

Children Families and Adults Services Procurement Strategy

May 2016

Version 12 (Final Draft)

Contents

1. Purpose	3
2. Drivers for change	3
3. Key areas for development.....	4
3.1 Improving commissioning, procurement and contract management arrangements in Children, Families and Adults Services.....	4
3.2 Delivering efficiency and value for money from procurement and contracting	5
3.2.1 Helping providers manage their costs & revisiting specification requirements	5
3.2.2 Joint procurement: working with other local authorities	7
3.2.3 Reconsidering contract lengths	7
3.2.4 Efficiency from scale/volume	8
3.2.5 Incentivising providers to innovate and align with our strategy.....	9
3.2.6 Supporting the local economy and maximising the contribution of the voluntary and community sector	10
3.3 Supporting the commissioning function deliver efficiency.....	11
3.3.1 Ensuring the right model – insourcing and outsourcing.....	11
3.3.2 Integration – Joint commissioning and procurement with health	12
4. Risks and dependencies	13
5. Appendix 1: Useful links	14
6. Appendix 2: The commissioning and contracting cycle explained.....	15

1. Purpose

This strategy sets out the actions being taken across Children, Families and Adults Services (CFA) to ensure the procurement of services is efficient, effective, delivers value for money and achieves the savings targets set out in the Council's business plan, whilst achieving the CFA vision.

Our vision is for children, families and adults in Cambridgeshire to live independently and safely within strong and inclusive local networks of support. Where people need our most specialist intensive services, we will support them.

Because effective procurement activity is dependent on strong, coherent and creative commissioning (see appendix 2 for further details), this strategy will also set out some broad principles to ensure that procurement and commissioning activity is aligned across the directorate to support the achievement of the challenging savings targets set out in the Council's business plan.

2. Drivers for change

CFA faces significant cost pressures in the coming period, including:

- The impact of the National Living Wage announced by the Chancellor in early July 2015. Analysis undertaken in conjunction with the sector suggests provider costs will increase over the next 5 years as a result of this additional financial commitment
- General inflationary increases in prices and costs (such as fuel and rent) by working with providers to better understand cost pressures
- A relative lack of supply across the sector having an adverse impact on pricing. In recent years, we have typically found that the cost of new placements in care homes in particular is a key cost pressure which can be attributable to:
 - Between 2016 and 2021 the number of residents aged 85 and older is expected to grow by 24%. Demographic growth coupled with the relative affluence of the county means the Council is competing for care placements in a market where providers can attract and charge higher prices to people who fund their own care.
 - Diminishing supply – between April 2013 and April 2015 the total number of registered residential and nursing beds within the county reduced by 6%, despite significant population growth over the same period
 - Falling block contract volumes resulting in greater use of spot contract purchasing during periods of high demand - with an adverse impact on pricing
- Supply has been further impacted by:
 - Several domiciliary care providers have withdrawn from Cambridgeshire in 2015/16 – stating staff recruitment and retention was a significant factor
 - An increasing number of providers are struggling to meet the requirements of the new Care Quality Commission (CQC) Regulatory Framework. 11 providers have been judged as requiring improvement and 2 services have gone into Special

Measures. The effect of a care home receiving a judgement a poor judgement is usually an increase in prices in neighbouring homes

- The Council has a savings target of over £100m between April 2016 and March 2021
- In response to the cost and demographic pressures outlined above, CFA has developed a number of ambitious strategies focussed on service transformation across the directorate. Effective, efficient and innovative procurement practice will be required if the vision set out in these strategies is to become reality.

It is clear that the scale of these pressures is greater than the organisation has faced previously and makes it imperative that the commissioning, procurement and contract management functions work collectively to drive savings whilst maintaining safe services. This will mean working with providers to embrace innovation and develop new ways of providing services alongside other partners such as health colleagues and the voluntary and community sectors.

3. Key areas for development

3.1 Improving commissioning, procurement and contract management arrangements in Children, Families and Adults Services

We have an aspiration for a more devolved, creative and flexible approach to commissioning within Children, Families and Adult Services which helps our teams move away from a reliance on traditional forms of care and support, allowing them to spend flexibly on whatever meets need most cost-effectively, with the emphasis on prevention, community resilience and personalisation to reduce the demand for long-term care.

