



DRAFT OUTLINE

Guide for buying care and support

For People in Local Authorities who buy care and support (Procurement)



This is an Outline of the Guide to Buying Care and Support.

In this Outline, when we talk about 'care', we mean 'care and support'.

We want your ideas!





Finding Common Purpose is a project which has been asked to write a guide to buying care and support, ('care').



This guide will be used by people who buy care in local authorities (Procurement).

This is an outline of the guide which we are writing.

This outline contains the basic ideas which we are thinking of putting in the guide.

If you have any comment on the ideas in this guide, or if you think we are missing anything, please get in touch with us.



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Why are we writing this Guide?

Strategic Commissioning Cycle



People who organise care are called 'Commissioners'.

People who write up contracts to buy that care are called 'Procurement'.

There are many good guides for people who organise care.

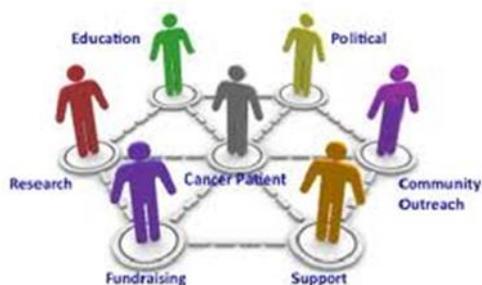
However there is not much good guidance for people who buy that care.

The new Care Act 2014 says that anyone who is involved in the care of people must follow certain rules.

These rules must also be followed by people who buy care.

These rules include looking after people (Wellbeing) and asking them what they want (Personalisation).

Therefore this Guide will be about how to buy care for people which follows Wellbeing and Personalisation rules.



What will this Guide do?

This Guide will help people who buy care to do it better.



This Guide will talk about :

- Listening to people who use services, and listening to their carers,
- Working with providers to develop new ways of delivering care,
- Working between health and social care, so that people can get out of hospital quicker,
- Working with the community so that people get help right away, and maybe don't have to go to hospital,
- Working with housing departments, so that people have the right kind of home to live in,
- Using the skills that people who buy care properly, so that they can help everyone to deliver the right care,
- Making contracts that listen to what is important to people,
- Making sure that the people in power ('Leaders') realise how important it is to get the care for people right the first time.



How will this Guide make a difference?



This Guide will be published by the Local Government Association (LGA).

The LGA is responsible for giving good advice to Councils.



This Guide will be supported by the Association of Directors of Adult Social Services, who will make sure that all Social Services get a copy.

This Guide will be sent out by the National Advisory Group, who help people who buy goods and services for Councils.



This Guide will also be sent out by the Society of Procurement Officers in Local Government, which is a group of people who buy goods and services.



CabinetOffice

We will also make sure that this Guide will be in the training for people who buy care, such as;

- The Commissioning Academy,
- Leadership Academy
- LGA Peer Challenge
- The Chartered Institute for Purchasing and Supply,
- And others

Chapter One - Leadership



Leadership is needed to make sure that people who buy care are supported.



Leadership is needed to make sure that people who use services are listened to by the people buy those services.

Leadership is needed to make sure that relationships between the Councils, people who use services, providers and voluntary organisations are made.



Leadership is needed to build the trust and respect with providers, so that everyone works together to;

- Prevent crisis,
- Reduce hospital admissions,
- Make better care in the community, and
- Involve people who use services to make those services.



Chapter One – Leadership continued...

Outcomes:



- Leaders know that buying care should follow a different process than buying buildings or other things.
- Leaders work with other people in Health, Housing, care providers and service user forums to get better care for people.



- Leaders look at contracts as a way of doing things differently, and will use the skills of people who buy care better,
- Leaders make sure that the Care Act is reflected in the way that they buy care for people.



Recommendations

- People will be asked how they want their services delivered by Leaders
- There will be different ways of buying care for people, so that it is person-centred – and Leaders will support this.
- Councils will plan the delivery of care together with everyone.



Chapter Two – Contracts Based on Value



Councils have less money now than they used to. This means that there is less money to spend on people's care.

This means that money needs to be spent well, to make sure people get the care they need right the first time.



This also means that different ways of buying care should be looked at, so that the best way is found.

