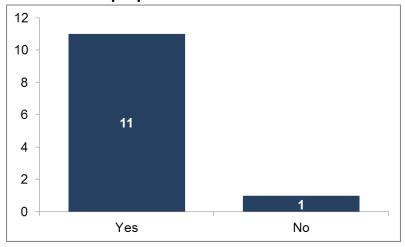
Draft procurement and contracting strategy: provider engagement questions

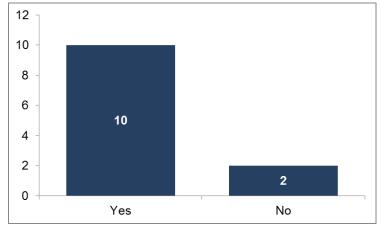
Sections 1 and 2 set out the purpose of the strategy and the drivers for change.

1. Do you feel that the purpose of the document is clear in section 1?



Comment	Response
The purpose is clear - achieve savings as set out in the business plan in a collaborative way where appropriate	To note
The content of Section 1 regarding the Strategy's purpose is clear. We understand from the content of the strategy and your covering letter that CCC CFA wishes to use this strategy to generate innovation and ideas from providers to achieve both reductions in cost and improvements in quality	To note
Section 1 says nothing about outcomes for children, families or adults; it focuses entirely on the council. The strategy would be more meaningful if it recognised that the Council's main purpose is to support and improve outcomes for its residents and particularly the most vulnerable.	

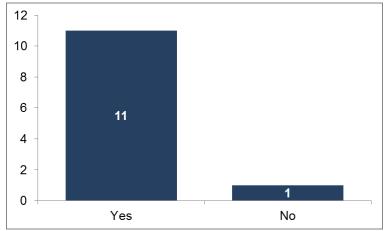
2. Do you feel the drivers for change outlined in section 2 adequately describe the challenges faced by the council and your provider organisation?



Comment	Response
It is difficult to answer on behalf of the council but	To note
the document adequately describes pressures on	10 11010
the provider. NMW and increases to overall costs	
are the key drivers we are attempting to address	
to maintain services	
Very comprehensive list of drivers	To note
We recognise and agree with the drivers for	To note
change outlined in Section 2 and can see there	
are additional external and local factors making	
the status quo for CAF unsustainable	
Additional cost pressures include paying for	To note
Carer travel time at or above National Living	
Wage. There are increasing pressures to pay for	
all expenses relating to a Carer's duties including	
mobile phones and increased mileage payments	
The attraction and retention of Carers into the	To note
market is our main challenge	
The draft strategy does not provide any evidence	ACTION: Evidence of
that these pressures are greater than previously,	demographic growth added to
particularly inflation and demographic growth	section 2
(CamSight) We believe the local charity and	ACTION: Requires follow up by
community sector is well placed to offer specialist	relevant commissioning /
and informed assessment services and would	contracting staff
welcome the opportunity to explore this in more	
detail. It is possible that Cam Sight could offer	
expertise and capacity to support assessments	
for visually impaired people, signposting to other	
local services before escalating priority cases to	
Social Services.	

Section 3 focusses on improvements to the commissioning, procurement and contract management functions across the CFA directorate.

3. Do you agree that the actions outlined in this section will improve the Council's ability to respond to the challenges outlined in section 2?



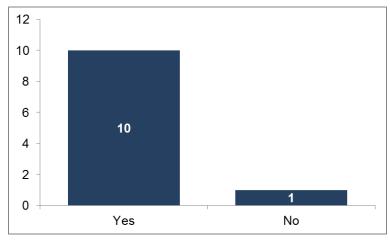
Comment	Response
Yes but consideration is required as these models could be at the expense of current suppliers which could affect the current market further. In order for this to work commissioning will need to be robust and focus on clarity so that providers are clear of their responsibilities and not expected to make up shortfalls in commissioning which will only destabilise the market further. When commissioning occurs the risk assessments in place should show how the changes will be managed and who will be responsible	To note
We welcome the actions outlined in Section 3, in particular the emphasis on giving time to engagement with service users, residents and providers; communicating future intentions and clarifying commissioning processes.	To note
I agree that Market Position Statements would be very helpful – in prioritising Transforming Lives as a given outcome. This is vitally important because I understand Transforming Lives has no ongoing budget.	To note
I agree that Market Position Statements would be very helpful – in prioritising Transforming Lives as a given outcome. This is vitally important because I understand Transforming Lives has no ongoing budget.	To note
It would be good to see more emphasis on joint commissioning of services, particularly to provide a more integrated approach to service provision.	This is covered in detail in section 4.2
We note in this Section that you consider Social	This comment probably reflects

