SEEKING BETTER FUTURES IN HAVERING

Feasibility Study on the Future Organization and Management Arrangements for Services for People with Learning Difficulties in Havering

FOR

The London Borough of Havering
The Barking, Havering and Brentwood District Health Authority

THE KING'S FUND COLLEGE

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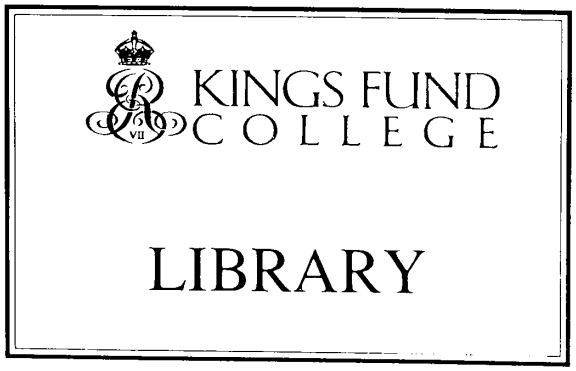


On behalf of King's Fund College we extend our sincere appreciation to the users, carers, family members, staff, volunteers and representatives of Health and Local Authority who gave so freely of their time during this review process. We are grateful for the very willing commitment of those we met and only wish we had been able to see numerous others - and we hope you will continue to involve yourselves in many ways as possible.

TABLE OF CONTENTS

PREFACE

Stories of People using Services in Havering

What is 'Allen Jenkins'

Allen is now 22. He has always lived with his family at home though he is now the last of his brothers and sisters still living at home. His parents are worried about his future and their own too. Since he left school they have not had a break as they did when he was active with school trips and events. He was always learning then and being introduced to new experiences and ideas. Now that he attends the day centre he does not seem to do anything useful. Mr and Mrs Jenkins seemed to have more options when Allen was at school.

He and his parents would like a holiday - separately but his parents are keen that Allen's holiday should be with people he knows and likes and also in circumstances they trust.

They have asked for a break and both the social worker and the community nurse told them they should have 'respite care' but that was 2 years ago and still nothing happens.

His parents feel that Allen is learning about "self advocacy" at the Centre but that no one is listening to them. Their needs and experiences do not have an outlet. They worry that even the respite care they may receive would be just a way to get them used to institutional forms of care - in a hostel or even hospital. They wanted more for their son but feel they have no control.

What Could Be

Allen is 24 and continues for the time being to live with his parents but they each lead active lives. Allen is working 2 days a week at the creche run by his church and for 2 days a week he works with the local soft drinks distributor. The other day he sees some of his old friends at the local centre.

Every summer he gets two weeks away. He goes away for one week with one of his friends from the centre and 3 young people from the church. He has known them for a long time and enjoys their company. He and his friend from the centre have companion that accompanies them for support. Allen needs special assistance - some physical help but he also needs help in communicating and understanding what is going on. In addition his

family is part of a network of parents and friends that arrange between them for days or weeks away. Allen knows all the people involved and of course has his favourites but he likes the fact that his parents get away. They seem much happier. Sometimes someone comes to stay for a few days. Mostly he knows in advance but sometimes - maybe once or twice a year someone come to stay suddenly. This is OK because he knows the others in the network and their situations and he is always involved in any of the discussions. Allen and his parents still do not know where he will live later on but they know that with the support of their case their case manager they will enable Allen to have a home of his own.

What is: Suzanne Berry

Suzanne left home at 15 and went to live with a large group of others not able to live at home. Suzanne and her mother were not getting along. She know at the time that there were other 15 year olds who were arguing and wanting to do what they wanted rather than what their mothers wanted. But Mrs Berry was on her own and had 2 younger children as well. It was too much for her to cope alone without support.

Suzanne was never able to hear properly and it just got worse. She was not able to hear what was being said particularly if the person's face was turned away. But she never got help and was never formally tested. She knows she does not speak properly and she still gets frustrated when she cannot say what she means. She has given up trying to express her feelings.

For some reason which she does not quite understand she uses a wheel chair when she goes out into the community. She can walk and get around and when she visits her mother she does not use one. She suspects she is a bit slow on her feet and it is easier for the staff. She worries a little about not getting enough exercise.

She does not mind where she lives. After 10 years she has adjusted. But there is no privacy and although there are lots of people around she get lonely. She does not feel like she is special to anyone. Funny all these people around and she doesn not really know any of them - nor they her. She knows there is a lot inside her waiting to come out. Maybe. Someday.

What Could Be

Suzanne is 28. About three years ago someone came to where she was living and offered her friendship. The visitor was not employed by anyone and it was not 'love at first sight' but over time she began to look forward to her visits and to tell her friend more about herself. There are still things which she keeps to herself but life is changing. She gets out more and has learned to like lots of new things - new styles, new music, new foods, new hobbies - she has even been to watch the glider planes - next time she will go up.

Suzanne has also been to a consultant audiologist. (Someone in the health authority read the research that was published in 1991 and got a grant to test and treat a number of people like her who had been left out over the years). She wears a hearing aide and the speech therapist is helping her with a complete communication programme. Her mother and some of her close friends are also involved in her programme. She is also learning to compensate in those situations where she is not easily understood and has to be quick. She can now go into McDonalds and order a Big Mac, large fries and diet coke - even during rush times.

She has also been to the physio therapist and now understand why she is slow and what she can do about it. Besides the exercises the physio gave her to keep her joints limber she is also going to keep fit classes with her friend so they are both keeping their muscles strong.

She is hoping to move to a home of her own with two other women she knows. She is looking forward to moving out and she is confident that with support from her friend and her case manager she will be able to manage her carers. She and the other two women intend to interview and select the people who will be working with them and living in their home.

Principles of 'what could be' include:

* There should be a separation of personal/family interests though these separate interests should be seen in a holistic way.

* Service providers should support and develop - not supplant existing personal and family networks.

* People with disabilities and their families should be seen as resources not burdens - able to understand what is happening and to act on their own behalf.

* People with disabilities should be enabled to manage their own services - not just 'be involved'.

* Respite care and long term care should be considered different responses to different needs.

* Work opportunities require intensive new skills and structures in order to help people have meaningful jobs.

* Responses should be age appropriate.

* Relationships should be encouraged between people with and without disabilities.

* Everyone should be kept well informed - even of bad news.

* Service providers should develop and fund roles as supporters eg. set up self help groups rather than play roles as 'controllers'.

* Professional help is necessary to help people get around in natural community environments.

* People with learning disabilities should be helped to lead lives with 'valued social roles' eg. homes of their own, work of value, leisure time activities that are interesting, new, fun.

* People with learning disabilities should be given the skills and opportunities to speak for themselves.

1.0 Introduction

1.1 Things must change. The current services for people with learning disabilities are not acceptable to any of the groups of people involved in them. There is absolute consensus about the need to change. The King's Fund College was invited in to help promote changes that would enable the people of Havering to live valued lifes. In particular this means people with learning disabilities but it also includes their families, carers, support staff, professionals and managers across the services.

The London Borough of Havering and the Community Unit of the Barking Havering, and Brentwood Health Authority jointly commissioned a feasibility study of the future organisation and management of services for people with learning disabilities in Havering. This study was expressly asked to consider alternative models of organising services other than directly by the authorities.

The project team consisted of

Nan Carle: **Co-ordinator**	Fellow in Management Development and Quality Strategies
Sheila Damon:	Fellow in Organisational Behaviour
Ian Diamant:	Independent Management Consultant
Gordon Peters:	Fellow in Human Resource Management
David Powell:	Consultant to FK College in User Empowerment and Advocacy Support
Lyn Rucker:	Fellow in Community and Systems Development

A Steering Group was established consisting of

Mike Talbot:	Director of Social Services
Peter Payne:	Unit General Manager, BHBHA
Chris Paley:	Asst. Director Social Services
Sheila Philbrook:	Director of Services for People with a Disability BHBHA
Andy Crawford:	Principal Manager, Social Services

The Steering Group was co-ordinated by Mike Talbot and served as the advisory and first reporting mechanism for the Project Team.

1.2 The Approach

The model we choose to use is one we refer to as a 'Service Audit'. It has five interlocking components: Setting the Criteria; Collecting Information, Analysing the Information, Taking Decisions and Getting Implementations. The model is graphically portrayed in Diagram 1.

