



Skillnet Group
Achieve Equality



Cabinet Office

TOGETHER FOR SOCIAL VALUE

A SOCIAL VALUE FRAMEWORK FOR ADULT SOCIAL CARE

FOREWORD

I am delighted to introduce 'Together for Social Value', a framework for Social Value in Adult Social Care. This will be a key document for our commissioners, supporting them to use the Social Value Act to achieve the best possible outcomes for the people of Kent, as defined in our Strategic Statement: *Increasing Opportunities, Improving Outcomes*.

Back in 2012, the findings of the County Council Select Committee looking into commissioning was published: *Better Outcomes, Changing Lives, Adding Social Value*. It recognised how important the Social Value Act was in achieving better outcomes and also ensuring that the added value of local voluntary and community organisations and small businesses was not lost as services were commissioned.

Kent County Council (KCC) has shown its commitment to commissioning for Social Value at a strategic level by applying Social Value criteria to all our contracts, not just those above the EU Procurement Threshold. We did this because we see the Act as one of the primary means by which we can support and work in partnership with local providers.

I recognise we still have a way to go to fully utilise the Act's potential, and that there are a number of barriers to overcome. We need to raise awareness and understanding. Commissioners must know how and what to ask for. In response, providers must know how to evidence and articulate the Social Value they already provide and how they could lever more into their provision. This document will be central to establishing that shared understanding. I am sure it will be a cornerstone for great things.

I would like to take this opportunity to thank all those who took part in the co-production work that underpinned the development of this framework, particularly Matt Clifton from Skillnet Group CIC who co-ordinated the project and the Cabinet Office who funded the project.

Graham Gibbens

Cabinet Member for Adult Social Care

INTRODUCTION

'Together for Social Value' expresses the shared goal of commissioners, providers and people who receive care and support to make as much of a difference as possible through the money KCC spends to achieve Adult Social Care outcomes. This goal calls us all to think creatively, beyond primary outcomes for people who receive care, about using all of our resources to achieve other kinds of positive changes for people and places in Kent.

To give a straightforward example, a primary social care outcome may be greater well-being for older people with dementia. The Council could simply buy a service to deliver this. However, a provider may also be able to give jobs, work experience and volunteering in their service to disadvantaged young people, making a difference to their lives too. This extra benefit, or demonstrable Social Value, can often be added by resourceful providers at no extra cost to the public purse. In some cases, added Social Value might even be worth paying extra for, if it maximises the impact public spending can achieve.

There is no limit to the creative ways in which Social Value can be achieved, for example:

- A service delivering hot meals might add Social Value by delivering library books or checking smoke alarms at the same time.
- KCC's Homecare contract is now delivered in small geographical lots instead of through a large County-wide service. This means more local providers are used, reducing the travel distance to reach clients and incentivising travel by foot or bicycle. This adds Social Value by benefitting local employment, the environment and health. Reducing car travel reduces air pollution, estimated to have caused 1050 early deaths in Kent and Medway during 2011.

This framework is intended to inspire and equip commissioners, providers and people who receive care and support to work together as equals to think firstly about outcomes for people who need adult social care, and then imagine added outcomes, or Social Value, that could be achieved for those same adults, or other people and their communities - benefitting Kent economically, socially and environmentally. Working

together as equals is captured in the term co-production. We will maximise Social Value when the insights of all three groups contribute to what is commissioned.

DOCUMENTS THE FRAMEWORK RELATES TO

Since Social Value is about better outcomes for Kent, the framework serves the outcomes defined in the Strategic Statement: *Increasing Opportunities, Improving Outcomes*.

With Adult Social Care situated within all of KCC's commissioning activity, this framework advances principle 9 of the Commissioning Framework: "We will maximise Social Value."

Commissioners should use KCC's FAQ for commissioners: Using Social Value for more detailed guidance alongside this framework, especially when thinking about Social Value throughout the Commissioning Cycle.

HOW THE FRAMEWORK WAS DEVELOPED

Strategic Commissioning in Adult Social Care and Skillnet Group CIC successfully bid for funding from the Cabinet Office to carry out this work, as one of eight Social Value Implementation and Measurement projects across the UK.

This framework has been co-produced by adult social care commissioners, providers and people who receive care, in a process led by Skillnet Group CIC, a social care provider. The centrepiece of the framework's development was a high profile multi-stakeholder workshop held in February 2016.

At this workshop 90 delegates gathered, representing providers across the private and voluntary, community and social enterprise (VCSE) sectors, covering older people, learning disability, physical disability, mental health and physical health, and included VCSE infrastructure support organisations and freelance consultants. Through providers inviting guests, there was strong representation from people who receive care across those same sectors. Delegates received a draft outline framework in advance of the workshop, which meant their input on the day, and in subsequent feedback, was deeply influential on the final text.