We will match this aspiration for commissioning with the right model of procurement, involving:

- Closer collaboration between procurement teams, individual commissioners, care managers, social workers and other commissioning roles, including commissioners in other organisations. Where officers are exploring new types or models of care we need procurement leads helping explore how a new solution could be developed and operationalised, how costs could be minimised, and help put new solutions into practice as quickly as possible. People who use services will need to be consulted and be aware that families will need to accept more responsibility.
- There are still areas where the Council is the major commissioner/purchaser of services. In many cases services are commissioned using traditional models of care and support. This approach will need to change to one where the Council is working with providers to capitalise on our leverage, minimise costs whilst being realistic about the services people need. Safety will not be compromised but the approach to delivering services will need to take into account reduced budgets.

Actions

By agreeing clear boundaries and expectations of the commissioning, procurement and contract management functions we can improve the effectiveness of our response to cost pressures. Actions being taken by the procurement and contracting function are:

- Consolidating the procurement and contracting function

- Developing Market Position Statements in major areas of spend to give clear messages to the market concerning what we intend to commission and why, to facilitate dialogue with service providers and encourage new service delivery models
- Strengthening the links with the LGSS procurement and legal teams as an enabler for innovative procurement practice
- Supporting commissioners to:
 - Implement a flexible commissioning model that places greater emphasis on co-production and joint commissioning with partner and regional organisations
 - Ensure sufficient lead-in time when commissioning / re-commissioning services, for example committing to undertake a full pre-tender market assessment beginning 2 years before an existing major contract is due to expire
 - Establish commissioning processes / checklists to ensure there is sufficient consideration given to best practice, benchmarking and innovation
 - involve service users as well as providers in the co-production of service design – in future we want to see people who use services taking an active role in service development
 - Ensure there is adequate staff resource within CFA to prioritise engagement with service users, residents and providers to support the development of service specifications and minimum quality standards
 - Support the development of a CFA virtual commissioning group to:
 - a. Share learning, experience, innovation and best practice
 - b. Identify new commissioning opportunities
 - c. Act as a forum for constructive challenge and independent review, testing questions and assumptions

Given the importance of collaboration with partner agencies – particularly the NHS and district councils – once established, the group will be opened out to include representatives from these organisations. The group will be sponsored by the Service Director for Strategy & Commissioning to help give the forum its initial momentum and help ensure it has sufficient influence and support to enable system wide change and greater efficiencies, as well as a system-wide appreciation of the challenges faced by commissioners from a range of organisations.

3.2 Delivering efficiency and value for money from procurement and contracting

3.2.1 Helping providers manage their costs & revisiting specification requirements

By working alongside providers we can help them to manage their costs and so offer services at a lower price. We will encourage as many of our providers as possible to work proactively and openly with us to find ways to minimise cost pressures.

Equally, we need to recognise that by working closely with our service users on a daily basis, providers are uniquely placed to gain valuable insight into the most cost effective way

of meeting need. It is important therefore to ensure we continue to engage in constructive dialogue with providers to utilise this experience to shape current and future services.

Actions

Actions being taken by procurement staff are:

- Engaging with providers to better understand their cost pressures, particularly the impact of the NLW to help prepare providers for implementation in 2016
- Working with providers to identify other, non-salary cost pressures within provider organisations, focussing on the detailed specific pressures for each organisation rather than a general inflationary uplift for the sector as a whole, and supporting the development of plans to minimise price rises
- Using Provider Forums to highlight the challenges facing the Council and engage with providers to develop creative, cost effective responses
- Initiating individual meetings with Directors of the Council's largest providers aimed at understanding their challenges and cost pressures. These meetings will include a discussion around provider's medium term strategy for Cambridgeshire
- Working with providers to review the financial consequences of existing service specifications, with particular focus on identifying non-value added requirements that have comparatively little impact on service user outcomes
- Undertaking detailed pre-tender market assessments in all key areas which will also help identify where:
 - Specific elements of a service specification are disproportionately influencing costs
 - There are more cost effective ways of meeting agreed outcomes
 - Ensuring that the procurement process is proportionate, relative to the spend and the market's willingness to engage
 - Developing sustainable approaches to inflation that limit the financial exposure to the Council but also take into account the increase in relevant aspects of a provider's costs
- Developing more risk based flexible approaches to contract monitoring arrangements and avoiding duplication with the CQC
- Ensuring training standards are relevant to the service specification and outcomes
- Developing a minimum set of standards that would be applicable to all service specifications (such as wellbeing and safeguarding) whilst recognising that other standards may be more flexible
- Supporting commissioning staff to:
 - Engage with and influence strategic meetings of health partners (CCG, LCG's and acute trusts)