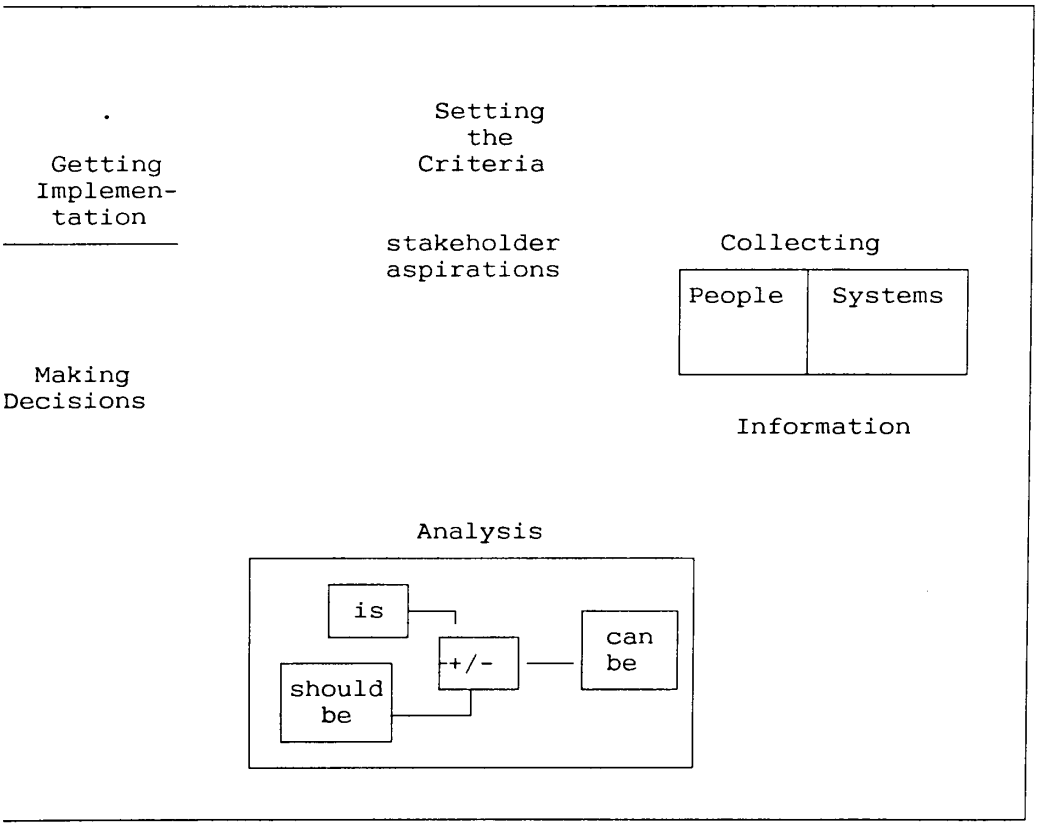


Diagram 1

1.3 **Phase 1: Setting the Criteria**

This first phase was to initiate the work early in February. It was aimed to get a variety of 'stakeholders' involved from the start in thinking about and articulating what better futures could and should be like. It is also an opportunity to clearly state differences in values between the stakeholders and of course between you, our clients and ourselves.

We held two 1 day events for a variety of stakeholders, service users, parents, and managers with the staff members from health, social services and education. Mike Talbot chaired both days. Lyn Rucker steered the work from the King's Fund College and the full report is in Appendix 2.

1.4 **Phase 2: Collecting Information**

The second phase was to initiate fact finding, and conduct interviews with a range of key stakeholders. Those interviewed separately are listed in Appendix 3. For those unable to be interviewed, or who wished to contribute a questionnaire was devised and circulated (appendix 4). All the data gathering had to be completed in March and early April which gave a very tight timescale and we had to be selective through availability so that there will undoubtedly be many more, especially users and carers, who could have contributed but for whom we anticipate this was only a first, not a last or one-off chance to influence future service development. Gordon Peters led the work for the King's Fund College for this phase.

1.5 **Phase 3: Analysis of the Information**

The analysis of the information as an interactive phase with the steering group and with groups of staff from health and local authorities. This involvement began a process which should form the basis for seeing through the changes that are necessary regardless of the option chosen. The outcome of this phase is a set of options on which the local authority politicians will need to take decision as well as the senior offices in health both Purchasers and Providers.

The options are drawn from an intensive needs -led approach and in the context of the range of national and local possibilities. The options are informed by the process we have initiated,

by sifting of literature, local documentation and analysis of individual and group responses and by our own knowledge of service audits, consortium development and implementation issues through the U.K.

1.6 **Phase 4 and 5: Decision Making and Implementation**

We have stated a set of preferred options which require decisions after which we can do the detailed work of costing strategies and implementation. We would certainly seek to firmly link the service and organisational change to the aspirations especially of the service users and on to those aspirations of their families, carers, staff and professional supports.

1.7 **The King's Fund College Approach**

We see our role as catalysts of change rather than as agents of change. We are not the "doers" but the facilitators of the work to be done. Thus everytime we interact with an individual or group we are aware that small changes well articulated can give momentum to large scale changes. This is why we are particularly interested in working with management groups in local areas and over long periods of time. The key dynamic which we are engaged is"negotiated settlements" between people who have something at stake in any change process. Our own values lead us to consider people who use health and social services to have the most at risk and who in the past have been most left out. Where the lifestyles are especially moulded by the provision of services, this exclusion is felt by us to be most in need of redressing the balance of power.

1.8 We are further aware of the continuing need to promote and develop leaders of change. We do not see leadership as a hierarchical position - more as the ability to inspire and motivate others to make a difference. They are people with courage. People with the belief that life can be different and that they can be a part of making it so. It is our role to seek out such leaders, nurture their potential and provide support to move forward. The evaluative model we have used in Havering has 6 main properties.

1. The findings are not 'fact' in the ultimate sense but are constructions created by groups of people to 'make sense' of situations that they find themselves in. The evaluators are an interactive part of this process.

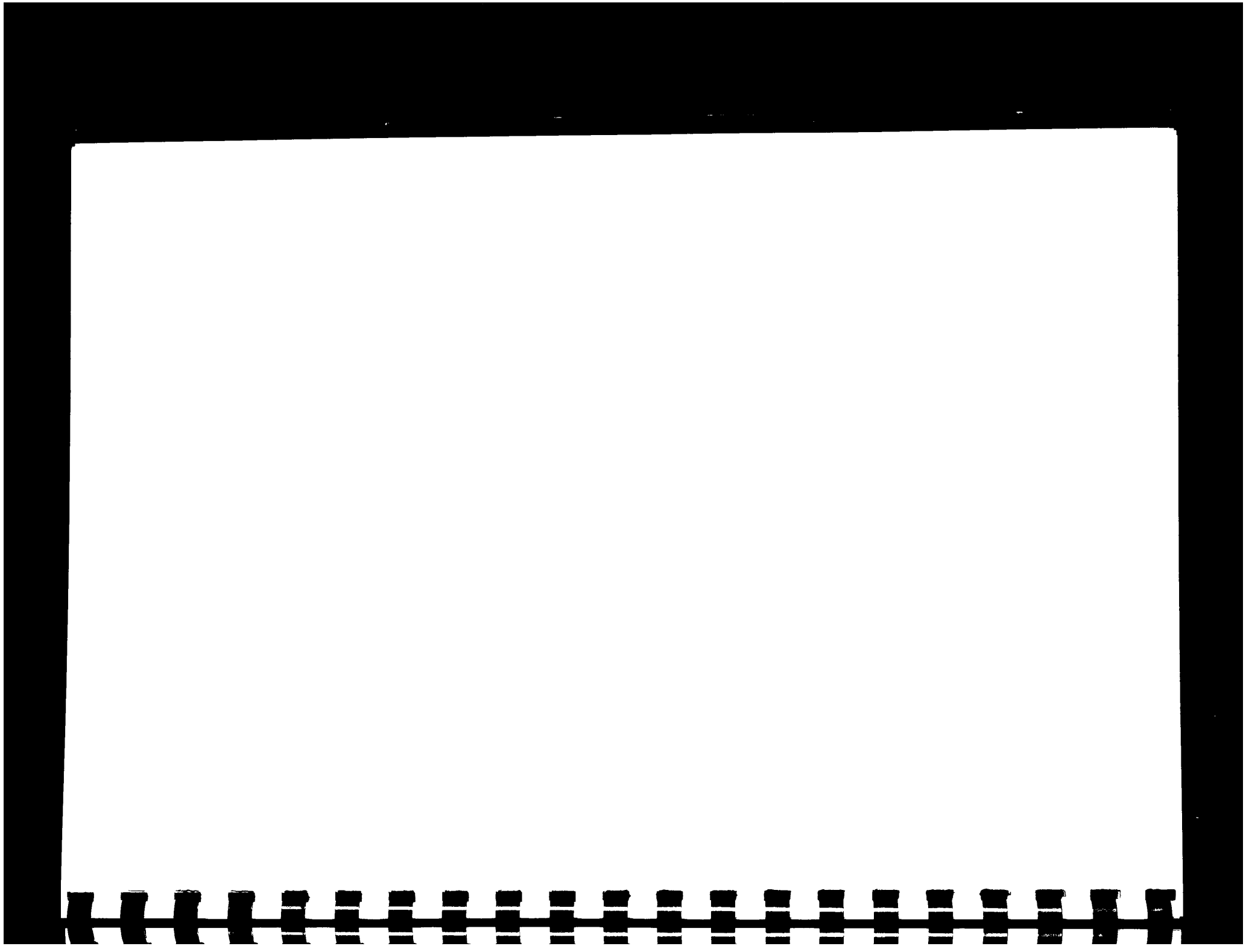
2. These constructions or ways of making sense are shaped by the values of people involved, in the constructions. They are not 'value free'.

3. The findings or constructions are specific to the local context. They are linked to the particular, physical, psychological, social and cultural context and as such may not be helpful for other groups or settings.

4. Emerged forms of evaluation such as this model can be shaped to include or exclude stakeholding groups in a variety of ways. Therefore it is important to be continually aware of who is and is not involved in this continuous form of negotiation and why.

5. It is action oriented in continuously seeking ways of involving people to define the direction, to follow it and generates and sustains their commitment. It is important that the process knows the separate sets of values and makes it possible for individuals to find a reason to support it, work at it and feel good about it.

6. It is our responsibility to interact with people in a manner respecting their dignity, their integrity and their privacy.



CHAPTER TWO

2.0 Visions of a Better Future

2.1 The events on setting the criteria provide very rich information about the aspirations of different people with things at stake in the changes. We met 120 people in total, all of whom should have received Lyn Rucker's report of the days highlighting their hopes and concerns. In some instances people did not want much and what was wanted was specific and achievable. The stories in the preface represent stories we heard on the 2 days. The principles of design should be helpful markers for judging future successes.

I have summarised the ideas that service users, their carers and managers had that constituted a better future. The full report is in Appendix 2.

