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Procurement Task & Finish Group 18 November 2010

| Ager | nda Item | Page No |
|------|--|---------|
| 3 | PRESENTATION AND Q&A WITH TREVOR BOYD | 1 - 10 |
| | Presentation attached | |
| 5 | EXISTING CONTRACTS WITHIN ADULTS AND FAMILY WELLBEING | 11 - 12 |
| | Purpose: To provide members with the opportunity to ask further questions on contract information that may be commercially sensitive. | |
| | Papers: Contract register for Adults and Family Wellbeing - contracts over 50K. | |
| 9 | EXISTING CONTRACTS WITHIN CHILDREN AND YOUNG PEOPLE'S SERVICE | 13 - 40 |
| | Purpose: To provide members with the opportunity to ask further questions on contract information that may be commercially sensitive. | |
| | Papers: Contract register for Children and Young People's Service—contracts over 50K | |





Contracting within Adults and Family Wellbeing

Trevor Boyd

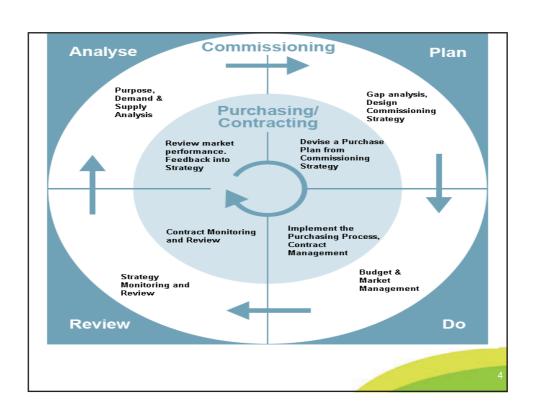


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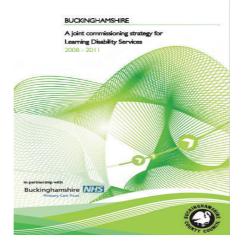
Strategic Commissioning and Procurement

A New Vision for AFW – Capable Communities and Active Citizens

- The vision sets out a new agenda for adult social care based on a power shift from the state to the citizen, by committing to:
 - Extend the rollout of personal budgets to everyone who is eligible by 2013
 - Increase preventative action in local communities,
 - Keeping people independent and helping to build the Big Society
 - Break down barriers between health and social care funding
 - Encouraging care and support to be delivered in a partnership between individuals, communities, the voluntary sector, the NHS and councils including wider support services, such as housing.
 - Making information about care and support available to everyone irrespective of whether they fund their own care.



Buckinghamshire County Council Commissioning in Buckinghamshire – A strategic approach



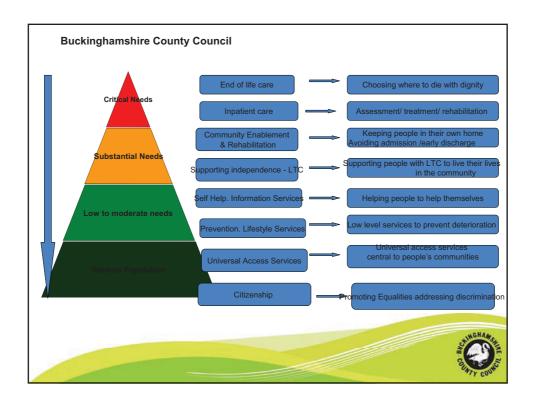
 $http://www.buckscc.gov.uk/bcc/adult_social_care/commissioning_strategies.page?$

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Strategic Shifts in the Market Place

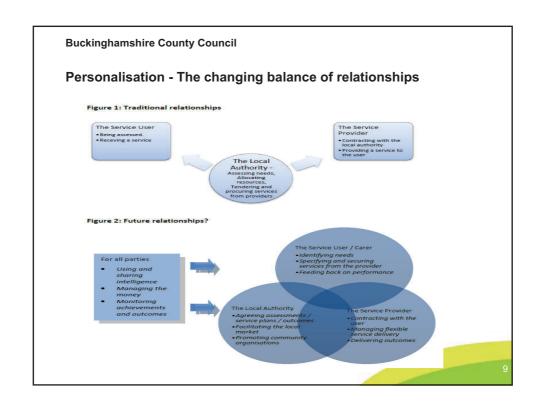
| | GROSS TOTAL COST | | | | _ | |
|--------------------|---------------------------------------|----------------|--------------|-------|----------|--------|
| ALL SERMCE AREAS | Expenditure excluding capital charges | | | | | |
| (from PSSEX 09/10) | In house | Provision | TOTAL | %ir | Blockor | Other |
| | (induding | by others | (induding | house | in house | |
| | jaint serv.) | (ind vol orgs) | joint serv.) | | | |
| Nursing care | 0 | 18,964 | 18,964 | 0% | 1,320 | 17,644 |
| Residential care | 1,034 | 57,155 | 58,189 | 2% | 30,359 | 27,830 |
| Home care | 9,937 | 26,206 | 36,144 | 27% | 9,937 | 26,207 |
| Day Care | 10,322 | 3,503 | 13,826 | 75% | 13,826 | 0 |
| Other services | 1,599 | 8,750 | 10,348 | 15% | 1,599 | 8,749 |
| , | 22,892 | 114,578 | 137,471 | 17% | 57,041 | 80,430 |

