opportunities to be peer support enablers, advice providers, care navigation providers, brokers, Personal Assistants (PA) and PA suppliers.

Commissioners and contracting staff

The future of personalised social care and opportunity realisation training e.g. how to make the most of opportunities to be peer support enablers, advice providers, care navigation providers, brokers, Personal Assistants (PA) and PA suppliers.

Social work staff

eMarketplace awareness

How to register services and users, search, message and transact on the eMarketplace

Personalisation and risk-enablement, making the most of available opportunities

Budget managers and finance managers

Personalisation and risk-enablement

3rd sector and private sector

eMarketplace awareness

How to register services and users and transact on the eMarketplace

The future of personalised social care and opportunity realisation training e.g. how to make the most of opportunities to be peer support enablers, advice providers, care navigation providers, brokers, Personal Assistants (PA) and PA suppliers.

Technology

This area covers more than just computers. It also encompasses systems, tools and other resources such as buildings.

- New computer systems

The eM brings various levels of impact on technology, the first technology level, an information and advice hub with networking abilities. This in itself has no integration issues for technology systems, but will require training and awareness raising with all users of the technology. The provision of information and advice will include the details of the council's eligibility criteria, an 'indicative Resource Allocation calculator', 'self-assessment financial eligibility calculator' and 'self-assessment needs pro-forma'. These will enable individuals to hypothetically review their eligibility, needs, finances and indicative allocation prior to approaching the council. These calculators and self-help tools will be stand alone and carry no legal significance. The object will be to enable self-referral away from statutory services, and advice and guidance on any ineligible needs¹.

The second level – a transacting platform (type 3) brings with it the ability for transactions between individuals and providers of goods and services. This level of technology targets direct payments users and self-funders, it tends not to be focused on people with managed budgets. However it does enable 3rd party users (carers and friends and family) to act as the budget manager where this is suitable. This introduces training and awareness raising issues for users of all kinds, including social care workers. However, as it is a stand alone system operating outside the council without integration for people with managed budgets, the technological implications or changes necessary are minimal beyond the education and training elements.

The third level is the (Type 4) capability that allows the use of 'Budget Manager' which enables an identified individual to manage large numbers of budgets on behalf of social care customers. This enables social workers or a 3rd party support planner of their choice, to sit with eligible customers supporting them with the decisions they need to make to meet their identified needs. It enables subsequent monitoring of purchases, including audit and reporting on them. The Budget manager will then integrate with the council's case management system, and / or finance system, sending data securely to the Council.

This has implications for the kind of case management and finance modules councils will need to purchase in the future – see below.

- Changes to existing technology systems

Currently managed accounts are traditionally serviced. This means that a social care worker completes an assessment for a financially eligible customer and

¹ It is important to note that a formal professional assessment of need and financial ability to pay will always be required prior to any kind of allocation, and the self-assessment tools outlined would have no bearing on this.

concludes with a decision to supply services that 'meet' their needs, almost without exception it involves the supply of day care, respite care, residential care or home care. The packages that are developed are then passed to a 'clearance service' often named 'brokerage' which, in various ways, allocates work to suitable providers on a framework agreement (or series of contracts).

An eMarketplace, at type 4 level, introduces potential changes to this system. It creates the possibility of the social care worker engaging with the eligible customer and using a piece of mobile IT kit (tablet)² to review the final allocation, review the outcomes agreed in the professional assessment, source solutions and then purchase them on line. It will be possible to do all this while the customer is with the social care worker. Of course the social care worker could be a 3rd party – family member or friend, as long as the professional assessment has been completed and sanctioned it.

With a type 4 system the eMarketplace URL is linked to the Council's social care case management system so that the Social Care Worker can move easily between case management to the eMarketplace.

Critically, either a download from the eMarketplace can be made into the Council's case management system updating individual's accounts, or alternatively, Budget Manager within the eMarketplace would enable all transactions and auditing to be done so that the finance modules of a case management system is not necessary. This will be especially attractive for councils where no finance module is currently in use as it would enable council's to end the use of spreadsheets for monitoring current spend on personal budgets and avoid further procurement.

- Other equipment needs

Agile working will support the eMarketplace delivery and the benefit that can be realized, i.e. mobile lap tops to enable direct access to online resources. Efficiencies are possible because of the 'slimmed down' processes. This enables increased productivity in a number of areas:

- Social care workers reduce the number of visits necessary to customers. Essentially because assessments, resource allocation, financial assessment, integration with case management and support planning is all together, in one place and easily accessed.
- There is an opportunity to review the oversight practices from social work team managers. Quality control can be based on risk, and reviewed professionally by supervision, audit and checks as budget manager will enable the transparency needed to make this happen easily and quickly. Therefore, with appropriate training, separate agreement with a social work team manager for the final RAS allocation, a needs assessment, a support plan, and budget authorisation will not be necessary, as the social workers in the field, will be empowered to take this responsibility. However, a new

² There is a key link here to the Council's 'agile' working policy and equipment provision / investment plans

quality control mechanism and quality assurance framework will be needed to sit behind the newly empowered social care workers.