2.2 Better Futures for People Using Services in Havering

Meaningful relationships and companionship

- Boyfriends
- Looking after others
- More visits with my family at home
- Time with my friends where and when I choose
- Help to continue seeing old friends (not from the service world)

A home of my own

- A place of my own - not always dependent on others
- More peace and quiet
- I like where I am and want to stay
- Want to choose people I share with and live with
- Security
- Safety

A meaningful job

- I wish I had a job
- Need challenging work
- Want interesting work - with animals, with children
- Want to work in a record shop
- need to learn new job skills
- need help to keep the job

Hobbies, sport and leisure

- Holidays with friends
- Go to the pub
- Interesting activities
- Shopping
- take interesting classes eg. drama
- Do photography
- A break for my family

A spiritual life

- Make a contribution to my community
- Help others
- Go to church regularly
- I like to help at church

To use services others use

- I want good quality health care when I need it
- More help with my eye sight
- More physio therapy to help strengthen my legs
- Need someone to talk to about my problems
- Help to read and write
- Help with my diet

2.3 A Better Future with Support from Carers and Staff

Help to make choices

- Better information about what is, is not happening
- More options to choose from
- Consideration that it's my life, my service
- Support to make mistakes - freedom of choice
- More control over what happens
- Skills to speak for myself

Transportation and mobility

- More transport
- To go where I want, when I want and with whom I want

Staff assistance

- Staff who listen
- Staff available at night when I need someone
- Staff to talk with us and see what we want to do
- Staff to help

Services

- Lunches that are hot
- More equipment
- More opportunities for group homes
- More speech therapy, physio therapy
- More police, safety
- Support for my family

2.4 Better Futures with Better Management

Management would:

* Support users and carers involvement in the shaping, accountability and continuing evaluation of the service and develop services around individuals

* Support the development of wider range of services in all areas

  - enabling people to live in their own homes
  - work
  - leisure activity
  - education
  - specialist supports

* Support the acquisition of different skills and different organisational structures for home life, work, leisure, education and specialist services

* Support families at points and times, of need with continuity and flexibility of arrangements

* Support the development of self help groups and skill acquisition for people to speak for themselves

* Support planned life transitions especially child to adulthood, special needs for community living and aging parents

* Support staff at all levels to be entrepreneurial especially between agencies

* Supports an effective communication system internally and externally

CHAPTER THREE

3.0 Forces for Change

3.1 As we said in the introduction there is absolute consensus that 'no change' is not an option. It is also the case that the seeds of change have been planted in the past and although it is clear that there is considerable distance between the aspirations and the existing capacity it is vitally important to understand the positive forces for change in order that they can be built on before and during the decision making process.

3.2 The most important resources are the people of Havering. From the elected members to the direct support service workers there are good people trying hard to do good work. (This is not the case in every place we visit). There is considerable good will of staff and proven commitment often in difficult and resource-stretched circumstances. The service users and their families also have a great deal of energy available and waiting to be harnessed. The expectation of changes for the better is a precious resource not to be underestimated as a force for change. These expectations should be carefully nurtured.

3.3 There is also a commitment to joint planning and collaborative working from chief officers. Corporate arrangements are in place to advance the response to people with learning difficulties. Strategic statements of philosophy, interest and joint costed strategies have been drawn up as well.

3.4 In addition a multi disciplinary approach has been set in train with the Community Teams for People with Learning Difficulties as one embodiment of this. This would be a good group to learn from not only as it relates to what is working across health and social services. They will have pioneered much of this work and will know well what helps and what does not help in providing a co-ordinated service.

3.5 There is some development of individual programmes. Plans which could provide the basis for understanding what it would take to change the focus from 'user involvement' to centring services with the individual empowered to be the managers of their own services away from the token behaviours and rhetoric of user involvement "as much as possible". The management systems which have been initiated include a mapping of the

service range and gaps and a resource panel exists with eligibility criteria. There is also a working party which is introducing more flexible short term and respite care.

3.6 Organisationally social services has been restructured to encompass senior lead accountability for learning disabilities and a managerial separation of functions by purchasing and providing responsibility is being established. District health authorities have established lead responsibility and the provider unit works with a resettlement team for people leaving South Oakendon Hospital. Importantly the health authority has lead on the development of a housing consortium for community placement. Social services is also a player in the consortium.

All these strengths should be considered as potential fuel for change either to be learned from or invested in.

CHAPTER 4

4.0 **Resistance to Change**

4.1 The people of Havering do not need yet another report to tell them that there is considerable room for improvement in the services offered to people with learning disabilities. There is a shelf full of reports saying that services are stuck. We have tried therefore to focus on a few areas of resistance which we believe if addressed would help untangle the log jam.

4.2 Throughout Havering service users, carers, staff, managers - everyone wants change. But there appears to us to be a chronic lack of confidence. It is as if various people climb the hill to the gateway through which change can be guaranteed. But in all sections rather than pausing and reviewing the past - the learning with all its joys and sorrows - and then walking through the gate, people wait for someone else to go through first or they walk back down the hill. Disheartened in themselves and in others.

4.3 There is an overwhelming sense of waiting - for the right answer, or the right person to tell them what to do. There is no belief and possibly little experience that two or three people can gather together and make a difference. We met considerable resistance in even talking about small changes that could well lead to significant changes if recorded and reinforced. There seemed a resistance to celebration with the view that practice and experience and the general nurturing of positive expectations no matter how small could put services for people with learning disabilities on a more positive footing. There seemed to be an ethos that change needed to be Big thus reinforcing the notion that it needed someone else to say it, do it, not the ordinary person of Havering.

4.4 This flows into our second area of concern: Leadership.

In our opinion there is not a culture which promotes leadership. Rather than a passion for excellence we met an overwhelming acceptance for less than the best. 'This is Havering after all'. We would suggest that leadership is portrayed by the courage to stay on course in the face of competing demands, to try new things and to inspire and motivate others. Leadership can be developed and promoted by seeking out

people regardless of position or rank and supporting their efforts with clear objectives and clear delegated authority and funds to see what they can achieve. Leadership is not about who is the boss.

The closer the objectives are to the energy of the service users, carers and staff the more natural change agentry will become. It is important to tell real stories about real people.

4.6 Thirdly, the current managerial culture in both agencies needs help to develop a learning culture of how to better serve people - particularly those people who are most challenging. It is as if the services are trying to be all things to all people and cannot help but to fail. So parents asking what is going to happen for their son or daughter over the next two or three months becomes almost a personal burden that the individual manager has to solve. Sometimes they are the key player but the answer is in working with people and seeing them as resources not sending someone in to do an assessment to be followed by telling the parents and the their child what is going to happen. Such thinking often supplants not supports the families natural networks. Further it does not see the family and the service user as resources with their own contacts, gifts and abilities.

4.7 It also means the agencies either jointly or separately find it very difficult to think and respond strategically about establishing priorities and managing those areas of need which can not be first priority for a stated time. Therefore the elected politicians also fail to represent their constituent in any systematic sense. People seemed frightened of management rather than embracing it as a way to meeting people's needs in the very best ways possible.

4.8 In this managerial culture joint planning has a desultory history with neither organisation gaining experience in forming real partnerships. Although there is discussion it can be questioned whether it is still rhetoric as long as there are no trials in pooling, allying and linking resources to get the best services for the people of Havering. The successful organisations of the

future will be focused, quick to respond to people and opportunities, easy to use and be involved in and fun. Partnerships and entrepreneurism will be vital organisational elements. A Management Culture which seeks to continually learn from its inter-agency work, its individual planning and servicing people who are particularly challenging will be able to develop the competence and experience to embrace the change so badly needed.

4.9 Finally, one of the main resistances to change is that few people are making demands from the outside. There is a notable lack of development of the voluntary sector. This is unfortunate because they tend to see trends more quickly than the statutory sector and can be good allies to building better services. It is also a means there is limited experience in developing new providers as suggested under the Community Care Act and as desired by the Steering Group.

CHAPTER 5

Options for Decisions

5.0 We were asked to make recommendations about the organisational and managerial structures that would best enable changes to services for people with learning difficulties. Before we do so it it absolutely essential that the Steering Group and their respective employers are clear about the problems that any organisational changes would be meant to address. Otherwise, it will be an expensive activity trap. The problems cannot be just as we constructed, they must be the problems as perceived and 'owned' by those who will be involved in the leading changes.

5.1 Therefore, the first recommendation is that there must be a set of problems and aspirations clearly articulated by the Steering Group and taken throughout both organisations.

It is important that people throughout the system including service users, carers, staff, unions etc. get excited about the potential of any structural change to make a real difference.

The principles derived from the ten examples of people's situations as written in the preface may be helpful markers. But only if they have meaning to each person of the Steering Group.

5.2 Ian Diamant has set out 9 options for organisational and structural changes that Health and Social Services could consider. These are set out in more detail in Appendix 5.

They include the following:

* Social Services
* Health Authority
* Voluntary Organisations
* Private Sector
* Housing Associations
* Statutory Authorities and Housing Associations in partnership
* Voluntary Agencies and Housing Associations in partnership
* New Consortium
* Existing Consortium

5.3 These arrangements are more easily applicable to the internal market of the NHS than to the local authority where purchaser/provider separation is held at middle management level and where the authority remains with unitary aims, reporting requirements and as yet no tradition of this degree of autonomy. Conflicts of loyalty to the purchasing arm or to the department and authority would have to be anticipated and managed. As the local authority is agreed as lead agency for community care it would have to contain tension in maintaining its own budgetary integrity and pursuing purchasing priorities. We recommend that Mike Talbot and Chris Paley clarify their responsibilities for the separate roles of purchasing and providing. Locally the capacity to share purchasing strategy is not well rehearsed, and joint planning to date has regarded the DHA as purchaser and FHSA as separate players. FHSA and DHA/LA provider relationships would require strong impetus to mend.

