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institute of
public care



City of
Stoke-on-Trent

Certificate of Credit in Care Purchasing and Brokerage

Module 1

welcome

Institute of Public Care

- Part of Oxford Brookes University
- We work with central and local government, the NHS, charities and commercial organisations
- Our aim is to make a positive impact on people's health and wellbeing

What we do



Evaluation



Training



Consultancy

About the course

- Certificated course for Children's Social Care Placement Officers.
- 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

The aim of this programme is enable participants to understand the essential elements of a children's placement officer role and to share knowledge and best practice. By the end of the training participants will have a better understanding of:

- The needs of looked after children, 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
- How to support good transitions

Session 1 will cover

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

How do we want to work together?

- Be present
- Be open to new ideas and learning
- Share information and experience – use chat box to make comments/ask questions etc
- Confidentiality within the room



Introductions

- Introduce yourself – name, team, organisation.
- What does your role entail?
- What are you hoping to get out of the course?



Institute of Public Care Commissioning Cycle

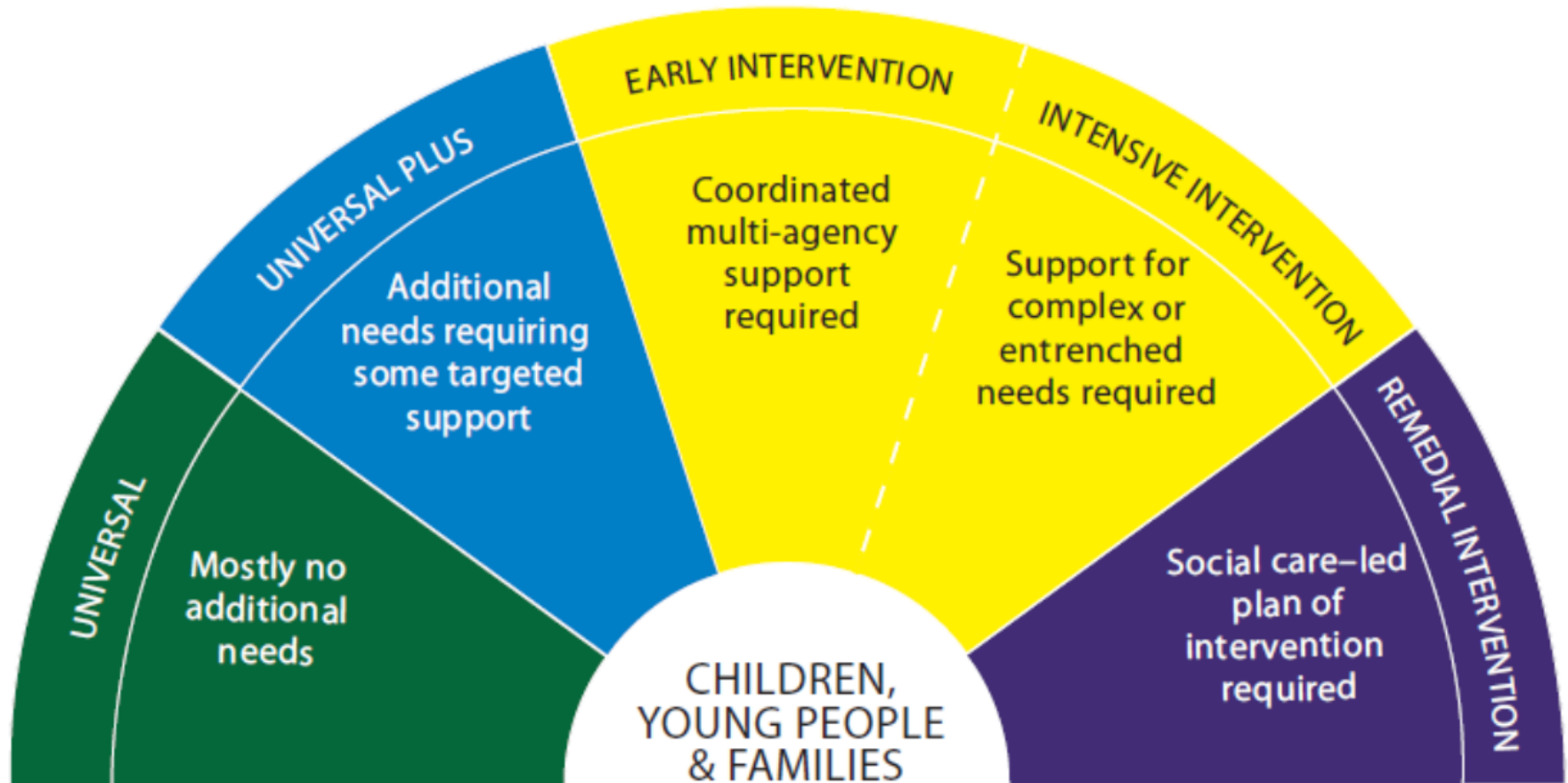


Context for Children's Care Placements

- What is the need?
- What is the national legislative and policy context?
- What are the responsibilities of the local authority?
- What is the supply side (market) like?



The spectrum of need



Setting the scene



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

DfE (2016) Putting children first Delivering our vision for excellent children's social care

“Where a child's birth family cannot meet their needs, it is the role of the children's social care system to create the safe stable and nurturing relationships and home environment that children need whether through adoption, foster care, family and friends care or residential care. For these children the state becomes their corporate parent”



Corporate Parenting Principles

- to act in the best interests, and promote the physical and mental health and wellbeing of those children and young people;
- to encourage those children and young people to express their views, wishes and feelings;
- to take into account the views, wishes and feelings of those children and young people;
- to help those children and young people gain access to, and make the best use of, services provided by the local authority and its relevant partners;

Corporate Parenting Principles

- to promote high aspirations, and seek to secure the best outcomes, for those children and young people;
- for those children and young people to be safe, and for stability in their home lives, relationships and education or work;
- to prepare those children and young people for adulthood and independent living.

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

- The number of children looked after is rising. In the year ending 31st March 2023 the number of children looked after in England was 83,840, up 2% from 2022