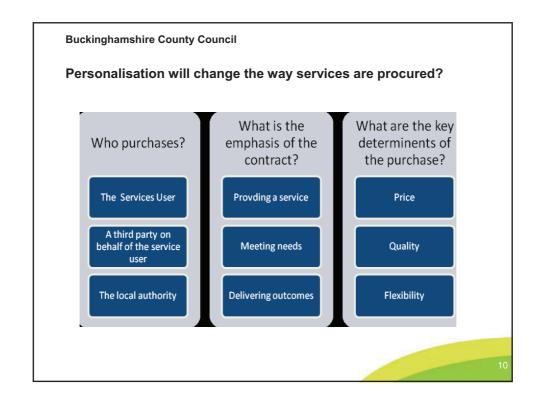


Some Key Strategic Priorities -

- 1- Modernisation of £20m home care and re-ablement
- 2- Modernisation of £10m day services
- 3- Modernisation of care and support services approximately £40m (Project Care, Project Abode. MLMH, building capacity, adult placement, Project Home Options, closing campus, ABI Service, Autism Service)
- 4- Integration with health opportunities to bring to provider functions of BCC and PCT
- 5- Programme to modernise community equipment, telecare and telemedicine
- 6- Developing and modernising low level preventative services £5.5 million
- 7- Developing a model to support personalisation of purchasing development of brokerage and joint purchasing with the PCT
- 8- Development of electronic market place to support customers to have informed information around the range of service available to them
- 9- bringing resources into the Council negotiate s.256 transfer from PCT 15 million, Extra Care £1.5 million

These along with other operational priorities will need to support the delivery of significant MTP savings





The future - Shaping the Market

- Information about needs and service trends shared openly between commissioners and providers and future providers
- Internal and external providers are treated equally
- · Supporting people to make good informed decision with their budgets
- Supporting people to come together to commission their own support i.e. consortia arrangements and increasingly service users providing service
- Making information available to the market about what people are spending their budgets on and what they would like to buy in the future so the market can shape itself
- Supporting providers and partners to transition
- · Working with providers to stimulate what people want
- Strategic alignment of our priorities along side other agencies i.e. housing capacity requirements, Job Centre Plus,
- Recognising and enhancing the role that people have in the co-production of the design deliver and commissioning of services
- Building social capital and enhancing the natural networks and informal support mechanisms that people draw from in their local communities

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Contract Management

Contract Management

- Contract is a legal agreement between a purchaser and a provider establish a mutual expectation
- · Clarify issues of payment, service to be provided, outcomes to be achieved
- Also set out how variations from the original intentions will be handled and how risk dealt with
- Contract will set out as a minimum:-
 - Contract period and timescale
 - Monitoring and reviewing arrangements
 - Specific expectations or provider re health and safety, confidentiality, insurance, complaints etc
 - Options for variation/ extensions
 - Dispute resolution
 - Termination or suspension
 - Safeguarding

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Benefits of Contract Review and Monitoring

- Ensure service compliance with the specification and contract terms
- Receive Users and Carer Feedback
- Opportunity for strategic dialogue of provider about future commissioning intentions, policy changes, emerging, good practice,
- Opportunity to identify opportunities for efficiencies savings
- Opportunity to address safeguarding/ vulnerable adult issues
- Intelligence to be fed into strategic commissioning and procurement to inform commissioning cycle

Current Services/Provision – No of clients

| Day Care | 1,251 |
|--------------------------------------|-------|
| Direct Payments | 491 |
| •Extra Care Housing | 39 |
| •Home Care | 2,343 |
| •Meals on Wheels | 750 |
| Supported Living | 276 |
| Other Community Based Services | 1,010 |
| Residential Care | 1,135 |
| Nursing Care | 600 |
| Other Placements (including respite) | 61 |
| In Touch Service Users | 5,000 |
| In Touch Carers | 1,000 |

•Total Clients 12,146 (as of 15th November 2010)

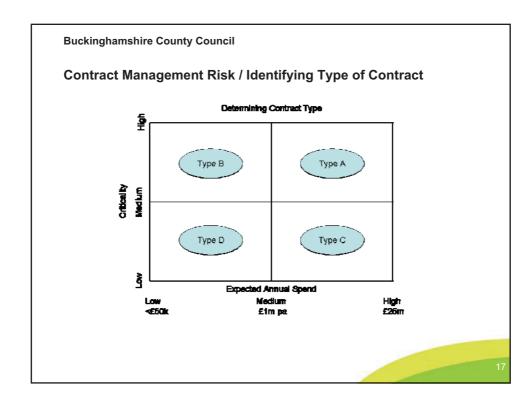
Some clients access more than one service – the total number of clients at the bottom is the actual number of clients supported by BCC.

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Profile of Expenditure and number of AFW (ASC) Contracts

| Total ASC payments from SAP 2009/10 | Total number of Provider Contracts |
|-------------------------------------|--|
| Over £5m | 4 |
| £1m - <£5m | 13 |
| £500k - <£1m | 21 |
| £250k - <£500k | 41 |
| £50k - <£250k | 155 |
| Less than £50k | 335 |
| Total | 569 |



Market Challenges

- Monitoring of individual contracts as a result of personalisation how do we do this?
- Provider absorbing inflation 0% uplift when national inflation target 2%
- Additional Major costs for providers
 - Minimum holiday entitlement increase 8.3% increase of payroll
 - Compulsory employers pension 3% on payroll
 - VAT applying to NI, pensions and contribution
 - Minimum Wage increases 2.2% increase for 2010.11
- Providers in addition to holding inflation support delivering the majority MTP for the Council
- We need to have a good relationship with providers to deliver this and maintain good quality services for the most vulnerable

Future Developments

- Restructure of the AFW Contracts Function based on Corporate Contract Framework.
- Additional capacity to do it properly invest to save
- Ensuring that ICT systems support our Contract monitoring, management and payments.
- Develop process aligned to care management review process to monitor direct contracts for service users (individual contract)
- Develop information flows to support requirements of other parts of the commissioning cycle
- Ensure that there is a proportionality of monitoring aligned to risk matrix

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