



## **Developing forward thinking commissioning relationships with third sector providers**

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# Agenda



- Experience of commissioning & procurement Learning Disability services with third sector:
  - Assessing opportunities for pooling health and local government budgets
  - Setting up an effective joint commissioning board and assigning clear roles and responsibilities across your partnerships
  - How successful is this approach in encouraging access to mainstream services for people with learning disabilities?



# Liverpool Experience Third Sector Commissioning & Procurement



# Background & Context – 2008



- Community Support Services delivered largely through local small independent business or third sector organisations
- Traditional care provision with incremental innovations in pockets and not wide spread
- Varying quality and user satisfaction levels
- Wide variation of contracting arrangements and fees across PCT/LA for similar type services



# Background & Context



- Gaps and inequities appearing within the market
- Very little “joint” procurement/commissioning activity but growing numbers of jointly funded packages of care/health/housing support
- “Grant aid type” Service level agreements
- Ad hoc contractual monitoring and outcome based contracts
- Lack of strategic partnership working between commissioners and providers



# Background and Context



- Lack of published integrated commissioning strategies
- No history of procurement within 3<sup>rd</sup> sector
- Increasing cost of complex and jointly funded packages of care
- Reduced in house provision
- Personalisation

The size of the transformational task was daunting!



# The Project



- Complexity required a phased approach
- 1700 Service Users
- Over 35 Providers
- Dozens of different service types
- £39m pa expenditure Community Care, PCT, & Supporting People
- Mostly spot contracts with few blocks



# What we wanted to achieve



- increase service user and carer satisfaction by improving choice, equity of access and quality of provision
- improve personalisation of care packages for Service Users to meet needs and improve outcomes
- increase service flexibility and potential for co-operation amongst providers particularly for small specialist providers
- improve value for money via market competition, co-operation and competitive standardised rates with premiums for more complex care
- stimulate the health/care market and commission new/innovative services where a gap has been identified in current provision
- provide clarity to providers regarding expected performance indicators, including outcome measures and monitoring regime



# Assessing opportunities for pooling health and local government budgets ?



- Main Considerations (Issues & Risks)
  - Legal Framework - Section 75?
  - Buy in – what are relationships like?
  - Cross organisational cooperation across teams
    - Informatics
    - Procurement & Contracts
    - Finance
    - Legal
  - Commitment to project over sustained period
  - Size & complexity of programme of work
  - Skill set required to deliver project
  - Back drop & influence of SHA, PCT Non Executive Directors, LA Elected Members



# Setting up an effective joint commissioning board and assigning clear roles and responsibilities across your partnerships ?

## How we did it



- LA in Lead Commissioning Role
  - Liverpool Health & Social Care Partnership Board Governance Structure
- Phased Project Management Approach
  - Full Project Governance
    - Project Board across LA/PCT and Project Team LA/PCT/SP inc ACM
  - Detailed Issue/Risk logs & Plans
  - Extensive Communications & Engagement Plans
- New Transformation Team (SDS) & Modernised Assessment & Care Management
  - working closely focusing on prevention and accessing mainstream LA/PCT services



# Stakeholder communication engagement & feedback



- Focus Groups with Service Users from all client groups and Commissioners
- Presentations to Carer's forum & Disability Network
- Questionnaires to 1500 Service Users & 3000 letters to carers inviting their views
- Engagement with BRM networks scheduled through Liverpool Community Networks
- Service design workshops with user/carer
- Independent User Care Consultants
- Tender evaluation panels



# How successful is this approach in encouraging access to mainstream services for people with learning disabilities?



- What we have now:
  - LD/MH SU/Carers independent Consultants (Quality Action Unit)
    - Trained and supported to undertake quality assessments of provider services
  - Standardised pricing structures
    - easier to determine VFM and Expenditure
  - 15 standardised and improved service specifications
  - Quality Assurance Framework & SU Outcome based Contracts



# How successful is this approach in encouraging access to mainstream services for people with learning disabilities?



- Greater expectation for providers to work in partnership and influence mainstream services
- Will give greater choice and access to both traditional and more innovative models of care services
- Improved structures within provider organisations to deliver personalisation agenda
- Improved processes within organisation to demonstrate improved outcomes for people with LD



