

Transformation Fund Bid: Investment proposal supporting information

Bid Title: Adults Social Care Transport
Service Area / Directorate: Adults and Safeguarding
Sponsoring Director: Charlotte Black
Date: 12 January 2021

Brief Description of bid

On review and thorough analysis of the council's Adults Transport Services, including contracts, expenditure and payments, and benchmarking of local authority policies, it was identified that there is a need for a fairer and consistent approach to the provision of transport that fits with CCC's strategic aims and desired outcomes for Adult Social Care. A refreshed Adults Social Care Transport Policy has been finalised to address this and has gone to Adults Committee for endorsement in January 2021.

Alongside this policy development a comprehensive expenditure review was undertaken, which analysed transport payments and categorised them by where the activity took place and what the money was used for. This initial feasibility analysis showed a number of key financial benefits and efficiencies can be achieved in the initial policy draft, but further improvements and longer-term savings could be achieved via a Transformation project that looks at the discrepancies, fully analyses the data and realises localised solutions.

The expenditure review, carried out by Finance and Transport teams, analysed transport payments and categorised them by where the activity took place and what the money was used for. The analysis of 2019/20 data showed £2,850k of expenditure was made to external providers where:

- 56% of the expenditure is under central transport management control; and
- 44% of expenditure was incurred at district level through a combination of central and local contracts.

When analysing further the research found the following discrepancies:

- some transport payments incurred supporting self-funders who lived in the same residential care homes as CCC service users;
- some direct payments being made where the market could not provide capacity leading to higher costs;
- some service users being supported to travel to a day service which was further afield from a suitable alternative; and
- 97% of the expenditure was not linked to service users in Mosaic (CCC's Adult Case Management system) but instead it was linked to travel routes. This means there could be occasions when changes to service user packages did not result in corresponding changes to transport contracts.

Reviewing this feasibility work alongside benchmarking, the expenditure profile requires investment for technical consultancy resource and agency administrative resource to fully realise the savings, with a breakdown shown below:

Scope and tasks	Resource Type	Investment Amount
Detailed design work <ul style="list-style-type: none"> • Verify savings opportunities by benchmarking with other LA's • Detailed design building on CCC's feasibility work • Identify new benefits • Consultation with service-users 	Consultancy	£40k
Implementation support <ul style="list-style-type: none"> • Advice and guidance on new standard operating procedures • Advice and guidance on transport route optimisation • Advice and guidance on Mosaic changes/use • Advice and guidance on vehicle selection and financing 	Consultancy	£30k
Implementation support <ul style="list-style-type: none"> • Updating care plans to incorporate transport details 	Agency	£20k

It should be caveated that it is the detailed design work that requires the biggest support and is the highest risk to full delivery due to limited capacity of staff. It is suggested this funding will help buy in specialist support to ensure that the design work is robust, sustainable and offers significant consultation with service-users who will be affected. The advantages of the hybrid-in approach is that it will limit the expenditure and focus the expertise on gaps in CCC's project. Consequently we anticipate there is a requirement to benchmark the findings to date, assist with detail design, identify further benefits and optionally facilitate implementation. This reduces the effort required to transfer learning from consultants to staff.

Further detail and benefits are provided in the business planning business case (A/R.6.186) that was approved at Adults Committee in December 2020 (also see attached). It is noted that the refreshed Adults Transport policy and associated transformation project links to a wider piece of work being completed to pull all of the separate pieces of transport work together. This will be reported at a later date, and will provide assurances that all Council Transport policies and transformation work is viewed across all directorates and the benefits are broad reaching.

Type of bid:

Invest to save

Strategic links:

- A good quality of life for everyone
- Zero carbon emissions for Cambridgeshire by 2050
- Adults Positive Challenge
- Think Communities
- Changing the Conversation

Total amount of investment required: £90,000

Total amount of estimated savings: -£250,000

Cash Flow	21/22 £000	22/23 £000	23/24 £000	24/25 £000	25/26 £000	26/27 £000
Revenue Advance	90					
Capital Advance						
Saving / Income	250					

The expenditure and savings are full year based. The in year impact will be dependent upon the Council's Pay-to-Plan policy with providers, and how COVID-19 affects the service utilisation.

