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# Certificate of Credit in Care Purchasing and Brokerage

## Module 2



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welcome



# 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
- Reflections on good practice and sharing examples



# Assessment Task

You have one assessment task, which is linked to your job role and so can be tailored to meet your needs and those of your employing agency.

You will be asked to write a **reflective commentary that describes a care placement / placements you have made, how you managed the process and what new practice you implemented.** You should show how you applied the best practice you learnt on the course and what the challenges and barriers were. We suggest that you use the following headings to structure your commentary:

- Introduction
- Managing the referral
- Procuring the placement
- Contract management and monitoring
- Personal learning

**Between 1,800 – 2,200 words**



# Assessment support

- Online group briefing - covering assessment criteria, resources, Moodle (University's virtual learning environment).
- Two individual 'virtual' tutorials with an academic advisor to help you select an appropriate care placement to use and plan the assessment and the second to review and discuss your 'first draft'.
- Your work will be assessed as passed / not passed and you will receive detailed and constructive feedback based on the assessment criteria.



# Timeline

- Enrol with Oxford Brookes University
- Attend online group briefing:
- 1st tutorial with academic advisor:
- Email draft assessment to advisor a few days before 2nd tutorial
- Second tutorial with advisor:
- Submit assessment on Moodle:
- Receive notification of result: **3 weeks later**

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# Assessments and Referrals





# Institute of Public Care Commissioning Cycle







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# What does a care assessment involve?

## Age UK

A social care professional will usually come to see you to find out how you're managing everyday tasks. You may be offered a telephone or online assessment. If you feel this is not right for you, ask for a face-to-face assessment. They will look at:



# What does a care assessment involve?

- the emotional and social side of your life
- your skills and abilities
- your views, religious and cultural background and support network
- any physical difficulties you may experience, or any risks
- any health or housing requirements
- your needs and wishes
- what you would like to happen
- information about your needs from your carer, if you want them to be involved in your assessment.
- The assessor will also talk to other professionals who care for you, like your GP or nurse, if you're happy for the council to do so.



# Provider comments

“I deal with hundreds of referrals every week”

“Authorities get labelled as consistently providing poor referrals”

“Local Authorities take so long to get back to me with requests for information that the placement has normally gone to someone who filled in the referral well in the first place”

“Its so obvious when a old referral has just had a bit of information added to it”



# Commissioning for Outcomes

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.





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# Things people like about an outcome-based approach

- Based on what matters to people
- 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



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# IPC report

What is wrong with referrals?

- Poor quality
- Deficit focused
- More detail needed including 'soft information'
- Simpler process
- Excessive requirements for tendering



# Making referrals look great

- Lots of positive information helps providers picture how a child could fit into their home.
- Detail how carers can make supportive connections with the child.
- Provide sufficient, **UP TO DATE** information on the child's needs. Out of date info results in low/no offers.
- Always provide context on behaviours – what triggers them and what is in place to manage/mitigate them.
- Try to include the voice of the child. Maybe you could use “I Statements”.
- Try to be balanced – not all positive and not all negative.
- Always start on a positive to get the providers interested.
- Provide information from previous placements – why did they end? What did and did not work well?





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# Assessments and Referrals

## Small Group Exercise

- What's your experience?
- Are the outcomes clear?
- How do you deal with poor referrals?
- How do you use referrals with providers?



# Importance of language

Labels & Context – what do these phrases mean in the absence of context?

Has issues  
with  
substance  
or alcohol

They  
frequently  
abscond

History of  
assaulting  
carers

Doesn't  
respond  
well to  
boundaries

Has  
problems  
at school

Gets  
upset very  
easily

Use of  
physical  
restraint  
has been  
required

History of  
fire  
starting



# Articulating risk and the importance of context

Providing context of risk is essential, to help providers decide if they can make an offer. Where a child has a history of challenging behaviour, we must be open and honest about this. Build context in the following way:

- Give as much detail around an incident as possible.
- Describe how the child can be supported.
- Describe how risk can be reduced and managed.
- Share what triggers have been identified and what are the contributing factors.
- State if certain environments reduce or heighten the behaviour.
- Try to be balanced – not all positive and not all negative.
- What does the child say about their behaviour and how they feel they can be best supported?
- Has the risk reduced over time?



# Capturing the voice of the Person

It isn't always easy to get a child's view but it has never been more important for providers to hear them so we must strive to include a child's voice where we can.

- Consider if writing in the first person may be more effective (I Statements).
- Include their wishes for the new home. Are there things about a new home and carers that they look forward to?
- What are their overall wants and needs from a new home?
- What do they like? Books, films, hobbies, school subjects etc.
- What do they dislike?
- What are their worries about going to a new home?
- How would they like to be introduced to new carers and other people?
- Are they comfortable talking about their own story?



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# Who do I talk to?

I'm on Duty, I don't know the young person or I've just been assigned the case.

- Educational case worker
- Teacher / School Pastoral Worker
- IRO
- Previous agency
- Previous carer
- Family



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it's  
  
o'clock

# Luke Rodgers



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# Referrals continued...

- Reflections from the Luke Rogers video
- Immediate thoughts on what you might take back to your teams to improve practice.



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# A care provider perspective





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# A care provider perspective

- Do your providers have similar views and concerns?
- How do we ensure that individual needs are met?
- How do we help providers achieve better results?

