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# Certificate of Credit in Care Purchasing and Brokerage

Session 1 – Units 1 & 2



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Trusted partner in public care

[ipc.brookes.ac.uk](http://ipc.brookes.ac.uk)

# Institute of Public Care: about us



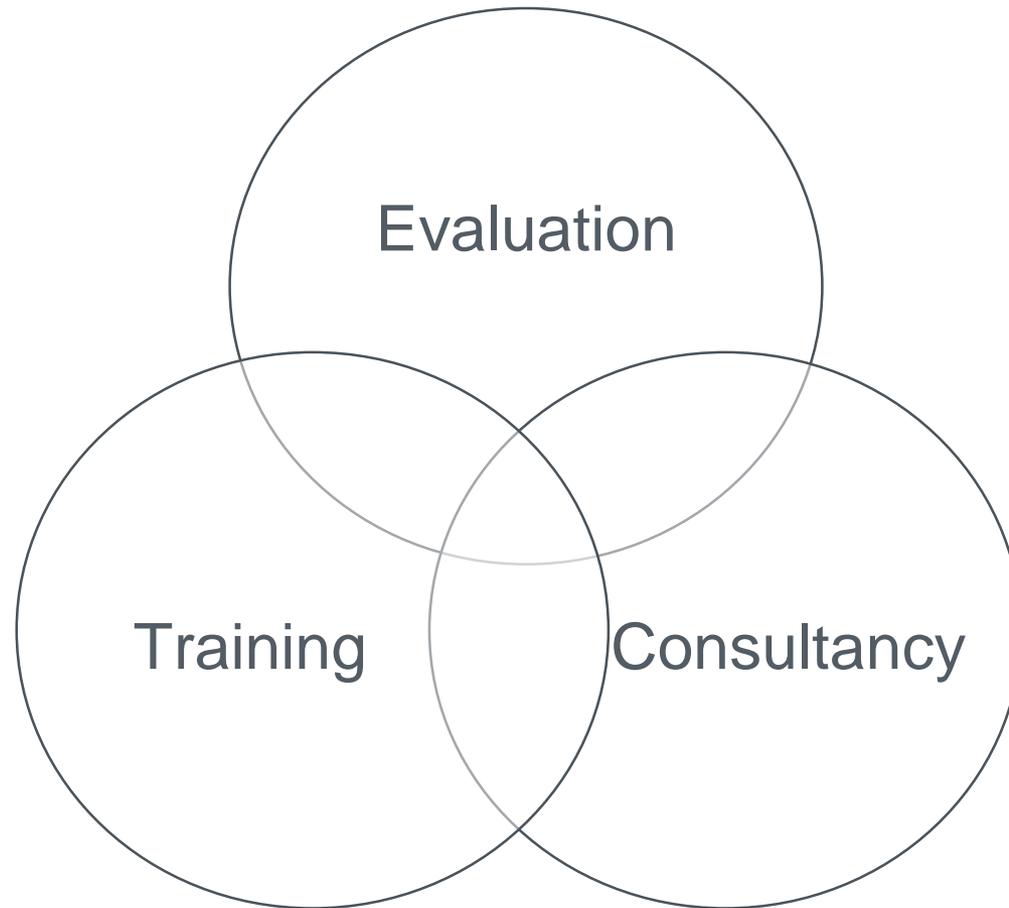
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- Part of Oxford Brookes University
- We work with central and local government, the NHS, charities and commercial organisations
- Our aim is to improve the health and wellbeing of citizens and communities

# Institute of Public Care: what we do



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# The Commissioning Alliance



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- The Commissioning Alliance supports Local Authorities to effectively commission services for their most vulnerable residents in social care, education and housing.
- Enabling people and organisations to achieve more together.
- Delivering with openness, transparency and honesty, building trust across markets.

# About the course



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- New certificated course for those working in Social Care brokerage roles.
- Developed by the Institute of Public Care in partnership with the Commissioning Alliance in response to a gap in training provision for this group of staff.
- Balances theory with current practice examples and interactive learning and discussion.