- Work with District Council's to identify and plan for the long-term accommodation needs of older people

3.2.2 Joint procurement: working with other local authorities

We are seeking efficiency by identifying opportunities for joint commissioning with other authorities and by sharing services. Certain contracts will be considered for a joint exercise with other local authorities in the first instance. This approach can help reduce unit costs by offering contracts at greater volume and scale and equally it can help achieve operational efficiencies by sharing the transaction costs of tendering exercises.

Actions

Actions being taken are:

- Engaging with regional networks (ADASS contracting group, Children's Cross Regional Arrangements Group [CCRAG]) to:
 - Support the development of a joint adult social care regional contracting plan, using a consolidated contracts register to identify shared opportunities such as a regional integrated community equipment contract and cross-border homecare solutions with neighbouring authorities
 - Identify opportunities to develop joint contracts for children's services by utilising a shared database of providers and opportunities for informal information sharing. If necessary, Cambridgeshire will take the lead in coordinating the CCRAG work programme to ensure it drives opportunities for efficiency
- Giving particular consideration to achieving further efficiencies of scale from joint procurement arrangements for:
 - Direct Payment Support Service.
 - Integrated Community Equipment Services
 - Residential and Nursing Beds
 - Advocacy Services
- Supporting joint commissioning arrangements with Peterborough City Council to reduce management and overhead costs and standardising service delivery across the two local authority areas. We have implemented a joint head of children's health commissioning and are establishing shared arrangements for the commissioning of adult mental health services

3.2.3 Reconsidering contract lengths

We are carefully examining our approach to contract lengths, getting this right can deliver lower costs in a number of ways.

In some areas offering longer contracts would be beneficial:

- Giving increased certainty to providers, allowing them to invest in the service, and encouraging a more strategic approach to service delivery both from commissioning bodies and providers

- Offering certainty of business over a greater period could increase provider profit margins by allowing a greater period over which to repay capital investment, this additional margin of profit could be used to reduce care costs

Equally in other areas it may be better to offer short contracts;

- Where the market is competitive or prices in a service are likely to reduce it may make sense to offer shorter contracts or build in more regular contract reviews in order to continue to drive down costs and maximise efficiency
- In areas of spend where completely new service models are being developed or where new providers are appearing we would want to test the market regularly and ensure we retain the ability to react to emerging best practice and new innovations within the sector, for example the use of assistive technology

Actions

Actions being taken are:

- Ensuring consideration is given to the characteristics of the specific market when commissioning services so that that the contract length remains appropriate, involving:
 - Formal analysis of contract length when undertaking pre-market assessments. Given the scale and pace of innovation and technological change, this will be undertaken when re-commissioning as well as commissioning new services
 - Placing a greater emphasis on contract reviews and break clauses to enable contracts to be amended or varied to reflect policy changes, changes in commissioning requirements or service user expectations
 - Robust discussions with potential providers aimed at identifying the advantages and disadvantages of longer contracts (primarily cost savings)
- Through our strategy for children in care and other vulnerable groups we are looking to move away from costly spot purchasing towards longer-term contracts for key accommodation which we know we will need for the medium term. This will include supported accommodation to be jointly commissioned with district council such YMCA and Foyers
- Reviewing the approach to respite care to ensure it targets those families who would otherwise fall into crisis if the service was unavailable, whilst ensuring the arrangements achieve value for money in line with business plan savings targets.
- Exploring suitable contract lengths for the home and community support contract due to expire in 2017

3.2.4 Efficiency from scale/volume

Due to its size, the County Council is able to exercise significant market influence and use its buying power in order to manage and influence costs and achieve value for money. Whilst this approach can be used in some sectors, it is less than effective in areas such as care homes.