WHO THE FRAMEWORK IS FOR

Adult Social Care Commissioners and Procurement Officers should use this framework as a guide to embed Social Value throughout the commissioning cycle. While its immediate application is commissioned services, the framework's approach should extend beyond contracts to grant funding and aspects all partnership working. Social Value outcomes can be achieved by supporting services funded from other sources or contracted by other organisations.

Adult Social Care Providers should use this framework to guide their identification of the Social Value they already achieve, and their imaginative use of resources to create more Social Value. Providers who are deeply committed to maximising Social Value should feel valued by this framework. It will guide providers as they engage with commissioning and respond to opportunities. The framework embraces providers across the public sector (provision by Kent County Council), private sector and VCSE sector.

People who receive care and support are also encouraged to use this framework to influence what kind of differences providers make. When people who receive care, and other beneficiaries such as volunteers, are given a voice as Trustees, Directors or representatives in advisory forums, this supports social wellbeing and confidence, which has Social Value benefits and providers gain stronger insights into what kind of care works. An easy read version of this framework is available to support this.

Providers and people who receive care alike should see this framework as a means to

“hold all services to account for the delivery of KCC’s strategic outcomes”

(Principle 6 of the [Commissioning Framework](#)), including maximising Social Value.

KCC Members will also be interested know about the Framework and importantly in understanding the part it can play in the decisions-making process of the council, given that the Framework relates well with significant policy documents of the authority such as the KCC Strategic Statement and Commissioning Framework.

THE PUBLIC SERVICES (SOCIAL VALUE) ACT 2012

The vision to make as much of a difference as possible when buying public services is reinforced by the [Public Services \(Social Value\) Act](#), which became law at the end of February 2012. Under Subsection 3, KCC must consider:

- (a) how what is proposed to be procured might improve the economic, social and environmental well-being of the relevant area, and
- (b) how in conducting the process of procurement, it might act with a view to securing that improvement.

As brief examples, economic well-being could include creating jobs; social well-being could mean reducing social isolation; environmental well-being could be advanced by using less and cleaner energy. These categories are deliberately broad; there is no definitive list of Social Value benefits. This gives commissioners and providers freedom to respond innovatively to local needs.

“Relevant area” means the geographical area KCC is responsible for, so Social Value must mean outcomes for Kent. A provider may have impressive corporate social responsibility commitments, for example donating old IT equipment to a developing country, but if they do not serve Kent, they cannot be counted as Social Value under the Act.

Social Value must be **relevant and proportionate** to the core public service being procured (Subsection 6). In the Introduction’s simple opening example, a contractor caring for older people with dementia is also creating opportunity for disadvantaged young people. Because those opportunities relate to the care service, they are relevant Social Value outcomes. They are also proportionate, because it is reasonable to expect a provider to create such opportunities within their service. On the other hand, it would be irrelevant and disproportionate, for example, for a small care service in West Kent to be expected to add Social Value by creating opportunities in Thanet, far away from their work and local connections.

The Act requires KCC to consider Social Value only when the contract value is higher than the threshold at which it must be advertised in The Official Journal of the European Union (OJEU). However, to make as much of a difference as possible, in its Commissioning Framework, KCC has committed to considering Social Value for all commissioning (see principle 9: “We will maximise Social Value”).

WHAT SOCIAL VALUE MEANS WHEN ADULT SOCIAL CARE IS COMMISSIONED

'A LIFE NOT A SERVICE' - TRANSFORMATION IN ADULT SOCIAL CARE

Adult Social Care in Kent is undergoing transformation, on the basis that people should be supported to live full and active lives in their own communities, and that community-based support for well-being will help them maintain their independence at home.

The strapline of this transformation is **'a life not a service'**. Support needs to be more personalised to enable people to achieve the outcomes that matter most to them. Whereas historically, Adult Social Care has commissioned 'a service', Adult Social Care is now on a journey to commission for **'outcomes'**.

This illustration shows the approach, which puts the individual at the centre of all care, looking for ways to support their lifestyle and keep them engaged and connected to the things that matter to them:



This reflects a new requirement that the Care Act 2014 has placed on local authorities to ensure services are available to people which prevent, reduce or delay entry into social care. People using services and their carers have high expectations and rightly want to lead full and rewarding lives, but we know poor health and social isolation are factors that lead people to require on-going services. Adult Social Care will work with individuals, their families and providers to consider not only the support people need for a particular life-stage, but how their needs might change throughout the course of their life, so that support is more responsive to emerging needs.

At the same time, untapped power and strength lies within the communities that people live in. As well as empowering individuals to take more responsibility for their own health and well-being, Adult Social Care is seeking to empower and build capacity

within communities to support social action. This means the development of networks of relationships for mutual support, utilising community-owned facilities and harnessing the goodwill, resilience and drive of people in communities to enable the most vulnerable among them.