Pay Back Period in Years	4 years 3 months
Savings/Investment Ratio over 10 Years	2.8:1 (as both savings and investment affect budgets once)

Please also complete the table below with how the performance / success can be measured along with current baseline figures and estimates for future years.

Measure of Performance Improvement	Baseline	20/21	21/22	22/23	23/24	24/25
Improved process compliance leading to fewer care discrepancies (tracked activity)	3% as at Oct 2020			80% in 2 years		
Increased levels of planned expenditure leading to a fewer yearend financial audit queries (BI Inform)	£1,800,000 pa in 2019/20			£2,600,000 within 18 months		
Increased numbers of providers with details in Mosaic (in system contracts register) leading to fewer manual payments and easier communications (BI Inform)	c50%			c90% within 18 months		

Risks and contingencies:

Risk	Mitigation	RAG (should the risk occur)
<p>Personalisation may make provider consolidation and leverage challenging</p> <ul style="list-style-type: none"> ▪ Ensure service user choice and control is maintained in routes ▪ Prioritise route utilisation risk by ease of change. 	<ul style="list-style-type: none"> ▪ Switch / renegotiate / build relationships with key providers. ▪ Need to ensure CCC has a robust contracts database with easy access to rates and terms. 	Amber
<p>Volume driven contracts may prove less effective in the future.</p> <ul style="list-style-type: none"> ▪ Linked to both the personalisation agenda coupled with large provider base in all localities. Contracts committing to volume blocks may prove resource inefficient. 	<ul style="list-style-type: none"> ▪ Explore the scope for more agile and flexible contracts. ▪ Harmonise spend across like for like services and consider awarding work based on service provision. 	Amber
<p>May be difficult to renegotiate terms with key providers because of our dependency upon them.</p> <ul style="list-style-type: none"> ▪ Establish which localities have least competition and determine if centrally managed providers can offer alternative solution to drive down rates while maintaining quality and safety of service Prioritise in Hunts. 	<ul style="list-style-type: none"> ▪ This needs to be driven by transport management within CCC. ▪ The changing climate to personalisation must provide negotiation levers and an improvement incentive for the Providers. 	Red
<p>Locality care managers do not have commercial and analysis skills.</p> <ul style="list-style-type: none"> ▪ Care Managers need to have access to Brokerage Team who are trained in negotiation tools and techniques to enable a successful implementation. 	<ul style="list-style-type: none"> ▪ Care Managers to receive appropriate signposting. Brokerage team to agree to manage transport negotiations. 	Amber

<p>Lack of business intelligence (BI) awareness and internal league tables of top performing partners.</p> <ul style="list-style-type: none">▪ BI is not currently available in a format to support local contracting decisions in relation to provider performance/rates.▪ Providers may be being awarded work without consideration to all commercial factors.	<ul style="list-style-type: none">▪ BI should be collected to build a picture of provider performance to support the awarding of future contracts and in sign-posting future care.▪ Transport discussions should be delegated to Brokerage team.	Green
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Decision and date:

Business Planning: Business Case proposal

Project Title: Adults Social Care Transport Services

Committee: Adults Committee

2021-22 Savings: - £250,000

Brief Description of proposal: On review and thorough analysis of the council's Adults Transport Services, including contracts, expenditure and payments, it was identified that there is a need for a refreshed Transport Policy with the purpose to provide a fairer and consistent approach to the provision of transport that fits with CCC's strategic aims and desired outcomes for Adult Social Care. When implemented, a number of key financial benefits and efficiencies can be achieved which are outlined in this proposal.

Date of version: 12 Jan 2021

BP Reference: A/R.6.186

Business Leads / Sponsors:

Tracy Gurney, Head of Learning Disability Partnership
Gurdev Singh, Head of Commercial Commissioning for People and Communities.