# Aims and learning outcomes



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The aim of this programme is enable participants to understand the essential elements of brokerage work in social care and to share knowledge and best practice. By the end of the training participants will have a better understanding of:

- Social Care needs, duties of local authorities, the placement market, regulation
- Best practice in commissioning and procurement
- How to manage referrals and negotiate with providers
- The importance of contract management and monitoring and recording data
- Elements of good practice and assessing priorities



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## Modules 1 – 4 will cover

- Context – demand and supply ✓
- Commissioning – what is it and your role ✓
- Managing referrals
- Purchasing and Procurement
- Negotiation skills
- Contract management
- Contract monitoring – using data
- Transitioning arrangements

# Dates in your diaries/calendars

**Session 1:** 20<sup>th</sup> November

**Session 2:** 21<sup>st</sup> November

**Session 3:** 13<sup>th</sup> December

**Session 4:** 14<sup>th</sup> December



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# Working online – hints and tips



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Everyone enters on mute. Mostly stay on mute so we are not all talking at once



Use the chat to ask questions and make comments. This will be a dynamic learning experience



Turn on your video camera, please!  
Unless you have a shaky connection! In that case, switch off your video



You will be going into breakout rooms, be prepared to be in rooms with 6 - 8 people



Raise your hand or click the hands up symbol if you want to speak in discussions



Be on time for breaks



# Group session

- Introduce yourself – name, role, organisation
- What you are hoping to get out of the course



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# Context: Demand and supply for Adult Social Care placements

# Adult Social Care



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# The Care Act 2014



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## Underpinning principle

Wellbeing

## General responsibilities and key duties

Prevention

Integration,  
partnerships,  
transitions & prisons

Information, advice  
and advocacy

Diversity of provision

Safeguarding

## Key processes

Assessment and  
eligibility

Charging and  
financial assessment

Care and support  
planning

Personal budgets  
and direct payments

Review

# Personalisation



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“We will extend the greater roll-out of **personal budgets** to give people and their carers more control and purchasing power.”

The Coalition: Our Programme for Government (2010)

“To give patients more direct control, we expect CCGs to lead a major expansion...in the offer and delivery of **personal health budgets** to people, where evidence indicates they could benefit.”

NHS England

(<https://www.england.nhs.uk/healthbudgets/understanding/rollout/>)

We will also introduce **integrated personal commissioning** (IPC), a new voluntary approach to blending.”

NHS Five Year Forward View (2014)

# Health and social care and integration



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- Integrated Personal Commissioning
- Better Care Fund
  - Requires CCGs and local authorities to enter into pooled budgets arrangements and agree an integrated spending plan. In 2019-20, £6.4 billion was pooled in the BCF.
- Sustainability and Transformation Plans
  - Required by the NHS planning guidance 2016/17 – 2020/21, CCGs must develop STPs, 5 year plans built around the needs of the local population.
- Integrated Care Systems
  - NHS organisation, in partnership with local councils and others, take collective responsibility for managing resources, delivering NHS standards, and improving the health of the population they serve.

# Health and Care Act 2022



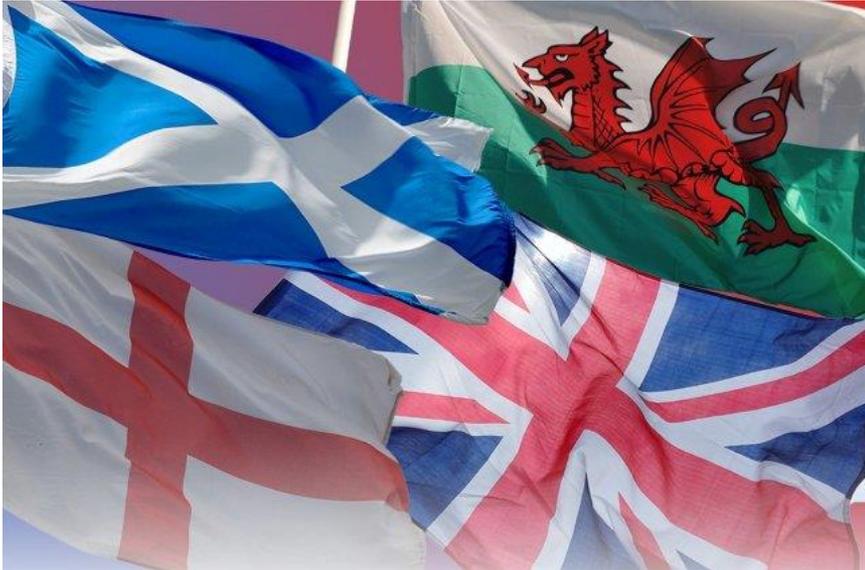
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- Permissive legislative framework to promote collaboration to integrate services for patients through Integrated Care Systems which have two parts: IC Boards and IC Partnerships - reduction in the commissioner / provider split so all entities can work as partners
- Transparency in spending on mental health and in specifying outcomes and reporting on health inequalities/workforce (Sec of State)
- Long-term planning and the implications of decisions, including on climate change
- Extension of involvement / consultation to carers, and cap on individuals' care costs (£86,000)

# National drivers - summary



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- Choice and control
- Decentralisation
- Partnership working
- Prevention and early intervention
- A focus on outcomes
- A market shaping role

Anything else?