Workers to be commissioners. Although we accept that many social workers are initiating interventions and services on behalf of individuals and thus acting as commissioners at this level, we feel the majority of Social Workers are in-house providers of social care to the residents of CCC

variations in practice between adults and children's services. The strategy reflects the practice in adult social care where chare is commissioned from the independent and voluntary sectors.

Section 4 sets out a series of actions that are intended to help the Council deliver efficiency and value for money when purchasing care services.

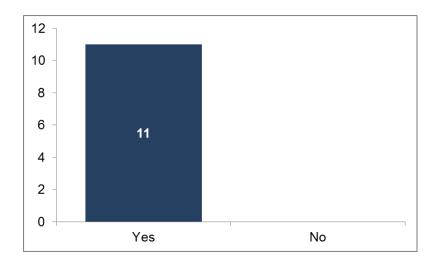
4. Do you agree that the identified actions are the right areas for the Council to focus on?



Comment	Response
Working with providers to understand their cost	To note
pressures is imperative	
We welcome longer contract lengths as this helps	To note
ensure the stability of our service and enables us	
to commit to providing more added value	
elements to our provision	
We welcome the Council's proposed actions to	To note
strengthen efficiency and value for money,	
including in particular measures such as	
engaging with providers; detailed market	
assessments; a common minimum set of	
standards; joint procurements with the NHS and reconsidering contract lengths.	
The council should focus on what it can do to	ACTION: Requires follow up by
make generic savings available to providers and	relevant commissioning /
their workforce. Where we can afford to pay	contracting staff
between 60-80% of the recognised contribution	
for fuel expenses (20-30p per mile) our staff	
would benefit from discounts negotiated with fuel	
providers. This will only be possible if the council	
could negotiate on behalf of all providers. This	
could be expanded to other schemes (car repairs	
etc) to make the cost of living less of a concern	
for low paid workers such as the care workers	
and support workers employed by local providers	
(CamSight) As an organisation within the	ACTION: Requires follow up by
'Voluntary and Community Sector' we particularly	relevant commissioning /
welcome the actions listed in Section 4.6. We	contracting staff
have a number of suggested areas where the	
VCS could offer a more cost effective model with	
better service user experience and sustainable	

outcomes and have listed these under the final question of the consultation under 'additional	
comments'. (CamSight) Section 4.4 refers to a strategic move towards merging services and 'alliance contracting'. It also identifies associated challenges with this approach, including the creation of monopoly providers or those 'too big to fail'. We also anticipate the risks associated with large scale mergers and 'prime contractor' procurement models that can constrict and contract the local market. We would like to see this risk addressed within the Council's strategy and hope that this can in part be resolved by the measures listed in Section 4.1.	The strategy is designed to be a high-level, over-arching document, so while these risks are valid, they should be addressed as part of individual procurement exercises, rather than in the top-level strategy
Whilst there are increasing efforts for health and social care to integrate better, territorialism is still rife, and without a true partnership and mutual support between health and social care, the drive towards integration and overall cost savings will be undermined.	Comment highlights a key challenge to integration and partnership working
Contract lengths – whilst longer contracts are very supportive towards longer term investment, the current economic climate and uncertainty about the Council's ability to cover increased provider costs would provide a disincentive for providers to accept longer term contracts. To overcome this we recommend a clear, contractual obligation for inflationary increases, and also mutual termination clauses for either party to exit.	Issue to consider when reviewing contract lengths
The lack of guaranteed business means that often providers don't achieve the indicative volume at any time during the contract. More assertive steps should be taken to ensure transfers of services, not just at the start, but also during the contract term (e.g. where other 'non-strategic' providers build volumes not intended within the commissioning framework).	Issue to consider when contracting services
'Lead provider' contracts – a growing number of local authorities are implementing such contracts in the misguided belief that such lead providers can solve the capacity problems in that area just by passing responsibility to them, able to subcontract if they are unable to do this. Evidence clearly shows that this has not worked.	Issue to consider when contracting services

