

Webinar: promote social value models of delivery

Part 1 - Supporting care commissioners and procurers to promote social value in service delivery

ewmpas



Llywodraeth Cymru
Welsh Government

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Adrian Roper

Supporting commissioners and procurers through a collaborative exploration of Section 16 of the Social Services and Well-being (Wales) Act 2014

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What is social value?

Definition of Social Value



"the additional benefit to the community from a commissioning/ procurement process over and above the direct purchasing of goods, services and outcomes".

The Social Value Guide: Implementing the Public Services (Social Value Act),
Social Enterprise UK

WWW.SOMERSET.GOV.UK



What is Social Value?

Social value is the quantification of the relative importance that people place on the changes they experience in their lives. Some, but not all of this value is captured in market prices. It is important to consider and measure this social value from the perspective of those affected by an organisation's work.

SOCIAL VALUE UK

SOCIAL VALUE
INTERNATIONAL

Section 16, Part 2 of the SS&WB Act

Promoting social enterprises, co-operatives, user led services and the third sector

1. A local authority must promote—

- the development in its area of social enterprises to provide care and support and preventative services;
- the development in its area of co-operative organisations or arrangements to provide care and support and preventative services;
- the involvement of persons for whom care and support or preventative services are to be provided in the design and operation of that provision;
- the availability in its area of care and support and preventative services from third sector organisations (whether or not the organisations are social enterprises or co-operative organisations).

Section 16, Part 2 of the SS&WB Act

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- the development in its area of **co-operative** organisations or **arrangements** to provide care and support and preventative services;
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- the availability in its area of care and support and preventative services from third sector organisations (whether or not the organisations are social enterprises or co-operative organisations).

The implications for including for-profits in “social value” models in Wales

Section 16 *does* reflect a strong push in the direction of *not-for-profit* organisations, but it also includes a rationale for including the *for-profit* sector:

- They too can co-operate with others
- They too can involve users in the design and operation of their provision
- They can also change...

The five principle-based goals of the Act: and why not-for-profits might have an edge

Principle-based goals	Not-for-profit credentials
Well-being outcomes: Providers do what matters - as people define it	Often directly linked to core purpose. If user-led, more likely to do “what matters”
Co-production: They mobilise people’s own opinions and assets – including community	Often have strong local connections. If member based, these assets are mobilised
Co-operation: They work with others for shared public benefit	Local roots and ethical values may encourage collaboration
Prevention: They think long-term and act to reduce or avoid dependency	Locality and user/carer orientation leads to whole-life/whole population engagement
Added Value: They strive to go beyond just delivering a contract	Values and constitutions should encourage added value

Alignment with other Welsh laws and policies

Social Services & WB Act	Healthier Wales	Future Generations Act	Foundational Economy
Well-being outcomes	Well-being outcomes	Well-being outcomes	Decent lives and communities
Voice and Control / Coproduction	Coproduction	Citizen / User Involvement	Bottom-up solutions
Partnership and Integration	Partnership	Collaboration	Cross-sector place-making
Early Intervention / Prevention	Prevention	Prevention	Community development
Added Value	Added or Increased Value	Long-term	Trusted suppliers – recycling funds

The five principle-based goals from the Act:
and why not-for-profits might have an edge

Principle-based goals	Not-for-profit credentials
Well-being outcomes: They do what matters - as people define it	Often directly linked to core purpose. If user-led, more likely to do “what matters”
Co-production: They harness the opinions and assets of the community	Strong connections. If assets are mobilised
Co-operation: They share the shared public benefit	Values may
Prevention: They try to reduce or avoid the need for intervention	Orientation leads to citizen engagement
Added Value: They deliver a contracted service	Should encourage

Commissioners can't just presume an organisation has an edge, especially when applying contract regulations

Commissioning for multiple outcomes – the procurement route

WHAT: increased presence of models that:	HOW: award points for providers that:
Achieve great well-being outcomes	Co-produce well-being and enable people to connect and contribute
Give users a strong voice and real control	Empower users in their constitution, and/or in their model of support
Have a proactive, preventative orientation	Demonstrate their commitment to prevention
Involve collaboration and partnership	Demonstrate their commitment to collaborate
Add economic, environmental and/or social value	Demonstrate their commitment to adding value

Commissioning for multiple outcomes: before and after procurement

Role model co-production (talking with users and carers)

What (and who) is working for them?

Does anything need to change?

Role model collaboration (talking with providers)

Are they delivering on the principles of the Act?

Can you help?

Use measures with providers that track multiple outcomes

This also helps providers build evidence of their achievements

Building capacity “beyond the market”

Some suggested commissioning **goals**

- More people are able to obtain “what matters” to them without (direct) recourse to public services.
- More people are engaged in helping each other at the family and community level.
- More people are able to choose and access a wide range of well-being related activities.
- More people are experiencing empowerment through peer groups and collective action.
- More people retain their well-being and independence for longer.
- There are valuable citizen-led organisations in every community of viable size.