# What did LD Providers think?

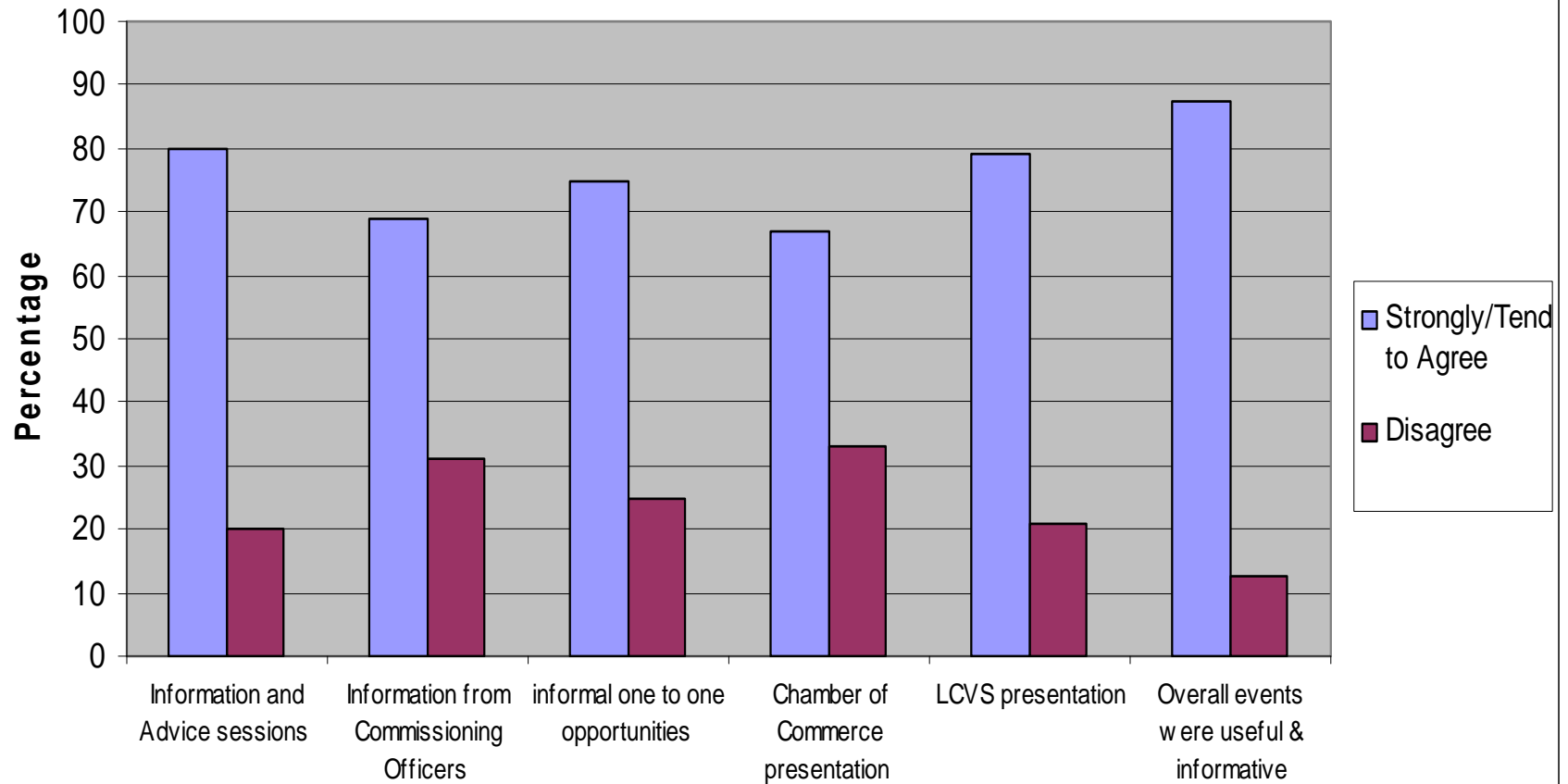


- Electronic Survey designed for ease of use sent to all those who returned PQQ
- Questions on every stage of process
  - Planning & Communications
  - Procurement
  - Overall Process
- 28% return to date
- Will be used to inform lessons learned report and to influence changes to future procurement processes



