

## Integration Joint Board

**Report By:** Chief Officer, Planning, Strategy and Commissioning, and CSWO

**Contact:** Susanne Millar, Chief Officer, Planning, Strategy and Commissioning, and CSWO

**Tel:** 0141 287 8847

### COMMISSIONING & PROCUREMENT STRATEGY 2016/17

**Purpose of Report:**

The attached document sets out the strategic context within which we will develop our approach to procurement and commissioning.

**Recommendations:**

The IJB is asked to:

- Endorse the attached Commissioning and Procurement Strategy for the Integration Joint Board and
- Direct the Chief Officer to progress the planned tender activity outlined in section 5 in his operational role within the Council and Health Board.

**Implications for IJB:**

**Financial:**

None

**Personnel:**

None

**Legal:**

None

**Risk Implications:**

None

**Sustainability:**

None



<b>Economic Impact:</b>	None
<b>Sustainable Procurement and Article 19:</b>	None
<b>Equalities:</b>	None
<b>Implications for Glasgow City Council:</b>	None
<b>Implications for NHS Greater Glasgow &amp; Clyde:</b>	None

## **1. Strategic Approach**

- 1.1 The document sets out the context in which we will develop an evolving approach that takes account of the vision and priorities as identified.
- 1.2 The approach includes recognition of the role that commissioning and procurement play in service change and helps to ensure that the Board is an exemplar of good procurement practice.
- 1.3 The document sets out action plans and related tender activity and recognises the need for commissioning to enable the Board to be efficient and effective in managing reductions in available resources.

## **2. Recommendation**

- 2.1. The Integration Joint Board is asked to endorse the Strategy.



## **Glasgow City Health and Social Care Partnership**

### **Commissioning and Procurement Strategy 2016-2017**

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## **1. Introduction**

This draft Procurement and Commissioning Strategy for 2016/17 for Glasgow HSCP sets out the strategic context within which we will develop our approach to procurement and commissioning. It will inevitably be an evolving approach and one which will require to respond to the changing context within which we are working. In addition, it will be critical to ensure that we develop and sustain meaningful, effective relationships with the third sector and with communities to ensure a partnership approach to commissioning and procurement.

## **2. Glasgow Health and Social Care Partnership (HSCP) Integration Joint Board Vision**

We believe that the City's people can flourish, with access to health and social care support when they need it. This will be done by transforming health and social care services for better lives. We believe that stronger communities make healthier lives. We will do this by:

- Focusing on being responsive to Glasgow's population and where health is poorest
- Supporting vulnerable people and promoting social wellbeing
- Working with others to improve health
- Designing and delivering services around the needs of individuals, carers and communities
- Showing transparency, equity and fairness in the allocation of resources
- Developing a competent, confidence and valued workforce
- Striving for innovation
- Developing a strong identity
- Focusing on continuous improvement

### **Our Aspirations and Ambitions**

The Glasgow City Integration Joint Board is committed to ensuring that the people of Glasgow will get the health and social care services they need at the right time, the right place and from the right person.

We want to improve outcomes and reduce inequalities by providing easily accessible, relevant, effective and efficient partnership strategies and services in local communities where possible and with a focus on anticipatory care, prevention and early intervention.

We need to become less of a dependency based (and dependency creating) service, to one that delivers outcomes and is focused on achieving the best possible outcomes for our population, service users and carers.

We believe that services should be person centred and enabling, should be evidence based and acknowledge risk.

We want our population to feel able to not only access and use health and social care services, but to participate fully as a key partner in the planning, review and design of services which support and enable people to lead the lives they want.

When we have achieved our ambitions, patients, service users and carers will see an improvement in the quality and continuity of our services, and have smoother transitions between services and partner agencies. There will be clear points of access to health and social carer services and clear routes through the system, and far less of a need to give the same information to multiple health and care professionals. People will live longer, healthier lives in their own homes and communities, with access to and use of health and social care services seen as a means to an end, rather than an end in itself.

### **3. Glasgow Health and Social Care Partnership Key Priorities**

The biggest priority for the Glasgow City Health and Social Care Partnership is delivering transformational change in the way health and social care services are planned, delivered and accessed in the city. We believe that more of the same is not the answer to the challenges facing Glasgow, and will strive to deliver on our vision as outlined below:

#### **Early Intervention, Prevention and Harm Reduction**

We are committed to working with a broad spectrum of city partners to improve the overall health and wellbeing of the population of Glasgow. We will continue our efforts to promote positive health and wellbeing, early intervention, prevention and harm reduction. This includes promoting mental well-being from birth, working to tackle poverty and working on the key contributors to poor health in the city – tobacco, alcohol, drugs and healthy weight (through diet and physical activity). We are concerned to reduce exposure to adverse childhood experiences as part of our commitment to ‘Getting It Right For Every Child’. We will seek to ensure that people get the right level of advice and support to maintain independence and minimise the occasions when people engage with services at a point of crisis in their life.