5.4 **Structural Recommendations**

Our preferred option consists of a package of three organisational designs.

5.5 **Part One**

Developing a Purchasing Alliance of DHA, LA, FHSA

We consider it essential that the joint commissioning arrangements between the District Health Authority, the Social Services Department and the FHSA be strengthened without delay. It is important that each of the Statutory Authorities carefully considers its accountability for the strategic 'guidance' of services for people with learning disabilities. (We separate the roles for guidance from the roles of delivery). This is in line with trends encouraged within the NHS and Community Care Act and is beginning to be developed in several parts of the country.

5.6 **Part Two:**

Expanding the Existing Consortium

The existing consortium is in a good position to grow, expand and to take on the transfer of current projects and the development of future schemes.

The organisations already has an infra-structure with staffing systems up and running. The following points would need to be addressed in order to make the organisation work to improve services for people with learning disabilities in Havering.

1. The current Consortium arrangements should be separated with a specific Havering focus.

2. The Havering Consortium should employ its own staff who are directly accountable to the Havering Consortium Committee on a day to day basis.

3. A review of committee membership should take place to enhance the roles of users, advocates and local people in general.

5.7 With the preceding provisions this housing association based consortium is well placed to develop living accommodation for people coming out of hospital and could be extended to take on all the housing provision and other services for health and social services. The providing functions of the statutory authorities would need to compete with the independent and voluntary sector to meet the criteria of the joint purchasing board and into contracting arrangements with the purchaser allowing for service improvements and monitoring.

5.8 **A second stage review would need to include:**

1. Review of the constitutional position of the existing consortium and the need or otherwise to form a new body.

2. A financial appraisal of services for people with learning difficulties within the Borough.

3. Financial retraction and a settlement modelling to help with need-led models of services away from hostel and institutional services.

4. Consideration of including other services such as employment, education or supports for leisure activities.

5.9 Clearly the role of the joint purchasing group is extremely important in investing in the existing consortium as a way to create change. The purchasers would need to offer incentives for change that and would lead to a needs-driven strategic organisation accountable to users,

carers, and politicians. We consider the FHSA to play an important role as the agency responsible for the development of primary care and overseeing general practice.

5.10 **Costs for Expansion of the Existing Consortium**

In Appendix 9 we include an example replacement of large hostels with a set of housing schemes using ordinary housing. This is followed by a sample financial exercise.

We have estimated two options for financing the existing consortium to give it a local focus. These are examples based on models of housing finance. Further work would be required to include the other services.

5.11 **Option 1 - Total Services Provide within the Re-vamped Havering Consortium**

This would entail taking on a complete staff team. With ON costs this would have an out turn of approximately #106,000 per annum which could be offset against income derived from projects of approximately #50,000. A topping up grant of approximately #52,000 per annum would be required initially.

5.12 **Option 2 - *Fewer* Services Provided Within an Upgraded Havering Consortium**

This option envisages some of the housing and finance services being purchased from the existing consortium structure and just a director and an administrator.

5.13 **Part Three**

Creating a New Legal Entity

We discussed creating a new smaller organisation to handle innovative changes particularly for services other than housing. The requirement to enable people currently using day centres to have valued work, education and leisure activities is urgent and there was some concern that the existing consortium was too focused on accommodation to be able to make changes swiftly enough in other services. We concluded, however, that the first step was to develop the purchasing responsibility to develop a contracting strategy with a number of providers in that way the public sector would be safeguarding its accountability while at the same time learning to be flexible and focused in partnership with others. The senior officers

have already come up with a number of ideas that would create change in positive ways. A whole strategy of change and development which include provider review of the work of the existing consortium would give evidence if a new legal entity is required an a catalyst for change.

CHAPTER 6

Next Steps

6.0 Havering is clearly at a critical part in the development of services for people with learning disabilities. There is a great deal of energy and desire for change. While there is a considerable degree of hurt and frustration from parents and others who feel unsupported and not heard or listened to, people are eager to learn new skills and ways of working together. The constituents authorities have the potential to collaborate with their community to learn to live, play and work together. The need is for more practice in doing so.

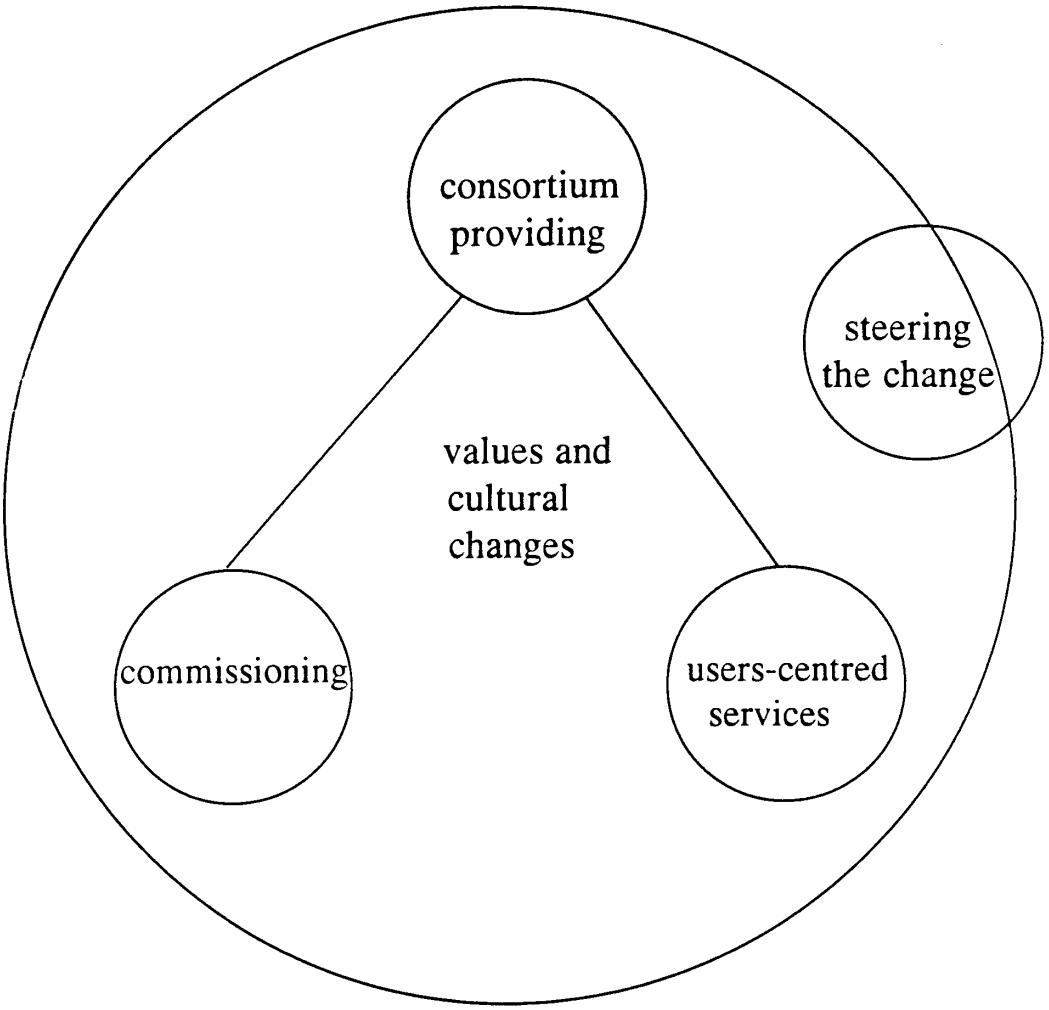
6.1 As we described in the introduction the role of the King's Fund College is to work with managers in order to enable their ability to more effectively manage change. We are not ourselves the agents of change. That responsibility rests with the people who remain in the service to make the desired changes. Our suggestions for moving forward combine a set of overlapping activities:

- o personal development
- o management development and team building
- o organisational development
- o community development

6.2 Once the Local Authority Social Services Committee direction for the structural changes they wish to see implemented we would want to work with the partner of a new steering group to develop a strategy for change that promoted greater collaboration between Health (purchaser and provider) and the Local Authority. We would also recommend inclusion of the FHSA as appropriate.

6.3 We have so far discussed the following model as a way of moving forward. (See diagram)

6.4 This model is meant to suggest that there could be three learning sets working on three issues considered important to focus on action with short term and long term impact. Each group would set its agenda with a faciliator and ensure not only that things happened but that they occurred according to a common set of values and aspirations. A forth learning set would be 'holding the ring' and giving guidance and direction to those in the implementation circles.


consortium providing
steering the change
values and cultural changes
commissioning
users-centred services

This is meant to promote action learning in a 'learning organisation' that is intending to be fit to meet the challenges of the 90's and beyond. One of the key areas will be about leadership development through the system. This would include personal development at all levels and an increased understanding of working in teams and partnerships in a way that ensures that the outcomes are a more creative and beneficial use of everyones resources.

6.5 The design needs to be discussed further with the new Steering Group for further elaboration. However, we look forward to the opportunity to work with all of the stakeholders in Havering in supporting changes that make a contribution to move valued lives for people with learning disabilities.

CHAPTER 7

Conclusions

7.0 Seeking Better Futures

Havering is clearly at a critical point in the development of services for people with learning disabilities where it must 'take off' during 1992-93 if much goodwill, 'shelf' work, knowledge, commitment and movement of a wider constituency in support of collaborative planning and managing change is not to be dissipated. Moving to invest time, energy and resources in a voluntary consortium, on the basis of the preferred options is a vital step to learn together and build the future at the same time. Not to do so now will make it very difficult to recapture such an opportunity.