Actions

Actions being taken are:

- Forecasting expected volumes when undertaking a pre-market assessment to ensure that, as far as possible, contract volumes reflect anticipated demand. Factors to include are:
 - Demographic pressures
 - Other relevant up-coming changes to service delivery across the sector
 - Known or anticipated changes in local or national policy
- Identifying opportunities to implement a sliding scale of payment, whereby the authority offers to pay 100% of an agreed price until a provider's costs are met and then a sliding and reducing scale for any additional business offered thereafter. This would ensure the provider's margin remains static whilst delivering a lower price for providing sufficient volume (effectively a form of bulk discount)
- Merging similar services to ensure that a greater volume of work is available under one individual contract, thus allowing the discounts above to be met more effectively, and giving providers the opportunity to streamline back office costs by having one organisation provide the administration for a single contract
- Identifying opportunities to utilising 'alliance contracting' to allow collaboration between providers through the delivery of integrated services without the need for organisational integration, while sharing risk and accountability between alliance partners
- Adopting 'payment by result' approaches that rewards the achievement of a desired set of outcomes

However, this of approach comes with a number of risks/challenges:

- There needs to be willingness and an ability within the market to diversify
- Contracts need to be robust and fit for purpose when considering numerous contractual and legislative responsibilities relating to the various service areas
- Requires internal buy-in from all departments involved (commissioning, procurement and contracting, operational)
- There is a risk of creating monopoly providers, or providers who are 'too big to fail'

3.2.5 Incentivising providers to innovate and align with our strategy

We are exploring ways in which to support providers to develop new ways of working which deliver efficiency for the local authority and improves outcomes for service users through greater emphasis on prevention and the delaying and escalation of need. The work of external providers needs to align wherever possible with our strategy of demand management and key programmes such as Transforming Lives.

Actions being taken are:

- Support the utilisation of "outcomes based commissioning" to assist a move away from traditional 'time and task' contracts and incentivise providers who are able to meet agreed outcomes (either at a whole-population or service user specific level)
- Developing innovative procurement practices, (such as competitive dialogue) to ensure flexibility and enable the market to collaborate on the development of new and sustainable solutions that promotes community resilience and supports the Transforming Lives model and the prevention agenda
- Encouraging change and innovation by developing shared models of risk that reward and support providers to engage with the commissioning process and offer innovative suggestions which reduce long-term care costs for the Council
- Developing mechanisms that make it easy for new and existing providers to propose creative ways of meeting need in a way that improves service user outcomes, reduces demand for long-term care and achieves value for money. This includes:
 - Improving the quality of information on the Council's external website so new and existing providers are able to approach key staff with new ideas
 - Identifying CFA resource that can help support relevant business case development
 - Working with partner organisations and service user groups to support relevant business case development
 - Committing to the development of an 'invest-to-save' budget that can be called on to implement pilot schemes or new ideas that align to council objectives
- Undertaking options appraisals to explore the viability of:
 - Incentivising homecare agencies to reduce visits while ensuring service user needs continue to be met. This could involve homecare agencies making greater use of equipment, technology and voluntary organisations to replace traditional homecare visits
 - Ensuring that providers with high cost placements are using the most effective and efficient support systems e.g. assistive technologies
- Supporting commissioning staff to:
 - Commission a single provider for short breaks, shared care and long term care for children with disabilities in order to support them remain at home and/or in-county and accessing local schools
 - Link residential homes with foster carers (as per the Residential Hub model) to enable young people, where appropriate for them, to have family experience and help to move on

3.2.6 Supporting the local economy and maximising the contribution of the voluntary and community sector

Councils need to maximise the economic, social and environmental benefits to communities for every pound that is spent, and spend with small or medium-sized enterprise (SMEs) and

the Voluntary and Community Sector (VCS) can make a significant contribution to local economic growth. Voluntary and community sector (VCS) organisations can offer services which are fully or partly funded by other means, such as charitable donations and grants, or are reliant on volunteering, which often means they can meet our objectives at lower cost. Due to their extensive community links they can provide added value for service users over and above what might be specifically commissioned within a local authority contract. It is vital that we explore where we could seek to contract with VCS organisations, and be brave about including the sector much more fundamentally in our service model.