#### **Providing Greater Self-Determination and Choice**

We are committed to ensuring that service users and their carers are given the opportunity to make their own choices about how they will live their lives and what outcomes they wish to achieve.

#### **Shifting the Balance of Care**

Services have transformed over recent years to shift the balance of care away from institutional, hospital-led services towards services better able to support people in the community and promote recovery and greater independence

wherever possible. Glasgow has made significant progress in this area in recent years, and we aim to continue to build on our successes in future years.

### **Enabling Independent Living for Longer**

Priority work will take place across all our Care Groups to assist people to continue to live healthy, meaningful lives as active members of their community for as long as possible.

### **Public Protection**

We will work to ensure that people, particularly the most vulnerable, are kept safe from harm and that risks to individuals or groups are identified and managed appropriately.

## **4. Strategic Commissioning and Procurement within the HSCP**

Commissioning and procurement must operate within the context of the whole system which:

- Ensures the right balance between ensuring city-wide consistency whilst promoting and supporting innovation and consistency at a local level
- Recognises the role commissioning and procurement plays in identifying, agreeing and implementing service change(s) that require an interplay of the functions of planning, operations and professional leadership
- Understands that most effective organisations integrate planning, performance and commissioning resources to support the whole system
- Is able to commission in partnership with other agencies when appropriate, working with others for improved outcomes and to ensure duplication is avoided.
- Both understands and operates within clear business processes which include a range of aligned governance and decision making arrangements that operate at both a citywide and locality level
- Recognises the need for a systematic business cycle (that feeds corporate requirements) and delivers on the business requirements for the HSCP including :
  - the interdependency of service and financial planning systems
  - the importance of operational and locality informed service and financial planning
  - the importance of organisational performance management (and linked personal objectives) systems that are informed by and inform service and financial planning

Strategic commissioning is seen as a core function within the remit of the Strategic Care Group heads enacted through their structures with their respective Operational Leads. The HSCP commissioning activity includes both NHS and social care commissioning requirements. The diverse nature of

procured services requires diverse approaches to procurement including the use of grant aid, co-production, framework agreement services, spot purchase, negotiated tenders, and standard tendering processes.

The HSCP will be an exemplar of good procurement practice and will inter alia promote:

- Compliance with procurement legislation and guidance
- Have regard to the procurement strategies of their parent organisations and community planning partners
- Will promote transparent and open competition for awards of business
- Will seek co-produced solutions to strategic objectives through procurement
- Will promote fair employment practices
- Will promote community benefits
- Will promote economic and environmental sustainability
- Will maximise outcomes for patients/service users and communities
- Progressive integration of separate Health and social care contracts within single integrated specification, tender and contractual arrangements.

## **5. Commissioning and Procurement Action Plans**

In this section we have set out our action plan and have incorporated our planned tender activity. It will be important to ensure that we retain some flexibility to respond to the needs of the HSCP while our financial challenges will inevitably lead us to ensure that our procurement activity in tenders us as efficient and effective as we manage reductions in available resources. This will also challenge colleagues in other support functions, e.g. legal and audit services to develop a risk based approach to our procurement activity.



Action	Lead	Timescale
<b>1. Interface with GCC and GCCNHS</b>		
1a. Develop and sustain interface with GCC Corporate Procurement Unit	R Bell P Nolan	March 2016 March 2017
1b. Engagement with GCC SAMP Board	S Millar	BAU
1c. Participation in GCC Contractor Strategic Management Group	R Bell	BAU
1d. Review synergies across health and social care procurement	R Bell	Ongoing BAU
1e. Engagement with PCIP audit and verification processes.	D Miller	TBC
<b>2. Development of HSCP Procurement and Commissioning Team</b> ( Health & Social Care commissioning activity)		
2a. Use of OD monies to commission skills and training competencies in procurement to support development as partnership as an integrated entity:	T Mackie	31 March 2016
2b. Develop a sustainable training programme linked to competencies and job family :	T Mackie	20 September 2016
2c. Review of frontline/commissioning interface	R Bell/Area lead to be identified	September 2016
2d. Ongoing monitoring of contract management performance, and development of a joint approach across HSCP	R Bell/A Eccles P Coltart, D Miller, J Thomson, Annie Bryce, Ronnie Sharp	Ongoing BAU
<b>3. Development of relationships with the provider sector</b>		
3a. Working with operational leadership teams to develop an engagement strategy and co-production approach, using experience in some sectors, e.g. NHS work on Partners for Change.	R Bell, D Miller, P Coltart, J Thomson	Ongoing BAU
3 b. Development of a proof of concept approach to outcome based commissioning in partnership with provider sector	S. Wearing, R Bell	March 2016 – report in March 2017

## TENDER ACTIVITY

This section begins to lay out the tender activity required by the team, as we are aware of it. Inevitably as the Transformation work is developed we would expect additions to this tender activity.