7.1 While there is a very considerable degree of hurt and frustration from parents and others who feel unsupported and not heard or listened to, there is the potential if the constituent authorities combine with their community to develop locally appropriate life, play and work opportunities with a workforce committed to the same ends. Shortfall in funding and staffing should not be allowed to drain energies, and resources may need to be protected. But beyond resources, studies have recently shown that while most professionals and service providers believe in consumer or user empowerment the reality is often very different, with organisational culture blocking this in practice. It is such a major cultural shift in which Havering authorities are now engaged.

7.2 We would like to make one further recommendation and that is that the Steering Group should take seriously the extensive needs for management and organisational development for both purchasers and providers. This could take the form of internal action learning sets or the development of case studies. It will be important for everyone to learn new management practices to truly empower users, carers and staff. In addition it will be necessary to identify those individuals which you wish to promote for leadership development. The elected members could become a part of the learning activities aimed at ensured valued lives now and Better Futures. The Implementation Stage can be considered in more detail once the direction has been agreed. We look forward to continuing to develop the relationship.

Appendix

London Borough of Havering
Director of Social Services
M.S. Talbot
Mercury House Mercury Gardens
Romford RM1 3DU

Telephone : Romford (0708) 766999
Extn :
Your Ref :

Our Ref: MST/SAC

Date 17th February 1992

Call Direct On Romford 758288

Dear Friend,

THE FUTURE ORGANISATION OF SERVICES FOR PEOPLE WITH LEARNING DISABILITIES

Some of you will already be aware that Havering Council and the District Health Authority are commissioning a feasibility study to look at the future organisation for the management of services for people with learning disabilities. One of the strongest features of any future organisation would be the involvement of service users and carers and we would like to take an early opportunity of discussing this future with you and to do some work at a day conference in establishing people's aspirations and their future needs.

I would, therefore, like to invite you to attend one of two day conferences to be held for service users, carers and staff hosted by the Local Authority and the District Health Authority and assisted by colleagues from the Kings Fund College, an organisation with considerable experience in examining and designing service organisations for learning disability services.

I would be grateful if you would complete and return the reply form at the foot of this letter. We will be able to accommodate those people who reply to us by the 28th February 1992. If you intend coming, please arrive at the venue of your choice at the time indicated.

Kind regards.

Yours sincerely,

Mike Talbot
Director of Social Services

Peter Payne
General Manager, Community Unit
BHB District Health Authority

I will be able to attend the day conference on 6th March or 7th March (delete one date) between 10:00am and 4:00pm.
The 6th March conference will be at Mawney Day Centre, Mawney Road, Romford.
The 7th March conference will be at Spilsby Road Social Education Centre, Harold Hill.

Name:

Address:

Return this form to Sally Clarke, Room 416, Mercury House, Romford, RM1 3DU.

CHAPTER 2

Havering
Department of Social Services
and
District Health Authority

Introduction

The Havering Council, Department of Social Services and the District Health Authority have commissioned the King's Fund College to complete a feasibility study which looks at the future organisation of the management of services for persons with learning disabilities. Havering authorities have made clear their belief that one of the strongest features of any future organisation would be the involvement of service users and carers. Therefore, the first step of this feasibility study was to request the participation of users and carers along with Health Authority and Social Service staff in a day of consultation. The focus of this consultation was two fold:

* Establishing criteria and outcome expectations for services, existing or new, which will be offered in the future; and

* Reviewing the strengths, weaknesses, gaps or redundancies which exist with existing services.

This consultation took place on 6 & 7 March at the Mawney Day Center and the Spilsby Road Social Education Center respectively. A total of 120 persons signed the register. The first day there were 72 participants and the second day 48 attended. These individuals represented the following categories or types:

19 Users : direct recipients of service
71 Carers: parents or family members of persons with learning disabilities.
30 Staff : individuals who are employed by Health Authority, Social Services or who are affiliated with them as providers of service.

This report focuses on the major themes and comments received during the two day consultation.

The results of recommendations and observations made during those two days have been combined under major topic areas as some key themes were echoed by all groups represented.

Criteria and Outcome Expectations

User Expectations

Users were asked two basic questions:

. . What do you most like to do?
. . What would you change about your life today?

Based on the more than seventy (70) responses received from the users who participated, we have summarised their advise to us by using "theme" criteria. Under each theme we have listed the specific responses of the users. Most redundancies have been eliminated.

Meaningful Relationships and Companionship

I would like to have a boyfriend
Looking after my nephew
More visits with my family at home
Time with my friends, when I want to, where I want to

A Home of My Own

A place of my own - not always depending on others
More peace and quiet - not crowded places
Will help anybody - but like to choose the people I live with
I like where I am
Want to choose people I share - live with
Security
Safety

A Meaningful Job

I wish I had a job
Need some work choices
Need challenging work - current day center is boring
Working with animals - horses
Taking care of children
Work in a shop
Work in a record shop
Current center is boring

Volunteering & Contributing to My Community

Helping others, like at church

Choice and Control Over My Life

More choices
More freedom of choice

More control over my life
More help when I need it, but no more than I need
Use of the phone when I want
Want fewer people around
Want more independence

Quality Health Care

Like good health care when I need it
Safety
More health care to help with my sight
More physio therapy to strengthen my legs
Need nurses who I can talk to and who can help me with my problems
Speech therapy

Hobbies, Art, Leisure, Holidays & Social

I want to go to the pub with my mates
Would like more outings
More activities - activities now are boring
Holidays don't happen, staff can't come

Suggested:

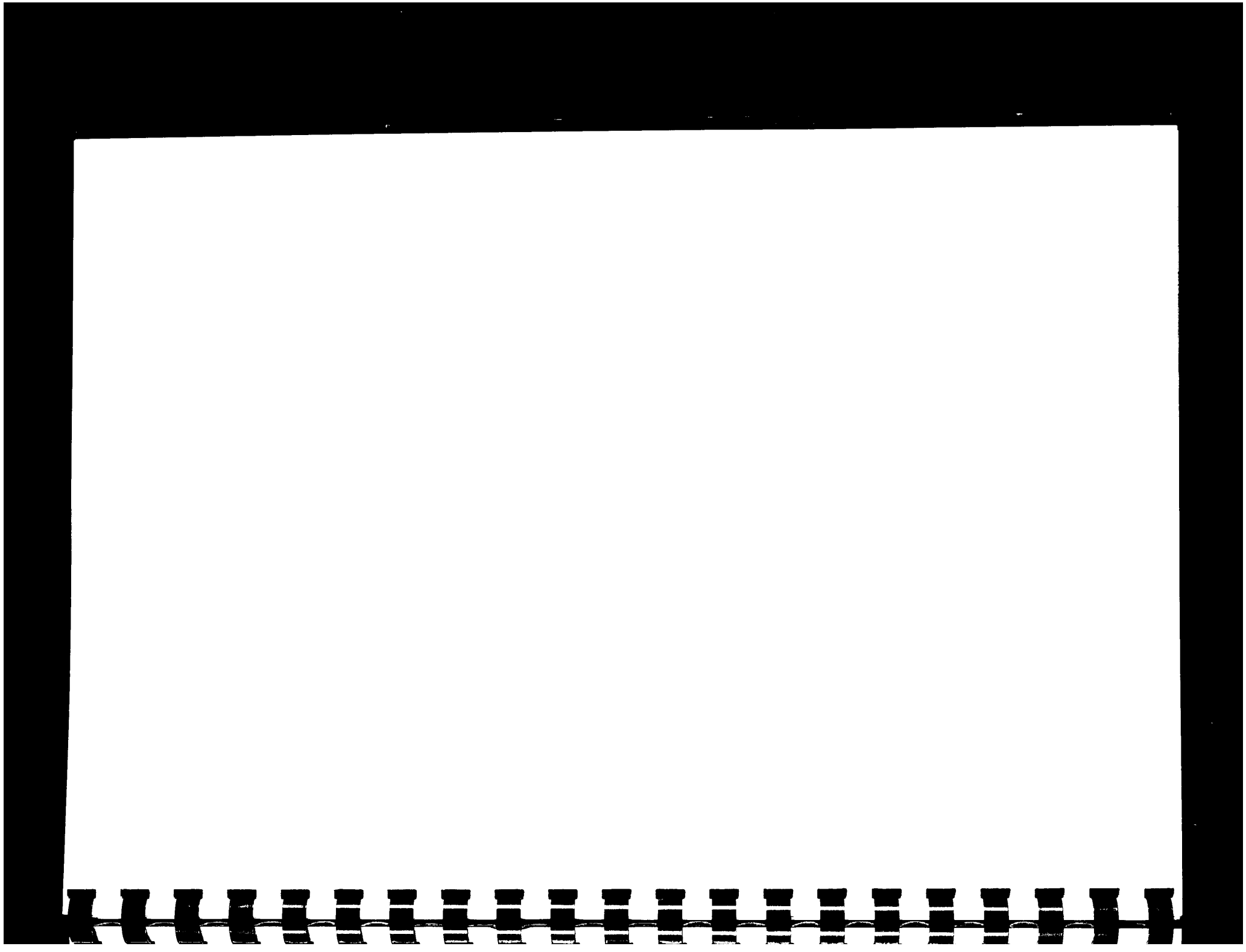
Drama classes
Gardening
Looking at books
Playing records
Watch horses
Baking cookies
Pottery and handicrafts
Swimming
Sports
Painting
Photography
Going to the farm
Riding horses
Like to go on holidays
Want summer holidays
Need more center holidays
Staff need paid time to go on holidays with us
Need more things to do on Sundays
Watch children
Shopping
Do house work

Religious

Going to church is important to me
I want to go to church
I like to help at church

Transportation and Mobility

Need better transport - to go where I want



Staff and Service Assistance

Staff could listen more and better
Center lunches are supposed to be warm, but served cold
Need more social workers to talk to us and see what we would like to do.
Need more speech therapy
Need more staff to help - but not too many
Need more group homes
More equipment
Night staff in hostel or nearby
More police

Group Expectations

Both Carers and staff were asked to consider what they would want for their family members five years from now. They were also asked to consider the strengths, weaknesses, gaps and redundancies of the current system.