- The number of children looked after who were unaccompanied asylum-seeking children (UASC) was 7290 **up by 29%** from 2022
- The number of children who ceased to be looked after and were adopted was 2,960
- Needs have become more complex. Is this your experience? Have Placement costs increased?

Children's placements – Fostering

- 68% of all children looked after are in foster care. This is down from 70% in 2022
- 23% of foster placements were with relatives or friends (up from 19% in 2019)
- 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

Childrens placements – Residential Care

- 17% of children looked after are in secure units, children's homes or semi-independent living accommodation (for example hostels, lodgings or flats where staff are employed to provide support and advice) - up slightly from 16% in 2022
- Residential provision is predominately provided (75%) by external/independent providers (IPC 2020)

Who regulates children's placements? (1)

- Ofsted is responsible for regulating children's residential care providers and fostering agencies
- Children's residential care providers and fostering agencies must meet a range of legal requirements including national minimum standards; this includes a requirement to register with Ofsted. See Care Standards Act 2000
- But some children in care have been placed in unregulated accommodation. The number has increased by 20% from 7,500 in 2022 to 8,980 in 2023. The majority of this increase is in children placed in semi-independent living accommodation.

New regulations for semi independent accommodation

- new mandatory quality standards in semi independent accommodation
- robust Ofsted inspection regime, with all providers needing to be registered



Who regulates children's placements? (2)

- If a residential care provider provides some types of healthcare, they may need to register with and be regulated by CQC, eg SEND residential placements.
- CQC and Ofsted conduct joint inspections to see how well local areas fulfil their responsibilities for children and young people with special educational needs (SEND) and/or disabilities.

Question – are you aware of local inspection reports by Ofsted/CQC and how do you use these?

Spending on children's placements

- 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)

Lack of suitable accommodation for children looked after



- rising demand for places and a lack of suitable accommodation
- local authorities often struggle to plan for and meet their legal duty to offer sufficient accommodation for children in need of care

Recent developments (1)

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)

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

Children's Social Care National Framework, December 2023

Outcome 4: children in care and care leavers have stable, loving homes

“Leaders commission services in such a way that all those providing care or support for children and young people, including disabled children, work to the best standards of care, hold the highest aspirations for the lives of children and young people and work towards meeting the outcomes within the National Framework.”