Actions

Actions being taken are:

- Identifying forward spend wherever possible, and using this data to inform pre-market engagement and supplier planning to encourage SME and VCS tenders
- Identifying opportunities to apply the Social Value Act 2012 to contract opportunities that fall below Official Journal of the European Union (OJEU) thresholds
- Review the existing VCS contracts to eliminate duplication within CFA, explore opportunities for joint commissioning with health partners and neighbouring local authorities and streamline management arrangements to develop single points of contact to reduce costs
- Undertake risk / impact assessments when reviewing VCS contract viability
- Review our major contracting areas to identify which activities might be offered by VCS organisations more efficiently or where they might lever in additional added-value to core contract specifications
- Working with commissioners to undertake options appraisals for:
 - Developing a single Advocacy contract in collaboration with Peterborough City Council, covering both children's and adult services
 - Increasing the number of volunteers willing to assist people to remain independent could potentially save money from the home care budget
 - Developing signposting alongside information and advice services that can divert people away from statutory services is an area currently under developed across the county

3.3 Supporting the commissioning function deliver efficiency

Effective procurement and contract management activity is dependent on strong, coherent and creative commissioning (see appendix 2 for further details), the following sections identify opportunities to further enhance the commissioning function where there is a direct impact on the effectiveness of procurement and contracting activity.

3.3.1 Ensuring the right model – insourcing and outsourcing

There should be no prior assumption in favour of in-house or external delivery for different services; a mixed economy is the right approach so that we choose the model which best fits the service or contract. However it is vital that we review whether we have the right approach

in all areas and identify any potential to reduce overall spend either by outsourcing services or bringing them into direct control.

Broadly, external delivery can reduce operating costs (eg lower staff costs) and regional and national providers can achieve economies of scale beyond the reach of a local authority

Equally the in-house delivery of services allows services can be offered in areas which are not commercially viable and where the focus can be on meeting needs most efficiently without any profit motive – the incentive for teams is to reduce long-term workload for each service user rather than maintain income.

Actions

Working with commissioning staff to:

- Ensure consideration is given to the merits of in-house and outsourced provision when reviewing service scope and design - specifically where there are gaps and shortfalls in market provision. Specific focus is being given to the viability of in-house service provision of:
 - Homecare services
 - Residential care homes
- Piloting the use of an external organisation to undertake adult social care assessment and review activity to help clear backlogs in the Older Peoples service
- Continue to monitor the benefits of outsourcing adult social care carers assessments, services and reviews
- Reviewing the current in-house arrangements to identify tasks and / or functions that could be more cost effective if outsourced and provided by private or voluntary sector organisations

3.3.2 Integration – Joint commissioning and procurement with health

There are numerous areas where overlap occurs between health and social care, whether this is in relation to each discipline delivering a similar service or where there is joint involvement with an individual service user (e.g. district nurses, health care assistants and homecare workers). There is significant scope to achieve efficiency through joint commissioning and combining procurement and contracting arrangements with health partners – both in terms of administrative efficiencies and through more fundamental alignment of service models.

Actions

Actions being taken are:

- Imbedding existing joint procurement and contract management arrangements with health partners including:
 - Short breaks for families with children with disabilities
 - Integrated Speech and Language Services
 - Integrated Occupational Therapy Service

- Supporting commissioners to Engage with the Cambridgeshire Executive Partnership Board and the Better Care Fund Programme to explore opportunities for further joint commissioning with health partners, to include:
 - Falls prevention services
 - Homecare and Continuing Health Care
 - Total transport
 - Further opportunities for shared roles
 - Reducing duplication of Homecare Agency/District Nurse/Carer time by agreeing an approach whereby health and social care tasks can be shared between organisations

4. Risks and dependencies

There are a number of risks related to a change in the procurement and contracting approach currently employed by the County Council to a focus more explicitly on cost reduction:

- Insisting on lower prices may reduce quality and force smaller providers out of the market, further reducing supply and creating monopolies
- The market might not have the required appetite for change
- Where we have immature markets we will require significant management and development prior to and post implementation of new concepts – stretching capacity
- Provider relationships could suffer due to a new cost-focussed approach, we would need to ensure that we work in a collaborative way, possibly sharing benefit with providers to encourage cooperation and innovation
- There is a risk of provider / contract failure resulting in higher costs in longer term (as we have to spot purchasing at a higher price)
- Service user needs may not be fully met
- The focus on cost might mean final service provision does not match what our service users tell us they want through consultation – leading to dissatisfaction or challenge

5. Appendix 1: Useful links

IPC framework for joint commissioning and purchasing of public care services

http://webarchive.nationalarchives.gov.uk/20091116142854/http://dhcarenetworks.org.uk/_library/Chap1FRichardson.pdf