# On your landscape



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# Who regulates Adult Social Care in England? Care Quality Commission



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CQC is The independent regulator for the quality and safety of care. This includes the care provided by the NHS, local authorities, independent providers and voluntary organisations in registered settings. CQC register most but not all types of care. They regulate:

- Providers of healthcare services to people of all ages, including hospitals, ambulance services, clinics, community services, mental health services and other registered locations, including dental and GP practices.
- Providers of social care services for adults in care homes (where nursing or personal care is provided), in the community and in people's own homes.
- Providers of services for people whose rights are restricted under the Mental Health Act.

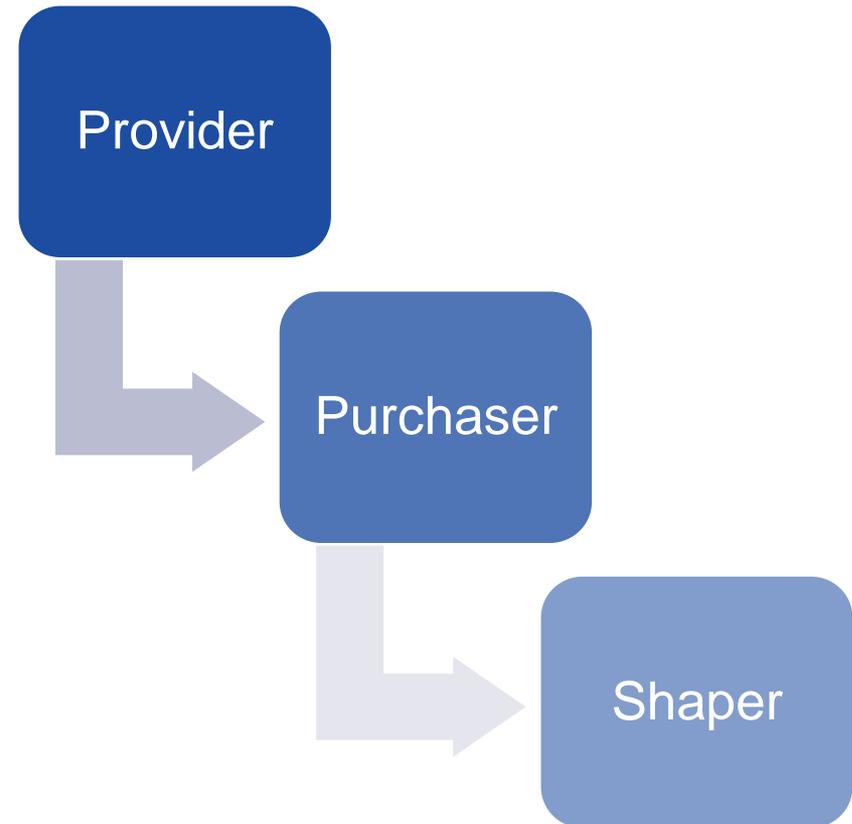


# A duty towards care markets

The Care Act (2014) places new duties on local authorities to promote the efficient and effective operation of the care market as a whole.

The market should be:

- Sustainable
- Diverse
- And focus on quality



# Who shapes the market?



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# What does the market look like?