Building capacity “beyond the market”

Some suggested commissioning **activities**

- Develop a network-based system for obtaining insight into how citizens and communities are doing
- Evaluate Information Advice and Assistance (IAA) systems and invest in their improvement
- Use grants to support community initiatives (and local anchor organisations) that strengthen people’s ability to maintain well-being and help one another
- Build a locality orientation into care and support contracts whenever appropriate
- Use Social Value Forums and County Voluntary Councils as vehicles in support of citizen empowerment (co-production) and independence (prevention)

Reminder: Why the Section 16 duty is important - and due for attention

Sustainability

Implementing Section 16 is all about creating a sustainable pattern of services and supports that enable people to achieve great well-being outcomes.

Transformation

Since 2016 the agenda has been dominated by Part 9 of the Act, focused on the integration of health and social care

The transformational aspiration of Part 2 of the Act needs to come back in focus.

Summary: the what, why and how of social value models

What are “social value models”:

“By their fruits ye shall know them”

Why are they important:

Not for some quick “added value”, but for long-term sustainability

Surfacing how to promote them:

Scoring for multiple outcomes

Role modelling coproduction and collaboration

Building capacity amongst citizens and communities

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Sian Griffiths

Gwynedd Home Care, designing and commissioning for social value

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Gwynedd Home Care


Re-designing and commissioning for social value



What do we want to achieve?

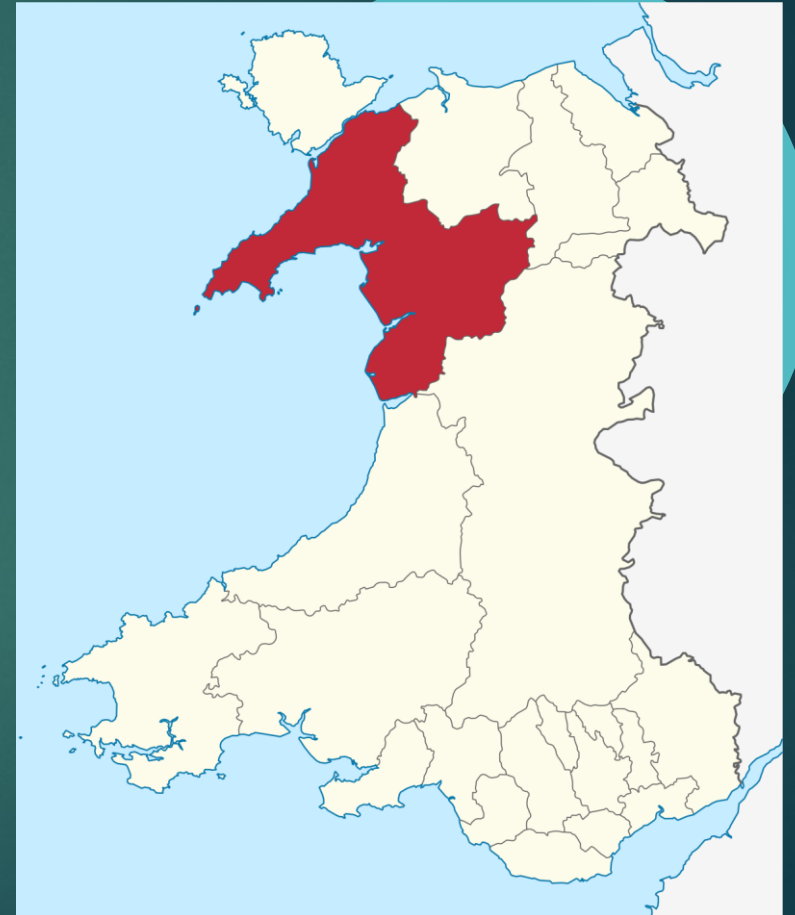


Great well being outcomes by “Helping people to live their lives as they wish to live”

