

## Care Purchasing and Brokerage Assignment Template

Please fill in your details here:

<b>Student name:</b>	
<b>Student number:</b> <i>(also enter in header)</i>	
<b>Date assignment due:</b>	
<b>Date submitted on VLE:</b>	
<b>Student word count:</b>	2037
<b>Important Note:</b>	Your submission, excluding the reference list and appendices, must be between 1,800- 2,200 words. No tolerance is given. This is a mandatory criterion i.e. your assignment will not be passed if it does not adhere to the word count.

Assessor to complete:

<b>Word count:</b>	State word count and any comments
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**Instructions to Students**

Write a reflective commentary that describes how you managed the process of making a placement using illustrative examples from your work. You should show how you applied the best practice you learnt on the course and what the challenges and barriers were.

The assessment criteria are:

- a) Demonstrate knowledge and awareness of the national context for care purchasing and brokerage including relevant statutory duties and regulatory arrangements.
- b) Demonstrate appropriate brokerage and purchasing practice.
- c) Evaluate the effectiveness of the brokerage and purchasing activities undertaken.
- d) Provide a reflective commentary that demonstrates personal development and learning.

The criteria will be assessed using the assessment scheme below. You must submit your assignment by the deadline given. Submit your assignment as a WORD document using the blank pages of this template.

The assignment must be between 1,800 and 2,200 as no tolerance is given. The word count refers to the main body of your assignment and does not include the assignment title, reference list or appendices.

**Ensure that you complete the front sheet details above and the statement of originality below.**

**Please include your full name within the filename when you save this template.**

Details of the relevant regulations are in the Student Handbook.

Ensure that you keep both an electronic and a hard copy of your assignment.

## Assignment Statement of Originality

Except for those parts in which it is explicitly stated to the contrary, this work is my own. It has not been previously submitted for assessment at this or any other higher education institution.

### Checklist

Please check the following statements are true. Tick each box (or write YES):

I completed this work without any unauthorised help	YES
I have included a reference list, using the Harvard system of referencing	YES
I have included examples of my work as appendices	YES

### Use of Artificial Intelligence

Please confirm if you used any Artificial Intelligence technology to support the writing of your assignment	N/A
IF YES, please confirm you have completed the <a href="#">Oxford Brookes University Artificial Intelligence Declaration Form</a>	
IF YES, please confirm you have emailed your academic advisor a copy of your declaration form and added this as an appendix in this assignment document	

### Extract from the [Student Conduct Regulations](#)

Students shall not cheat (obtain, or attempt to obtain, an unfair academic advantage) in any assessment. In particular, they shall not commit collusion, plagiarism, falsification, or duplication, submit other people's work as their own, use a custom writing service or assist others to cheat.

### Explanation of terms used in the Student Conduct Regulations

- *Collusion* means producing assessed work by working with another person who you have not been authorised to work with. This includes, but is not limited to, allowing another student to copy your work.
- *Falsification* means presenting invented data, for example claiming that you have conducted interviews or sent out questionnaires when you have not, or altering or making up your results.
- *Plagiarism* means submitting the work of someone else as if it were your own. When you include someone else's ideas in your assignment, you must provide a reference in the text. If you copy someone else's words (a quotation), you must show clearly in the text how much was copied by using speech marks.
- *Duplication* means submitting work for assessment which has been assessed before, either in this University or elsewhere, without acknowledging the extent of the previous submission.

**Assessment Scheme****Guidance for students/Assessor's Feedback:**

Assessment scheme		Passed	Not passed	Guidance for students	Weighting
a)	Demonstrate knowledge and awareness of the national context for care purchasing and brokerage including relevant statutory duties and regulatory arrangements.			Short introduction to include which team you work in and your role and what it covers. Provide some basic details about the statutory framework and regulatory arrangements within which you work (e.g. SEND, children's, adults) and also some examples of current national challenges for care placement and brokerage officers.	25%
b)	Demonstrate an understanding of appropriate brokerage and purchasing practice.			Provide a commentary on <i>key</i> activities that <i>you</i> have carried out when making a placement(s) with reference to best practice, e.g. managing the referral; procuring the placement; contract management and monitoring.  Include evidence of your work in appendices.	25%
c)	Evaluate the effectiveness of the brokerage and purchasing activities undertaken.			Evaluate the strengths and weaknesses of the placement activities you carried out. What went well, less well and why? Have there been implications for care purchasing and brokerage practice in your service and/or organisation? What changes might still be needed? You may find it helpful to revisit your 'organisational self assessment' from session 1.	25%
d)	Provide a reflective commentary that demonstrates personal development and learning.			Reflect on what you have learned <i>personally</i> from the placement activities you have described and learning from the course. What else might you need to do to improve your practice in the future.	25%

**Assessor's comments:**

Summarise the strengths and possible improvements of the submission, including any suggested action such as proof read more carefully.