A DEFINITION OF SOCIAL VALUE OUTCOMES IN ADULT SOCIAL CARE

In the context of adult social care commissioning for outcomes for people who need care and support, Social Value outcomes can be broken down into four categories:

1. Outcomes for adults receiving social care *over and above* their outcomes from core delivery

An example of this could be a beneficiary of mental health services moving into a provider's workforce, using their first-hand experience to support others and train colleagues. It could mean a beneficiary being supported to become a Non-Executive Director or Trustee of the provider organisation. Such roles and opportunities are likely to increase well-being for those beneficiaries, as well as bringing expertise by experience to a provider's team or governance.

If these outcomes are innovations that are currently the exception, not the norm, they may be suited to becoming standard good practice in future, moving from Social Value outcomes in this commissioning cycle to Core Delivery outcomes in the next, as a result of the Review phase (see CO-PRODUCING SOCIAL VALUE OUTCOMES THROUGHOUT THE COMMISSIONING CYCLE below).

2. Outcomes for other people who benefit from engaging with adults receiving social care

The introduction contained an example of this kind of Social Value outcome, in which disadvantaged young people benefit from the chance to support older people with dementia. A contract reserving places for apprentices who are looked-after children or interns with learning disabilities in its care workforce would be another example. Unpaid volunteers typically benefit in this way, especially if the chance to volunteer reduces social isolation. This kind of benefit should be sought by

commissioners and measured by providers, not crudely as simple numbers of volunteers or the salary cost equivalent if they were paid (outputs), but in the changes that take place for them through volunteering (outcomes).

3. Outcomes for other people and communities in Kent beyond those who engage regularly with the social care service

Some providers and the people they support find powerful ways of working together to achieve wider impacts on their communities. For example, a learning disability day service might organise regular visits to schools to educate pupils on what it means to have a learning disability, and how people want to be treated. As well as serving strong core outcomes in confidence and skills for people with learning disabilities, the schoolchildren's learning is an added Social Value outcome.

4. Outcomes for Kent's environment and economy

Wider environmental and economic benefits can also enhance core outcomes for people. For example, a service supporting people to live independently in their own homes is likely to reach people living in fuel poverty, unable to afford to heat their homes adequately. If this service arranges a retrofit of insulation to those homes, this achieves the double impact of reducing fuel poverty and reducing CO₂ emissions, which is added environmental Social Value.

HOW SOCIAL VALUE OUTCOMES WILL BE DEVELOPED

PRINCIPLES FOR DEVELOPING SOCIAL VALUE OUTCOMES

The Social Value Act is deliberately flexible, giving public bodies like KCC freedom to determine what best suits local needs and providers the opportunity to innovate.

When commissioners, providers and people who receive care came together in the Social Value workshop and thought about how Social Value should be co-designed in the pre-procurement phase, the following principles emerged from the discussion:

1. The goal of achieving Social Value outcomes must never compromise the quality of core delivery of a service.

This principle recognises that the quality of the core service is paramount. Social Value goals could be ambitious in a way that compromises this. For example, excessive dependency on volunteers or apprentices could mean a reduction in delivery by a skilled, qualified workforce. When shaping Social Value outcomes, commissioners should ask providers if they will risk compromising quality.

2. Expectations of Social Value should be ambitious, but also tempered by awareness of the capacity of providers and the pressures they are under.

Some providers already feel they are expected to do more with less, increasing pressure and weakening their organisation. The best kind of Social Value recognises that resources are limited and thinks imaginatively about how to make the most of them to change lives. During market engagement, providers should feel they are encouraged to raise concerns about the potential of Social Value goals to overstretch their resources.

3. Expectations of Social Value should be attentive to the socio-economic landscape providers operate in.

For example, the hope of vulnerable adults achieving paid work will be influenced by local jobs markets. This may mean there are fewer opportunities in some areas of Kent.

4. Social Value outcomes should not be so prescriptive and narrow as to inhibit innovation from providers.

The key to getting the balance right between prescribing Social Value strategically and promoting innovation lies in the careful use of both specified requirements and open questions in the evaluation of bids. These ensure providers are able to demonstrate how their service goes beyond the specification into the delivery of Social Value. See the next section for guidance. As with core delivery, commissioning for Social Value should seek measurable outcomes, not outputs, and take care not to prescribe rigidly the means of achieving outcomes.

- 5. Relationships are essential to strong Social Value outcomes, which means providers must have the ability to connect people with each other, with their local communities and with the opportunities other organisations offer.**

Social Value outcomes should promote partnership-working and collaboration, acknowledging that competitive markets can divide providers from each other.

