



'Not letting the cat out of the bag': Externalising day services for people with learning disabilities

Introduction

The background to this case is local authorities deciding to 'externalise' services i.e. put them out to contract with other providers. This is a fairly well trodden path and in this authority had been going on for the last 5-7 years or so.

Following a series of Best Value reviews and the rationale of saving money, the Council systematically embarked on externalising almost all of its in-house services. Publicly stated in the committee papers that went to the Executive Committee [of the Council] was to save £1 ½ m. So already the Council's residential homes for older people, the home care service, children's residential homes, the Occupational Therapy equipment service are all externalised. Learning Disability residential homes have also all been tendered and externalised to external contractors. Without exception, these contracts have all gone to not-for-profit organisations.

About 2 ½ years ago the Council made the decision to externalise day services, not just for people with learning disabilities, but older people's services and those for physically disabled people as well.



This case is about the project to externalise Learning Disability day services and how the manager in charge of the project in the Council worked with others including service users to achieve this. The local PCT and social services share a chief executive/director and the locality aims to integrate the structures of health and social care in this way. [Issues in these stories.](#)

People in this case:

The user group - young adults with learning disabilities

[Julia - the advocate](#)

[Cynthia - a carer](#)

[Paulette - a team manager](#)

[Alan - the service manager](#)

[Martin - the Commissioner](#)

also mentioned are:

The Carer's Group

The Charsley Society and The Consortium - two not-for-profit organisations bidding for the day services contract

The Community Centre - this houses the advocacy project that employs Julia

Julia, The Advocate

Julia works for the Community Centre's Learning Disabilities Advocacy Team. It's an independent advocacy service working with both children and adults, but mainly adults. She has been involved with advocacy for around 20 years. Her advocacy team is not being externalised.

She comments: 'We have a self-advocacy component. I feel really strongly about user involvement in a way that improves services and ensures they are more responsive to what the people using them want. This hasn't been a strong feature of most services including publicly funded services.'

Julia has been involved over the years in other consultation processes on service changes. 'Typically they have been the "We've decided what we're doing and we're telling you" variety.' She feels the previous consultation about residential services moved farther towards meaningful consultation but some of the promises that were made haven't been delivered. 'Service users and carers were assured some of the services would stay the same; that there would be regular open consultations; there would be a management base in the borough for people to contact; that regular meetings would be held locally with carers. The residential services went to a not-for profit provider with experience in this type of provision.'

She continues: 'The "consultation" held when it was decided to join health and social services under one management structure involved one meeting which was not really accessible to many and all interested were given a month to submit comments. Nobody did anything special to inform or involve service users - they were to email comments to health. Almost no service users have access to email and most don't know how to use it. I helped service users complain, as a result, but not much happened. The consultation period was extended for a month (over a holiday period) but replies were still invited via email. Those planning the changes did not talk to us about how we could help involve and include people. I thought it was quite shocking and that there was no real commitment to getting the views and indeed helpful suggestions of service users. For example: Where were they going to

move the teams to? How would they get there? Was it going to be accessible? How people used to going one place be helped to find the new place? How will this improve the service? Will this be fair to everyone? Some senior staff (but not all) seemed quite cheesed off with us for complaining. But that's part of our job. Maybe this raised awareness a little bit anyway. The attitude seemed to be, we'll do as little as possible to be able to tick the consultation box.'

'If you are really going to involve people... Some truths have to be said. In general user consultation and involvement is still tokenistic -- just pretending to ask people and not doing anything with the information and views they offer. But this consultation [on day services] has been very different and much better.'



However she points out: 'There was no user consultation about whether day services should be externalised in the first place. The decision was taken some time ago by Councillors. It might have been mainly on the recommendation the Chief Officers. The relationship between Chief Officers, councillors and users is not my idea of being as open and scrutinising as it should be. Externalisation of direct services seems to have become popular within many local authorities, and one reason may be the desire to shift services to another provider so they do not have the responsibility for managing them.'

'A few sit there and serve their time'

'I think there are a lot of money-saving exercises going on within services. Residential services are externalised, for example, now one manager is being put in charge of 4 houses where they used to manage one or two; staff are regularly being moved around. One of the consistent things users always say is that they want the staff they are used to. When this happens it is very demoralising for a lot of service users.'

'There does need to be a shift in the quality of services delivered in some places. The quality is not wonderful everywhere. Some services are really good, others are have a lot of room for improvement and development. In some places longer will staff put themselves out to make something positive happen for the service user. A few mostly sit there and serve their time. To make some special event possible,..they won't extend themselves. You need a load of staff who actually want to make a difference in people's lives - a sort of positive critical mass.'

The lack of initiative is not entirely staff's fault. Very senior decisions seem to have been made not to replace staff - so if you have a lot of temporary or agency staff it is difficult to build a positive and coherent culture in a service.'

'I think day services are a problem throughout the UK. Day activities are often run with poorly paid and often poorly trained staff.'

'Less voice'

'People with Learning Difficulties have less voice than other client groups. For example, for this group there are almost no weekend activities available with support. User involvement would improve that but users need backing to do that. People do like to speak up and if they think something is important they will say so. Many service users have asked for weekend activities. A lot of the more elderly people are really prisoners in their own homes at this time. They don't get out unless someone comes to collect them and support them. Some of the most impaired in terms of learning and other disabilities are in residential homes, quite a number of people have very little communication. Some service users live in flats on their own. There also isn't very much support for people who are reasonably independent but not totally so.'



'I have a very strong preference'

'It really depends on the new provider. I have a very strong preference as to which it should be - the Society.'

Observing the presentation was very interesting. The Consortium had 3 of the Chief Executives of their constituent bodies come along. Service users said afterwards they couldn't understand much of the language that was used. With the Society (which has a long track record of working with people and involving them) the group which came along spoke in clear language to each person. This was a larger group which included several service users and ordinary staff. The difference in animation and involvement of the 11 service users questioning each bidder was quite startling I think. The Society presentation raised a lot of enthusiasm and interest. But financial issues will play a big part in the final choice.

'I think user involvement should be embedded in all public services. If you go back to the Bristol Health Inquiry a lot excellent advice was recommended to strengthen user involvement. SCIE has also written some very useful documents promoting active user involvement. "Does service user involvement improve public services?" is an example. add to links page and delete para.

