

AGENDA ITEM

Corporate, Adult Services and Social Inclusion Committee

13th September 2011

EIT REVIEW OF COMMISSIONING OF CARERS AND ILS UPDATE REPORT

SUMMARY

Members are asked to consider progress already made in the various strands of work in reviewing all the existing 100 contracts set up under the auspices of a number of original grants now subsumed into the Council's overall revenue funding. Members are also asked to note the proposed timetable for the consideration of further evidence gathered.

DETAIL

1. In effect there are four strands of work being undertaken to test out the commissioning arrangements for services which are intended to encourage independence and prevent people, whose circumstances make them vulnerable, declining in health and well being and therefore requiring more intensive services. These are as follows:-
 - A review of where each contract stands when compared within a strategic relevance framework. This work will confirm whether the aims of facilitating independence are met and help in developing longer term commissioning intentions
 - An analysis of self assessments undertaken by providers into the value for money that each contract gives
 - A similar analysis of the self assessment undertaken by providers into the quality of services provided
 - Visits by members to various providers together with presentations to members by other providers which will allow members to draw conclusions about the nature and value of current contracts
2. Work is ongoing on all these strands but completed summaries to help members draw overarching conclusions are only likely to be ready for the meeting in November. It is proposed that a meeting be held in October that concentrates on a presentation from Mike Batty, Head of Community Protection regarding Care Call services and representation from Stockton-on-Tees' Primary Care Trust.
3. Much of the information has been received from providers to allow the analysis of both quality and value for money but some is not yet available. In many cases officers are discussing with providers where the information might be insufficient. When this initial work is done it will be possible to prepare two overarching summaries that allow members to

see performance of providers in a comparative way. We are also procuring some benchmarking information for those contracts where benchmarking is possible that will act as a further aid to judge value for money.

4. Officers are also preparing summary tables that will give opinions on how much each of the present contracts meet criteria relating to prevention and encouraging independence outlined in various related plans.
5. Members are also able to review their own findings from visits undertaken between 16 August and 6 September.
6. Although the detailed work is not yet complete there are some thoughts emerging from it:-
 - There may already be some contracts that are not a close fit to the criteria relating to prevention and independence and the long term future of those contracts should be considered
 - The nature of the grant regime, that has recently ceased, meant that often contracts were set for short periods of time giving providers little certainty of funding in the long term. It is now possible to consider setting up longer contracts that give providers some certainty.
 - With the above the splitting of funding into separate categories is also unhelpful and it may be that creating one overarching budget that concentrates on prevention and facilitating independence would give greater flexibility.
 - If changes are made in line with the above it is also more possible to have a single commissioning plan within which the commissioning of both generic and specialist services can be more focussed
 - The range in values of contracts is considerable across the 100 contracts and it may be that seeking savings is best concentrated on the larger contracts. The range is from £650 to over £650,000.
 - At the same time there are examples where a single provider holds a number of contracts. When linked with proposals to lengthen contract periods it may be that a single lower value contract can be either sought or negotiated.
 - Equally it may be that further reduction in the number of contracts can be achieved by amalgamation of the funding and the commissioning of a single provider instead of numerous ones.

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