- 6. In larger contracts with supply chains, Social Value outcomes should promote equal access for small and medium-sized organisations (SMEs).**

As a benchmark, in August 2015, central government set a target that, by 2020, a third of government spending will be with SMEs, directly or through the supply chain. For example, the subdivision of a large service into small geographical lots supports small providers who are rooted in their local community, with access to local knowledge and resources. This strengthens local economies and local employment, leading to Social Value outcomes. Indeed, under the Public Contracts Regulations 2015, Regulation 46(2), KCC is required to explain why any decision was taken not to subdivide a contract into lots to encourage access for SMEs. See below on 'Market Shaping' under the Care Act 2014.

SPECIFIED REQUIREMENTS AND OPEN QUESTIONS

Before commencing the procurement process and issuing tender documentation, commissioners will engage providers and people who receive care to co-design the Social Value outcomes that will be sought alongside core social care outcomes.

Market engagement events are good opportunities to think together about Social Value. At the same time, providers will have their own ideas and methods, and may not want to disclose these before they tender. This suggests the need for two ways of asking bidders in the tender documentation about the Social Value they will deliver:

1. Specified Requirements

The award criteria questions will specify the co-designed Social Value outcomes required by the service, asking bidders how they will deliver them.

The **advantages** of using specified requirements are that they:

- Have been co-designed beforehand, and have therefore been shaped by a wide range of insights.
- Achieve a consistency of response in tenders. This ensures transparency and equity in the evaluation, making it more objective and structured.
- Are easier to explain to providers who are unfamiliar with Social Value.
- Are more likely to be delivered, according to the experience of authorities experienced in implementing the Social Value Act.

The **disadvantages** of using specified requirements are that they:

- Are less likely to challenge bidders to exceed Social Value targets and deliver over and above those requirements if they are too prescriptive.
- May lead to seeking outputs, not outcomes, when providers may have more effective ways of securing the outcomes sought.
- May inhibit innovation from providers who have a Social Value offer not revealed or anticipated during the co-design process.

An example specified requirement question:

As added Social Value, the authority wishes to see at least three young people who face disadvantage achieve the outcome of high quality, sustained, paid work. Describe the steps that will be taken to ensure that at least three new social care apprenticeships or sustainable job starts (minimum six months) will be created during the lifetime of this contract.

Commissioners should use their understanding of the provider market to ensure that prescribed and specified Social Value outcomes do not inadvertently exclude high quality providers who may struggle to fulfil them, or inhibit innovation from providers who have a unique Social Value offer.

2. Open Questions

The award questions outline the broad areas in which KCC is seeking Social Value, inviting bidders to respond by specifying their own outcomes and how they would achieve them. An open question should ask the provider how Kent's people and communities have been involved in determining their proposed outcomes and methods.

The **advantages** of using open questions are that they:

- Promote outcomes, not outputs, allowing providers to present their own methods for achieving them.
- Give opportunity to providers to use their creativity and expertise to offer outcomes and solutions that were not anticipated before inviting them to tender.
- Allow VCSEs to champion the Social Value they bring to their communities, which may not match specified requirements.
- Can encourage providers to deliver 'above and beyond' for Social Value, creating a greater and potentially more diverse range of benefits.

The **disadvantages** of using open questions are that they:

- Are likely to lead to different kinds of Social Value offers in competing tenders. These are very difficult to assess comparatively, meaning evaluations will be more subjective and less structured.
- May lead to Social Value offers that are not as closely aligned with KCC's strategic priorities as specified requirements, because they were not co-designed with commissioners.

- Invite outcomes that may not have been co-designed with beneficiaries, which is why it is important to ask about this in the open question.

An example open question:

Describe how KCC's priority of Local Employment will be advanced through added Social Value. This means the creation of local employment and training opportunities. The answer should define the local employment outcomes you will achieve, supported by detail of how and when they will be delivered, and how they will be measured and evidenced. Please also explain how Kent's people and communities have been involved in determining your outcomes and methods.

Given the advantages and disadvantages of each kind of question, the best outcomes are likely to be secured by using both. Co-designed specified requirements could be listed first, inviting a response, followed by a standard open question inviting additional innovation from providers. Based on the judged importance of specified requirements, the scoring of answers could be weighted in the evaluation of tenders, for example assigning 60% of the score to specified requirements, and the remaining 40% to additional outcomes offered in response to an open question.

EVALUATING SOCIAL VALUE IN TENDERS

It is important to note that any specified Social Value required from providers can only contribute to the scoring of a tender if it is relevant, i.e. related to the core outcomes sought by the contract.