1. Please describe what the proposed outcomes are:

A transport transformation project group has been established in order to analyse the council's Adults Transport Services, including contracts, expenditure, payments, current routes, the rationalisation of these and potential future demand. It was identified through this group that there is a need for a refresh of the Adults Transport Policy to reflect strengths based practice and to give more clarity by updating the language in the policy and therefore making it easier for practitioners to implement in a fair and consistent way and that continues to fit with Cambridgeshire County Council's (CCC) strategic aims, the Care Act and desired outcomes for Adult Social Care. In particular, the Transport Policy aims to ensure "a good quality of life for everyone", and help work towards "zero carbon emissions for Cambridgeshire by 2050".

A comprehensive policy is necessary to provide the following key objectives:

1. Make clear that the council should only provide transport where no alternative solution is practical. This includes using family and friend networks and public transport;
2. Specify how and when charges will be levied for services provided to those who are assessed to contribute to their cost, as well as people who are funding their own day opportunities arrangements;
3. Where an alternative solution is not available the policy sets out clear criteria, which staff responsible for support planning will use to determine any transport assistance from the Council.

It is important to remember that promoting well-being and meeting needs is not always about direct service provision. In many cases maintaining an individual's independence is more conducive to their wellbeing and other means of support may be more appropriate to meet an individual's needs. Such other means of support could include information and advice, universal services, preventative interventions, community resources, carers and direct payments. Risk is managed at the assessment stage. It considers the possibilities of harm and countermeasures to mitigate the harm. The resulting care plan would document the appropriate support needs. Intervention is as minimal as necessary to maintain independence.

The refreshed policy will drive initial improvements, but as noted there is an ongoing Transformation project that will analyse further data and provide further recommendations for improvements that will also include savings. This will include looking at the self-funder cohort, but at present the information is not known, and therefore we suggest the policy is reviewed again once the transformation work is complete to ensure it address the correct needs. This may include future developments such as encouraging people where possible to meet their transport needs independently through means such as walking, mobilising with the use of aids (either independently or with support), using their own vehicle, utilising transport assistance monies (e.g. PIP) or taking advantage of concessionary rates on public transport, using a strengths-based approach. This will be assessed once the current situation is identified.

CCC provides transport using a range of methods including its own fleet of (leased) minibuses, contracts with external providers and (for urgent/exceptional circumstances only) taxis. Drivers and passenger assistants can be part of CCC's permanent establishment, external contractors or volunteers. These transport services help people to access things including but not limited to day opportunities and respite care where alternatives are not available.

The overall objective of the policy is to ensure identified assessed need for transport is provided safely and efficiently whilst offering value for money and limiting the impact on the environment.

This proposal outlines the savings that have been calculated via the expenditure analysis. Where a charge is levied for council services the refreshed policy will

ensure that the most competitive procurement and commercial decisions are made to ensure best value (as per objective 2 and 3 above). The refreshed policy will be presented to Adults Committee in January 2021, with full timescales detailed later in this report.

2. What evidence has been used to support this work, how does this link to any existing strategies/policies?

Commissioning and Finance teams conducted detailed research of published Adults Transport policies amongst local authorities. As a result the development of CCC's policy document has benchmarked the work from Hereford Council, Warwickshire County Council, Worcestershire County Council, and Milton Keynes Council.

The expenditure review, carried out by Finance and Transport teams, analysed transport payments and categorised them by where the activity took place and what the money was used for.

The analysis of 2019/20 data showed £2,850k of expenditure was made to external providers where:

- 56% of the expenditure is under central transport management control; and
- 44% of expenditure was incurred at district level through a combination of central and local contracts.

When analysing further the research found the following discrepancies:

- some transport payments incurred supporting self-funders who lived in the same residential care homes as CCC service users;
- some direct payments being made where the market could not provide capacity leading to higher costs;
- some service users being supported to travel to a day service which was further afield from a suitable alternative; and
- 97% of the expenditure was not linked to service users in Mosaic (CCC's Adult Case Management system) but instead it was linked to travel routes. This means there could be occasions when changes to service user packages did not result in corresponding changes to transport contracts.