Adult Social Care

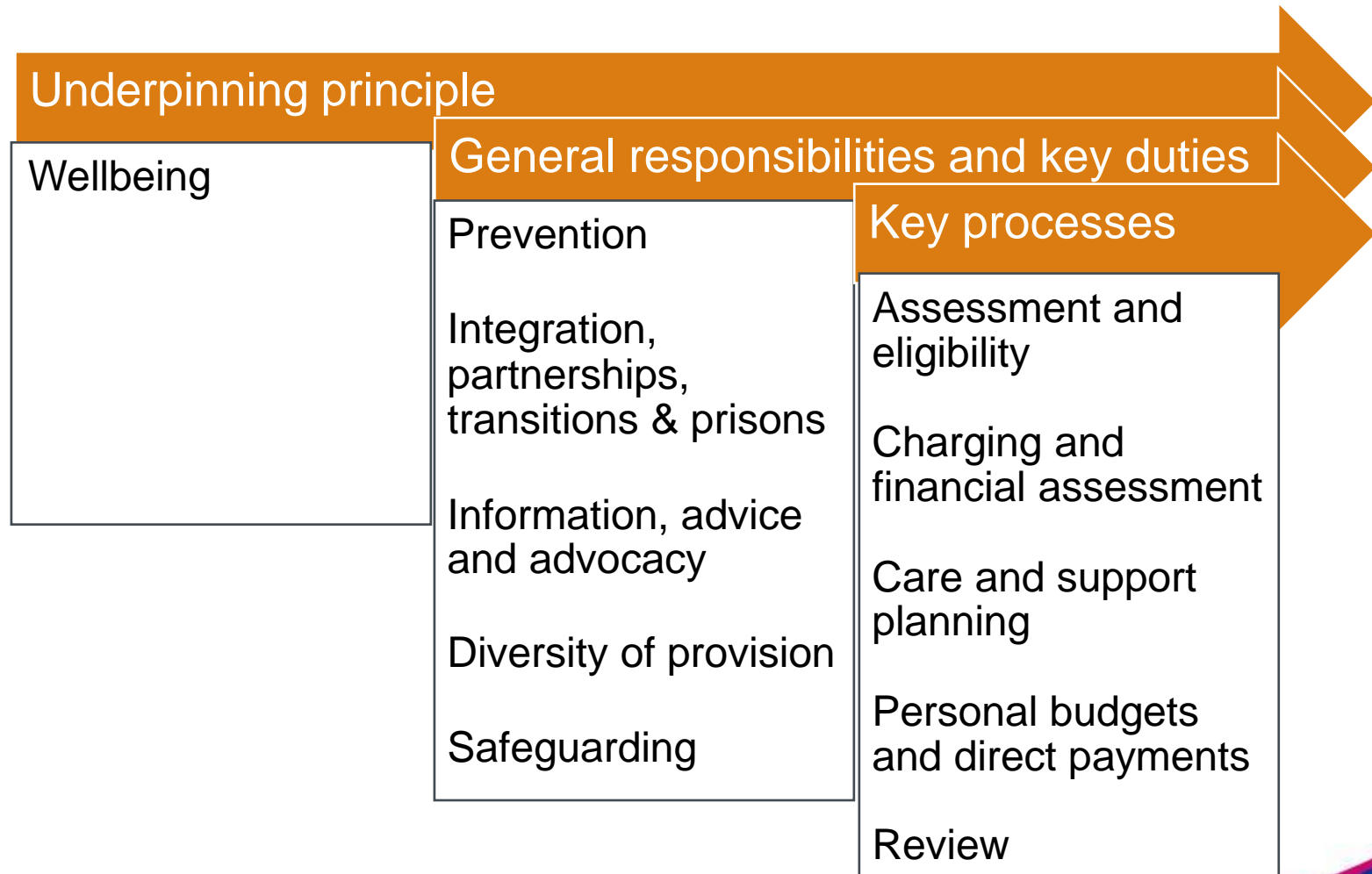


Context for Adult Social Care placements

- What is the need?
- What is the national legislative and policy context?
- What are the responsibilities of the local authority?
- What is the supply side (market) like?