This means required Social Value outcomes should arise directly from the same delivery that achieves core outcomes. For example, a contract to supply equipment to enable adults with disabilities to live independently would struggle to establish the relevance of requiring apprenticeships. Another example is a requirement to pay the Living Wage calculated by the [Living Wage Foundation](#). It brings demonstrable social benefits, but it would be difficult to argue that it relates to the core outcomes of any contract. If a commissioner wants any kind of required Social Value to be taken into account in an evaluation, it must be supported by outcomes documented in KCC's strategic priorities and policies, central to which is the Strategic Statement: *Increasing Opportunities*, *Improving Outcomes*. On the other hand, Social Value offered in response to an open question can be scored, which is the approach KCC has usually taken.

KCC may ask a provider to deliver additional social benefits that are not considered or scored as part of a tender evaluation, but which are included as requirements of a contract and will be monitored by the commissioner. These are known as 'performance indicators or key performance indicators (KPIs)', and will be detailed in the contract management schedule of the tender documentation. Any such performance obligations need to have been co-designed with providers and people who receive care in the stages leading up to the final tender submission.

KCC's Procurement team have developed a standard evaluation template giving a menu of options to best fit an Invitation to Tender. This offers the choice to score Social Value separately once a bid has met a minimum quality and price threshold, which helps ensure Social Value comes within the commission's budget. Alternatively, Social Value can be embedded into the questions asked about the quality and price of core social care outcomes, and contribute to the scores given to answers to those questions.

For more guidance on the best approach to evaluating Social Value, commissioners should refer to Question 5 of the FAQ for commissioners: Using Social Value and consult their procurement Category Manager.

As a guideline, a survey of leading local authorities on Social Value such as Croydon, Bristol and Knowsley suggests that added Social Value typically accounts for 10% of the total score, with the remainder apportioned as normal between quality and price.

CO-DESIGNING SOCIAL VALUE OUTCOMES

While Social Value outcomes will vary from service to service in adult social care, they should be influenced by the following sources:

KENT'S FIVE SOCIAL VALUE PRIORITIES

KCC has set five priorities for Social Value across all its commissioning activity. These are set out in principle 9 of the [Commissioning Framework](#). Delegates at the Social Value workshop outlined what matters most within these priorities when commissioning Adult Social Care:

Local Employment: *the creation of local employment and training opportunities.*

Delegates highlighted that employment and work experience for people who receive care is very significant for well-being, and should be central to Social Value outcomes wherever possible.

Buy Kent First: *buying locally where possible to reduce unemployment and raise local skills (within the funding available and whilst minimising risk to KCC).*

Delegates suggested that a commitment to buy from Kent businesses and social enterprises that employ disadvantaged people could be a means to benefit other people who receive care beyond the core beneficiaries of a service.

Community Development: *the development of resilient local community and community support organisations, especially in those areas and communities with the greatest need.*

Delegates valued approaches that feature co-production, placing people who receive care as equals and leaders in the services that support them. Commissioned services should enable people to build the confidence and experience to influence decision-making in provider organisations, support their peers and contribute to their communities. Commissioning should also enable communities to be more resilient: able, for example, to recover quickly from severe weather.

Good Employer: *support for staff development and welfare within providers' own organisations and within their supply chain.*

Commissioners should expect policies and practices that support the well-being of the workforce, with investments in skills, training and supportive supervision and appraisal. Sometimes employees are also unpaid carers of relatives or other vulnerable people, through fostering for example. The provider should use policies that affirm and support such commitments outside work. The Invitation to Tender can ask for these policies to be summarised or submitted in full. Delegates also proposed that raising the literacy and numeracy of care staff should be a Social Value priority, especially where employees were ill-served during their education.

Green and Sustainable: *protecting the environment, minimising waste and energy consumption and using other resources efficiently, within providers' own organisations and within their supply chain.*

To promote green and sustainable outcomes, commissioners will now expect providers to have achieved, or be working towards, Steps To Environmental Management (STEM) accreditation, or an equivalent.

Delegates suggested Social Value could mean supporting vulnerable adults to be energy-efficient to save money on energy and create warmer, healthier homes. It might also mean minimising the travel time between domiciliary care visits. Providers should also focus on efficiency savings by reducing their use of natural resources such as the energy used in buildings and vehicles, and water. Providers should also minimise waste, especially if it is non-recyclable.

Social Value outcomes within these priorities should be tailored to the specific needs of the Kent local communities in which outcomes are delivered. Providers should demonstrate knowledge of these local needs in their tenders, either through their own experience in those communities or through that of local partners.

THE STRATEGIC STATEMENT: INCREASING OPPORTUNITIES, IMPROVING OUTCOMES

Because the Statement lists the high level outcomes for everything KCC does, it should be a central resource for planning Social Value that achieves or supports those outcomes. See also MEASURING AND REPORTING SOCIAL VALUE below. Of the three top-level strategic outcomes, the third describes what Adult Social Care seeks through core delivery:

- **Older and vulnerable residents are safe with choices to live independently.**

As explained above in the definition of Social Value in Adult Social Care, this outcome can be enhanced through Social Value, for the same, or other, vulnerable people that a service supports.