'Service users need some sense of ownership of their services, and that they be responsive and approachable. Good user involvement means you need to trust and include and involve all kinds of people. Martin has done an excellent job in this respect, and the result is the best consultation that's happened so far.'

'Good user involvement means service users need to feed back their views regularly and have them acted on and actions reported. It should take place at every level. A duty to consult should be in key job descriptions. Regular and proactive means of getting user input and feedback should be in place, whether the issue is about quality or recruiting new staff or developing plans or in many other aspects of a service. Service users should be trained and supported to help, and appropriately employed within services. That doesn't happen here much so far.



Whatever happens we know you don't get the gold standard of user involvement before you get the bronze. Steady progress has been made here and that's all I would be asking. The what you can get them again The next stage depends a lot on who gets chosen, how they embed user involvement in the service in the future.'

Embedding user involvement in the specification

'Embedding user involvement in the spec - I can't remember- it's talked about in general terms, but the devil is always in the detail. It may say things like 'regular user involvement in all aspects of the work'; but what does that mean? You then need to be very specific about that means, what the outcomes are; what difference that makes; how regularly you feed back to service users so they know what's happening. This has got to be part of the point of active advocacy support over the development of the service to ensure the intended "form" becomes real "substance" or a reality.'

Monitoring

'I'm not very familiar with how the monitoring will work. It's hard to know how user feedback goes into that. That's an area it would be good to know more about, quite specifically. Martin and his colleague have been under a lot of pressures to meet deadlines which makes it more difficult to take on board all the detail.

'Overseeing the new provider - the Council doesn't have many resources to monitoring services so this is a problem area. So far the service users are not involved in monitoring. I would like to see them involved in various monitoring processes. These could include consultations. Some of the senior managers in Southwark's services go out and actually talk to people who use them. Martin and his colleague are very good at that. He and his colleagues will go anywhere which I respect. That's unusual. Too often people get hooked on their power and their position and some managers haven't met a real service user for ages.'

Labels should not be the deciding factor.

'The group I'm most worried about are just on the cusp of eligibility criteria. Some people who have what is considered to be too high an IQ - say over 65 or 70 may be excluded from services. People with Aspergers' Syndrome are often denied help. There's a big conflict about the national guidance on Fair Access to Care and whether labels and ability levels are more important than someone's current risks or ability to be independent. In this borough, its still a silo like provision - the different care use differing eligibility criteria and if you face multiple issues (eg. Learning disability and mental health issues or/and physical disability issues you may fall between services.) Fair Access to Care is often applied in a general way so it could mean anything, and often leads to exclusion due to costs . It should be about independence and risk, not about the label that you've got.'

The Partnership Board

'I don't think this has made a lot of difference.. real decisions usually get taken elsewhere. I don't think Partnership Boards have worked very well so far - and this is true in many areas of the UK. Both the statutory sector and the voluntary sector on the whole has not really embraced user involvement and empowerment. I think voluntary sector can also be very paternalistic and controlling - in a way we all should be working towards working ourselves out of our jobs where too often the emphasis is on the job or the reputation rather than the outcome for service users.'

Advocacy after externalisation

'The impact of externalisation on advocacy: the relationship will be dependent on which provider gets chosen, how they deliver their services, what their policies are in practice (especially in relation to user feedback), the resources they make available, and lots more. But whatever happens advocacy is considered to be good practice throughout social care.

'We are in direct contact with around 200 adult service users each year and about 50-60 on children's side. We can't half of the support we'd like to do. Our advocacy contract is very general at the moment which is a good thing as people with learning disabilities struggle with a wide range of issues. This allows us to be flexible. One team member spends 4 days a week going round the local residential homes where many people lack legal capacity and are more vulnerable than most. Many people here find it very difficult if not impossible to speak up for themselves, so we look to ensure that they are being treated with dignity and respect, have a healthy and reasonably stimulating environment, and that their needs and interests are being supported. We decide what issues we pick up and rightly so. But service staff often approach team members to raise issues they feel need looking in to.

'The commissioner of our service is Martin, but funding and output issues are agreed with one of his team. There's a bit of health money as well as that from Social Services - that's joint commissioning under Martin anyway now.'

Paulette's story

I am an act-up team manager for the community projects for 25 service users. I work for the social services department. My job is to coordinate activities and timetables, to oversee services. I will step in myself if staff are off sick.

News of externalisation

When I heard it was shock-horror. It was devastating news that we would be outsourced. To me and the rest of my colleagues, we were very anxious about the future. Also the term 'externalisation' we weren't too sure what it really meant. People are clearer what 'privatisation' means- it's usually about profit-making. Externalisation- it wasn't about profit-making, so what was the purpose of externalising us? We were quite happy as we were: good standards, meeting our service users' needs. We felt we were providing a fantastic service. We were quite surprised and disappointed. After the initial shock, we had to come to terms with it: what process it was going to take, what shape our service was going to be? That was about 2 years ago.

It is a bit clearer now. I see it now it's compulsory, it's going to go ahead. The Council are very much in favour of it, and because they are, we haven't got much choice. Our concern is the quality of our providers. What sort of quality are they going to be aiming for? Are they going to keep the same standards? From the service users' perspective, will they still have the same conditions? Also the staff perspective, will we still have the same conditions?

The Partnership Board and externalisation

We've had consultation with Martin, the Commissioner. I've been to the Partnership Board, attended those. That's the good side of change. It's moving along with the law, with Valuing People. That's a positive. It doesn't really seem to be connected with externalisation. It seems to be quite separate. In reality I think they are all connected. The Board seems positive, they can offer lots of things to your service, there's this activity happening. Voluntary groups get together, day services get together, speech therapists get together, panel of service users - a mixed bunch of people working for the same cause. That's fantastic. There doesn't seem to be a real focus on externalisation - what's really happening in the service. We have to get our service in order to make sure that person centred planning is in order. People have got clear plans, that we have good commitments that will be

honoured. We are more concerned at making sure that goals are very clear for individuals and for the service. We want those goals honoured.



Our personal goals in our service - we want to introduce more advocacy, more sports. We are trying to promote that. That those goals are still intact; that the externalisation process won't affect them - that's something we agree in house.