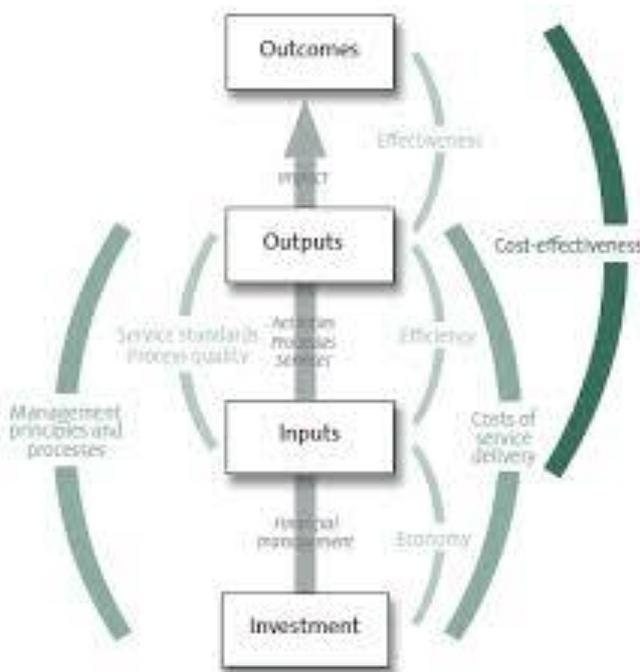
Outcomes:

- The contracts and process for buying care are different from the contracts and process for buying other goods and services.
- Contracts pay money for the outcomes that people need and want.
- This is different than buying a set amount of hours of care, or bulk buying beds in a residential unit.



Chapter Two – Contracts based on Value Continued...

Recommendations



Councils will use a contract that is based on outcomes for people using services.

Councils will look at examples of good practice around the country.

For example, where people who buy care have used new ways of developing a contract to get good care for people.

Outcomes
define the change or benefit to people because of the action taken:
 % Δ attitudes
 % Δ knowledge
 % Δ skills,
 % Δ behaviors
 % Δ conditions

Outputs
measure the volume of the activity:
 # products created or delivered,
 # people served,
 # activities and
 # services carried out

THE IMPORTANT DIFFERENCE

Chapter Three – Working Together

NHS
England



For the most complex cases, funded centrally

Local CCG



For other cases, funded by local NHS Trusts

Local Authority



Where majority of care should be delivered, funded by Local Authorities

The delivery of care should be done with health and social care working together.

This means that no matter if someone is in hospital or in the community, their health and social care needs are looked at together.

This also means that people don't have to keep repeating their story to different professionals.

People who buy services should look for ways to work with health, so that contracts for care make sense for people who are going into or out of hospital.

People who buy services should look for ways to develop care with providers, so that contracts are co produced with providers.

Chapter Three – Working Together continued



Outcomes:

- There are partnerships that work with health services.
- There are partnerships that work with local providers.
- There are partnerships that work with local service user groups.
- People who buy services understand people's needs across health and social care.
- Councils improve quality of care through partnerships that work.
- Health and social care share the same outcomes to keeping people well and safe.

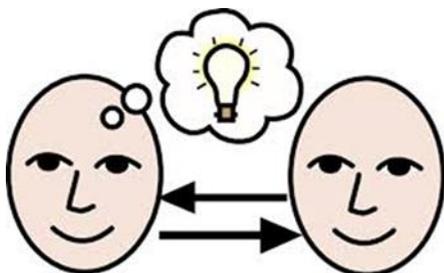


Chapter Three – Working Together continued

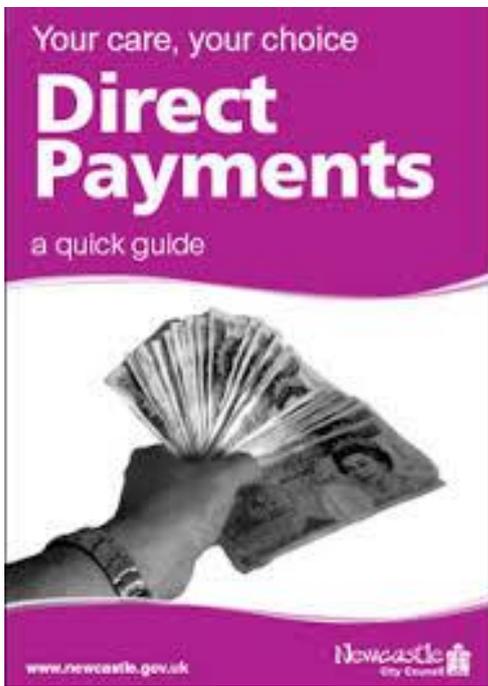


Recommendations

- Make a joint group to organise and buy care across health and social care in Councils.
- Make a joint statements of need across health and social care.
- Make a process for health and social care to work together.
- Follow the Provider Protocol to build better relationships with providers.
- People who use services will help in making contracts of care and help follow those contracts, to make sure that they are right.