Clearly state which assessment criteria have been met and whether the assignment has met the pass mark or not.

Assessed by		Date	
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**The marking and moderation process**

Your work will be assessed in accordance with the university's regulations that seek to ensure fairness, accuracy and clarity of feedback. In judging the quality of your work, assessors follow the assessment criteria outlined above. They also follow IPC's Marking and Moderation policy and abide by the University's assessment regulations. When your work is submitted it will go through the following process:

1. It will be initially assessed and given a provisional grade by a member of the IPC assessment team.
2. It may then be subject to moderation i.e. an internal examiner will mark it and, in discussion with the first assessor, confirm the provisional grade. A sample of assessments are moderated by an internal examiner.
3. We strive to give you feedback within three weeks. You will receive this feedback via the Virtual Learning Environment (Moodle).
4. Once a provisional grade has been agreed upon it will be finalised at the next Examination Committee meeting.
5. Your work may also be selected to be in the sample sent to our External Examiner – an academic from another university – who comments on the fairness, quality and consistency of the internal assessment of our programmes as a whole.

If you are concerned about your feedback, arrange to speak to your Academic Adviser to help you better understand the reasons for the assessment judgement and our feedback. If you think that there was a flaw in the assessment process, you can submit an Academic Appeal. More information about the appeals process can be found at [Student Disputes](#). However, please be advised that the University does not "re-mark" work and you cannot request an appeal on the grounds that you disagree with the academic judgement of the Examination Committee.

**Assignment Title Page**

*Insert on this page the title of your assignment – not included in word count*

**Sourcing a long-term nursing placement meeting mental health requirements.**

*Write your assignment here – this should be between 1,800 and 2,200 words - **all** words are counted*

## **Introduction**

I am a Commissioning Support Officer working in the Older People and Adults Placement team at X Council. My role is varied and involves purchasing placements and domiciliary packages of care both in and out of county. As well as purchasing placements on behalf of the local authority, we also commission on behalf of the ICB– Continuing Health Care<sup>1</sup>, this can include long term nursing, fast track end of life placements or POC, complex children's packages, long-term Learning Disability, Mental Health (S117) or respite provisions.

It is important that all packages of care and placements are procured and commissioned with the service user being at the forefront of the desired outcome. I must ensure that I am aware of current acts and legislations that govern Adult and Social Care in general, such as The Care Act 2014<sup>2</sup> the Health and Care Act 2022<sup>3</sup> as well as x Councils own local policies.

X Councils Market Position Statement<sup>4</sup> and Better Lives Strategy 2022 – 2025<sup>5</sup> outlines the aim to help people to live healthier lives and regain their independence whilst offering support when needed.

The Care Act 2014 was developed to help improve people's independence and wellbeing, it quotes *"local authorities must provide or arrange services that help prevent people developing needs for care and support or delay people deteriorating such that they would need ongoing care and support."*<sup>6</sup> The council has a responsibility to develop a sustainable and diverse market of service providers that can provide people with high quality, personalised care and support. I am aware of current market pressures in Adult Social Care, the cost-of-living crisis has contributed to rising costs in care home placements and also with the domiciliary care market, this means that it is more important than ever to ensure good negotiations take place to secure good quality provisions at the most cost-effective price. Other factors applying pressure to the Adult Social Care market is the rising age of the older population in the country, this means that more people require support to either live independently for as long as possible or need to be supported with care home placements, this of course means there is a lack of provisions this growing need, this is particularly true of more specialised placements for people with Dementia, learning disabilities and mental health requirements.

The case I was allocated to work on was a request for a long-term placement for MS whose previous placement had broken down after just 5 weeks. MS was currently an inpatient on a Mental Health ward in a local community hospital. MS was currently under a S117 category<sup>7</sup> with high mental health needs, MS also had complex nursing needs alongside this. Challenging behaviour was also a factor which needed to be managed effectively.