The Partnership Board - it just that there doesn't seem to be a strong connection there. I think they can agree policy. They have been promoting accessible information. They are doing lots more advocacy groups, user forums, they are ploughing money into health projects. It seems to be quite an active board. But the reality is the service is still the same. The connection there to use that forum is quite difficult. We've still got the same amount of staff and transport. So to actually to get people to go to those services that are out there, it can be quite tricky.

Impact of externalisation

I hope that our standards are the same or improved. My anxiety is that that won't be the case. My worry is that we will operate with larger groups in the community; it will go against our ethos, our approach to community integration. At the moment we work in small groups or 5 or 6. We access pubs and cafes, sports facilities, gradually getting to know people in the community, building relationships. [With] larger groups going out, things could change. The pressure may come from trying to increase our numbers and therefore provide more services to more people, be more cost-effective I suppose.

The Council are saying they will spend either the same or more. From the outside our service looks like a luxury. In comparison to other boroughs, what we've got is quite unique. People think 'Wow what a luxury that is, having 6 services users to 2 members of staff.' It looks like a high ratio. That works for our service. Our users need that input to be integrated into the community.

The new providers may want to see a more cost effective service, or a different approach. It could happen that we extend to more evenings and weekends. From a service users' perspective they may appreciate that. Parents - they may appreciate that. It would obviously have to be shift work for staff. For some staff it might be OK for them to pursue that. For myself I'm quite flexible really. I wouldn't like to work weekends. I'm quite flexible to work later in the evenings.

It may answer the needs of some parents and some service users. Some people want to have evening activities, more respite. For parents it's good for them: they don't get enough support. Our days are pretty short. Our pick-ups are 9.30-10.30 and we finish our service at 4 o'clock - a very short day for parents. There's not much respite in the borough anyway. It's very rare to have support workers at home. It's not just about parents' needs - Social clubs - the service users really do appreciate that. But you can have too much social clubs, it needs a balance. It must be quite tiring for them. I am quite exhausted at the end of the day. They might want respite from the services! .



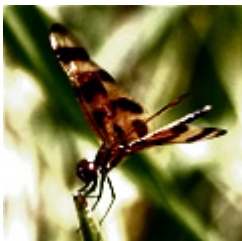
'It was no guarantee'

I don't imagine it happening so soon. What we've been told is that our conditions will be the same for at least 2 years, not in writing.

We are union members, but we haven't had much involvement from the union. We have been quite keen for them to be involved. Apparently they have been involved on certain levels, at committee level. We've got a local rep, a shop steward.

There have been staff meetings. We have had someone from the union come down and discuss our conditions. He explained what TUPE [hyperlink to ?] meant to us. Roughly, our conditions will transfer over; it was no guarantee how long our conditions would last for.

Some people are worried about their salary. The new provider may feel we are being paid too much as local authority workers, and not want to give us any increments or stick to the same pay scale that we are getting now. Staff have said they are not happy being externalised. Nothing has happened. We've been told 'Not a choice, it's going to happen, it's not for debate'. The unions have been told it's not a choice, not up for negotiation. I've been told they were consulted and they have agreed to it.



'Let someone else take the responsibility'

The council don't want the responsibility any more of providing the service. To keep the standards the council have to pay out a lot of money. They don't want to pay out this money, they don't want this commitment, they would rather outsource it to someone else and let someone else take the responsibility. I think it is disappointing.

My belief is it is to do with the white Paper Valuing People, it is quite a challenge to adhere to some of the objectives set out there. It would be expensive. They want to transfer the workload to an external provider. The council don't want long term responsibility. Valuing People set more expensive, higher standards. The new providers are likely to pay lower salaries.

Inclusion groups

We used to have a multi-cultural room here. I enjoyed doing that. Multi-cultural activities will definitely continue. It's such a major interest of our service users and our staff.

There's a Turkish group that a member of staff is involved, she occasionally puts on activities. No lesbian or gay activities - not called that. We have inclusion groups but not about sexuality. Inclusion groups - like advocacy groups where people can express themselves.

Connections with health

Not really very good. We have connections with people providing physiotherapy and speech therapy, through the key worker or myself. I think Social Services is connected with the PCT. I can't really define the connection. I know that if the service is connected they will come to us. The psychology team we have a strong connection with them. Not a very good relation with GPs. It would be helpful. One service - it's difficult for her mother to take her to her surgery. She would benefit from going more often. If the GP was more in connection, more accessible, they're not user friendly. A wheelchair user with challenging behaviour needed a scan. No acknowledgement that she needed transport to get there. Quite stressful for the mother and doesn't empower the service user. Someone else has an outreach support worker. We offer the day service. But no one helps a mother get to the GP. We do advocacy - we tell the social work team this is what is needed. We're aware when mobility is getting worse, we can pre-empt some things. We have yearly reviews with the social worker and the parent: I go and the key worker. In residential homes it happens every 6 months.

Person Centred plans

Everyone has a goal for their service - each service user - as much person centred as possible. A difficult one. It depends on what you call person centred, there are different takes on what it means. We'd like to believe we are operating a person-centred service on the whole, but it is not totally. The barriers are the logistics of it - juggling it. We have however many buses. A particular service user wants to be with a member of staff, not the activity. One day she wants to change - that's quite hard to keep juggling. We need someone who is committed to that activity. It's not always easy to manage that. For example travel training, or going to the farm, or swimming. We plan for that and review it periodically. 'I like it this week, not that week'. We promote individual choice in involving people in their activities

Cynthia's story

I'm a carer of a service user. I became involved in the Carers' Group, that's a body set up by the borough and the externalisation programme. It makes a contribution to decision making - we don't make any decisions. It was set up after they had decided on externalisation. It was part of the externalisation team. They wanted to include a body of people.