The Care Act 2014



Personalisation

"Personalised Care will benefit up to 2.5 million people by 2024, giving them the same choice and control over their mental and physical health that they have come to expect in every other aspect of their life. A one-size-fits-all health and care system simply cannot meet the increasing complexity of people's needs and expectations.....based on 'what matters' to people and their individual strengths and needs"

NHS England [NHS England » Personalised care](#)

"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)

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

NHS Five Year Forward View (2014)

Personalised Care - NHS

Incorporates a range of personalised approaches under a single policy – Universal Personalised Care.

The Comprehensive Model for Personalised Care was co-produced with people with lived experience and a wide range of stakeholders and brings together six evidence-based and inter-linked components, each of which is defined by a standard, replicable delivery model. The components are:

1. Shared decision making
2. Personalised care and support planning
3. Enabling choice, including legal rights to choice
4. Social prescribing and community-based support
5. Supported self-management
6. Personal health budgets and integrated personal budgets

Health and social care and integration

- 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.
- Joint Statutory Duties
 - Legal duties to jointly fund those eligible for section 117 aftercare, Continuing Health Care (CHC) and children and young people who have a Education, Health and Care Plan (EHCP).
- 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.

it's

o'clock

Activity: in small groups

- What are the strengths and weaknesses of your local placements market?
- Each group to feedback 3 strengths / things that are working well and 3 weaknesses/things that could be improved

Brokerage Challenges

- 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

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Commissioning: What is it and how do placement staff contribute?

What is commissioning?

“Commissioning is the means by which we secure the best value for local citizens and taxpayers i.e. the best possible health and wellbeing outcomes, and health and social care provision, within the resources available.”

Department of Health

“Commissioning is the process of assessing needs, planning and prioritising, purchasing and monitoring health services, to get the best health outcomes.”

NHSE



What is commissioning?

“Commissioning is a (council’s) role to plan the services that are needed by the people who live in the area it covers, and make sure that services are available”

TLAP



Procurement and contracting are...

Procurement is the entire process of sourcing goods, works or services from (usually) external providers/suppliers, risk management, and overall supplier management (including performance tracking) and managing these through to the end of contract.

Contracting is an essential part of procurement – it is the process of negotiating and agreeing the terms of a contract for services, and on-going management of the contract including payment, performance monitoring, and relationship maintenance.