The discrepancies are a result of the nature of the expenditure management and will be addressed in a refreshed transport policy. Anecdotally the centrally managed contracts enjoyed stronger relationships with commissioners which in turn resulted in business developments, for example exploring the use of more efficient vehicles. Consequently there is a case to centralise more expenditure as this would accelerate help towards CCC's goal to achieve "zero carbon emissions for Cambridgeshire by 2050".

Reviewing this feasibility work alongside benchmarking the expenditure profile is part of this business case.

The primary users of the Adults Transport Policy are the service users attending day services. There is an active project to review day services and so this business case would run alongside that work with a shared governance arrangement that is advantageous to provide consistency and transparency.

3. Has an options and feasibility study been undertaken? Please explain what options have been considered.

A feasibility study was conducted by staff to identify the potential opportunities for improvement. This formed the basis of the business case justification. The options analysis considered how we take this study into detailed design and implementation.

A hybrid approach is recommended from the three options considered:

1. An in-house approach;
2. A bought-in approach; and
3. A hybrid approach.

The advantage of the in-house approach is cost is already budgeted and consequently the funding required is available to implement the project. The in-house approach would require staff to be available throughout the duration of the project without the risk of work being re-prioritised as a result of emergencies such as COVID-19 response or other projects. Furthermore it is acknowledged that we do not have all the expertise available on site across all the disciplines required. The disadvantage of this approach is that CCC misses the opportunity to learn from best practice achieved elsewhere.

The advantage of the bought-in approach is that subject matter experts bring in best practice achieved elsewhere which can be readily available and after a scoping phase, can work at pace thereby maximising the benefits. The approach would require some access to in-house staff, but limit the impact of staff unavailability throughout the implementation. The disadvantage is the cost required and that the knowledge transfer and learning from consultants to staff is not always realised.

The advantage of the hybrid-in approach is that it will limit the expenditure and focus the expertise on gaps in CCC's project. Consequently we anticipate there is a requirement to benchmark the findings to date, assist with detail design, identify further benefits and optionally facilitate implementation. This reduces the effort required to transfer learning from consultants to staff.

In order to successfully implement the policy and to provide longer-term outcomes outlined there will be a requirement for Transformation Fund investment of £90k. It should be caveated that it is the detailed design work that requires the biggest support and is the highest risk to full delivery, due to limited capacity of staff. It is suggested this will help buy in specialist support to ensure that the design work is robust, sustainable and offers significant consultation with service-users who will be affected.

Scope and tasks	In-House Lead	Amount
Detailed design work <ul style="list-style-type: none"> • Verify savings opportunities by benchmarking with other LA's • Detailed design building on CCC's feasibility work • Identify new benefits • Consultation with service-users 	Gurdev Singh / Tracy Gurney	£40k
Implementation support <ul style="list-style-type: none"> • Advice and guidance on new standard operating procedures • Advice and guidance on transport route optimisation • Advice and guidance on Mosaic changes/use • Advice and guidance on vehicle selection and financing • Updating care plans to incorporate transport details 	Martin Kemp / Tracy Gurney	£50k

The Transformation Fund bid will be presented to Adults Committee alongside the refreshed policy in January 2021, and then to General Purposes Committee for a formal decision, also in January 2021, as per council governance.

4. What are the next steps/ actions the Council should take to pursue it? Please include timescales.

The policy is being finalised with a formal decision on this to follow, as per the summary below:

High Level Timetable

Task	Start Date	End Date	Lead Officer
Finalise Transport Policy document	September 2020	December 2020	Tracy Gurney
Complete expenditure analysis including market analysis	November 2020	December 2020	Gurdev Singh
Align work plans with Day Services project	November 2020	February 2021	Shauna Torrance / Tracy Gurney
Quick wins (a) unused transport	December 2020	February 2021	Tracy Gurney

(from service user changes)			
Quick wins (b) optimise routes (from transport changes)	December 2020	February 2021	Martin Kemp
Transport Policy document at Adults Committee	January 2021	January 2021	Tracy Gurney
Transformation Fund Bid at Adults and GPC Committee	January 2021	January 2021	Tracy Gurney
Benchmark with Home to Schools Transport	February 2021	March 2021	Martin Kemp
Review centralising budgets	March 2021	April 2021	Tracy Gurney / Shauna Torrance
Implementation details for 2021/22 activities	March 2021	March 2021	Gurdev Singh

5. Could this have any effects on people with Protected Characteristics including poverty and rural isolation? If so please provide as much detail as possible.