Social Value also has the potential to serve the first two strategic outcomes:

- **Children and young people in Kent get the best start in life.**

For example, a provider may form partnerships with schools, or offer work experience to young people.

- **Kent communities feel the benefits of economic growth by being in-work, healthy and enjoying a good quality of life.**

For example, a provider may commit to raising skills within their workforce, or take initiatives to protect Kent's natural environment.

The Statement details supporting outcomes under these three themes, with suggested measures for monitoring progress. These lend themselves for use by commissioners and providers to develop and measure Social Value. See also the last section of the framework: MEASURING AND REPORTING SOCIAL VALUE.

CO-PRODUCTION WITH PROVIDERS AND PEOPLE WHO RECEIVE CARE AND SUPPORT

Social Value outcomes should be developed in close collaboration with providers and people who receive care and support. Market engagement events and other initiatives to work together should therefore be accessible to the relevant vulnerable adults. For example, this might mean ensuring convenient access by public transport, or arranging

an easy read agenda for people with learning disabilities. As an example of doing this in practice, a representative group of people who receive care gathered during the Social Value workshop to discuss what kind of differences mean the most to them. Three main themes from their discussion should guide thinking on what kind of Social Value to commission. People value:

- **The chance to “give something back”.**

Where possible, Social Value outcomes should mean people who are supported are enabled to contribute to their communities, or even become supporters themselves, for example as peer-mentors.

- **Influencing services as ‘experts by experience’.**

People who receive care have first-hand experience of what does and does not work, often accompanied by an energetic passion to help improve services. Social value outcomes should feature opportunities for people who receive care as advisors, in monitoring quality, and even as Trustees or Directors.

- **Being employed.**

Where it is achievable for people who receive care, paid work has powerful beneficial effects on independence, a sense of belonging and contributing, and on mental health.

It should be recognised that our ‘experts by experience’ at the workshop were all people whose degree of frailty and vulnerability did not present a barrier to attending and taking part. Their perspective therefore reflects the mild to moderate range of social care needs. There are many people with more acute needs for whom employment, for example, is out of the question – yet employment is an emphasis in the themes above. This highlights a limitation to the framework’s breadth of co-production. As far as possible, bearing in mind the implications for time and resources, co-production with providers should seek and include equally the perspective of the most vulnerable, hard-to-reach groups.

THE CARE ACT 2014

Social Value has the potential to advance the spirit of the Care Act. In particular, the development of Social Value outcomes should consider opportunities to promote:

- **Wellbeing**, which means people are enabled to build friendships and connections with others in their community. For example, a provider may create opportunities for disadvantaged, isolated people to volunteer within their commissioned service.
- **Prevention**, which means reducing the need for care and support of adults, and support of carers. For example, a service offering supported internships to young people with learning disabilities could help prevent the need for lifelong social care by enabling independence through employment at a young age.
- **Market Shaping**, advanced by facilitating a vibrant, diverse and sustainable market for high quality care and support, regardless of how the services are funded. For example, a lead strategic partner may commit to subcontracting a percentage of provision to small and medium-sized providers across the private and third sectors, and offer free or discounted training to those small partners.

OTHER SOURCES

As well as the above sources, commissioners also intend to work with providers to develop a 'suite of options' for Social Value outcomes, measures and financial proxies tailored for Adult Social Care, which can then be built into specifications. For a basic explanation of what is meant by 'financial proxy', see PRINCIPLES FOR MEASURING AND REPORTING SOCIAL VALUE OUTCOMES, principle 12, below.

It may be possible to achieve adult social care outcomes through Social Value commissioned in other KCC contracts. This would be the case for any KCC contract that creates opportunities for vulnerable adults. Conversely, adult social care could pursue Social Value in its contracts that serves the core outcomes sought elsewhere in KCC's commissioning activity. A requirement for social care apprenticeships would be an obvious example, especially if this serves KCC targets to reduce the number of young people not in education, employment or training (NEET). This potential calls commissioners to network across Directorates, championing the outcomes they are seeking and building awareness of commissioning across the Council. Directorate Business Plans include a requirement to list all commissioning activity planned for the

year ahead, offering a useful resource to identify potential links. For more guidance, see Question 9 of the FAQ for commissioners: Using Social Value.

CO-PRODUCING SOCIAL VALUE OUTCOMES THROUGHOUT THE COMMISSIONING CYCLE

KCC's [Commissioning Framework](#) explains the commissioning cycle in the course of outlining principle 2: 'A consistent commissioning approach to planning, designing and evaluating services.' Principle 3 commits to involving 'the right people' at 'the right stage' of commissioning. When commissioning adult social care, Social Value outcomes will be co-produced by commissioners, providers and people who receive care, as commissioners aim to ask the right questions at the right times during the cycle through means such as market engagement events and consultations. The outline cycle below highlights the key questions to ask.