Chapter Four : Person-Centred Contracts



People who have a Direct Payment and who arrange their own care do not have to follow the same rules around buying care that people who work for the Council do.

However, even people who buy care in the Council do not have to follow many of the rules, if they are buying that care just for one person.

This means that there is more flexibility for how care is delivered.

Care should be delivered in the way that suits the person.



This means care should be delivered where the person wants, and by people that the person has picked.

Contracts for care should have the view of the person at the centred of it.



Contracts should have a way for the person to change that care if it does not suit them.

Chapter Four : Person-Centred Contracts – continued...

Outcomes:



- The process for buying care is simple and focussed on what people using services want.
- The process for buying care reflects the spirit of the Care Act – ie focussed on Well Being, Prevention and Person-Centred Care
- Contracts measure outcomes for people, rather than only meeting their 'needs'.
- People and their carers are involved in the writing of the contract. They will also check to see how the contract is being performed.
- People who buy services use information from people in the community.



The Care Act 2014:
Personalising care and support

21 July 2014



Chapter Four : Person-Centred Contracts – continued...

Recommendations:



- The needs of different people will mean different contracts and payments for staff – all disabled people are not the same.
- The contracts for care will include the views of people using the care.
- When the provider is chosen for a contract, the people buying the care will look at the quality, and not just choose the cheapest service.
- Councils will ask the providers about what they can deliver, and how new services can be made.
- When a provider is given a contract to deliver care, they will be chosen because they will deliver the outcomes for people, rather than for other reasons.



Chapter Five : People who Buy Care are Important

People who buy care (Procurement) are sometimes blamed for saying 'no' to new ideas and new ways of doing things.

In fact, people who buy care have a lot of experience and know the providers very well.

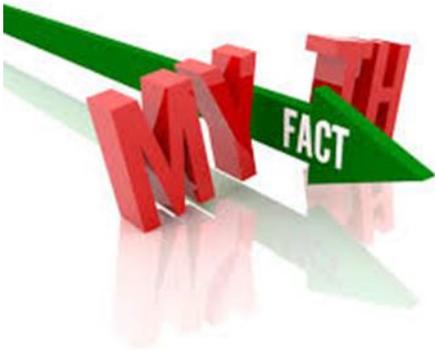
People who organise care (Commissioners) and Leaders of Councils should value and respect people who buy care.

They should ask them for the different ways that care can be bought for people.

They should work with them to plan how to make care better in the local community.

They should not just bring people who buy care in at the last second to write a contract for care –

people who buy care have the skill and knowledge to give to the general plan of delivering care in a Council.



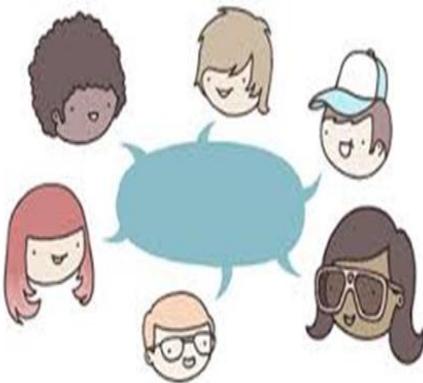
Chapter Five : People who Buy Care are Important – continued...

Outcomes:

- People who buy care are involved in the decisions about when and how that care should be bought in a local authority.
- People who buy care understand the Care Act and will reflect the Care Act in the contracts they write.
- Leaders will respect and support people who buy care.

Recommendations:

- People who buy care will be at important meetings about organising care.
- People who buy care will be asked for their opinion on the delivery of care in a Council.



Chapter Six : The Care Market

CARE SECTOR STAKEHOLDER?



GET AN INVALUABLE INSIGHT INTO THE MARKETPLACE IN YOUR AREA AND ACROSS ENGLAND IN 2015 AND THROUGH TO 2035

The Care Market is all the different providers and voluntary groups in a local community, who can deliver care to people.

The Care Act says that the Council must help the Care Market grow to meet everyone's needs.

However, the Council must help the Care Market grow, without helping only one or two providers – this means they must treat all providers and groups fairly.

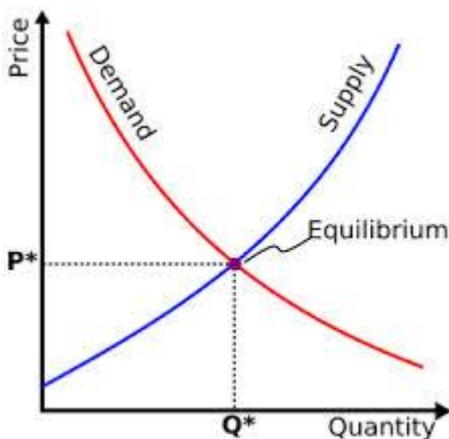
If more and more people use Direct Payments, then the Council will not be able to directly tell providers and groups what to do.