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# Market Sustainability Plans and fair costs care exercise - England



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**The Fair Cost of Care Fund was announced in 2021 for the 10-year ASC reform to:**

Support LAs to prepare their markets for the care reform, and supporting LAs to move towards paying providers a fair cost of care

**LAs will apply for this fund via the completion of 3 activities:**

- A fair cost of care exercise with local ASC providers (65yrs + care homes and 18yrs + domiciliary care provision)
- The development of a market sustainability plan
- A spend report detailing how funding allocated for 2022/23 will be spent

# Why is this work important?



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- Aims to create an even playing field for self funders and those funded by the LA
- Providers who subsidise state funded care with self funding rates are supported to remain financially viable, where possible
- The ambition is that fee rates for social care are fair and informed by cost of delivery, although there are concerns about the reality of this





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# Context: Demand and Supply for Children's Placements

# Setting the scene



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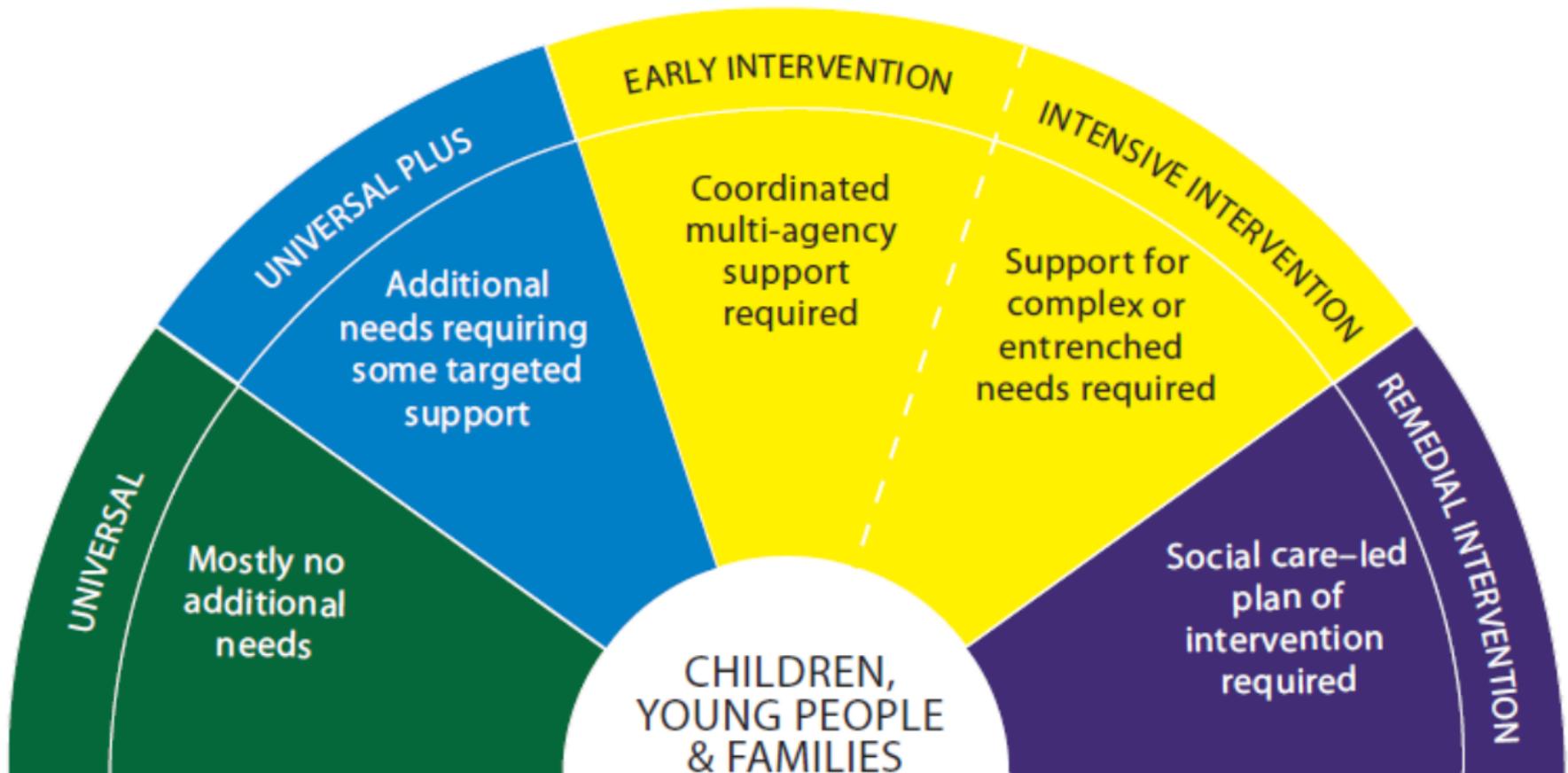


- All local authorities, across the UK, have legal duties to safeguard and promote the welfare of all children in their area. The type of support will vary according to individual family need and circumstances.
- Main stages: referral, assessment/enquiries, decision, action.