High quality co-production, especially with vulnerable people, takes time. For example, an engagement event which is inclusive of people with learning disabilities may need more time than usual for each agenda item, and plenty of notice beforehand so arrangements can be made to support attendance. The analyse and plan stages in particular need careful advance planning with generous timescales so co-production is not rushed and compromised.

THE ANALYSE STAGE

KEY QUESTIONS FOR PROVIDERS AND PEOPLE WHO RECEIVE CARE AND SUPPORT:

“As we think about how to achieve the best outcomes for people who need care and support, what added differences can we make for them, other people, communities, the environment and economy at the same time?”

“Are there added differences this service has made that should now become standard practice for all providers of this care and support?”

This question is asked on the grounds that what begins as innovation has the potential to become standard good practice.

“Are there added differences currently being made that we risk disrupting or losing through recommissioning?”

The potential impact of disrupting or losing Social Value outcomes through recommissioning should be assessed within a co-productive approach to the analyse stage. For example, given that ‘Good Employer’ is one of KCC’s five priorities for Social Value, will recommissioning adversely affect a workforce currently providing a service? Another example might be a new mentoring or buddy scheme that was created as added Social Value. Did it become a highly valued and needed service? If so, how can it be sustained? Should it now become a core requirement?

Responses to these questions will be included in the diagnostic report.

Commissioners will also analyse the potential for core outcomes to be achieved through Social Value in other commissioning activity and partnership working elsewhere in KCC.

THE PLAN STAGE

Potential Social Value outcomes from the diagnostic report will become provisional Social Value outcomes in the commissioning plan.

KEY QUESTIONS FOR PROVIDERS AND PEOPLE WHO RECEIVE CARE AND SUPPORT:

“How should the added differences we want to make be defined as specific Social Value requirements in this contract?”

“How should those requirements be measured and evidenced?”

Responses to these questions will be included in the service specification. They contribute to award criteria if they relate to the service.

During the plan stage, it is very important to think through potential risks arising from specifying required Social Value:

“Do these Social Value requirements risk compromising the quality of core delivery?”

“Do these Social Value requirements risk excluding any high quality providers from tendering?”

Responses to these questions may lead to modification of Social Value requirements.

Within overall consideration of contract length, commissioners should consider the potential of a longer contract to achieve strong, more sustained Social Value outcomes. In longer contracts, stronger and adaptable performance management may be needed to ensure Social Value is sustained throughout lifetime of the contract.

The award criteria will typically use both specified requirements and open questions (explained above in HOW SOCIAL VALUE OUTCOMES WILL BE DEVELOPED):

- Specified requirements already co-produced, and informed by other sources, to deliver strategic Social Value outcomes.
- Open questions to encourage additional innovation. Providers may prefer not to disclose their Social Value ideas and methods before tendering.

THE DO STAGE

CONTRACT MANAGEMENT

However strong the commitment is from commissioners and providers alike to achieving Social Value, there is always a risk that actual delivery falls short of the ambition expressed in a tender. Effective contract management using monitoring and review is essential to making it happen.

All Social Value outcomes and measurements need to be included in the contract. A distinction should be made between those required by the specification and those offered as additional Social Value by the provider in their tender. Where Social Value is a commitment from the provider in response to an open question, careful thought needs to be given to how this commitment will be measured and managed during the contract. Bidders should be asked to propose in their tender how this will be done.

In keeping with the principles for measuring and reporting Social Value outcomes, detailed below, key performance indicators (KPIs) should be drafted and agreed. They should reflect the importance of Social Value within the overall provision, be achievable, and as light-touch as possible in data collection requirements.

KEY QUESTION FOR THE CONTRACTED PROVIDER(S) AND PEOPLE WHO RECEIVE CARE AND SUPPORT:

“Are the Social Value outcomes in this contract still relevant? Should they be revised?”

The contract will integrate periodic Social Value reviews, encouraging compliance and recognising that needs and possibilities may change during the lifetime of the contract. Commissioners may include the requirement for an annual Social Value statement. Social Value reviews should contribute to a culture of ongoing partnership and co-production.

THE REVIEW STAGE

KEY QUESTIONS FOR THE CONTRACTED PROVIDER(S) AND PEOPLE WHO RECEIVE CARE AND SUPPORT:

“Are there added differences this service has made that should now become standard practice for all providers of this care and support?”

This precedes the same question to be asked more widely during the next analyse phase. Innovative Social Value promised and then proven during the contract will potentially multiply in impact if it can become standard practice, required in the next contract specification.