Monitoring social care contracts: a framework for good practice?

http://www.thinklocalactpersonal.org.uk/_library/Resources/BetterCommissioning/MONITORING_CONTRACTS_FRAMEWORK.pdf

National Procurement Strategy

http://www.local.gov.uk/documents/10180/5878079/L14-304+National+Procurement+Strategy+for+Local+Government+in+England_07.pdf/0c66cccf-9ad8-416c-8e5a-2419b033fbbe

National Social Care Category Strategy for local government

<http://www.local.gov.uk/documents/10180/7519026/lg+procurement+-+National+social+care+category+strategy+for+local+government/dc65f5a4-5c2d-4ba4-92c7-a25b8f58fa09>

Commissioning for better outcomes: a route map

<http://www.local.gov.uk/documents/10180/5756320/Commissioning+for+Better+Outcomes+A+route+map/8f18c36f-805c-4d5e-b1f5-d3755394cfab>

Contract Management Guide – Chartered Institute of Purchasing & Supply (CIPS)

http://www.cips.org/documents/CIPS_KI_Contract%20Management%20Guidev2.pdf

CFA Strategy for Children, Families and Adults services in Cambridgeshire 2016/17 to 2020/21

http://www.cambridgeshire.gov.uk/download/downloads/id/4114/strategy_for_children_families_and_adults_services_in_cambridgeshire_2016_to_2017.pdf

CFA Participation strategy

http://www.cambridgeshire.gov.uk/info/20166/working_together/580/getting_involved

6. Appendix 2: The commissioning and contracting cycle explained

Source: IPC framework for joint commissioning and purchasing of public care services (2006)



The paragraphs below outline some of the activities that might be undertaken under each element of the commissioning cycle.

Analysis

Understanding the values and purpose of the agencies involved, the needs they must address, and the environment in which they operate. This element of the commissioning cycle involves activities such as:

- Clarifying the priorities, whether local or national, and the research and best practice basis for the services.
- Undertaking needs analysis to identify the current and likely future needs of the whole population for the relevant services.
- Mapping and reviewing services across agencies to understand provider strengths and weaknesses, and identifying opportunities for improvement or change in providers.
- Identifying the resources currently available and agreeing future resources across agencies.
- Analysing the risks involved in implementing change and/or continuing with the status quo.

Planning

Identifying the gaps between what is needed and what is available, and planning how these gaps will be addressed. This element of the commissioning cycle involves activities such as:

- Undertaking a gap analysis to review the whole system and identify what is needed in the future.
- Designing services to meet needs.
- Writing a commissioning strategy which identifies clear service development priorities and specific targets for their achievement.

Doing

Ensuring that the services needed are delivered as planned, in ways which efficiently and effectively deliver the priorities and targets set out in the commissioning strategy. This element of the commissioning cycle involves activities such as:

- Managing the balance of services to reduce risk, i.e. deciding which services should be undertaken in-house and which should be contracted from other providers. Ensuring a good mix of service providers, offering consumers an element of choice in how their needs are met.
- Developing good communications and effective relationships with existing and potential providers.
- Making arrangements to ensure service quality, including identifying the quality assurance criteria that should be included in contracts in order to ensure services meet the standards required.
- Purchasing new services and de-commissioning services that do not meet the needs of the client group.

Reviewing

Monitoring the impact of services and analysing the extent to which they have achieved the purpose intended. This element of the commissioning cycle involves activities such as:

- Pulling together information from individual contracts or service level agreements.
- Developing systems to bring together relevant data on finance, activity and outcomes.
- Analysing any changes in population need, reviewing the overall impact of services, and considering the effectiveness of service models across the market to respond to different needs.
- Identifying revisions needed to the strategic priorities and targets.

The purchasing and contracting cycle

This inner circle follows the same pattern of analyse, plan, do and review and consists of similar activities, but at a different level. Activities in the purchasing cycle include:

- Analysing patients/service users' needs and the strengths and weaknesses of providers, as well as the direction set in the commissioning strategy.
- Developing service specifications and deciding on contract type and terms.
- Day-to-day care and contract management and communication with providers.
- Tendering for services and letting of contracts.
- Monitoring and reviewing contracts.