The commissioning system



Commissioning Support Programme

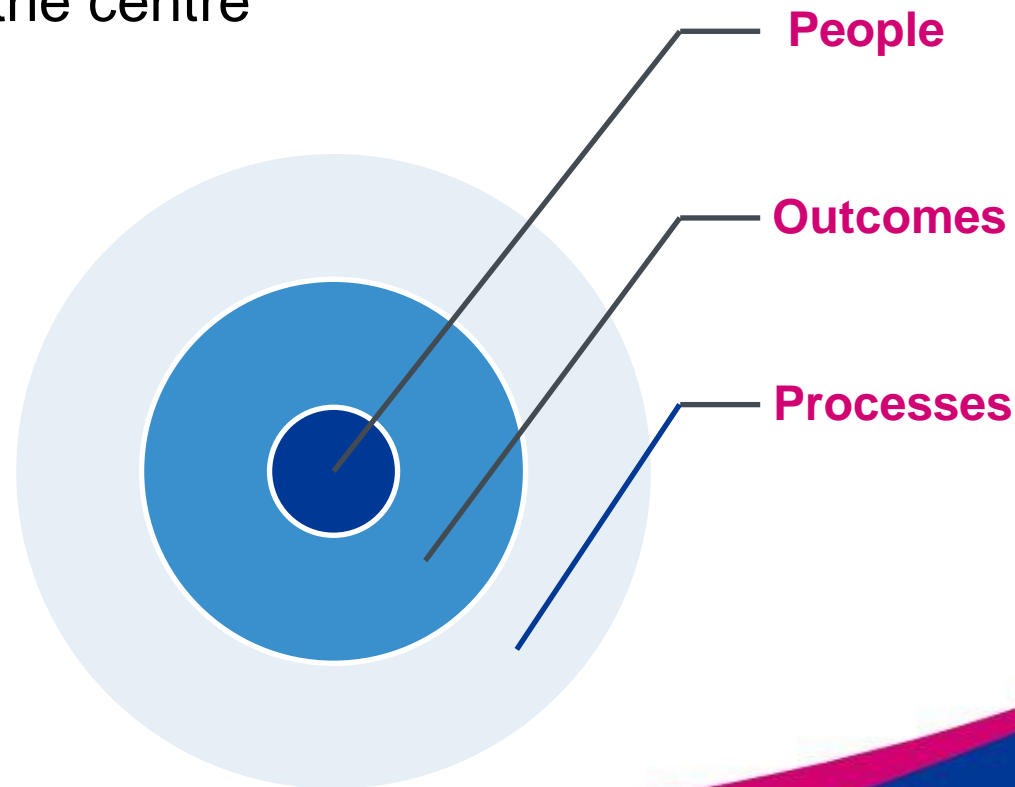
The commissioning system



Commissioning Support Programme

Core underpinning principles or commissioning

- The model outlines the process
- Our fundamental focus is on outcomes, and putting the person at the centre



Multi-level commissioning

- Commissioning is practised on different levels across all local partners.
- Different services require commissioning at different levels, depending on factors such as population, needs, service volume and price.
- Commissioners are therefore likely to undertake multi-level commissioning i.e. at a mixture of levels to suit the needs of different services and populations.

Possible levels of commissioning

National



Regional



Sub-regional



Place or strategic



Locality or practice



Individual



Commissioning models

- There are a range of commissioning models.
- Ensure all local partners and key stakeholders have a shared vision for commissioning:
 - to promote agreement to and understanding of the commissioning process
 - that the process covers some form of needs analysis and planning, investment against this plan and review of the efficacy of the investment

Institute of Public Care Commissioning Cycle



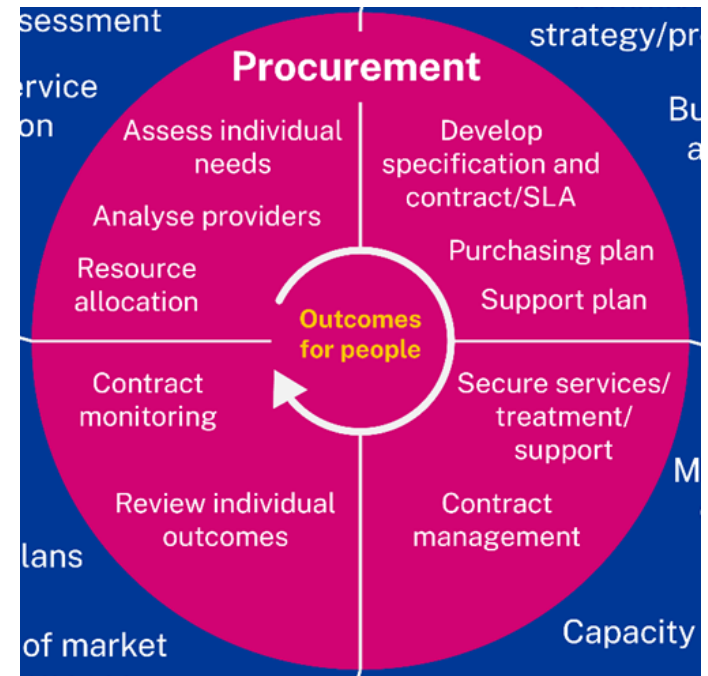
IPC: commissioning for individuals – inner circle

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.

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.



The Commissioning 'Family Tree'



Activity: self assessment

Complete the template, score from 1-5

- Which parts of the cycle / activities and tasks are you involved in?
 - How are you involved?
 - Which parts are you not involved in
 - How could you be more involved?
-
- Share with your group
 - Feedback to the whole group

- Lunch

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Assessments and Referrals

Institute of Public Care Commissioning Cycle



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.



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

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?

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?

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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Luke Rodgers



A care provider perspective



Reflections

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

Introduction to procurement



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)



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

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

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**

IPC Commissioning Course Alumni Network

Bringing a community of commissioners together from across the country to share advice, good practice and support

A free and exclusive offer to any student with accreditation via:

- Regular online / virtual workshops
- Exciting face to face events – such as commissioning conferences
- Access to an online Forum

Alumni Network



We offer consultancy, training, evaluation and applied research to central and local government, the health sector, charities, and commercial organisations. Our aim is to improve the health and wellbeing of citizens and communities.

Your reflections on today



Ahead of tomorrow

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?

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