- New networks or toolsets

The eMarketplace will bring a whole new information and advice provision gateway, a messaging and solution delivery capability to the social care sector entirely independently to the Council. Overtime this will develop, but the pace of change will need to be managed effectively.

A need still remains for a scheduling system for internal reablement services.

A need still remains for a booking engine for residential care, respite care, day care, and home care and personal assistants. Bookings for these systems could be accessed and used by social care customers via the eMarketplace in future and not necessarily managed by the council.

Information

This final part covers the mainly intangible area of data.

The eMarketplace will be a tool that supports the delivery of nationally and locally set political and public objectives, improving current arrangements for accessing Information and Advice. This is delivered by agencies across the strategic partnership for people who need support to continue to live independently.

Council's will need to lead this partnership and use an eMarketplace to create context in which these objectives can be progressed.

Key drivers will be:

Think Local Act Personal January 2011.

“An effective community-based approach is achieved when councils and their partners ensure all people have the information and advice needed to make care and support decisions which work for them, regardless of who is paying for that care.

This includes help to make the best use of their own resources to support their independence and reduce their need for long-term care.”

Local Corporate Priorities

Encourage attitudes of self-reliance, self-improvement and mutual support within Doncaster Communities, so that people take control of their own lives.

Borough Strategy

Encouraging people to take personal responsibility for their own lifestyle choices, for example by promoting services and providing support to increase health, fitness and alcohol awareness.

Making sure information and advice is available to help people find the right service for them and for the people who care for them.

The provision of information and advice via the eMarketplace will have made a difference if:

- The life chances of residents has improved in relation to health and access to services
- More people are active, healthy and independent for longer
- Life expectancy in all parts of the borough has improved
- More people who need health and social care are able to access an individual budget to help them to live life more independently and improve their health
- People have a wide range of local services to choose from to support their health and social care needs

Outcomes

Information and advice portal of the eMarketplace will deliver some high level outcomes, namely:

- All the information needed for potential users to make decisions and informed choices about the support they need is clearly provided and helpfully organised.
- Users are guided and signposted to the most relevant information and range of services according to the needs they describe
- Information about the quality of individual provider services is openly available through the eMarketplace.
- Users can comment about their experience of services and this contributes to quality ratings
- Users support and advise each other using the eMarketplace.

Implications

Leadership

There needs to be a strategic shift from a partnership that operates implicitly (with dissemination of information and advice being done on an informal basis, via word of mouth and ad hoc meetings and information flyers) to one that embraces a systematic approach. For example, a contractual arrangement might exist with a 3rd sector provider to maintain information and advice, or where a partnership of information providers agrees to share a single portal. The eMarketplace will be an important component in this new system.

A partnership approach to information and advice requires good partnership relationships with the voluntary and community sector. It in all likelihood will also require a commitment of more resources to both infrastructure support in the 3rd sector and community development work. This will need to be funded from reductions in 'mid-level' council based commissioning (domiciliary care, respite care, home care, and residential care), enabled by increased commitment to direct payments and more efficient (slimmed down) social care processes and systems.

The Council

Respect will need to be given to partner organisations' intellectual property rights. At the same time the strategic shift will need to be progressed and partner organisations need to be engaged in this.

Commissioners

Consideration will need to be given to the commissioning of an information and advice service and whether there is a need for an organisation to maintain information and advice within eMarketplace as a key component of a strategic approach to this area.

Engagement and Communications Staff

The eMarketplace will need to be promoted as the first port of call for all people who indicate a potential need.

First point of contact staff

All staff receiving contact will need to remember to highlight the eMarketplace to users and the benefits it offers.

Assessment staff

These staff will need to be empowered, through mobile and agile working, to actively promote and use the eMarketplace in their dialogue with users exploring eligibility, need, risk and how the user can improve their quality of life

Vol/Comm organisations.

The council will continue to rely on the expertise of this sector in this area. They will need to consider whether more investment is needed to support information and advice structures and whether or not current contracts with the Voluntary and community organisations are delivering the right focus given the presence of the eMarketplace. Some reviews maybe necessary to make sure suitable changes are made.