My sister

My sister has been involved since we've been here, since 1955. She's 60 now. [In the past] adult provision was in church halls with minders really. A building was provided. My sister was not under the education department. She's been around. When we first here, it was more child minding really, that's how it felt. Later there were paid staff, non-qualified, I saw it as a continuation of childminding. Then social services took over from the health department, there was a little bit more input to providing something for individuals. It still felt a bit like a mass. Later there was more planning for her day, it was more person-centred planning. They had reviews, much more involved: what do you want to do? what can we provide? She has dementia now. They have met my sister's changing needs, because of the people there. Her mobility has decreased and her ability to communicate. They have provided things that are more sensory, like massage, foot spas, aromatherapy. Now she's more wheelchair based, she will go out in that, they will do whatever she likes now. She's not been happy on her feet for the last 15 years. She was never one to join in, it was always the staff. She's safe. She has planned activities, modified with her annual reviews or whenever we've wanted one. Her timetable has changed accordingly. I go to the reviews and I know her key worker. Mum and dad [look after her] and I'm there some of the time and I'm round the corner.

Externalisation

I am not a great externalisation fan. I think with anything private, there is an agenda of something else other than the well-being of the person. The agenda is the continuation of the business. Even non- profit making [organisations] pay salaries, even if there are no shareholders. It has worrying aspects. Looking after the business isn't purely for health.



I don't agree with externalisation. No-one wrote to families saying 'Do you want externalisation?' Valuing People did not say there had to be externalisation. I think it could be kept within the borough. I was only invited in after externalisation. I rang about certain things because I did not agree with externalisation. And Martin said, 'Do you want to come and get involved?' I always think if you have dissenters, it is better to have them inside. But this was because I expressed an interest. There aren't many carers who have time and energy.

Being a carer

You have to understand about being a carer. When you care - I don't directly care, my mother does - it's exhausting, you have nothing left. You cope. There is no real Carers' Group as a collective body - they do lots of nice things like massage. But if all the carers were written to and asked: Do you agree to externalisation or privatisation (or whatever word you want to call it), the majority wouldn't want it. They would want input - there are lots of good people with exciting ideas.

My sister's got a social worker, there's a carer's social worker, they tick the boxes. You get a carer's assessment once a year. You get a copy of it, then we have not seen her since. Her full time care is paid for. But my friend said, the reason why we are getting the kind of support is because of me, because I shout. Social services organise the carers - through a private organisation who have a contract with the council. I get a carer's allowance of £45. I don't work. I can't earn more than another £40. Mum wouldn't get it, because of savings.

The carers' group and involvement in the processes of externalisation

It's the same group - 3, 4 or 5 carers regularly, and the advocate. The agenda is set by the commissioners. They come too. You can add things to the agenda. The carers' group inputs into the contracts from the initial process till now. Our views and our input are taken into consideration. We were there before the invitations to tender went out. We looked at the tender. It was 1 inch high - beyond most of us. I did read most of it. We went through that, the whole process was explained. We were involved in the whole process. I really appreciated that. The tenders came back. I read all of them and reported back to the group. I made notes. The tenders were whittled down to 5-6 - we contributed to that. Cost was not an issue in the initial selection. We were told everything, under rules of confidentiality. I don't think it needs to be so confidential. Those 5-6 had to resubmit.

What the commissioners were looking at was a checklist; it had no feel about it. Rather than just seeing it as a business I wanted to get a feeling - a gut feeling - about it. Did they have experience? Policies on equal opps and the transfer of staff, it was essential that they knew how to do that. One of the biggest things the carers felt about it was the staffing- that they could transfer on the same conditions. It doesn't mean anything really. If jobs become so difficult or if they don't want to transfer to a new company, they are out of a job. It is in name only. There isn't an answer that the Council can give. There's no long term. It didn't seem clear to me after reading and talking that they would still be in the same job in a few year's time. It didn't feel as secure. I don't know the ins and outs of the workings of TUPE. The pensions package seems to have to transfer over. That excluded a lot of the tenders, they could not guarantee that. It's a worry.

The choice between two providers

They were whittled down to 2. I've read everything and fed that back to the group. No you don't really know. The consortium of the existing providers - they haven't worked together before. I have worries. It is such a big contract. If they get it, it will be good training and good experience but at the expense of the users in this borough.



[Our views are] all in a document that we put forward. . One of the group went to the interviews. There were presentations from both groups to the carers and the officers, on a different day from the users. The officers, they supported us in our discussions. They did not discuss how they felt. The commissioner hasn't said 'I prefer this one' - no, definitely not. Commercial confidentiality. It's like secret stuff. But we should know. We weren't in the process of whittling down from 10 to 5 or from five to two. I have a gut feeling [the commissioner] and I in an informal kind of way came to the same conclusions. Not as an official body

We had a carers' list we wanted them to respond to. Any group that take over should have at least 2 carers on the board and two users on the board. Like there should be carers in the Council committee meeting. It should happen. It was not part of the specification, it came from us. We gave our views but we were not formally involved. They took our views on board.

We scored the presentation. [We thought] there's one particular guy who you should employ. His ideas were how I would think. He had some great ideas and drive. He should be employed by the borough to run learning disabilities services. They'll make the decision on all the information they have, they will make a recommendation to the [nominated] councillor. What they were trying to do was to get them on a level playing field. They needed to encourage one provider to spend more. The borough is the lowest provider per capita. If they base it on that, it's a worry. The cheaper tender group may be naïve .

'Best value means the cheapest'

My sister won't notice but the more able young people, I think it will impact on them greatly. One of the issues is about work and safety. There is still this huge protective element that older carers have about their adult children. It has to be funded really well, you cannot have people in the community with no support. It has to be so well funded. There's still this element of saving money: 'best value' means the cheapest. They will say it doesn't. but that is what it means † the commissioners.

The drive for 'work'



There is this idea that young people should be out in 'work', like everybody else. It sounds a great thing. and yet people with a learning disability will always have it, society is not ready. Mainstream doesn't work. We are just about ready for people using wheelchairs. People with learning disabilities are like guineapigs, while society learns to cope well with people with learning disabilities. You hear these awful stories, they work in Macdonalds jobs. One woman - all they made her do is to clean the toilets. Keep them out the way, taking advantage, really not OK. Yes it's lovely to get people out in the community but without support from able bodied staff, setting it up properly, making sure it is OK - it takes a hell of a lot of people to do that. In 25 years time, they will be ready for this. But I worry about the transition.

