

Response to Commissioning and Procurement Select Committee

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My role and responsibility for commissioning spans some 20 years during this time I have been both a provider of services and latterly a commissioner of services. The experience shapes my understanding and opportunity to think about how to achieve effective services that provide the best outcome for the service recipient or service user.

My experience is predominantly in the provision of services that require demonstrable outcomes that improve the lives of people in our communities – drug and alcohol treatment services; Supporting People housing related support; services to prevent offending or reoffending by young people; employment training and skills provision; youth services and services that support community safety initiatives including domestic abuse and work with adult offenders.

Commissioning is the process through which the need for services is assessed, shaped and designed. This is based upon **a Needs Analysis** - defined by the needs of the service user group – the required outcomes and the available budget – the development of a clear **Service Specification** is the culmination of all factors being drawn together in a cohesive and comprehensive understanding of the services that are required. Commissioning continues with a cycle of contract management – performance management and review – all should be driven by a focus on **Outcomes**

Procurement is the process through which we achieve the appropriate services – the tendering and awarding of contracts, the legal process of commissioning including TUPE considerations.

Effective commissioning should engage with and assess the quality of the **Provider Market** to understand the **level of maturity within the category of provision**; the extent of the need to support and enhance development and the base line assessment of costs. My experience with commissioning has largely been drawn on working with the Charitable Sector although in some instances there is coproduction and delivery with private sector collaboration. It is clear that the private sector is moving towards greater delivery within the emerging Public Sector opportunities for the provision of care and health services.

KCC has a mixed record in commissioning and many contracts remain on a grant basis without review or retendering for considerable periods of time. KCC needs to be clear what can and should remain grant based and what needs to be commissioned. In part this addresses the issue of the relationship with the VCS – there is no clear framework and the relationship to support of the infrastructure is complex. KCC has a relationship with only a small percentage of the VCS in Kent

and this is mainly a relationship with organisations providing services to Adult or Children Social care.

Successful commissioning for the service user is when delivery to the service user reflects the need and is within a clear delivery framework; the service outcome required is explicit and achieved and the service user understands the service and it is delivered in a timely fashion. This can be on at individual and community level.

Successful commissioning from a KCC perspective achieves the required outcomes – it meets the needs of the service user and the organisation; the outcomes are measureable and the service is delivered within budget and demonstrates a reduction in demand; a reduction in the repeat need for services (if appropriate) and quality and impact is assured. Where required services demonstrate adherence to statutory obligations and fulfil all safeguarding principles.

A significant factor for many charitable organisations is the issue of annual turnover and financial provision vis a vis the level of funding attached to the tendering process. This has been modified by the recent ***New Public directives enacted by the EU Parliament – the turnover cap.*** This aims to ensure greater access and participation of SME in the procurement/commissioning of services.

Contract management should ensure the quality of services and the effective management of a failure to deliver. Many KCC contracts remain untested and the move towards more consistent practice and understanding is critical. Decisions have been taken to terminate contracts (***decommission***) by services within my responsibility and this has been based upon clear evidence of outcome, cost analysis/utilisation. The critical factor is that ***the Service Specification and final Contract is explicit on the deliverables, the outcomes required and the penalties that will apply.*** There should be no lack of clarity for the provider or the service user in what is expected and what will be delivered.