The work the VCS does in relation to community development will need to be recognised and given more prominence in commissioning strategies and plans. i.e. Long-term investment plans will need to be drawn up which connected the efficiencies delivered by personalising, (delivering Direct payments), 'mid-range' services (domiciliary care, respite services, residential care, day care) con mid range to great investment in community capacity building.

All stakeholders

The eMarketplace, to be most effective, has to be developed by all the people who will use it to ensure it is viewed as an essential tool that supports the achievement of the above objectives and outcomes. This means creating links to health so that dual databases are not developed which duplicate effort of both officers and customers who want to access services.

- New reports

Commissioners will have new reports available with which they can build up a full picture of the purchasing habits of all social care customers.

- changes to existing reports or reporting systems

NI 130 measures of progress are redundant, and new measures and baselines will need to be agreed and taken forward

- requirements for new data to feed into reports

S4S will need to provide a reporting suite suitable for the Council.

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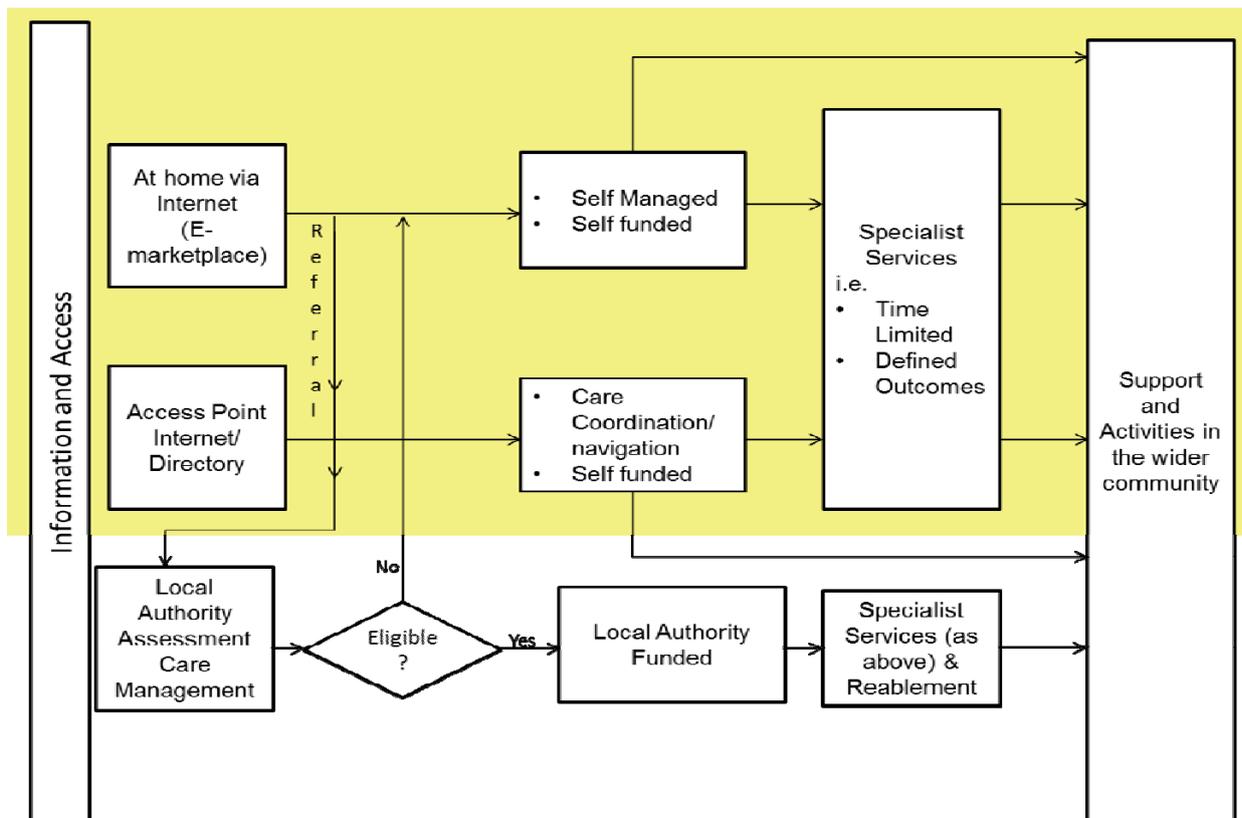
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Appendix 6 Revised Care Pathway



The revised care pathway under a Community Support Network model would see three potential routes into services:

- 1) At home via the Internet- under e-marketplace this could allow direct access to services
- 2) Via an Access Point- supported access from the 'hubs' in the network
- 3) Via Local Authority Assessment- if eligible, the service user will be funded to access services within the network through Local Authority funding. If not eligible, they will be referred to the 'hub' or have the opportunity to access services by themselves.