# The spectrum of need



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## What are current trends around children looked after (CLA)?

- The number of children looked after is rising. In the year ending 31<sup>st</sup> March 2022 the number of children looked after in England was 82,170, up 2% from 2021
- The number of unaccompanied asylum-seeking children (UASC) was 5,570, up by 34% from 2021
- The number of children looked after who were adopted was 2,950, up 2% from 2021
- Needs have become more complex. Is this your experience? Have Placement costs increased?
- Local authorities now provide only 55% of all placements for children in care in England (IPC 2020). The rest are now externally provided

# Children's placements - Fostering



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- Over 72% of all looked after children are fostered (IPC 2020)
- Large amount of fostering is provided in-house but there has been a steady increase in amount of fostering provided by private and voluntary sector

# Children's placements – Residential Care



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- Residential provision is predominately provided (75%) by external/independent providers (IPC 2020)
- There has been an increase in the use of residential care, and this has exposed the lack of suitable placement capacity available to local authorities: only 32% of local authorities report that they have access to enough residential homes for children aged 14 to 15 years, and 41% for those aged 16 to 17 (National Audit Office 2019)

# Spending on children's placements



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- Projected costs in children's social care in England will rise from £10.9 billion in 2021/22 to £11.4 billion in 2022/23; £12.1 billion in 2023/24; and £12.6 billion in 2024/25
- An independent review found that an absence of successful commissioning was resulting in different local authorities paying widely different prices for the same standard of residential care (National Audit Office 2019)

# Challenges for children's placements in the independent sector



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- Demand is outstripping supply
- Complex procurement arrangements e.g. dynamic purchasing vehicle, regional framework, tiered preferred provider system
- These arrangements are often not attractive to providers - many opting out
- In residential care in particular around half of all placements are bought outside of commissioned frameworks through spot purchase
- Market imbalance in favour of supply side providers
- LAs more and more cash strapped
- Current arrangements are not sustainable

# Recent developments



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## McAlister (2022) The Independent Review of Children's Social Care

- Fixing the broken care market by increasing foster homes – a “new deal” and recruitment campaign
- Establishment of new Regional Care Cooperatives (RCCs)
- Five missions for care experienced people: loving relationships, quality education, a decent home, fulfilling work, good health

# Recent developments 2



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## Competition and Markets Authority (2022) Children's Social Care Market Study Final Report

- A lack of placements of the right kind, in the right places
- The largest private providers of placements are making higher than expected profits
- Some of the largest private providers are carrying very high levels of debt

## Solutions:

- To improve commissioning - using collaborative bodies
- To reduce barriers to providers creating and maintaining provision
- To reduce the risk of children experiencing negative effects by creating an effective regime of market oversight and contingency planning

# Government response to Care Review and CMA study, Feb 2023



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- **Piloting a 'regional care cooperative'** in 2 regions (looking after 10-12 LAs) to better coordinate the planning, commissioning and provision of care places - for foster and residential care
- **More money for LAs to recruit and pay foster carers and kinship carers (£24m) and a leadership programme for residential care.** They are also proposing a 'financial oversight regime' to increase the transparency around charging from the larger res care providers and reduce risks of sudden market exit

# Activity: In small groups



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- What are the strengths and weaknesses of the Nottingham placements market?
- What are the differences between adult and children's social care markets in Nottingham
- Each group to feedback 3 strengths / things that are working well and 3 weaknesses/things that could be improved



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it's  
  
o'clock



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# Commissioning: What is it and how do brokerage staff contribute?

# What is commissioning?



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Commissioning is a broad concept and there are many definitions. Most include:

- assessing the needs of a population;
- setting priorities and developing plans to meet those needs in line with local and national targets;
- securing services from providers to meet those needs and targets;
- monitoring and evaluating outcomes;

Commissioners are not just those with “commissioning” in their job title – but includes everyone who contributes to the commissioning process.

# Procurement and contracting are...



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**Procurement** is the process of acquiring goods, works or services from (usually) external providers/suppliers and managing these through to the end of contract.

**Contracting** is the process of negotiating and agreeing the terms of a contract for services, and on-going management of the contract including payment and monitoring.