The following represents the themes brought forward by those family members and staff representatives present.

Individually Tailored and Responsive System

Services should be designed for and responsive to the individual
Individual Personal Planning (IPP) should be instituted for everyone
Skill training should be designed based on the level of need of the individual
Need a multi-disciplinary approach to build on knowledge and expertise of users, family members and professional staff
Construct services around individual needs
Adaptive equipment available for individuals who need it
Provide real choice for home and work
Teach skills that can be applied in the real world
Teaching must be relevant
Specialty clothing should be available
Assessment should identify needs (i.e. sight, hearing)

Individual Choice and Influence Incorporated

Individual choice should be honoured
Independence taught and honoured to abilities of individual
User must be consulted about what happens in his/her life
User should be recognized as an individual in his/her own right, separate from carers/family
Opportunity for user to have a personal confidant

Local Capacity to Support Persons With All Levels of Need

Want no out of borough placements
Want services for all individuals within borough
Want local capacity to deal with medical and dental needs for all individuals
Local capacity for therapy services
No exclusion of any person with learning difficulties
Need day centres which will take anyone
Need local residences for individuals with all levels of need

Use Local Generic Services

Need access to local services available to non disabled people
Support wide use of services according to need

Programs Must Demonstrate Continuity and Stability

When an individual moves into services continuity of affiliations and relationships must be maintained
Confidence in services to be delivered as promised, long term to facilitate peace of mind
Want placements to be stable and long term
Continuity is key (no artificial barriers such as age or location)
Continuity seven days and nights each week

Family Support Services Must Be Flexible and Responsive

Need to work with families to prepare them for what is available and what they should expect in the future
Help families learn to "let go"
Weekend and night time assistance is critically needed
Community nurses must continue and expand
In home care, care assistance and transportation needed

Homes Designed Around Individuals (Residential)

Homes should have family and home atmosphere
Individuals should be treated as family members with special events remembered (birthdays, religious holidays, outings, etc.)
Must offer more choice/options (i.e. core and cluster, group homes with part-time, full time and un-staffed options... offered by staff group as some alternatives to hostels, Little Highwood and South Ockendon)
Most wanted small homes, some liked existing large facilities
Staffing should match individuals needs not "models" of service (i.e. group homes = no overnight staffing)

Home should be visited by responsible person
Located close to family so family can continue to visit as they grow older
Need flexible adult placements

Skill Enhancement, Job Training and Adult Day

Need training in social and educational areas
Skill training should be designed based on level of need of the individual
Current day centres should become resource centres
Need integrated options and alternatives
Need real employment opportunities
Need employment training opportunities
Need to expand adult education
User, relatives and professionals need to agree on what the individuals needs are and how they are to be met
Sheltered employment with real work is needed

Accurate and Timely Communication and Information

Improved communication to build trust
Information must be provided prior to action
Families expect to have a voice and to be heard
Information must be timely and clearly given
Need an informed link person
Need information about services available and how to access them
Families want to understand the roles of persons who contact them or who come into their homes
Respect and ask for parents opinions
Want access to those who will serve challenging (behaviorally) individuals
Want to influence what our family members receive now before we die
Carers must know what their rights are

Respite and Holidays Tailored to Meet Individual and Family Needs

Respite must be flexible and provided when ever needed
Need information on what is available and how to access
Need access to short and long term respite
Cross roads scheme is very appealing
Need more holidays
Staff should be provided for holidays
Holidays should be funded
Need international perspective through travel

Quality Health Care

Community nurses to continue and expand
GP support is key
Need more joint work between Health Authority and Social Services
Want access to those who will serve behaviorally challenging individuals (medical and dental)
Therapy needs to be provided based on need (not limited based on age or location)

Staff Should be Competent and Available

Staff should be well trained
Staff should know the individual well
Staff should be available in sufficient quantities
Users should not have to cover for staff unless they choose to and are learning a self selected skill

Quality Management of Services Essential

Services should be quality
Users and carers should have a voice in evaluating the quality of services

Public Education and Community Involvement Must Improve

Public needs to be educated to improve perception and awareness
Community needs to be involved in services
Individual users want more involvement with community

Need Clear Lines of Authority and Responsibility

Staff should have clear lines of accountability and responsibility regardless of who operates the service
Need clear lines of accountability if things are not right: to whom would we go?

Transportation

Need transport to fit individual need
Need transport responsive to service

Other Areas Need Attention

Literacy
Nutrition
Dietary

Data Gathering

Gordon Peters interviewed:

M.Talbot	DSS
C.Paley	ADSS
A.Crawford	Principal Manager
C.Hardy	Director Designate of Education
P.Howlett	Asst. Education Officer
K.Gray	S Admin. Asst., Education
P.Payne	UGM, BHB Health Authority
S.~~Fulbrook~~ Philbrook	BHB Health Authority
J.Morris	SRCO, David Crompton Lodge
S.O'Brient	RCO, The Haven
D.Markwood	Nason Waters S.E.C.
T.Wilson	St.Bernards S.E.C.
L.Lazaro	Social worker, CLDT
H.Woolard	Com. Nurse, CLDT

David Powell interviewed:

G.Hare
- First Step Playgroup
- Parent of 7 yr. old autistic child
- Anne Davis of Parents Handicap Information Group
- 5 parents and family members

Setting Criteria Days involved Nan Carle, David Powell and Lyn Rucker

Ian Diamant interviewed:
S: Philbrook ; P. Bradbury (Consortium)

C.Paley (L.B.Havering) held 'King's Fund De-briefing afternoon' with staff and managers (DSS)

Further meetings of Social Services and Health staff arranged.

G.Peters facilitated 'Better Futures for Havering' afternoon with staff and managers (DSS, DHA)

The Havering Written Input Format has been circulated to interested parties who were invited to submit responses.

APPENDIX 4

Havering Written Input Format

The London Borough of Havering Community Care Plan 1992-93, and the Joint Planning Team of the health and local authorities have made significant statements on change and development of services for people with learning difficulties in Havering.

We invite your written input, all of which will be read and considered as part of the review process. Please comment on any of the following areas:

1. The adequacy of residential facilities for people living there

2. The adequacy of group homes and of independent living facilities

3. The adequacy of staffing in/for any of the above

4. The adequacy of day care

5. The adequacy of work experience

6. The adequacy of leisure facilities

7. The extent and quality of services for people who are behaviourally disturbed

8. Assistance provided for community living support - e.g. by the Community Teams, social work, respite care, holidays, welfare rights

9. Resettlement from South Ockendon Hospital (or hospital elsewhere)

10. Provision of care at Highwood

11. Availability of specialist support

12. Adequacy of provision for former hospital residents

13. The role of housing associations

14. The extent and involvement of voluntary organisations in

    1) services

    2) advocacy

15. Support for parents

16. The extent to which people with learning difficulties have participated in planning, development and use of services

17. The value and extent of use of individual programmes of care (I.P.P.s)

18. The extent of co-ordination of services

19. The extent to which services promote independence for persons served and their families

20. The extent to which services are provided such that all people with learning difficulties, regardless of age or mental disability, are appropriately served

21. The extent to which a range of education, health and training facilities are available and co-ordinated

22. The promotion of good health by the health agencies of the NHS:

    general practitioners, hospitals, para-medical and ancillary services....

23. The extent to which you are kept informed

24. The use of ordinary housing

25. The adequacy and use of funding

26. Any other matters you would care to address

Please return this form by 24th April to:

Gordon Peters
Havering Project
King's Fund College
2 Palace Court
London W2 4HS

Appendix 5

RHO DELTA

Public & Voluntary Sector Consultants

LONDON BOROUGH OF HAVERING

ORGANISATIONAL OPTIONS FOR COMMUNITY CARE

April 1992

TABLE OF CONTENTS

INTRODUCTION

Set out below are possible organisation options for the development and management of services for people with learning disabilities. These options are set out in the context of the present political and social climate.

In looking at organisational options for the delivery of residential and other services for people with learning disabilities we have called on our substantial experience in the development of community care projects throughout the UK.

This report therefore consists of options in the light of the considerable experience of work on behalf of statutory and voluntary organisations and interviews carried out in Havering.

The criteria for needs based change in the organisation of Havering services for people with learning difficulties can be summarised in four fundamentals:

(i) Users and carers involvements in the shaping, accountability and continuing evaluation of the services.

(ii) Development of wider range of activities in a network of daycare, work, residential (hostels, group homes, independent living) and leisure services to maximise ordinary living potential.

(iii) Support to families at points and times of need, with continuity and more flexible staffing arrangements.

(iv) Planned life transitions, especially child to adulthood, special needs support for community living, and ageing partner transition.

In summary, the criteria for selecting an option could be defined as follows:

(1) will the organisational model be able to provide housing care for a range of dependencies?

(2) will the model be flexible enough to meet the changing needs of residents?

(3) does the model maximise both capital and revenue?

(4) will the model be open to managerial influence by a range of statutory and non-statutory agencies and act as an inter-agency forum?

(5) will the model be open to managerial influence by users and their advocates/relatives?

