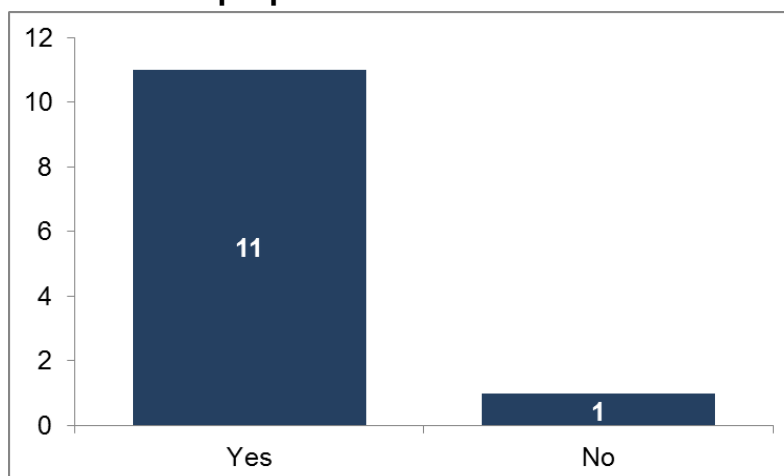


Draft procurement and contracting strategy: provider engagement questions

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

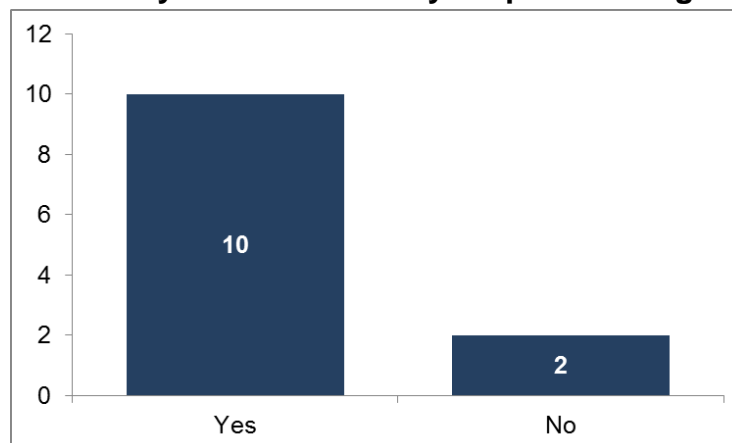
1. Do you feel that the purpose of the document is clear in section 1?



Summary of feedback received on this section of the strategy:

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.	ACTION: The CFA vision has been is referenced in section 1

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

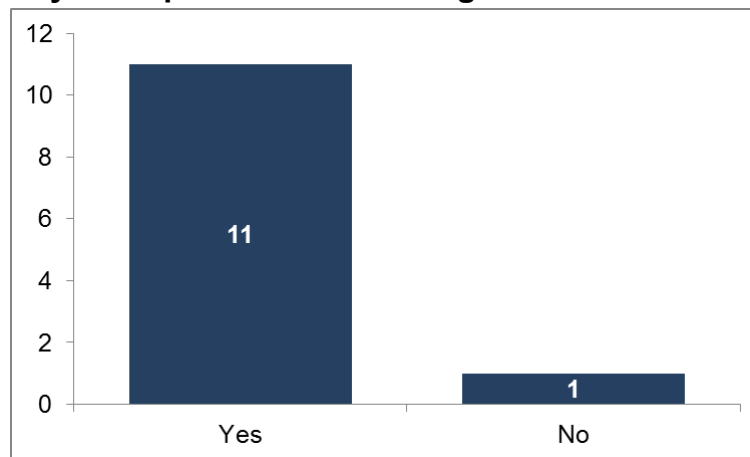


Summary of feedback received on this section of the strategy:

Comment	Response
It is difficult to answer on behalf of the council but the document adequately describes pressures on the provider. NMW and increases to overall costs are the key drivers we are attempting to address to maintain services	To note
Very comprehensive list of drivers	To note
We recognise and agree with the drivers for change outlined in Section 2 and can see there are additional external and local factors making the status quo for CAF unsustainable	To note
Additional cost pressures include paying for 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	To note
The attraction and retention of Carers into the market is our main challenge	To note
The draft strategy does not provide any evidence that these pressures are greater than previously, particularly inflation and demographic growth	ACTION: Evidence of demographic growth added to section 2
(CamSight) We believe the local charity and community sector is well placed to offer specialist and informed assessment services and would 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.	ACTION: Requires follow up by relevant commissioning / contracting staff

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?