## **Managing the Referral**

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<sup>1</sup> ICB– Continuing Health Care [What is the Integrated Care System? | BOB ICB](#)

<sup>2</sup> The Care Act 2014 [Care Act 2014 \(legislation.gov.uk\)](#)

<sup>3</sup> Health and Care Act 2022 [Health and Care Act 2022 \(legislation.gov.uk\)](#)

<sup>4</sup> X Council Market Position Statement

<sup>5</sup> X Council Better Lives strategy

<sup>6</sup> Local Authority Expectations [Care Act factsheets - GOV.UK \(www.gov.uk\)](#)

<sup>7</sup> S117 [Mental Health Act 1983 \(legislation.gov.uk\)](#)

On receiving the referral, I checked that it gave an accurate representation of MS's needs and abilities before sending out to any prospective providers.

The care plan outlined the requirement for a nursing home which could also support the mental health needs. It provided a brief background to MS's history including the family support network and the medical nursing requirements. The plan also provided background history, nursing requirements and clear guidance on how to prevent any potential risks for the future.

I anonymised<sup>8</sup> the referral and proceeded with the service finding process, ensuring safe encryption of all emails to avoid any data breaches.

### **Procuring the Placement**

X Council have block contracts, with agreed rates, in place with several nursing homes in the county. MS was eligible for a block placement however at the time of starting the search there were no suitable nursing homes available.

This service user had been previously placed through commissioning services, therefore I had the history of previous searches to review and ascertain the reasons for decline. Over 34 places had been approached and had been declined due to high needs, challenging behaviour, or lack of capacity.

I searched through our approved providers and narrowed the search down to those that are specifically registered for nursing and mental health with CQC<sup>9</sup>. After a discussion with my manager, it was agreed that I would approach a few previously contacted providers to see if their capacity or client mix had changed, unfortunately none of these homes were able to accept MS at this time either.

I am aware that there is a general lack of provisions in the current market for Mental Health needs and coupled with the high nursing needs of this client I felt the choice of providers to approach was narrowing greatly. I therefore arranged a meeting with my manager and the commissioning manager with the All Age Mental Health Commissioning Team within X Council to discuss this clients' needs with the aim to get advice on providers they work closely with using their knowledge of the market to see if there were any organisations/providers that they felt I could approach who may have the ability to meet MS's needs. The All Age Mental Health team suggested some overarching parent companies that I could approach to see if they had any suitable vacancies within their portfolio's that may be appropriate for MS, the referral was sent accordingly however all were declined.

Continuing my search it was agreed to approach a few more approved providers before considering an out of county placement. I was aware of the time that MS had been an inpatient on the ward and was effectively fit for discharge. After further discussions with my manager and the social worker we all felt that it was imperative that any prospective providers should carry out a face-to-face assessment of MS rather than basing their response on the paper referral only.

Eventually a home responded and advised that based on the referral they felt they could potentially meet needs. I asked them to arrange a face-to-face assessment and also requested that the social worker contacted the home to discuss MS in more detail, hopefully giving a fuller picture of what MS is like and what the current needs would be on discharge.

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<sup>8</sup> Appendix 1 – Anonymised Referral

<sup>9</sup> CQC Website [Find a care home - Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk)

A face-to-face assessment was completed and a formal offer was received. Due to the client's complexity and lack of availability in the market the quotation given by the care home was high. Using my negotiation skills, I was able to lower the cost down, saving £100 per week.

The offer was agreed from higher management in line with the local authorities scheme of delegation, which allowed me to confirm the placement and arrange a suitable admission date.

Placements are reviewed after a specific period of time to ensure that the agreed outcomes are being met for the service users, this is done by both the Adult Social Work team and from a contract monitoring perspective. The relevant Commissioning Officer who is responsible for that provider will undertake regular reviews and PAMMS Assessments to ensure the quality of care being provided and safety of the residents.

### **Evaluation and Critical Analysis**

During this commissioning process, I feel that due to the complexity of the placement requirements it was useful to be able to collaborate with the All Age Mental Health team to use their knowledge of the market to approach appropriate providers.

I have good relationships with care management and I felt confident that I had their support in obtaining the best possible placement, taking into consideration costs for the local authority and health due to the client being a S117.

The procurement of the placement took longer than I would have liked as I was very aware that this service user was ready for discharge, however this was out of my control due to the current market having a lack of available provisions for those with complex mental health and nursing needs, and I believe that this is something that the council need to address.

My negotiation skills were effective in securing the most cost-effective placement available. I did not accept the first offer of costs and went back to the provider with a counteroffer by email<sup>10</sup> which was accepted. I did not feel that I could drive the cost down any further due to the fact that I had no other offers open to me and we needed to facilitate discharge as soon as possible and did not want to risk losing this placement.