(6) will the model be flexible enough to develop future projects?

(7) will the arrangements be suitable for the development of other non-housing services including daytime activity?

(8) does the proposal fit with local and national policy?

Note: this list is not exhaustive.

SUMMARY OF OPTIONS

1 Social Services

2 Health Authority

3 Voluntary Organisations

4 Private Sector

5 Housing Associations

6 Statutory Authorities and Housing Associations in partnership

7 Voluntary Agencies and Housing Associations in partnership

8 New Consortiums

9 Existing Consortium

OPTION 1 - SOCIAL SERVICES

The needs of people with learning disabilities are predominantly a social care and housing need. Social Services provide a range of services to people with learning disabilities and continued management by the Authority may be seen as appropriate. Present legislation gives lead responsibility to Social Services for community care.

However, this same legislation proposed a shift in the role of Local Authorities away from direct service provision towards the purchasing of services. In due course there will be financial incentives to purchase services from the private and voluntary sector.

OPTION 2 - HEALTH AUTHORITY

Health Authorities currently manage services including the direct management of staff and this potentially could have advantages in continuity for the clients and staff.

However, Health Authorities are moving away from direct management of services towards self governing trusts. Both these options have limitations, not least of which are financial. Should the Health Authority decide to directly manage the service it would be denied access to capital and revenue grants which could either offset the costs of the services or be utilised to improve the quality of the services.

OPTION 3 - VOLUNTARY AGENCIES

There are a number of voluntary agencies in the Borough concerned with services for people with learning disabilities. In addition, some national organisations have got excellent reputations working in this field and are rapidly expanding. These organisations can be cost effective and able to access capital and revenue grants, donations, and make private borrowings. However some of these organisations lack expertise in certain areas, usually because of the small scale of the operation whereas others have pioneered innovative care practices.

Should there be a voluntary agency with a strong presence in the Borough prepared to expand rapidly and take on significant levels of service provision this may be a strong option for consideration. The Authority would however be advised to negotiate with a number of organisations and possibly transfer the management of residential services to more than one organisation.

The organisation will need to demonstrate its capacity, financial viability, expertise, knowledge of care issues, plus a range of other requirements before being considered for this important role. Once services were transferred to a voluntary agency the Authority would have limited influence although the service would be bound by contracts as staff transfer issues would also need to be considered. The authority would, however, remain responsible for ensuring the provision of the appropriate services.

OPTION 4 - PRIVATE SECTOR

There has been a rapid growth in the private care industry in the UK. Certain companies have strong marketing strategies, tastefully furnished homes and good staff rotas, and meet the training needs of staff and often pride themselves on the quality of service they offer to clients.

Should the Authority choose to work with private care agencies there are a number of considerations. There would need to be an appreciation of the revenue base for the homes as places purchased in these homes or agreement needed not only meet the basic cost of homes but also the capital borrowing implications on the revenue and the profit margins of the companies. Considerable complexities have arisen under recent legislation particularly for Health Authorities "topping up" private sector homes. Other issues would be the lack of influence by the Authority over private companies and the risk of long-term implications on cost and practice which may not be in the Authority's interest. Although such an arrangement would be bound by contract, the Authority would clearly need to be assured of the nature of transfer arrangements before making a commitment, acknowledging the immense difficulties which would be faced if such an arrangement needed to be changed. Staffing issues would also need to be addressed as the private care company would be a future employer.

OPTION 5 - HOUSING ASSOCIATIONS

Housing Associations are voluntary organisations funded and supervised by The Housing Corporation. The Borough has a strong presence from registered housing associations although much of their activity is general family in

nature at affordable rents. However housing association share increasingly been the providers of special needs housing and The Housing Corporation earmarks, a relatively small amount of its programme for this activity. Housing Associations gain a reputation for bringing a fresh and informed view to people with special needs and have produced some excellent innovative schemes often with high support in a domestic setting. The majority of housing association activity in the special needs housing field, although not exclusively so, has been on a two tier basis. Housing associations provide the building, continue to provide maintenance, but pass the day-to-day management on to other voluntary agencies who are specialist care managers.

OPTION 6 - STATUTORY AUTHORITIES AND HOUSING ASSOCIATIONS IN PARTNERSHIP

This option has been chosen in certain areas and requires a housing association to provide specialist housing managers with care staff being employed by the statutory authorities, either health or social services. This has the attraction of a structure that is readily understandable and involves housing associations as part of the voluntary sector that has been actively encouraged by central government.

The housing associations are responsible for housing management and maintenance including the collection of rents from the residents. The housing association and statutory agency are bound by a contract.

The success of this arrangement is dependent upon being able to negotiate with one or more of a number of housing associations to work collaboratively to provide a similar style of housing management across their organisation. Once again, with the budgeting and collection of charges located within the housing association this does not always lead to an effective pooling of financial resources. This model does not allow easily the expansion into setting up non-housing services and does not provide the policy and development focus that the Authority may consider to be desirable. Separately negotiating partnerships for a number of schemes with a number of housing associations may lead to fragmentation.

OPTION 7 - VOLUNTARY AGENCIES AND HOUSING ASSOCIATIONS IN PARTNERSHIP

This organisational option is a derivation of options 3 and 5. Existing voluntary agencies could manage the residential services in partnership with a housing association. This model of development is very common throughout the UK (some 60% - 70% of special needs housing managed by housing associations uses this model) housing associations either develop or lease properties or make them available on a management agreement to voluntary agencies. Voluntary agencies would employ the core staff as well as care staff where appropriate.

Clearly such developments are very dependent on the management capacity of the managing agent. It does have the advantage of maximising all sources of monies. However funds are located in a specific agency and not easily transferred to facilitate pooling. Although this model has many attractions it is difficult for a variety of statutory agencies to influence such models unless existing voluntary agencies are prepared to substantially change their management structure.

OPTION 8 - NEW CONSORTIUM

A new legal entity may be formed using a voluntary agency structure (charitable company or Industrial & Provident Society) which has the objectives of providing housing care for people with learning disabilities for people in the Borough. The consortium would plan, develop and manage residential services and therefore be a useful mechanism for a planned transfer of services.

Membership of the consortium could include a client representative or advocate, social services and health, voluntary agencies and associations with housing department and other interested parties. The model therefore pools skills and expertise and can provide a relatively neutral inter-agency forum.

The model would provide flexibility within its structure. For instance housing associations could lease or develop the buildings and pass them across on a management agreement to the consortium.

Existing staff could either be seconded or transferred to the voluntary agency.

The option for creating a new legal entity would require financial investment to set up and an investment in time and effort by officers within the statutory agency.

This model has been used in many parts of the country successfully. However, it can sometimes appear bureaucratic and because of the variety of agencies involved, sometimes lacking clear a decision making processes.

However, this model can be freed from any of the statutory controls which may delay the development of services within the statutory agencies. It would need to set up its own policies and procedures, establish its own identity and build confidence in its organisation.

The model maximises both capital and revenue.

OPTION 9 - EXISTING CONSORTIUM WITHIN THE BOROUGH ORIGINALLY SPONSORED BY THE HEALTH AUTHORITY.

Some four years ago the Health Authority sponsored a consortium covering the three areas (two boroughs and one district) covered by the DHA. A charitable Industrial and Provident Society was formed to provide services for people with learning difficulties and mental health problems. Within the next few months a considerable number of schemes will come into management, many of them in partnership with the registered housing association.

The existing consortium has a management committee to which a range of representatives from statutory and non-statutory agencies attend, including social services.

The day to day management of the consortium is provided by a "holding company", the Brentwood, Barking and Havering Consortium. The holding company is an unincorporated body and is ostensibly managed by the chairs of three consortia.

We understand that when the consortium was originally conceived it was envisaged that it would become more independent as the project came into management. There are no immediate plans to do so.

There are obvious advantages in using an existing consortium with its infrastructure and policies already developed.

However, we are aware that there are concerns about the consortium not providing a locally managed service, open to influence by users, carers and political representatives.

Therefore to use the existing consortium, and to meet the concerns expressed above, changes will need to be made to the management committee of the consortium, and the present part time servicing replaced by a full time director and staff.

FAVOURED OPTIONS

We would recommended that a full options appraisal exercise, as outlined in Appendix One of this Report is undertaken. However, it would appear that the most likely option is either a new consortium or a re-structuring of the existing consortium.

Officers and members will need to consider not just the financial consequences of setting up a new consortium (though a re-structuring of the existing one will also have financial consequences), but that any new organisation requires a considerable lead in time to become operational.

However, we would emphasise that whatever model is chosen, the legal structures outlined within this report, in themselves, do not provide services, rather they are tools to be used by service users and service providers.

Should Social Services decide to implement one of the options outlined within this report, we would also recommend that consideration is given to a purchasing alliance, which could involve both the Borough, the District Health Authority, and the Family Health Services Authority. This would give a robust purchasing arm within the Borough, and has the potential for speeding up much needed change.

VOLUNTARY SECTOR - LEGAL OPTIONS

This section of the report is designed to give participants an idea of the legal and managerial structure used within the non profit making sector. It would affect options 3, 5, 6, 7, 8 and 9.

The principle legal options chosen for formation of new voluntary agencies are:

1. A registered Charity also registered as a company with Companies House.

2. An Industrial and Provident Society - a charitable organisation registered with the Registrar of Friendly Societies.

Historically voluntary agencies were registered as Charitable Trusts (This is not to be confused with NHS self governing Trusts) which made the individual trustees personally liable. This type of voluntary agency is rapidly disappearing as such Trusts incorporate as Companies.

The incorporated model has the advantage of Charitable status (no payment of Corporation tax etc) and gives Directors/Committee members some degree of limited liability.