The policy applies to any of the following Adult Service areas, all of which cover people with protected characteristics:

- Older People's Services
- Physical Disability and Sensory Services
- Mental Health Services
- Learning Disability Services.

The refreshed policy is therefore being developed in line with current legal and equalities frameworks and policies to ensure it is fair and proportionate. A full Equalities Impact Assessment is ongoing to support the transformation project to outline any implications that may impact citizens if any subsequent changes are made.

This cohort has been significantly affected by COVID-19 as national lockdowns and social distancing rules have led to disruptions in regular activities such as attending day services. In turn this has meant fewer people using transport.

Transport assistance is not automatically provided by the Council as part of other service provisions. Transport assistance is a separate consideration and will only be provided when the assessor determines such provision is necessary as the adult could not otherwise be reasonably expected to safely access facilities or services in the local community.

There is no single definition of what is reasonable distance, time or expense to expect someone to cover in travelling to access services or activities that meet social care needs. An assessor should be able, having information about an individual's abilities and the transport options available, to define 'reasonable' for that individual (co-producing that decision where possible).

The full policy will outline CCC's understanding on reasonableness that will enable assessors to accurately and confidently use their professional judgement to apply the policy to improve outcomes for the individual. It is noted that all assisted transport provided, or arranged by CCC, is potentially subject to a charge in line with our charging policy. It is a key objective of this review of Transport Services to ensure that this charge is in line with other areas and provides best value for money.

Legal Framework

The Care Act 2014 and associated regulatory and statutory guidance provide the legal framework for the assessment of social care and support needs and for determining eligibility for Adult Social Care support from local authorities nationwide (with effect from 1st April 2015).

The Chronically Sick and Disabled Persons Act (Section 2) together require local authorities to arrange various welfare services, including providing or assisting with facilities to travel, where they are satisfied it is necessary to do so to meet the needs of disabled people. This means transport for Adult Social Care service users will typically be considered as part of a broader assessment of needs, based on the national eligibility criteria for adults and carers, and on the duty to meet needs through a care and support plan.

Equality

In making this policy, due regard has also been given to the Equality Act 2010, and in particular the local authority's public sector duties under this act.

Precisely, whether an individual receives a service directly from the Council or makes alternative travel arrangements for themselves, they have rights not to be discriminated against as a service user under The Equality Act 2010. Furthermore, service providers have obligations to make reasonable adjustments to ensure their provision is accessible.

The aim of the policy is to ensure a fair, consistent and transparent approach is taken to identifying and meeting the transport needs of service users where these have been clearly identified in the Care and Support Plan, and all other suitable alternatives to meet their needs have been explored and exhausted.

During Social Care and Support Planning, all relevant transport options will be considered and Assisted Transport will be offered as a last resort, where it is appropriate to needs and circumstances. Full details will be outlined in the final policy.

6. What financial and non-financial benefits are there and how will you measure the performance of these? Are there any dis-benefits? These MUST include how this will benefit the wider internal and external system.

Financial and Non-Financial Benefits

By applying a set of commercial levers, the opportunities identified are expected to deliver benefits ranging from £180k to £315k. Delivery of these benefits require key enablers to be in place, including:

1. Centralising contract (and potentially budget) management;
2. Adopting Mosaic as the primary repository for information; and
3. Developing even stronger provider relationships.

The summary table below details the areas of which are determined by the analysis to offer savings, as well as income and cost avoidance. The proposal estimates that in total there will be a saving of £250,000 to go into the Council’s business plan.