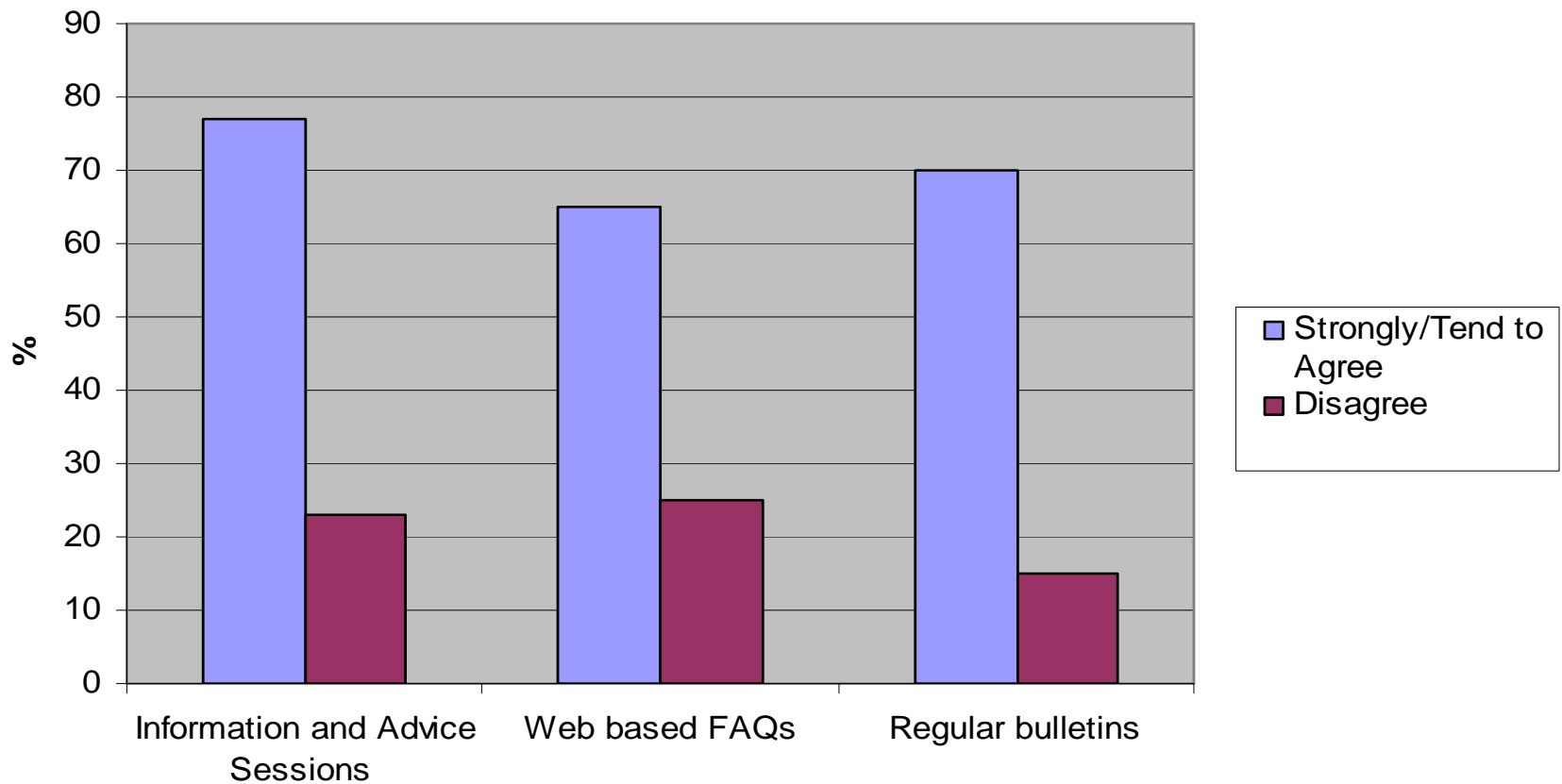
# Provider feedback

How useful did you find Information & Communication Pre Tender Process?