The model however can take some time to incorporate - between six months and a year.

The alternative model is the formation of an Industrial and Provident Society using model rules, an example of which is those published by the National Federation of Housing Associations. Seven founder members are required and an organisation can be in place within six to eight weeks of signatory.

In terms of charitable status, such model is similar to a registered company-charity and has a simpler form of accounting requirements, though its member structure can sometimes make its operation day to day more complex.

In operational terms, the experience has been that there is little to choose between the two.

OPTIONS APPRAISAL

We have undertaken options appraisal with a number of social services and health authorities.

The methodology is to use a scoring system and set criteria against organisational options. In deciding on criteria it may be appropriate to determine that certain criteria are more important than others and give them a weighting.

Therefore if it is decided that a model should be acceptable to families and carers, the score could be enhanced by for example a weighting of 2.

The basic score would be marked as follows:

> If the model was not particularly sensitive to the needs of clients, Score 1 would be given.
>
> But if it was particularly sensitive to the needs of clients, then a score of 3 would be given.

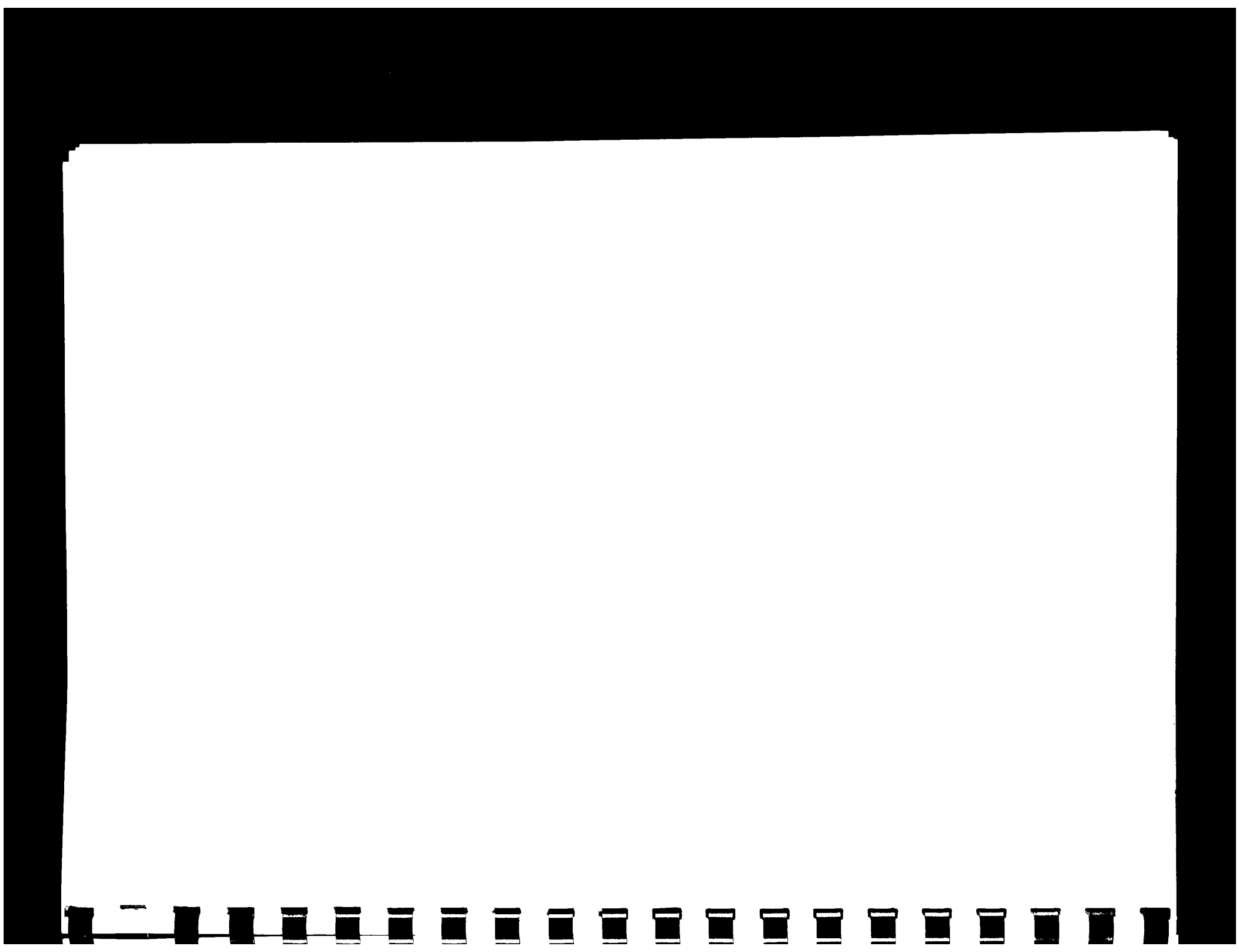
These models should not be used to dictate the result rather than used to inform the debate.

NB THE OPTIONS APPRAISAL EXAMPLE GIVEN IN THIS REPORT IS ENTIRELY ILLUSTRATIVE AND HAS NOT BEEN SCORED FOR THIS PARTICULAR EXERCISE.

LONDON BOROUGH OF HAVERING SOCIAL SERVICES	APPENDIX 1
RESULTS OF OPTIONS APPRAISAL DRAFT EXAMPLE	
MANAGEMENT OPTIONS	RESULTS
SOCIAL SERVICES DIRECT MANAGEMENT	31
DHA DIRECT MANAGEMENT OR TRUST	31
EXISTING VOLUNTARY AGENCY	26
PRIVATE SECTOR	40
HOUSING ASSOCIATION	42
SS OR DHA WITH HOUSING ASSOCIATION	
VOLUNTARY AGENCY AND HOUSING ASSOCIATION	42
NEW CONSORTIUM	42
EXISITNG CONSORTIUM	43

ption Appraisal Score 1 to 3

Criteria	Weightings		Social Services		DHA-direct Man Unit		Ext Vol Org		Private Sector		Housing Association		Stat & Hse Ass		Vol org Hse Ass		New Consortium		Existing Consortium	
			Score	RES	Score	RES	Score	RES	Score	RES	Score	RES	Score	RES	Score	RES	Score	RES	Score	RES
1	National Policy	1	1	1	2	2	3	3	1	1	2	2	2	2	2	2	2	2	2	2
2	Local Strategies	1	1	1	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
3	Single point of access	1	1	1	1	1	0	0	1	1	2	2	2	2	2	2	2	2	3	3
4	Clear management	1	3	3	1	1	0	0	1	1	2	2	2	2	2	2	2	2	2	2
5	Minimise Bureaucracy	1	2	2	1	1	0	0	3	3	2	2	2	2	2	2	2	2	2	2
6	Good staff relations	1	1	1	1	1	0	0	1	1	1	1	1	1	1	1	1	1	1	1
7	Easy to implement	2	3	3	2	2	1	1	2	2	1	1	1	1	1	1	1	1	1	1
8	Acceptable to client/Advocates	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
9	Acceptable to families/carers	2	2	2	1	1	1	1	3	3	3	3	3	3	3	3	3	3	3	3
10	Acceptable to politicians	1	1	1	1	1	2	2	2	2	2	2	2	2	2	2	2	2	2	2
11	Sensitive to need of clients	2	2	2	2	2	1	1	3	3	3	3	3	3	3	3	3	3	3	3
12	Open to influence	2	1	1	2	2	1	1	2	2	2	2	2	2	2	2	2	2	2	2
13	Multi-agency	1	1	1	1	1	1	1	2	2	3	3	3	3	3	3	3	3	3	3
14	Provides local management	2	2	2	3	3	1	1	3	3	3	3	3	3	3	3	3	3	3	3
15	Flexible revenue	2	2	2	3	3	3	3	2	2	3	3	3	3	3	3	3	3	3	3
16	Flexible capital	2	1	1	2	2	3	3	2	2	3	3	3	3	3	3	3	3	3	3
17	Protects extisting finance	2	0	0	1	1	1	1	2	2	2	2	2	2	2	2	2	2	2	2
18	Appeals to purchases	1	1.50	2	2	2	3	3	3	3	3	3	3	3	3	3	3	3	3	3
19	Quick to implement	2	3	3	2	2	1	1	3	3	2	2	2	2	2	2	2	2	2	2
				30.50		31		26		39.50		42		42		42		42		43



Reports and Papers Made Available

L.B. Havering Community Care Plan 1992/93

District Audit Service: L.B.Havering Audit of Accounts 1987/88 - The Caring and Development of People with a Mental Handicap

Services for Adults with Learning Difficulties: Definition of Customer Group and Criteria (A.Crawford)

Briefing Paper for Joint Planning Team (Elderly) re: Services for Older People with a Learning Disability

Philosophy and Aims document (unattributed)

Havering Services for Adults with Learning Disabilities: Joint Costed Strategy - Havering JPT

L.B.Havering 1991 out-turns and 1992-93 budgets by cost centres

Contact addresses of voluntary groups

Social Services News - Summer 1991

L.B. Havering SSD: Mental Handicap - Ideas Produced by a Working Group Which Met for Nine Hours Over Four Occasions in January and February 1988.

Havering: The First Weeks - an initial report - A.Crawford

First Step Opportunity Playgroup Newsletter, and Organization and Management

Havering Carers: Information Pack for Carers

Havering Joint Planning Team: Services for People with a Learning Difficulty - A Statement of Interest

BHB CHC: Keeping It Local - An Alternative Plan for Health Care in Barking, Havering and Brentwood

Draft Outline Business Plan: Services for People with Learning Disabilities - A.Crawford, 1991.