This is because the Council is not paying the providers and groups directly to do something.

In order to get the Care Market to develop new services and improve old ones, there needs to be different ways to get them to do this.

This can include working with providers and groups to plan the future of care together.

This can also mean providing free training to care staff and managers, so that people have better skills.



Chapter Six : The Care Market – continued...



The problem with asking providers to make new services is that this costs money.

A provider could spend money to make a new service, but then not get that money back if there is no contract from the Council for that new service.



This is a kind of risk that providers can take, but usually won't if there is no guarantee that they will get money for it.

There is also the risk that people's needs are not met well because the provider was not paid enough to train its staff well.



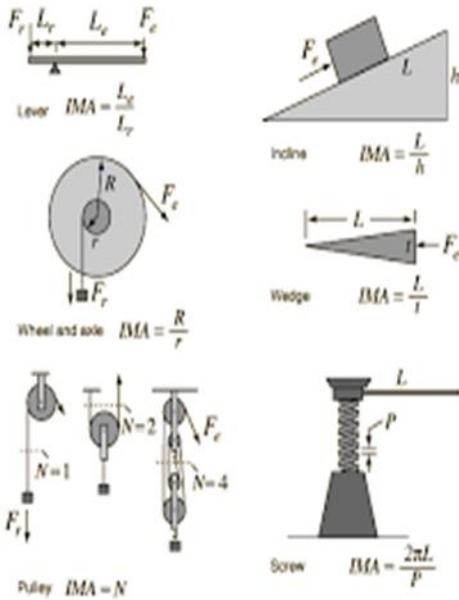
There needs to be an agreement between the Council and the providers about how these risks will be reduced.

This agreement should be reflected in the contracts which are written.



There also needs to be an agreement about how much the provider uses local people as staff, as well as how it will be good for the local economy.

Chapter Six : The Care Market – continued...



Another barrier to a full Care Market is how the Council decides who gets contracts.

Some Councils have a very complicated system around how contracts are written and how providers can apply for contracts.

These systems can be hard to understand and participate in.



This means smaller providers and voluntary organisations do not get contracts for care, because they do not have the time and money to understand the system and apply for contracts.

PLANNING AND FORECASTING



It is important that the process of buying care is simple and easy for providers and groups to join.

This is also important for planning for the future. Smaller providers and voluntary groups should be able to have their voice heard and their opinions taken into account.

Chapter Six : The Care Market – continued...

Outcomes:

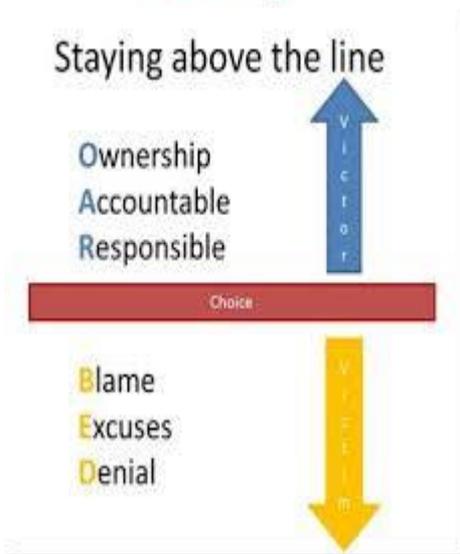


- Councils work with local providers and voluntary groups to understand what is needed in the local Care Market to better meet people's needs.
- Councils plan how to deliver care in the future with the providers and voluntary groups.
- Everyone is clear on the responsibilities of everyone involved in the contract of care.
- The risk of making new services is not only held by the providers.
- The local economy benefits from the contracts that the Local Authority makes.
- The process of buying care is simple and easy to join.



Chapter Six : The Care Market – continued...

Recommendations:



- Plans for the future delivery of care will be made by all.
- Plans for the future delivery of care will include health care.
- There is clear responsibility for the money spent on care.
- This responsibility rests with Leaders.
- The money spent on care is tied to outcomes for people using care.
- New services will be developed with care providers and people using care.
- The local economy will be improved by contracts.
- The process for making contracts will be simple.



Other stuff we are thinking about

We are also thinking about including some other ideas;



1. How to work with Children's Services,
2. A draft simple contract which is based on outcomes for people.
3. Case studies of good ideas,
4. More pictures and diagrams



Remember!

If you have any ideas or questions, please get in touch with us!