Adult Social Care Transport Services benefits area			
Key Benefit	Approach	Issues	Evaluation and saving
Right number of providers from volume concentration	<ul style="list-style-type: none"> ▪ Supplier fragmentation currently high particularly in localities. Over 80 providers delivering c£500k of transport per annum ▪ Explore moving higher volume local providers into the central transport management framework to obtain better rates ▪ Consolidating spend by increasing use of framework contracts can be expected to deliver savings. 	<ul style="list-style-type: none"> ▪ Increased volumes cannot be guaranteed to providers in future but could be encouraged and accrue naturally and through placement review 	<p>Further analysis required to assess levels of likely savings, given increased freedom of service users to select care through personalisation agenda.</p> <p>Estimated saving: £50,000 to £100,000</p>
Right price per mile from Best Price benchmarking	<ul style="list-style-type: none"> ▪ Consider if a mileage rate payment is more cost effective than a transport fee focusing on Direct Payment service users ▪ Analyse if top 20% of providers by expenditure offer preferential rates 	<ul style="list-style-type: none"> ▪ May be attractive in present economic environment ▪ COVID-19 may mean family transport method increases in preferences 	<p>Over £300k in Direct Payments.</p> <p>Estimated saving: £30,000 to £60,000</p>

	<ul style="list-style-type: none"> ▪ Explore “Uber” approach to travel time/rate efficiency 	<ul style="list-style-type: none"> ▪ Will require policy change 	
Reduce pressure from effective demand management	<ul style="list-style-type: none"> ▪ Ensure Transport policy levers of mobility vehicles are applied before awarding transport packages ▪ Code all service user records into localities e.g. re-label Young Adult Team service users ▪ Review demand to check if self funders are being supported 	<ul style="list-style-type: none"> ▪ The work may be resource intensive resulting in protracted negotiations with service users families/ advocates ▪ May require policy change 	<p>Based on 3-4% reduction in spend =</p> <p>Estimated saving: £70,000 to £100,000</p>
Greater efficiency from process optimisation	<ul style="list-style-type: none"> ▪ Analyse locality expenditure to determine if more centrally managed routes can be developed.to substitute multiple taxi routes ▪ Establish a central contracts register. Upload all providers into Mosaic. All transport request form should feedback into care and support plans. Implement an efficiency measure with key providers ▪ Independent Travel Training 2 year pilot project. We are at the stage of evaluating the tender submissions ▪ Joint Dynamic Purchasing System for Education and Social Care Transport to be operational from Spring 2021, subject to approval from the Children & Young People’s Committee and Peterborough’s Cabinet 	<ul style="list-style-type: none"> ▪ Difficult to assess size of opportunity as over 90% of service users are not linked to a provider and route ▪ This work is resource intensive and may affect establishment staffing levels. There is no measurement of maximum, planned and actual route utilisation 	<p>Based on 1-2% reduction in spend =</p> <p>Estimated saving: £25,000 to £50,000</p> <p>Few financial benefits, but will help CCC to improve service performance and develop provider relationships</p> <p>Cost avoidance</p>
Innovation from relationship restructuring	<ul style="list-style-type: none"> ▪ Review key contracts to ensure active users are billed for and that every invoice contains service user details; all invoices 	<ul style="list-style-type: none"> ▪ Likely to be well received given current economic climate 	<p>Further analysis required to assess levels of likely savings</p>

	(which include service user details) should be routed to Adults Finance Team ▪ Negotiate with Age UK for larger grant contribution		Estimated income: £5,000
Total			Range between £180,000 - £315,000

Non-Financial Benefits

Full non-financial benefits associated with the policy will be presented with the full policy to committee in January 2021, but some initial benefits are highlighted below:

Key Benefit	Measure	Baseline	Target & Timescale
Improved process compliance leading to fewer care discrepancies	Value of transport activity tracked using service user care and support plans reportable by Social Workers	3% as at Oct 2020	80% in 2 years
Increased levels of planned expenditure leading to a fewer year-end financial audit queries	Value of transport expenditure reportable through BI Inform by Finance team	£1,800,000 pa in 2019/20	£2,600,000 within 18 months
Increased numbers of providers with details in Mosaic (in system contracts register) leading to fewer manual payments and easier communications	Number of providers with expenditure reported in full through BI Inform by Transport team	c50%	c90% within 18 months

7. Are there any identified risks which may impact on the potential delivery of this? What is the risk if we do not act?

It is important to note the accessible transport market is very limited at the present time, particularly in the large 16 seater vehicles sector and has caused inflation in costs. That said, the savings have been calculated below the upper limit of the estimated range to allow for this. Consequently the opportunities identified help to

offset the pressures brought about from COVID-19 related transport covid-secure measures and demand changes.

It is also caveated that as per section 3 above, that in order to successfully implement the policy and to provide longer-term outcomes outlined there will be a requirement for Transformation Fund investment of £90k. It should be caveated that is the detailed design work that requires the biggest support and is the highest risk to full delivery, due to limited capacity of staff. It is suggested this will help buy in specialist support to ensure that the design work is robust, sustainable and offers significant consultation with service-users who will be affected.

Risk	Mitigation	RAG (should the risk occur)	Overall Responsibility
<p>Personalisation may make provider consolidation and leverage challenging</p> <ul style="list-style-type: none"> ▪ Ensure service user choice and control is maintained in routes ▪ Prioritise route utilisation risk by ease of change. 	<ul style="list-style-type: none"> ▪ Switch / renegotiate / build relationships with key providers. ▪ Need to ensure CCC has a robust contracts database with easy access to rates and terms. 	Amber	Martin Kemp
<p>Volume driven contracts may prove less effective in the future.</p> <ul style="list-style-type: none"> ▪ Linked to both the personalisation agenda coupled with large provider base in all localities. Contracts committing to volume blocks may prove resource inefficient. 	<ul style="list-style-type: none"> ▪ Explore the scope for more agile and flexible contracts. ▪ Harmonise spend across like for like services and consider awarding work based on service provision. 	Amber	Martin Kemp
<p>May be difficult to renegotiate terms with key providers because of our dependency upon them.</p> <ul style="list-style-type: none"> ▪ Establish which localities have least 	<ul style="list-style-type: none"> ▪ This needs to be driven by transport management within CCC. ▪ The changing climate to personalisation 	Red	Martin Kemp

<p>competition and determine if centrally managed providers can offer alternative solution to drive down rates while maintaining quality and safety of service Prioritise in Hunts.</p>	<p>must provide negotiation levers and an improvement incentive for the Providers.</p>		
<p>Locality care managers do not have commercial and analysis skills.</p> <ul style="list-style-type: none"> ▪ Care Managers need to have access to Brokerage Team who are trained in negotiation tools and techniques to enable a successful implementation. 	<ul style="list-style-type: none"> ▪ Care Managers to receive appropriate signposting. Brokerage team to agree to manage transport negotiations. 	Amber	Tracy Gurney
<p>Lack of business intelligence (BI) awareness and internal league tables of top performing partners.</p> <ul style="list-style-type: none"> ▪ BI is not currently available in a format to support local contracting decisions in relation to provider performance/rates. ▪ Providers may be being awarded work without consideration to all commercial factors. 	<ul style="list-style-type: none"> ▪ BI should be collected to build a picture of provider performance to support the awarding of future contracts and in sign-posting future care. ▪ Transport discussions should be delegated to Brokerage team. 	Green	Martin Kemp

8. Scope - What is within scope? What is outside of scope?

This policy applies to all adults aged 18 years and above who have an assessed eligible need for support and require transport to access their service and where there are no other alternatives available.

The policy applies to any of the following Adult Service areas:

- Older People's Services
- Physical Disability and Sensory Services
- Mental Health Services

- Learning Disability Services.

This policy does not cover travel assistance for service users under the age of 18 who need assistance to travel to and from education establishments, for which more details can be found in the Home to School Transport Policy.