5. Do you agree that the identified actions are the right areas for the Council to focus on?

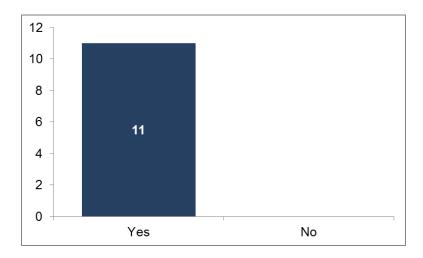


Comment	Response
Commissioning larger packages to begin with will	Note the support for outcomes
enable a service user to complete bus training if	based services
required and become more independent	
eventually meeting the support worker at the end	
point saving support time and making the	
services more efficient. This involves having clear	
outcomes that are not only agreed with the	
provider but also the service user and their	
family.	
I am particularly pleased to read the section on	To note
integration. Closer working between health and	
social care is absolutely essential. This is	
arguably the most important clause in the	
document.	
Although we accept that regional and national	_
providers can achieve economies of scale in	services
some service areas, in others we fear that	
procurement of local services from regional or	
national providers will cut the links to local	
people, communities and local support	
organisations with a significant loss of safety and	
service quality.	
Use of an external organisation to undertake	ACTION: Requires follow up by
adult social care assessment and review activity -	relevant commissioning /
we would like to reiterate our comments relating	contracting staff
to Section 2 and propose that a clear pathway of	
assessment would cut costs; avoid duplication;	
prevent people falling through the net; empower	
service users and avoid confusion thus enabling	

more efficient referral and timely take up of	
prevention based services to avoid crises and support independence.	
(CamSight) It would be very helpful to discuss the sharing of information. Cam Sight is a member of the Cambridgeshire Vision Partnership. Yet Cam Sight currently has no access to names and details of adults in the County who appear on the register of people who are blind or partially sighted held by Sensory Services. People who could benefit from our services may have to wait before they are referred to Cam Sight and can take up emotional, practical and peer support that would benefit them at this vulnerable time of diagnosis, or they may decide on the basis of second hand information that our services are unsuitable.	ACTION: Requires follow up by relevant commissioning / contracting staff
In the case of children, the register is held by the Sensory Education Service. Again Cam Sight has no knowledge of the children on the register who are then far less likely to take up all the groups, activities and peer support available. Cam Sight has been awarded £5,000 to set up a pre-school group in Fenland for blind and partially sighted children and their families. We have not been able to identify families in Fenland and as only one child attends, we may need to return the funding in June 2016 and this particular money will not be available in the future.	
A positive and collaborative approach to information sharing and assessment is included in the group of potential examples of new cost effective and beneficial models of commissioning outlined under 'other comments' in Section 5.	
Joint Commissioning and procurement with Health (section 5.2) – we observe many areas of overlap between Health and Social Care. We welcome closer and joint procurement across people's health and care needs building on the framework of the Cambridgeshire Vision Partnership.	To note
The overlaps between health and social care are vitally important. At Red2Green we are contracted by the LA (through Personal Budget income) to provide for adults with Learning Disabilities and by the CCG to provide for adults with mental health challenges. There is clearly added value in having such services operating side-by-side within the same organisation	To note

Section 6 summaries risks and dependencies associated with this strategy.