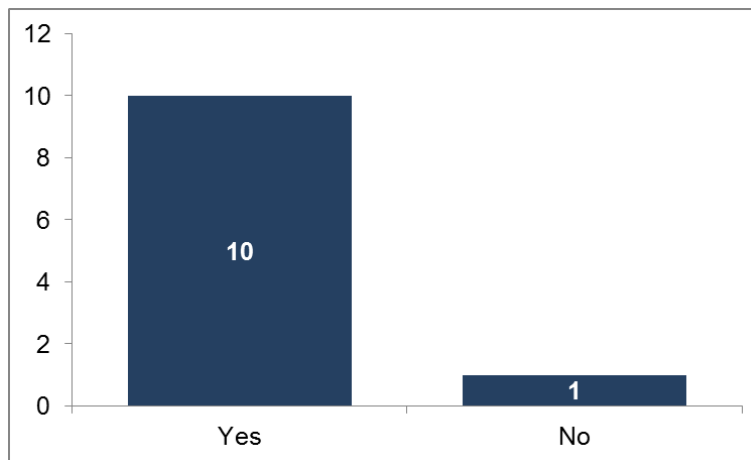
Summary of feedback received on this section of the strategy:

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 care is commissioned from the independent and voluntary sectors.
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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?



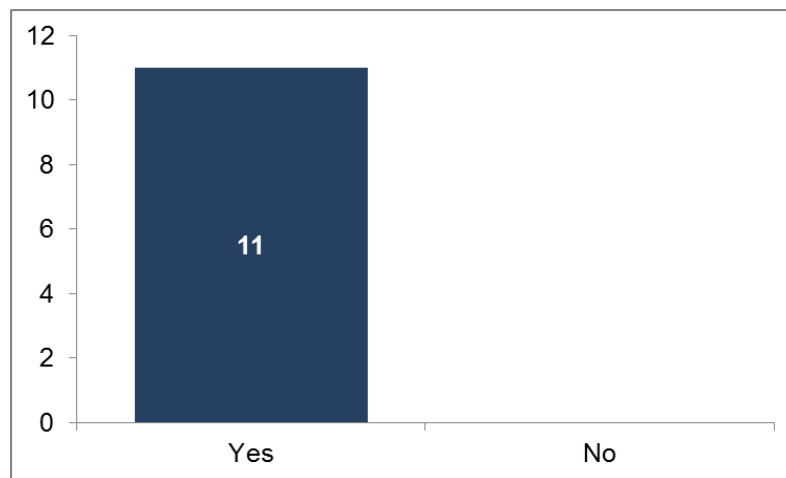
Summary of feedback received on this section of the strategy:

Comment	Response
Working with providers to understand their cost pressures is imperative	To note
We welcome longer contract lengths as this helps ensure the stability of our service and enables us to commit to providing more added value elements to our provision	To note
We welcome the Council's proposed actions to 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.	To note
The council should focus on what it can do to make generic savings available to providers and their workforce. Where we can afford to pay 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	ACTION: Requires follow up by relevant commissioning / contracting staff
(CamSight) As an organisation within the 'Voluntary and Community Sector' we particularly welcome the actions listed in Section 4.6. We have a number of suggested areas where the VCS could offer a more cost effective model with better service user experience and sustainable	ACTION: Requires follow up by relevant commissioning / contracting staff

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

Section 5 identifies actions that will help the Council enhance the commission function within CFA.

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



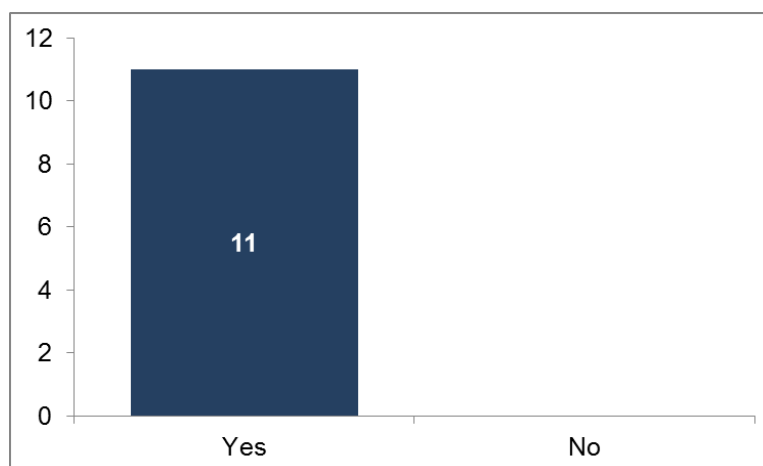
Summary of feedback received on this section of the strategy:

Comment	Response
Commissioning larger packages to begin with will enable a service user to complete bus training if 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.	Note the support for outcomes based services
I am particularly pleased to read the section on integration. Closer working between health and social care is absolutely essential. This is arguably the most important clause in the document.	To note
Although we accept that regional and national providers can achieve economies of scale in 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.	Issue to consider when contracting services
Use of an external organisation to undertake adult social care assessment and review activity - we would like to reiterate our comments relating 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	ACTION: Requires follow up by relevant commissioning / contracting staff

more efficient referral and timely take up of prevention based services to avoid crises and support independence.	
<p>(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.</p> <p>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.</p> <p>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.</p>	ACTION: Requires follow up by relevant commissioning / contracting staff
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?



Summary of feedback received on this section of the strategy:

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

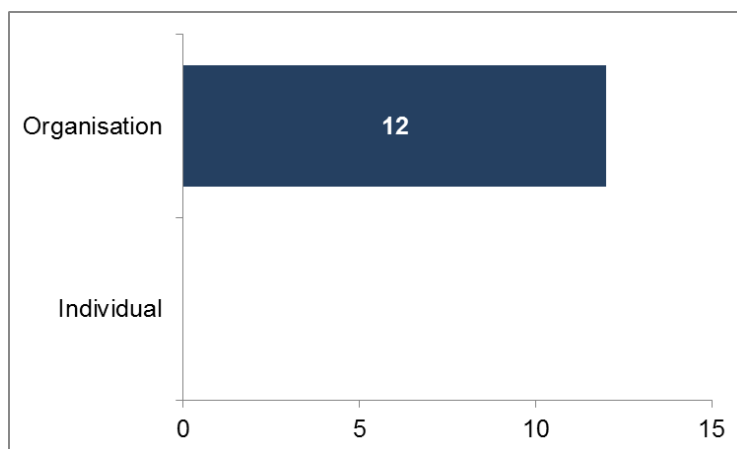
7. Please use this space to add any additional comments on the draft strategy.

Comment	Response
<p>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.</p>	<p>To note</p>
<p>Cam Sight would greatly appreciate the opportunity to discuss the following potential new models of service delivery and how we might contribute:</p> <ul style="list-style-type: none"> • 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 pre-school 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 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. A 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 	<p>ACTION: Requires follow up by relevant commissioning / contracting staff</p>

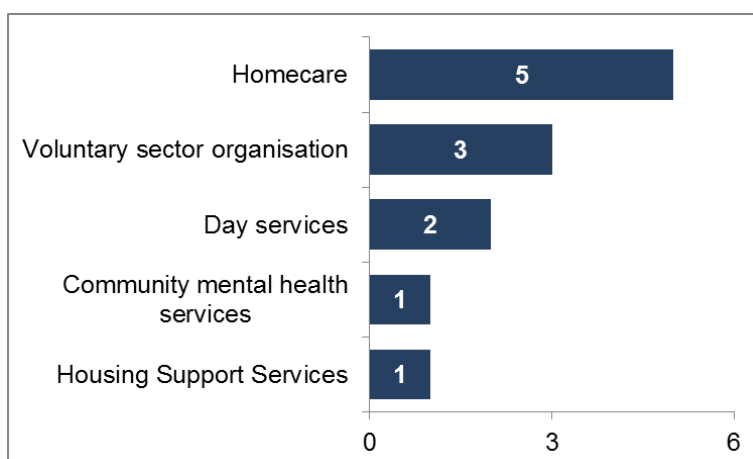
<p>more likely to be blind or partially sighted than the general population (RNIB, 2016). Cam Sight has experience of supporting people with a learning disability and visual impairment. We would be keen to lead peer support groups for people with a mild learning disability and sight loss and provide appropriate support in a group setting. This would provide social support without proving an expensive outlay in people's personal budgets</p> <ul style="list-style-type: none"> • 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?