# Commissioning for Outcomes



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Public service commissioners are under increasing pressure to demonstrate the impact of their services on the beneficiary in terms of the outcomes achieved. To do this, they will need to focus on the impact on the service user and what has been achieved, rather than just how time and money have been spent.





# Things people like about an outcome-based approach

- Based on the person's desires, not service led.
- Holistic approach.
- Fits with person centred approaches; puts the individual at the centre.
- Empowers service users and promotes self advocacy.
- Emphasises evidence based practice.
- Focuses on needs and seeks positive interventions to provide better outcomes.
- It facilitates a co-productive approach using person's assets as well as services or support.

# Purchasing



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- May require a fundamental re-think of business model and operation for providers.
- Can we:
  - Stop paying for outputs?
  - Continue to ensure user choice and personalisation?
  - Attribute the outcomes obtained by a patient/service user to the input of a single provider?
  - Give organisations who provide services incentives for doing better than the agreed outcomes, and disincentives if they don't?



# What works in implementing an outcome-based approach



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- Developing trust and enabling providers to have the skills and knowledge to deliver the right outcomes in the most appropriate way.
- Make payment and performance management processes clear and simple.
- Develop common understanding and engagement across assessment staff, providers, carers and their families of the importance of taking an outcomes approach.

IPC (2015) Emerging practice in outcome-based commissioning for social care

# Institute of Public Care Commissioning Cycle



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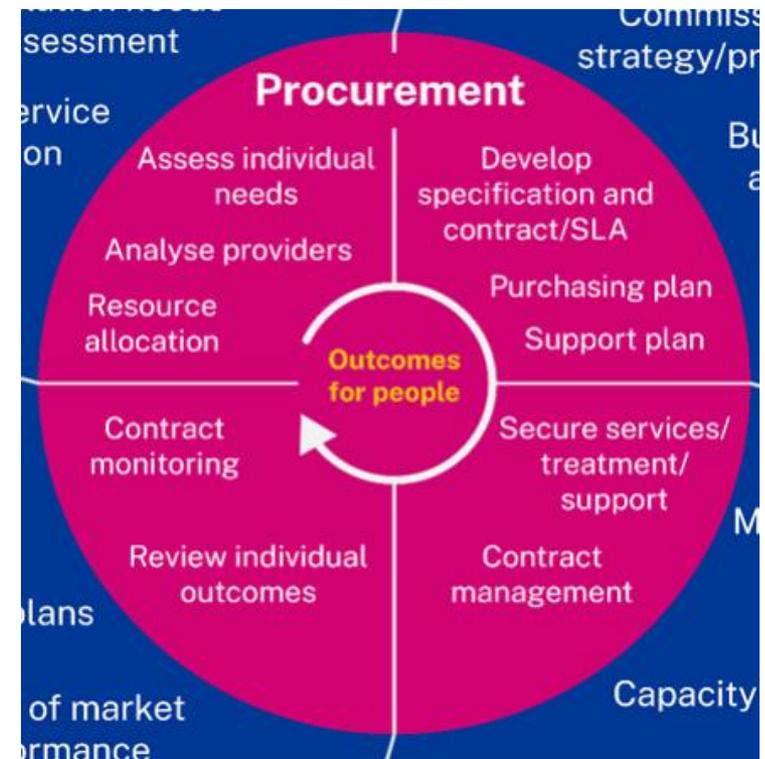
# IPC: Commissioning for individuals – inner circle



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**Analysis** - assessment of service user needs, allocation of resources, and analysis of provider strengths and weaknesses.

**Planning** - by designing specifications (care plan), deciding contract type and terms, and developing purchasing plans.



# IPC: Commissioning for individuals – inner circle



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**Doing** – secure a placement, put in place individual placement agreement / contract and carry out contract management.

**Reviewing** – carry out contract monitoring – checking whether individuals' outcomes in support plans have been met.



# Activity: Self assessment

Complete the template for your organisation, score from 1-5

- Which parts of the cycle / activities and tasks do you think your organisation is doing well / less well?
- Share with your group
- Feedback to the whole group

# 'Homework'



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- Complete self assessment for your organisation
- **Putting learning into practice** – link up with others in the commissioning family eg SWs, contract managers, commissioners – share the commissioning cycle and self assessment explore what is their role/what is yours, could you work together better?
- Come prepared to feedback next time and bring examples of anonymised referrals to share

# Your reflections on today



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