**Pledge to Work Together**

**A Protocol to cover commissioning, procurement and safeguarding processes in social services**

**General**

1. Providers and Commissioners will treat each other with mutual respect and professional behaviour at all times.
2. Success is defined in terms of outcomes for people who rely on care and support services.
3. Independence of providers will be respected; Commissioners will respect the confidentiality of commercially sensitive information.
4. Commissioners and providers will show commitment to service quality and innovation.
5. Commissioners will operate an open door policy for providers so that commissioners can develop a more strategic relationship with current and future providers; whether they current hold contracts with the Council or not.
6. Manage conflict resolution positively.

**Pre Procurement**

1. A fair costing mechanism is agreed to by commissioners and providers before contract negotiations start. A pricing mechanism must explicitly state the cost of care as well as the cost of investment and training. Future uplifts will be confirmed within the contract.
2. Commissioners will provide better information about future demand and include local providers in forecasting of need activities.
3. Commissioners will engage in honest and open pre-procurement dialogue with providers.
4. Procurement officials will have up to date commercial skills relevant to the social care industry.
5. Commissioners and procurement officers are realistic, both in expectation and budgets, when procuring services.
6. Contract duration will be reasonable in order to encourage innovation and investment.

**Tendering Process**

1. Procurement process and monitoring will be proportionate to the value and risk in a contract.
2. Procurement processes will be short, simple and well designed with the individual using services at the heart of the processes.
3. Selection requirements are proportionate and based purely on the needs of the contract.
4. A common understanding about balance of risks between commissioners and providers specified in contracts.
5. Contracts will focus on outcomes for the individual receiving the service
6. All potential providers of a service, whatever their size or constitution, will be treated fairly and with equal diligence during the financial appraisal process.
7. Commissioners will show flexibility towards all potential providers when specifying their financial information requirements.
8. Commissioners will be proportionate in their specification of insurance requirements having appropriate regard to the balance of risk and cost in setting the level of cover required.
9. PQQs and invitations to tender are standardised and simplified.
10. Councils will provide examples and case studies of completed PQQs

**Monitoring and Review**

1. Contract reviews will be outcome focused and transparent.
2. Commissioners and providers will commit to an initial three month placement review which will revisit the initial care package and the funding calculations to take into account an increase, decrease or maintenance of level of care.
3. Placements for individuals should be jointly monitored every six months, after the initial three month placement review.
4. Commissioners and providers will commit to revisiting the initial care package and funding calculations within two weeks of notification that the person’s condition has changed.
5. Commissioners will have published feedback from providers in local areas and show that they use this learning to further improve procurement processes.
6. Councils will provide detailed, specific and timely feedback to all providers that tender unsuccessfully, so that they are better placed to bid next time.
7. Commissioners ensure that prime contractors pass on the Council’s payment terms to their subcontracted suppliers; ideally following the lead of national government pledges to pay within 10 days of receipt.
8. Monitoring of contracts will be proportionate and be merged with CQC and/or CCG requirements so that monitoring for a specific contract will be aligned.

The central Government Procurement Pledge and Procurement Pledge for Local Authorities developed by the Local Government Association, have both highlighted how important it is to work in partnership with providers to forecast future demand. This will give potential providers greater confidence to invest for future business and drive innovation. It is imperative that forecasting include meaningful information that is of use to potential providers and is presented in a coherent way.

In the field of social care and health, it is important that commissioners work with potential providers to address strategic barriers so that future needs of the population are met. This includes strategies to incentivise step down placements at a pace that matches the abilities, needs and wishes of individuals, as well as to reward providers who enable individuals to live more independently and with less support.

Asking providers to take the financial risk of innovating and training staff to appropriate levels requires treating them as equal partners in the delivery of care and health. Treating them as equal partners means pre procurement discussions which are open and honest, with no pre-set agendas. Treating them as equal partners also means resolving difficulties together through focussing on the needs of the individuals requiring the service, rather than on focussing on the needs of the Council or the providers alone.

The Federation of Small Business, the Confederation of British Industry, Compact Voice, and the Procurement Pledges at the National and Local Government levels, all state the necessity of simple, streamlined procurement processes. Lengthy and complex procurement processes, including those for large Framework Agreements, Dynamic Purchasing Systems, and the different Prime Models, deter SMEs and VSCs from bidding on contracts or frameworks. Complex procurement processes divert money away from individuals care and support towards the specialised legal and procurement expertise.

Principles and practices which build trust and mutual respect will achieve better outcomes for individuals using social and health care services.