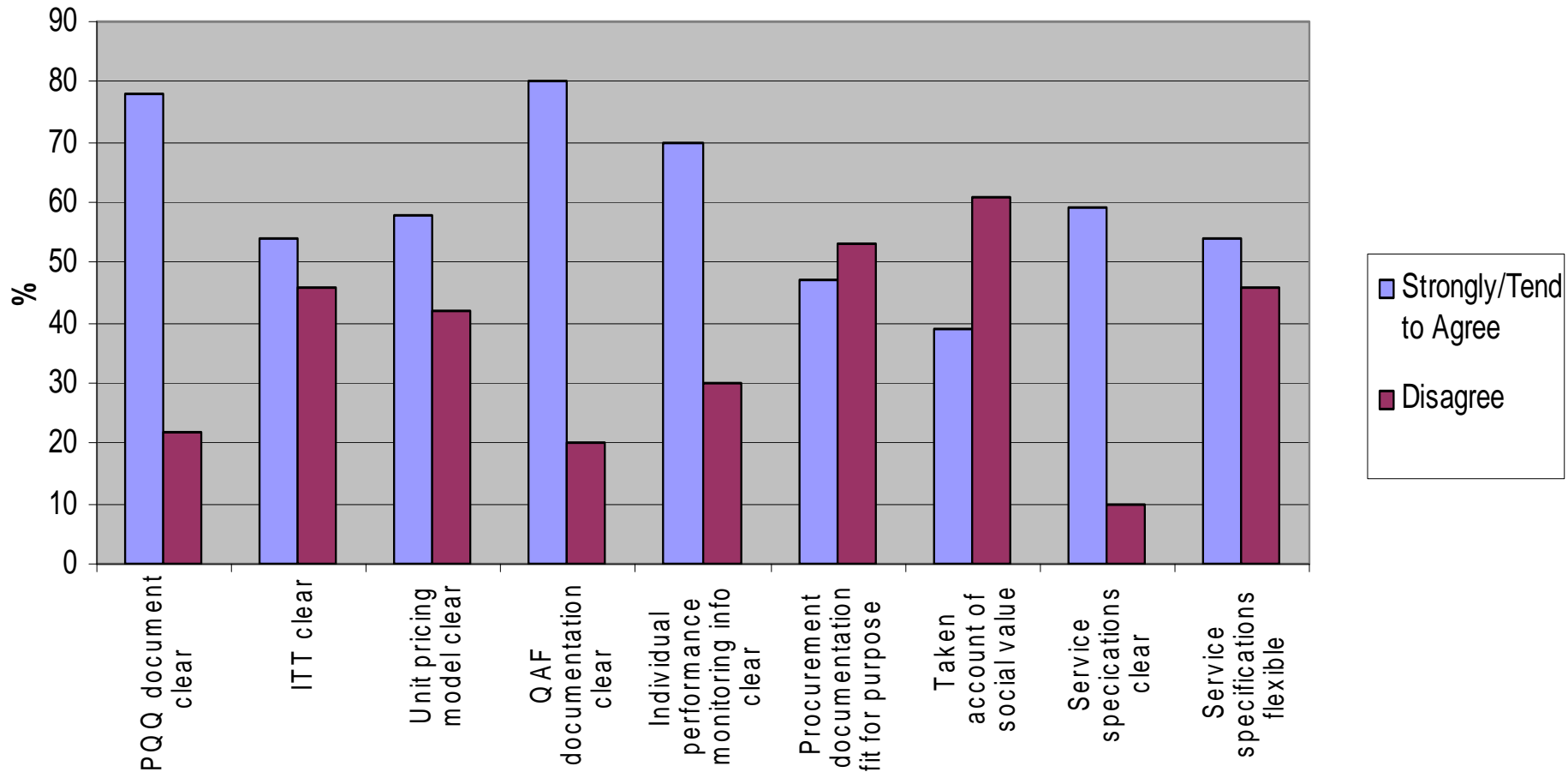
# Provider feedback

**Which communication method kept you best informed throughout the process?**



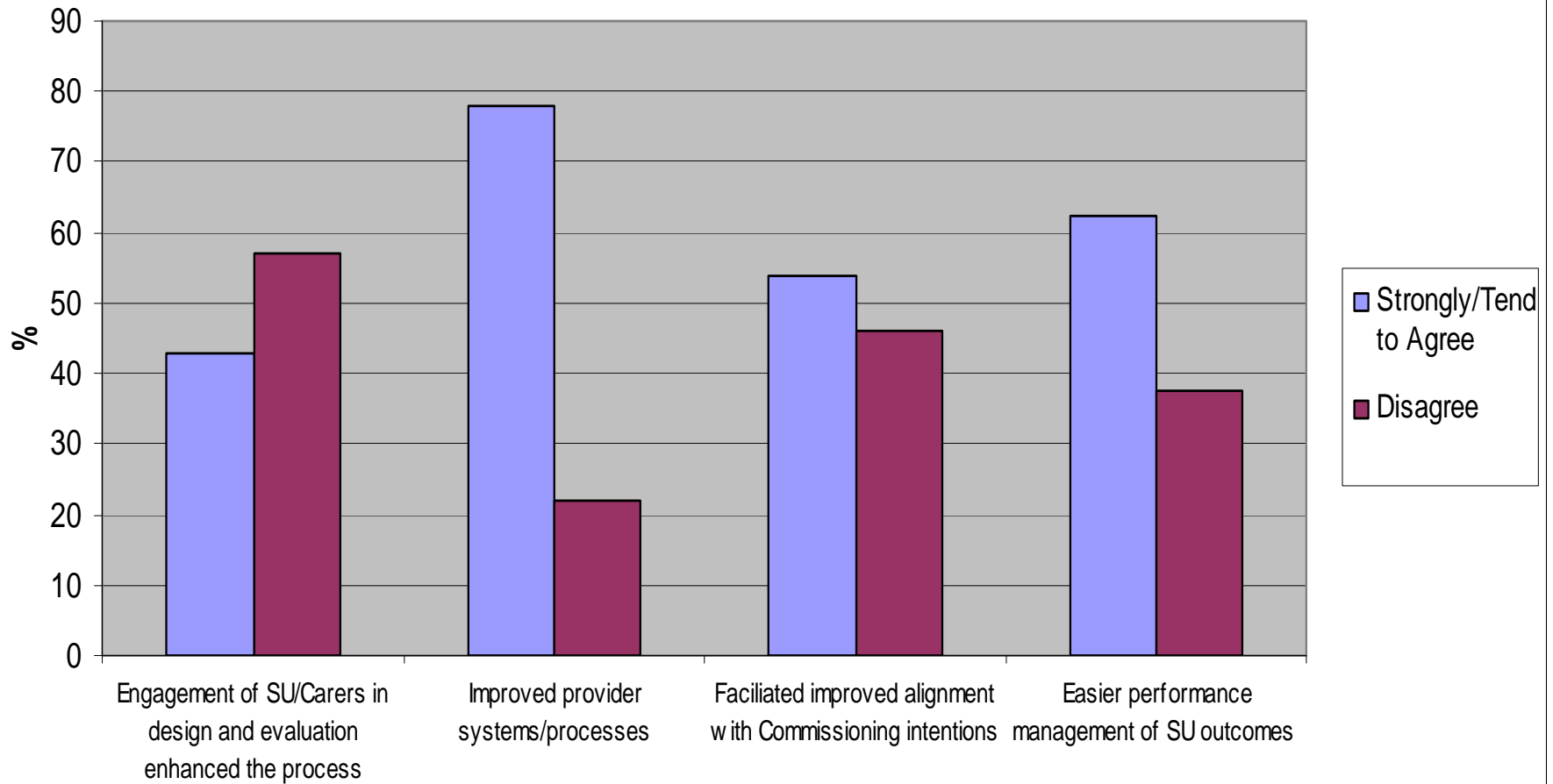
# Provider feedback

## Providers Views on Procurement Documentation



# Provider feedback

## Provider Views & Organisational Changes as Result