Contract	Award Date	Tender Date	Leads	Contract Value (Notional value over 3 years)	Comments
Social Care Framework Agreement 2015	January 2015	Review Jan 2018  Tender: TBC	D Miller J McCourt	£76,000,000	
Fostering Framework	June 2016	Review date : June 2018  Re-tender date : June 2020	P Coltart P McClelland	£50,700,000	
National Care Home Contract	April 2015	April 2016	J Thomson R Doleman	£210,000,000	
Addiction Community Recovery Service	May 2016	Review dates : May 2019 May 2020  Re-tender date : TBC	P Coltart J McCourt	£6,000,000	
Mental Health Supported Accommodation	2000	Review date : 2016  Re-tender date : 2017/18	D Miller J McCourt	£25,200,000	
Mental Health Early Intervention Services	April 2016	Review date : April 2018 Re-tender date : TBC	D Miller J McCourt	£3,600,000	
Mental Health Service User/Carer Involvement	2011	Re Tender: Spring 2016  Review: Autumn 2018	Doug Adams/Ronnie Sharp/ J Bryden	£612, 500	Hosted by GHSCP re tender underway – merging into single contract for GGC
Mental Health Integrated Services	April 2016	Review date: April 2018 Re-tender date: April 2018	D Miller J McCourt	£2.700,000	

<b>Contract</b>	<b>Award Date</b>	<b>Tender Activity</b>	<b>Lead</b>	<b>Value</b>	<b>Comments</b>
Advocacy Services (Mental Health, Older people, Learning Disability)	2012/13	Re tender: Autumn 2016  Review: Autumn 2018	Doug Adams/Ronnie Sharp/ J Bryden	£2,703, 527	3 Jointly funded with GCC – will remain within GHSCP. ? Board wide contract to return to GCCNHS
Employability/Vocational Rehab (Mental Health)	2012	Consider re tender as part of the employability review process	Doug Adams / Stephen Krausen/ J Bryden	£1,636,000	All GHSCP
Homelessness Services	Various	Review date : 2016  Tender date : April 2017  Review : April 2020  Re-tender : April 2020	Pat Coltart P McClelland	£70,800,000	Discussions ongoing within Leadership Team on scope of retender activity. Will conclude end of March 2016
Addiction Counselling Services	Historical	Review: June 2016	Pat Coltart J McCourt	£900,000	
Addiction Residential Rehabilitation Services	1996	Review date : June 2016 Tender date : TBC	Pat Coltart J McCourt	£5,400,000	
National Secure Care Contract	2010	Review Date: 2017 by Scotland Excel Tender date : TBC	Pat Coltart P McClelland	£7,400,000	
Health Improvement	Various	Reviews	F Moss R Bell J Bryden	£7,100,400	These are contracted services with significant element of funding external to core HSCP funding included, e.g. one off SG monies, ADP monies. There are also a number of projects funded through HI

					grants either directly administered and/ or passed to IGF or JBG
Intermediate Care	Award Oct 2016	Tender: April 2016	J Thomson R Doleman	£10,500,000	
Carers Tender	March 2016	Tender: March 2019	J Thomson R Doleman	£3,000,000	
NHS Partnership Beds	Historical	Review: 2016 Tender: TBC	S McCorry-Rice J Thomson J Bryden	£30,000,000	

## Contract Management Review Activity

In addition to the development of our approach, the planned tender activity is also important to ensure that we continue with our contract management reviews and to ensure that the intelligence gathered here is used effectively to contribute to our tendering activity.

Contract Management Review Activity 2016/ 2018 by Commissioning Team	CM1 Quarterly Monitoring per year	CM1 Scheduled Service Review	CM2 Scheduled Service Review
Mental Health	148	37	37 (max)
24 Hour Care	264	66	66 (max)
Disabilities	388	97	97 (max)
Addictions	84	21	21 (max)
Community Services	504	126	126 (max)
Homelessness	308	77	77 (max)
Children and Families/Criminal Justice	212	53	53 (max)
Total	1908	477	477 **

All figures correct as at 2 December 2016

- \* Scheduled service reviews are carried out every 2 years or as per contract term. In addition, where a provider spans more than one care group the scheduled service review may be carried out jointly by all care teams involved. Therefore the figures quoted in the table above represent the absolute maximum number of scheduled service reviews which could be carried out in any one year, but the actual figure will be significantly lower.
- \*\* Figure does not include unscheduled service reviews, the number of which cannot be quantified due to the nature of this activity.