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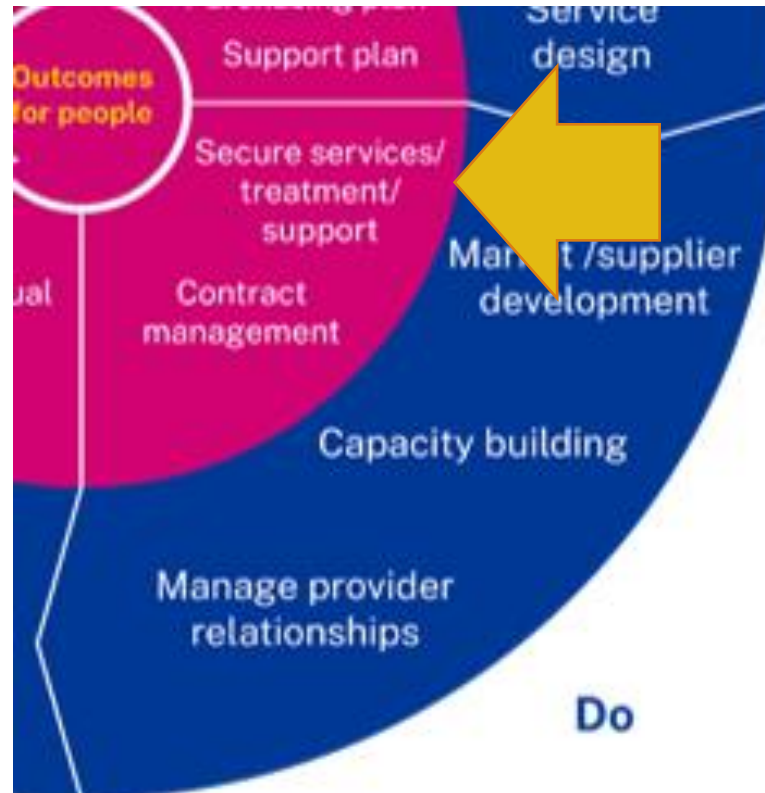
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# Procurement and Purchasing

# Introduction to procurement



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# Procurement is...

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

Procurement or purchasing usually refers to the process of finding and deciding on a provider and buying a service.

Involves the selection, negotiation and agreement with the provider of what service is to be supplied.

# The legal procurement framework (UK)



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# Procurement approaches

How services are procured can have a big impact:

## Competitive Procedures (most common)

- Open tendering
- Restricted tendering

## Frameworks

- Dynamic Framework Systems
- Restricted Frameworks

## Other options (to be used with caution)

- Spot purchasing
- Direct award

Each impacts differently upon providers



# What are purchasing and procurement arrangements for individual care purchasing?

- Spot purchasing especially for scarce or specialist provision.
- Sometimes purchasing is achieved through an arrangement that meets public contract regulations eg a framework or Dynamic Purchasing System and has pre-agreed price structures and contract terms.
- Alternative partnership arrangements might include: volume discounts, preferred provider lists, block contracts ('hard' and 'soft'), use of social impact bonds, personal health budgets.

CareCubed is a secure online tool to support open and transparent negotiation of costs for care placements.

## [CareCubed - The National Care Costing Tool](#)

This an example of a tool to help with negotiation of the cost of care. This can be used when making placements or at the point of fee negotiations. More widely used in adults social care, Local Authorities and providers can enter information into the tool to help decide what the fair cost of care is.

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# Changes expected in the Procurement Act 2024

- Only two competitive tendering procedures:
  - An open procedure
  - A competitive flexible procedure
- Minister direct award
- 'More dynamic' DPS's



# Award stage

- Evaluate tenders on an equal footing, based on criteria and relative weighting that was stated in advance.
- The award of contracts is based on the most economically advantageous tender (MEAT), looking at the best price-quality ratio. \*The new procurement act changing this to MAT.
- Can use full life cycle costing.
- Prioritise key local concerns and be innovative about information requested from providers and/or the evidence used.
- Feedback is given to unsuccessful tenderers / Notices.
- Take advice if post tender negotiation needed.
- Standstill Period.



# Provider Selection Regime (01/01/24)

The Provider Selection Regime aims to replace the existing procurement rules for healthcare services. The aim of the Provider Selection Regime is to make it easier to integrate services and enhance collaboration, and to remove the rigidity associated with the current procurement rules, and the related bureaucracy and cost.

For:

- NHS and Public Health Services
- ICBS
- LAs who arrange healthcare services as part of Public Health or Section 75 arrangements





# ‘Homework’

Think of an example to share of where you have negotiated a placement:

- What was it for?
- Were you selling for a high price or asking for a lower price?
- What happened?
- What skills did you use?
- What was the outcome?

**Read:** Top Ten Attributes, Top Ten Pitfalls of contract management

# Your reflections on today



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<https://ipc.brookes.ac.uk>



[ipc\\_courses@brookes.ac.uk](mailto:ipc_courses@brookes.ac.uk)



[https://twitter.com/ipc\\_brookes](https://twitter.com/ipc_brookes)



01865 790312



[linkedin.com/company/institute-of-public-care-brookes](https://linkedin.com/company/institute-of-public-care-brookes)