of Process



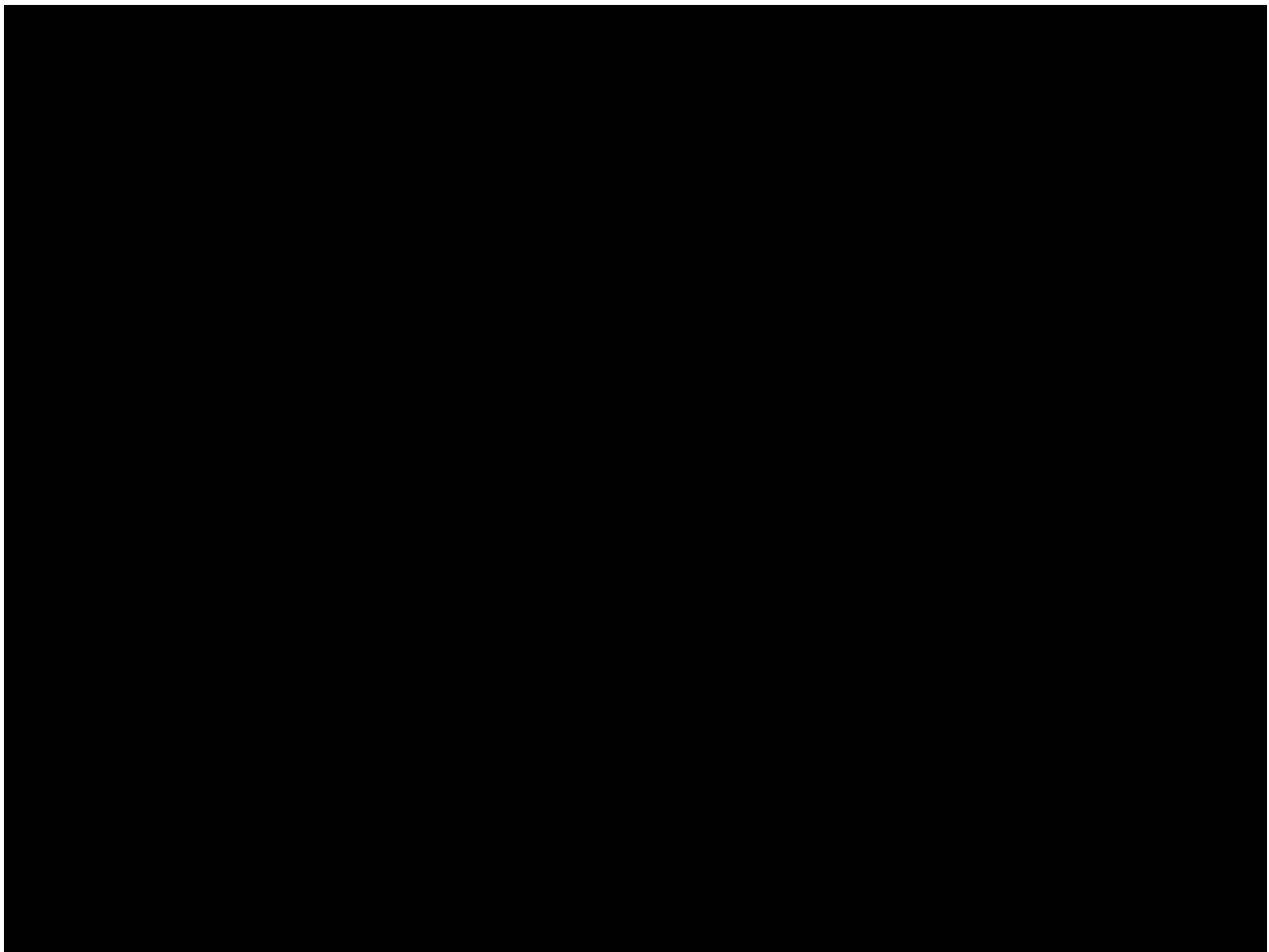
# What we would do differently?



- Engage all stakeholders in a systematic way fully at start of process
- Greater involvement of providers prior to procurement process, particularly around development of new innovative models of care and service specifications
- Take more time to understand the different finance/ information systems and reporting mechanisms of different funding streams
- Devote more time to communication with Service Users and Carers rather than focusing on providers



# Services Users Carers thoughts on process..



Hope this was useful?

Thank you for your time  
Questions?