'Wanting carers to be involved'

I've appreciated it - they didn't have to involve carers. I believe it has come from the right place wanting carers to be involved. If we had wanted one or two of us to be part of the real decision making process, we might have been. But there's an element to 'make them feel empowered, they've contributed.' If they went against the views we have made known to them then I would feel powerless. Our views are going to the councillor. They will make the recommendations. I don't know what that will be. It's been a positive experience. It has also taught me is much more about what carers need.

Alan, Service manager for services for people with learning disabilities

'Umbrella of activities'

Alan is a service manager 'somewhere in the middle management structure in social services.' He is responsible for all adult day services and reports to the business manager for adult provider services who in turn reports to the Assistant Director. He has 9 managers who directly report to me and covers 200 staff. Just under half of his job is about managing the Learning Disability service

Externalising the service

'We're going through a big period of change and have been for the last 2 years. All our residential LD services were outsourced 2 years ago in April to not-for-profit organisations. The whole staff team went to a new management structure.

'We in the process of externalising LD day services. All that is planned to go out [in 3-4 months]. It's out to tender. They're going to choose, then we get into due diligence. That means the organisations that are interested in taking the service will dismantle our services and will look through all of our procedures and policies and that we are a fit organisation that they want to take over. Probably the most challenging bit for the Council. When they come in with tenders, the object of commissioning is to dismantle the tenders to see how robust they are, and if they are appropriate organisations to be considered to take on the Council's service. They will provide loads of information about their accounts, staffing information the obvious stuff - their values and vision statement. That bit is nearly finished. [Then] it is that organisation's opportunity to come in with its accountant and to start dismantling our service. ...What they will do is look at all the structures and procedures that we have. They will see if we adhere to our structures and procedures them. For example risk assessment and issues around health and safety. I can imagine them coming in to the service and saying 'OK we understand all activities are risk assessed. Show me those risk assessments.' When you put the spotlight on the service like that, there'll be risk assessments that will be 6 months out of date- that is the reality of the world. It will be a tough time I think.

'That's called 'due diligence'. The purpose of that is the organisation to be sure they aren't taking on a pig in a poke. I would imagine that in the past, local authorities have tried to get rid of some of the more difficult parts of the service to unsuspecting bidders. They may have got their fingers burnt., which is what happened with [our borough's] Education service when it was outsourced and the cleaning service likewise.



'We are getting near to that point now. That's probably a little bit removed from the staff teams. They are the ones who are going through the anxiety: 'What will my new employer be like? I have worked for the council for 15 or 20 years .Now I'm going to be run by a voluntary organisation "'.

Change management processes

'What we are trying to put in process alongside our training section is a a change management programme which will support people to go through change. They've already been involved in consultation and discussion, and now it's more about listening to their anxieties and concerns to help to make the transition as comfortable as possible for them.

There's been a request from [my manager] at this stage that I become more involved in attending the staff meetings..to talk through some of those HR issues. What always been a

problem about this sort of thing - iIn the past it's not been as handled as it's been handled this time. There's always an anxiety behind a reorganisation, that if staff are too heavily involved in ..having any sort of input in drafting up the tender documents, the people's own vested interests will do their damndest to prevent the outsource taking place. People don't want the change to take place .

The danger is that you can marginalise the key asset which is the staff who are transferring over. Although I can understand there are issues about commercial confidentiality of the organisation that's looking to take this on, there's got to be balance struck between involvement in the new service and keeping the tender process clean. We are getting to the point where we've struck a fair balance with the staff involvement; and service users - far more so than staff obviously. It's a little bit easier to involve the service users. The service has got to do the best deal for them so they should be involved from the outset.

There's this balance between how far the staff are involved. It will be a lot easier when we get to the point when we've selected the organisation. They will start to come and visit fairly frequently. They will start to build up a rapport, a relationship with the staff. But given this is going out June July and people aren't going to know till [next month].'

Expressions of interest

'The council made a decision about 3 years ago to externalise the day service. The process rumbles on. Eventually you get to the point when you put together the document that you are happy to make public. And you will advertise expressions of interest through Community Care, the Guardian. If you've got some time, go through the back issues of Community Care 10 years ago. You will see 'Cottage to rent' or 'Dog for sale'. Then if you come up to 2 years ago ..you'll see 'expressions of interest'. The whole thing is just flooded with local authorities planting out these expressions of interest.'

'Those people haven't been involved'

'There's major problem in all these services - bear in mind everything will go. If it isn't running away from you you will externalise it. Get a handle on it. It will go. The underlying philosophy is that we will do nothing but commission the service. In 5 years' time you might say to somebody, what service do you directly manage? They will say nothing. Across the board, children's, social services will be the last to go. Unless there's a major shift. The view is we'll just be commissioning. All we'll really manage will be primary care, it won't be personal care. The problem with that is that all these bits of services are supported by an infrastructure of staff in HR, payroll, and those people haven't been involved in any way

shape or form in this process. The department has been remarkably slow in addressing that. No one has been formally interviewed, discussed career options. No one has had discussions with the managers. We're busy transferring staff in LD, but we're not doing anything with those bits that will be expected to go with it.'

'TUPE is a moveable feast'

'In the voluntary sector what we found in the residential sector was our service manager earning [at the level of their] chief executive. Our pay structure is so much higher, our annual leave entitlement is so much better. In the voluntary sector care staff earn £10 an hour, here they earn £15. We seem to be in a culture of driving costs down. That's a dilemma. Their salaries are maintained.'

'Technically under a TUPE Transfer deal, one minute past midnight of the day of transfer they could all be issued with new contracts [at a lower level]. People don't want to realise it. What they did was they waited 2 years, they are now issuing their new contracts. That's got to be what's going to happen. Each part of the service is enormous, take the structure away you get a leaner service. What the staff do, their terms and conditions, can be changed any time provided the new organisation puts forward a robust business case. It's happening with home care which was externalised about 5 years ago. The staff annual leave and their salaries have been reduced. That's what causes concern. In home care, the hourly rate was cut and 5-6 days annual leave was cut. The public image of TUPE is that you are safe and sound, an image that is propagated by the local authority, by anyone who wants to see outsourcing of services promoted. The reality is if you speak to any senior personnel officer they would tell you that once the contracts are signed, then TUPE is a moveable feast.'