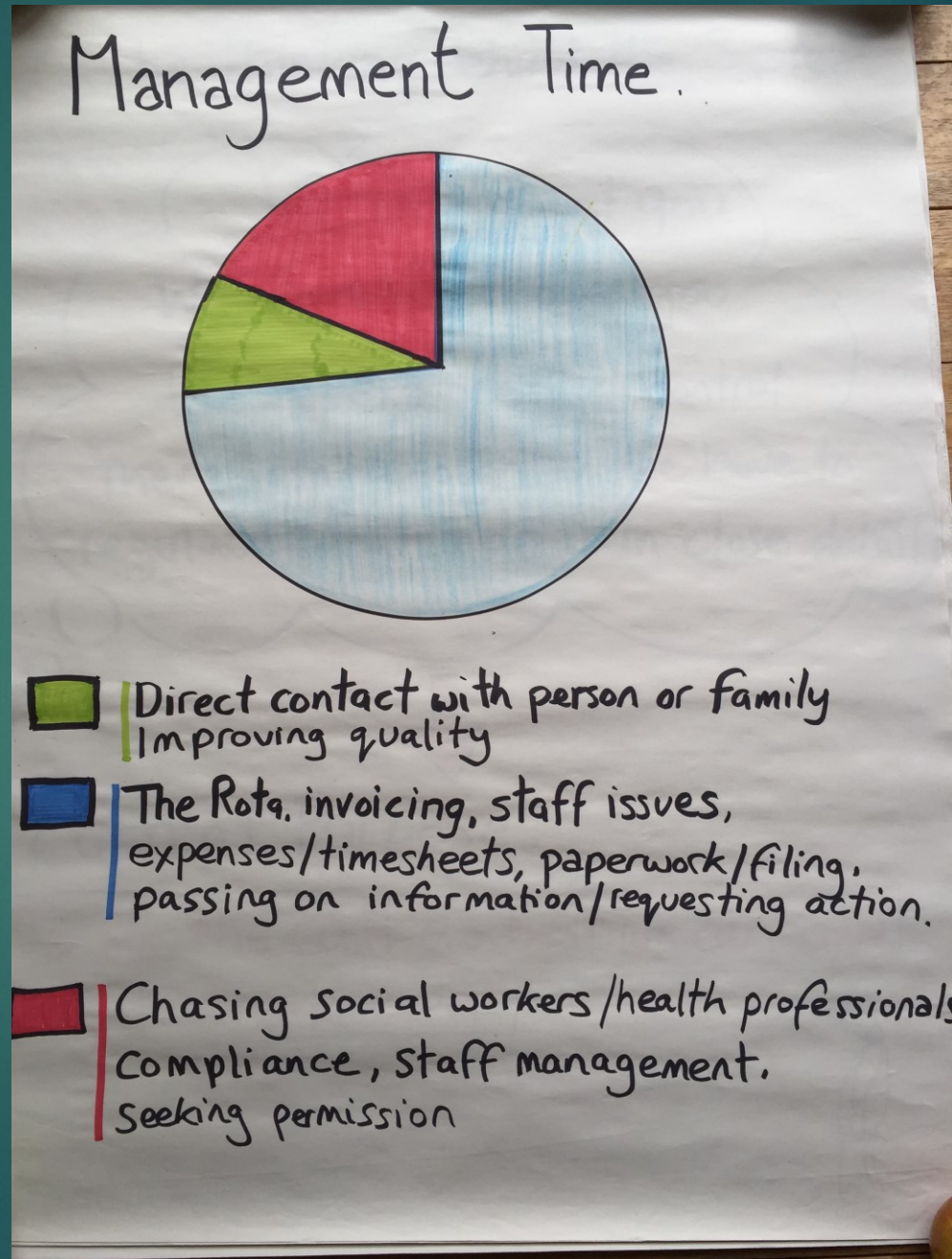
- ▶ Make sure we're able to do 'what matters'
 - ▶ Build relationships at a very local level
 - ▶ Collaborate locally and co-produce solutions to local issues and challenges
 - ▶ Change our commissioning and procurement processes - embedding the principles of the Act
 - ▶ Improve staff terms, conditions and wages accross all providers
 - ▶ Joint commissioning with the health board
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Home Care - Why do we need to change?

- ▶ Demand exceeds supply
- ▶ Many providers are scattered throughout the county
- ▶ Spot purchasing packages of care through central brokerage system
- ▶ Traditional time and task model – not flexible
- ▶ Can't focus on 'what matters' to individuals
- ▶ Bogged down in bureaucracy



Learning about the present system



Mapping processes:

**Social
Worker**

Brokerage

**Arrange
and
manage
provider**

Can you help?

Mrs Jones, lives in Bethesda
4 calls a day, Bed at 9.

Check the rota — **rework all rounds**

Discuss with department

Record in Referrals Book

Offer time slots to Brokerage

Referral Accepted. Care Plan emailed over

Translate Care Plan

Rota amended.

Text to all staff **outline rota changes**

New file and comms book prepared

Manager visits person to complete assessments

Service Delivery Plan added to file

Plans and Risk Assessments uploaded to Intranet

On Call file updated

Emergency Plan Updated

First call happens

Person needs more help?
Contact Social Services!

New Model – So what's different?



Inclusive CRT Team - home care providers are integral members

Community Resource Team Areas

Divided into 16 local
CRT 'Patches'



Developing Strong Community Networks

- ▶ Understand what matters, and focus on strengths, networks and local support
- ▶ Collaborate with local groups, enterprises, 3rd sector and independent
- ▶ Build Community capacity based on need
- ▶ Weave professional and community support
- ▶ Key role for home care providers that know their communities



Trialling the new model

Collaboration between home care providers, individuals and families, nurses, doctors and the local community

- ▶ Understand what matters and provide tailored support
- ▶ More focus on outcomes and not tasks
- ▶ By doing the right thing – reduce costs in the larger system
- ▶ Positive outcomes for staff and individuals
- ▶ But still barriers to overcome



End of Part 1 – now watch Part 2

for 'How to Guidance' for commissioners to
promote social value models.

Thank you.