I do feel that I have good, strong relationships with my providers, and this allows me to have open and transparent conversations around costs for a good outcome to both parties. I knew that that the home had vacant rooms which they wanted to sell and let them lead with an opening offer, this information allowed me to be in a stronger position to lower the price.

I believe that ensuring that face-to-face assessments were completed and conversations between homes and care management was a key change to ensuring that providers could make informed decisions on meeting the service user's needs. This did take more time but proved to be effective in securing an offer.

Throughout this service finding process I felt I kept the service users needs at the forefront of my mind. I approached the task in an organized and methodical way, ensuring I kept all relevant parties involved regularly updated, which also allowed for a good audit trail. I believe I followed all current procedures and legislations which resulted in offering a good quality placement at a cost-effective rate.

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<sup>10</sup> Appendix 2 - Negotiation Email

## **Personal Learning and Reflection**

In my role I do not have any responsibility for contract monitoring of providers, however I am aware of the need to ensure that the providers are regularly checked and closely monitored to ensure they are providing the services they have been purchased to provide and they are meeting the needs of the client ongoing. This is an area that I would like to further develop my understanding and deepen my knowledge, I have requested shadowing visits accompanying Commissioning Officers within the contracts team so I can see the commissioning cycle<sup>11</sup> all the way through as part of my continued professional development.

When a referral is received I **ANALYSE** the information to determine if it is an accurate reflection of the service users needs and that the information is clear and concise to potential providers. It is up to me to **PLAN** how this placement search will proceed, this is where knowledge of the market is vital and a methodical approach is necessary to ensure that the correct providers are the ones going to be contacted. I **DO** the contacting of the providers, I collaborate with social workers and other commissioning teams and record all the information accordingly, it is my responsibility to negotiate on costs and provide both the service user and council with the best offers possible. I am aware that **REVIEWS** are a necessary part of the process, and this ensures that the needs of the client are being continually met and the market has good quality and diverse providers that provide sustainability.

Having completed this course I now understand that my role has an important part to play in procuring services on behalf of the Council and more importantly the service user. I plan to further my negotiation skills and use some of the ideas around 'tradables' to try and assist in developing my provider relationships even further, which in turn may help me to procure even better deals.

I have suggested to senior management that we have regular provider engagement events so that we get to meet the people we talk to daily alongside visits to their premises.

We have previously held drop-in workshops for care management, and I have requested for these to become regular events too, this will ensure that they are aware of our processes and guidelines that we must follow when purchasing a commissioned service, and to ensure we receive good quality and clear referrals.

I believe that my knowledge of contract monitoring could be expanded if we received copies of reports once a monitoring visit has been undertaken. This information would provide a better overview of the current market and would highlight strengths and weaknesses of the provider and how they can be supported. Therefore, I am going to request this information from our contract officers.

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<sup>11</sup> Commissioning Cycle [strategic-commissioning-cycle-scaled.png \(2089x2560\)](https://alliance-scotland.org.uk/wp-content/uploads/2018/05/strategic-commissioning-cycle-scaled.png) ([alliance-scotland.org.uk](https://alliance-scotland.org.uk))



## Reference List

*Insert your reference list here – not included in word count*

- ICB– Continuing Health Care [What is the Integrated Care System? | BOB ICB](#)
- The Care Act 2014 [Care Act 2014 \(legislation.gov.uk\)](#)
- Health and Care Act 2022 [Health and Care Act 2022 \(legislation.gov.uk\)](#)
- x Council Market Position Statement
- x Council Better Lives strategy
- Local Authority Expectations [Care Act factsheets - GOV.UK \(www.gov.uk\)](#)
- S117 [Mental Health Act 1983 \(legislation.gov.uk\)](#)
- CQC Website [Find a care home - Care Quality Commission \(cqc.org.uk\)](#)
- Commissioning Cycle [strategic-commissioning-cycle-scaled.png \(2089x2560\) \(alliance-scotland.org.uk\)](#)

## Appendices

*Insert supporting evidence as appendices here, they are not included in the word count.*

**You will only be able to upload one file to the assignment drop box in the VLE (Moodle).** Therefore *EITHER* copy and paste appendices here *OR* embed the file(s) here (recommended).


Please note the Institute of Public Care's [Confidentiality Policy](#): do not submit as appendices material that includes confidential information, such as the names of people who use services.

Click on the icon below for instructions on how to embed a file:



How to embed a file  
in a Word document -

*Note that you must include evidence of your work as an appendix.*

Appendix 1 – Anonymised Referral	 MS%2044927%20V1 .docx
Appendix 2 – Negotiation Email	