'Ask about the quality of the service'

'At the moment this place employs 20 staff, . They're all Day Service Officers, all earning in excess of £20 grand. If we were to say reduce that salary by 24% across the board, we could employ support staff at 8 quid an hour, well above the minimum wage, which would do very much what used to be what used to be seen in the old days as the dirty side of the work: general duties, assisting people with meals, personal care tasks. Not doing any person centre planning. It's happened in schools. There are more classroom assistants than teachers. The organisation can take on more services, we can increase capacity. The local authority will say, 'Great we've got a waiting list. Meet the needs of the local community more effectively.' [It's a] more focused way: you could argue that's the way we want to go. If I was the parent of a child with LD, I would say that's wonderful: four days a week service as

opposed to two. The problem being, ask about the quality of the service. It might be what is known as 'warehousing' people.



'The contract says that there should be no changes to the level of occupancy, no changes to the basic underpinning principles. However it has set up targets for the new organisation to put in place, parts of the modernising person centred planning. Quite a costly service.

So if I were the service user, if I was a moderately able person what would help me a lot would be to become an independent traveller, to cross the road safely, be aware of risks and my vulnerability. At the moment to do that, would probably take 6-12 months one to one staff bringing me in from home on public transport., wandering round the community not being brought in by minibus. I would have achieved a lot for that person.

'We can't afford to do that. We don't have the staff and resources; we are locked into contracts with staff. The council doesn't have the heart to go into renegotiating. [With] the new organisation; the council's hands will be seen as clean.

'With a normal contract, staff's expectations are that their contracts won't be altered to their disadvantage financially. I would need funding to supply staff to run [independent travelling]. The staffing budget for this place is £600,000 per year. If I reduced that by 100 grand, that would enable me to employ loads of people at ten quid an hour. All the staff will be that much worse off. The council won't do that because it's got set agreements: no redundancy; no changes to terms and conditions - always very loath to do that. Happier with arms length approach. We say to the new organisation: 'You do it. Here's the contract. £600,000 for salaries. If you want to diversify, spend to meet the needs of the community better, we won't have a problem with that'. The argument that some people make, and I would be one of them, is that you don't measure successful outcomes purely ; you measure by the quality of the service. You need to pay people in London a living wage. Also we cannot recruit. Agency staff are at 15 quid an hour, including commission. Basic grade 15 quid before tax. DSOs grade 5 -6 to 23 grand including London weighting. Most of the staff here are way at the top of the scale - £ 26,000 a year. They do everything, person centred planning. Value for money. Drive the vehicles, escort, personal care and support of service users, they also plan and key work, a very diverse job, interesting job. I can't think of a more mind-numbingly awful job than to come to the day centre purely to help people who are doubly incontinent and then help them have lunch. That's what could happen, that's what used to happen. It breaks up this whole ethos, that you understand a person as a whole, you support people through all ranges of their development.

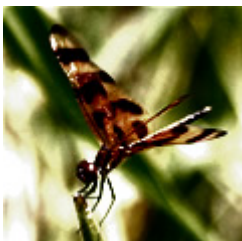


'All of this ought to be maintained in the spec. The driving force behind it the government has made it really clear it wants day services to be modernised: people are valued, seen as individuals; an asset to the community, which is great. No-one would disagree with it. That would be in the contract, underlying tenet, openly espousing that. The alternative is lock people in a dark room. So everyone is on board with this very humanistic sensitive approach. But what it also says is the staff need to be professionals , have NVQs 2 and 3 . Need people who can read and write, be decisive, incisive, and professional. At the same time there is pressure on us to provide more service in a much more open -ended way. We provide respite for carers. Carers want services at the weekends, in the evenings. To do that I've got no more money. The expectations are on me to provide it. I'm locked into a financial deal to pay people £26,000 a year , and more pressure both from carers and from the government. Sunday morning - want to be paid time and a half. I could bring someone else in to do it who needs a job and does not have the requisite skills but would do it for 10 quid. I need to get that from somewhere. I need to have a little tinker around with their salaries. Tension. How do you provide more with the same amount?'link with diagram

Making decisions

'It isn't resolved in the spec. That is a problem that is given to the organisation to sort out. You plan it, you do it. Trying to persuade people - the work will be left to the new organisation. The Council don't want to take the decision.

The underlying point is that what this organisation cannot do is make decisions. It has the most enormous really believe in the borough. From senior management to where strategic decisions need to be made, people won't make them, can't make them. Where there's a difficult discussion to have with admin assistants no one wants to have the discussion. The confrontation gets worse. You leave things to drift for months and months. Officers are not putting forward those options.



' I'm stunned we got it. Could I believe it! I don't know how. The organisation doesn't consult, there is not a general understanding of the ethos, the communication channels are dreadful, decisions aren't made. It certainly is not a learning organisation. 'Best in class': that is nonsense.'

'Not letting the cat out of the bag'

'There's got to be a better way. No one wants the externalisation to take place. There's not a single person who thinks ..No one wants it at basic grade. But I don't share this view with my staff: that would be unfair on them. It's going to happen. I can't stop it. If we really

value the services then we run them and run them well. I don't think that other organisations who have taken over the care of the elderly - their funding is insufficient, poorly trained staff. That service was booted out years ago. Dalton's weekly - plenty of care homes up for sale. Funding from government's been reduced, they've shut up shop.

I know at my level - my fellow service manager - his view is he's glad he is retiring - not in favour. Of my manager, I don't really know. We are all really good at not letting the cat out of the bag. Fairly pragmatic - we've got to go with it. The AD I have not got a clue. There's no point in asking him: I don't think he would tell me the truth.

'It is a deceit. It's a Kafka-esque world. If you sat everyone down in the pub in the early hours of the morning you'd start to get the truth. We've all been in this a long time. I bet you in 10 years' time they start bringing these services in house. It will be unsustainable.'

Martin's story

Martin is the Commissioner of services for people with learning disabilities. He has worked for the borough for many years in a variety of roles.

The rationale for externalisation did come from Best Value reviews with a view to save money. So that was publicly stated in the committee papers that went to the Executive Committee [of the Council]. The expressed target was to save £1 ½ m.