6. Do you agree with the identified risks and dependencies?



Comment	Response
I think it is certain that these risks are real and will require some delicate management. Providers are in business and need a certain level of assurance for future planning but do understand that costs need to be saved. It would be better if we were consulted and informed of changes for the new financial year earlier than we are currently.	To note
The risks identified are all accurate, and very real. But it is essential that these are not downplayed.	To note
We recognise the risks and challenges identified in Section 6 and look forward to working with the Council to put proposed mitigating strategies in place to address these.	To note
It is unfortunate that yet again, service users are not the main focus of the strategy;	The main focus of the strategy is improving the efficiency and effectiveness of the procurement function. The need to involve service users in the production and monitoring of services is referenced throughout the document. ACTION: A link to the participation strategy has been added to appendix 1

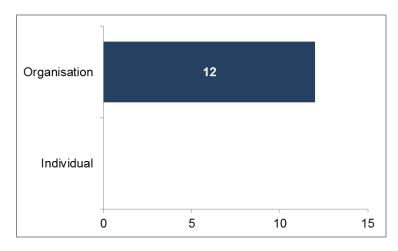
7. Please use this space to add any additional	
Comment	Response
Thank you for the opportunity to comment on the Council's Draft Procurement and Contracting Strategy for Children, Families and Adult Services. If implemented in full, this strategy describes a major shift in the approach to commissioning and procuring local services for local people.	To note
Cam Sight would greatly appreciate the opportunity to discuss the following potential new models of service delivery and how we might contribute:	ACTION: Requires follow up by relevant commissioning / contracting staff
• We are aware that there is insufficient capacity within Sensory Services to deliver individual Habilitation training in mobility and daily living skills for all visually impaired children who would benefit. Cam Sight has two trained Rehabilitation and Habilitation workers who run groups for preschool children and families; primary age children with associated parent support and for teenagers and young people. Cam Sight would like to deliver an introduction to mobility through use of the guide cane and long cane and also daily living skills training within the existing group settings which would be cost effective and fun. We would provide six sessions, assessing the children and working with parents. Sensory Services or Cam Sight could then follow with another six sessions of more formal sessions if they were needed	
• A shared client visual impairment passport with	

- ared client visual impairment passport with fields of information agreed by the joint agencies and held by the client would save cost and support effective assessment. Clients would have the option to withhold information from specific members of the Cambridgeshire Vision Partnership but this approach would encourage visually impaired people to take up prevention based services. Any information would build upon rather than duplicate previous information. visual impairment worker could accompany domiciliary care staff to benefit from the visual impairment aspect of their detailed assessment. Local specialist providers are well placed to perform elements of the assessment process within their fields of expertise well as sign-posting and drawing on local support services
- Adults with learning disabilities are ten times

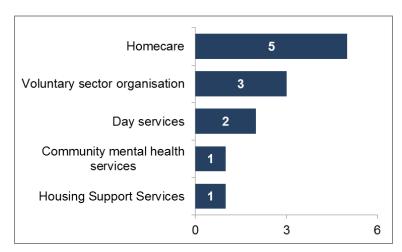
more likely to be blind or partially sighted than the general population (RNIB, 2016). Cam Sight has experience of supporting people with a learning disability and visual impairment. We would be keen to lead peer support groups for people with a mild learning disability and sight loss and provide appropriate support in a group setting. This would provide social support without proving an expensive outlay in people's personal budgets	
• We could work more closely with social workers as they put care packages together for people who have sight loss perhaps in addition to other needs to ensure the elements within the packages are available.	
Although the market may not have an appetite to change it should not rely on past models being effective for future requirements.	To note
While the draft strategy does talk about new ways of working, its solutions tend to be much more traditional contract based, following a "predict and provide" model.	To note
It is a very helpful and useful strategy document; I hope it gets implemented.	To note

The following information will be used for monitoring purposes only.

8. Responding as:



If responding on behalf of an organisation please describe the type of service(s) your organisation provides:



9. Do you currently provide services to the Council?