That's proved not to be possible. Two things have contributed to that. One is that we had to review everybody who is using the service. We have done that against new fair access to care eligibility criteria. So in the Learning Disability service, everyone using the service was entitled to that service. So there could be no savings through reducing numbers. The second thing is the introduction of two tier workforce legislation.[ref please] If the assumption was that by externalising, new contractors could take new staff on through new pay and conditions, that is no longer possible. The rationale for the project has changed fairly radically over time. In a way, it's been left to me to keep going with the project even though the rationale has changed. So I've done that. It's been really interesting to see how that has panned out.



I think from the outset we recognised that it was a controversial decision particularly in Learning Disability where..it's almost like life long contact. So people often come into the service at quite a young age and stay through till their 60s: quite a career in the service. What happens is people are very dependent on the service; it's a big part of their lives and it's a

big part of the family life as well. Also people carry the history with them, in terms of what they would view as failings in the service in previous years. There have been closures and reductions in the service, again budget led, that people have felt quite aggrieved about happening - or indeed the way they were carried out with very little consultation or user involvement.

So when I was asked to do this, I knew all of this history. I had my own view that you couldn't make the savings. So we - I and the project team - elected to consult users and carers in the project as much as possible, in the early days not particularly knowing how we were going to do that. Also we would be open about feeding back explanations about the budget, and the reasons for doing things. So we developed a project plan that involved a lot of consultation with services users and carers, and with staff, before we even go to formulating a service specification and all the tender documents that need to be prepared for the tendering exercise. This had to be balanced against top down pressures to 'get rid'. There wasn't a lot of guidance or participation in the formulation of the project plan. The pressure on me as project manager was 'to get rid' as soon as possible.

I suppose the project has been sprinkled with fiery moments when I've said 'No we can't. It's going to take longer than you think and by the way, the first timetable I gave you we've overshot. One of the reasons why we keep overshooting is that things do take longer than I think they're going to take.' A lot of that has been the consultation process and what that throws up and the capacity building that you have to put in to the consultation process to enable people to assimilate information. Remember that these are people with Learning Disabilities whose capacity to participate is limited. So you have to allow time and present information in an accessible way repeatedly.

I can't do all of that myself given the scale of what we are doing. So I have had to build up partnerships with people who do work with service users, get allies so I've worked with advocacy a lot to do that. There is a team of advocates now who are working with groups and individuals to help them understand what we are trying to do.



The other thing in terms of the scale, there are four service areas, about 170 users and therefore their families; it's about 60 or 70 staff who are involved and a budget of around £2 ½ million a year that's the scope of it. The other thing to note is in terms of user and carer involvement we were starting from quite a low starting point. There weren't groups I could go to immediately and tap into and say, 'What do you think of this?' The groups had to be formed or re formed; some used to operate 2-3 years ago and fizzled out. We did all that,

initially in going round to some groups which were still running or writing to people and asking them to form groups. Now most of the service areas have a carers' group that's back in operation. Similarly there are black user groups that have got together with the help of staff and advocates.

In terms of the overall response to it, I think people are immensely sceptical of the Council's motives. Because they are aware it was originally set up to save money. I've made the case to them that no money will be saved; and that exactly the same amount of money which went into the service will now go into the contract; and that there is a rationale for the Council still pursuing the externalisation. This is quite a difficult thing for people to hear.

What I am saying is the Council running these day services it isn't their core business anymore. Social Services Department is now a much bigger organisation, it's part of health and social care and the focus of the new organisation is delivering services to the universal population and not to the specialist groups. Really the interests of the service and the people using it would be best met by a specialist provider who we would go out and try and find, with their full involvement and participation.

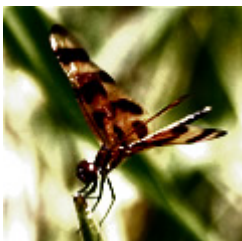


I initially went to a carers' group to talk business about the partnership. It was a carers' social event. I interrupted a bingo session. They heard me out but it did get quite tricky. Later a group of about 14 relatives have come together, and have periodically met with me to work up the specification for the contract. I suppose that offer of involvement is for some people quite attractive. They also have wanted to examine all the bids that have come in and have done. They are going to be involved in interviews for contractors and will receive presentations from bidders. We have set up a similar process for service users, again with the help of advocacy. They will elect members to be part of a representative group to receive presentations from bidders. That has involved quite a lot of capacity building and producing information in accessible formats for service users. In doing all of that work, it has raised a lot of interesting issues - quite difficult discussions in the user group about the extent of their influence for example, they wanted to know, can they veto any decision the Council might make about externalisation, or the choice of contractors? We have had to draw up terms of reference which say, no, you can't veto but you can certainly make your views known and those views will be given to the decision-maker. It won't be the full Council who makes the decision; they have delegated it to one Council member. I did arrange for that councillor to come and meet with one carers' group, and with a user group

but we have not done that. So that the decision-maker can note down the anxieties and views.

There are other thorny views and issues that the carers' group has become involved in as well. Are they representing their own interests or are they representing the wider group? There are lots of people that we don't get to. This issue of 'representativeness' comes up quite a lot. Some of the carers are aware of that; others are blissfully unaware.

Other issues are around the staff group. A whole lot of staff have got long service and are quite emotionally attached to the service and see the Council's decision to externalise as a rebuttal, as being rejected and cast aside by the Council, There's a formal process for staff involvement - the TUPE process - we follow that. We have to safeguard the Council's interests in terms of statutory duty .But that process does not really touch on the emotional issue for staff. You begin to get into demarcation issues. I am not the staff's line manager I am the project manager to achieve the externalisation. I can see and listen to their issues. I try and influence their line managers to help them deal with the emotional issues. It's a change management issue for them, they need supporting through. They are going through various stages of emotional response to what is going on: anger; resistance; some are coming round to acceptance and participation, but not many yet. Some of these reactions have managed it in different ways. .We've have letters to the press, letters to the Council, not all of which have been terrible but you are still left with it.. My objective is to deal with as much of this as possible pre transfer. The new contractor will have to walk into this and deal with this as well. I try and see longer term , because we still will be responsible for the service. We will still be paying for it.



There are other issues as well within the staff group - the people managing the services at the moment will eventually face the prospect of being made redundant, because there will be no services to manage. They won't be transferring with the service. The other thing is in preparing to externalise you are preparing the tender documentation, what you are doing is put the spotlight on the existing service which is never normally there. So you ask for management information, for budget information and how they are managing staff sickness and response to their response to the white paper. Often the services aren't shown up in a very good light. Questions are asked. It's quite a tricky and awkward situation that arises from the process. All of which have to be worked through at the same time as keep some momentum going to achieve the externalisation.

Where we are with it at the moment: it has been tendered with lots of consultation. We're in the process of evaluating. We have to externalise by April next year.

Issues in the story

What matters to users and carers - users want continuity of same staff, seeing their friends along with activities in the evening, holidays and more of these. The team manager is willing to work evenings but not weekends - 'flexible hours'. Users are attached to a particular member of staff and want them [team mgr]. They don't like not knowing what is happening. People with severe learning disabilities need to be safe and have their changing needs met as they grow older [carer]. They want to be able to understand what people are saying [in the tender process] and ask do they keep their promises [users and advocate]? Parents/carers want a longer day [tm mgr] The staff perspective on user needs is different: 'it would be tiring for them' ; this is the professional view [tm mgr]. 'Mainstreaming' people with learning disability into, for example, work, although desirable requires a lot of people's input to achieve the quality of life [carer]. There need to be services for a wide range of learning disabilities from severe to 'on the cusp' [advocate]. Users/carers want to be on the Board.



User involvement - The process of developing and letting the new contract illustrates a good process of involving users and capacity building with users from a low starting point [Martin] also involving carers [Martin]. 'I appreciated it, it's come from the right place, learn from my involvement' [carer p4] It was 'easier to involve service users in the decision than staff' due to their interests in the status quo [Alan]. Charsley Society brought their current users and staff to present their bid. Limitations on involvement included carers having no time or energy [carer]. They met socially not for a consultation group - 'it was a bingo session' [Martin] Consultation had been badly done previously using email - inappropriate for people with learning disabilities [advocate]. The 'thorny' issue of representativeness is also raised and [Martin] getting support 'because I shout' [carer]. The key point was that user involvement needs embedding in job descriptions as well as regular input and feedback from users and training for users [advocate].

Spotlighting current service - The externalisation process 'put the spotlight' on the service 'not in a very good light' [Martin] although there are positives e.g. carer's sister received a range of services to meet her changing sensory needs. 'Fantastic service' [team mgr] with

small groups and high ratios is a staff view [team mgr], but users report no Person Centred Plans [users] and difficulties with care plans exist [team mgr]. Users say it's 'like watching paint dry' [link to this text]. Some staff want to make a difference but some simply 'sit there ...' [quote advocate]. Carer's assessment is offered but nothing else [carer], it's not integrated with health and the GPs.

Externalisation - the debate about this policy is reflected in the different viewpoints. The service is seen by the council as no longer 'core business' [Martin] specialist groups are better providers. But 'best value means the cheapest' carer p3 and here one councillor will decide on the contract. This shift has grown over time - 'not dogs for sale [in Social Work press] but expressions of interest' see Alan. Even the voluntary sector has its own agendas - quote from carer. There is no policy nationally on externalisation - Valuing People did not recommend it [carer], but it requires more resources to put service users at the centre of quality services. The council is seen as avoiding a decision on resources [advocate and tm mgr] so this is 'given to the [contractor] to sort out' [Alan] People don't/can't talk about if they disagree with the policy: Alan refers to 'not letting the cat out of the bag' [Alan]. Staff views on the transition were 'shock horror, devastating news, really anxious about the future' [team mgr, Alan]



Process of assessing tenders - is it a checklist or gut feeling [carer]? Carers have their own list of issues. Difficulties included 'commercial confidentiality' [carer] 'it's like secret stuff'.

Assessment also involved a mutual process of 'dismantling' the service and 'due diligence' [Alan] Although the local authority is moving to simply commission it is not addressing infrastructure like HR and payroll [Martin].

Managing [partnership] processes - The team manager was unaware of PCT/SSD integrated structure [tm] so communication of this partnership had failed. It is unclear where decisions are made as the partnership board is 'not connected' [tm mgr] - 'not the union, not the staff, not the users, not the carers' decide [tm mgr]. However the commissioner met service users and 'would go anywhere' [advocate] Pressure on managers stops them giving details to partners [advocate] and they need to use others such as advocates to access users [Martin]. It was important to 'have dissenters inside' [carer] and be open, not 'cheesed off' with 'complaints [advocate] For managers 'change management is key' [see details for Alan] including managing emotions [Martin]

Managerial agency - council officers were able to recommend the service be transferred to the voluntary sector. Martin had 'pressure to get rid' but he resisted [link to quotes on

needing time]. On the other hand Alan felt he couldn't speak: it was 'Kafkaesque'. Martin also chose to use his discretion to interpret guidance to include all current users [Martin, advocate] He felt the Fair Access guidelines meant all current users were included.

Rhetoric - elements of rhetoric and the power of prevailing discourses are visible in the case. TUPE is quoted as the saving grace for staff in contracting, it makes you 'safe and sound' but is also a 'moveable feast' [Alan]. There's no long term' [carer]. 'Due diligence' and 'dismantling' services and tenders [Alan] are striking terms here. Martin also talks of 'business' [core business and partnership business]. IIP is seen by Alan as a rhetoric [p2]: 'I'm stunned we got it. Could I believe it! I don't know how. The organisation doesn't consult, there is not a general understanding of the ethos, the communication channels are dreadful, decisions aren't made. It certainly is not a learning organisation. 'Best in class': that is nonsense.'



A shift to lower paid staff and skills stratification - [see diagram below] lower salaries seem from this evidence to be inevitable given the requirements of Valuing People. The holistic end of the scale needs highly skilled staff input to help people develop autonomy e.g. to travel alone. Extended hours through externalisation may mean more contact sessions are provided - apparently responding to users' and carers' wishes - but at the expense of quality input and individual attention: 'warehousing' may result, redolent of the 'childminding' people experienced in the past.

Importance of history- seen in the past as childminding [carer]. Also this change reminds people of bad changes in the past [users via advocate, Martin] and so they are not keen.