MEASURING AND REPORTING SOCIAL VALUE

As soon as work began developing the framework, it was clear there is no consensus in Kent among providers, and even among commissioners, on the best methods and tools for measuring social outcomes. As Kent's Voluntary and Community Sector Policy remarks in its section on Social Value:

“KCC must become more sophisticated at determining the outcomes we wish to achieve and our priorities in relation to social value. But equally, providers must also get better at proving their social value contribution. The VCS and social enterprises are well placed to deliver social value, but articulating this presents a challenge. However, over time measures will mature as good practice is shared.”

This reflects the fragmented picture across the UK. Lord Young's 2015 review of the Social Value Act remarked that “social value measurement lacks generally accepted techniques, standards (i.e. so that people know what to measure and when), and clarity around what commissioners want to see.”

Given this difficulty, the Strategic Statement: Increasing Opportunities, Improving Outcomes offers a strong foundation for guiding approaches to measurement which are tailored for Kent. As outlined above in CO-DESIGNING SOCIAL VALUE OUTCOMES, the Statement presents three over-arching outcomes:

- **Children and young people in Kent get the best start in life**
- **Kent communities feel the benefits of economic growth by being in-work, healthy and enjoying a good quality of life**
- **Older and vulnerable residents are safe and supported with choices to live independently**

Each of these is amplified by several supporting outcomes, each in turn reflected in several suggested measures to track progress. These offer off-the-shelf Social Value indicators. For example, the primary outcome of economic growth has a supporting outcome of business growth through a well-skilled workforce. One of six measures suggested for tracking this is an increase in the number of working age people with vocational qualifications. This could be translated into Social Value through a requirement to upskill the provider's workforce through social care qualifications. This could be defined as a set number of employees achieving a qualification per set amount

of spending on social care within the contract, e.g. one qualification achieved for every £250,000 spent.

When analysing their existing Social Value and thinking about new possibilities, providers should use this statement as a reference if they are interested in tendering to deliver public services. Their presentation of Social Value in tenders should be aligned to the statement's outcomes and indicators.

Notwithstanding this foundation for measuring outcomes, even within adult social care, the variety of outcomes sought through commissioning calls for flexibility in how measures are designed. In the course of co-producing the framework, thirteen principles emerged to guide the development of measures and reporting that will be specific to a contract. They reflect a dialogue between commissioners and providers about respective needs, and apply as much to core delivery as to Social Value. They also seek to be attentive to the benefits and risks inherent in measuring outcomes.

PRINCIPLES FOR MEASURING AND REPORTING SOCIAL VALUE OUTCOMES

1. Measures will be planned together with providers before they are specified.

This is a commitment to co-production and the insights it captures.

2. Measures will be meaningful, which means they are directly related to the outcomes sought. We will value and measure the things that matter, not just the things that are easy to measure.

For example, measuring the number of apprenticeships created through a contract is easy. There are also methods and resources for estimating the financial savings to the public sector of an apprenticeship. However, the increase in well-being of those apprentices is the outcome that matters most. This is harder to measure, but there are proven methods to do it through asking careful questions about well-being before and after the apprenticeship. In the same vein, volunteering is often presented as added value through a total number of hours worked, perhaps with an associated financial value calculated using the minimum or living wage. But what did those volunteers do, and what difference did this make to themselves and others? It takes more effort to capture those outcomes, but they are the measures that really matter.

When thinking about potential Social Value and its measures, commissioners and providers should bear in mind that Social Value may take forms that simply defy quantifying. How do we measure, for example, the impact on the very young and very old when a pre-school nursery visits a care home for adults with dementia every month? To any observer, the impact is profound and beautiful, but defies measurement. The development and presentation of required Social Value in tender documentation should take care not to devalue and marginalise this kind of life-changing innovation. This difficulty can be overcome by the use of narrative, photographic, audio or video accounts of outcomes, complementing numeric and economic measures - see principle 13.

3. Measurement must not devalue lifelong care given to people whose conditions mean there is limited potential for a measurable reduction in care.

This principle recognises that measurement in social care can steer commissioners and providers towards prioritising people with the greatest potential to evidence savings in the cost of care. The planning of measures should be attentive to the equal interests of the most vulnerable, whose need for substantial, expensive care packages may be permanent. This means placing equal importance on progression in confidence and skills, and planning measures to reflect this emphasis.

4. Measures and reporting will be proportionate and as light-touch as possible.

Measurement is intended to serve delivery and not distract from it. In the same vein, reporting will be as brief and infrequent as possible without compromising quality and rigour.

5. Measures should be simple enough to not require skills and resources that are unachievable for small providers.

As an example, social return on investment (SROI) is an established and credible methodology for measuring Social Value. However, it calls for skills, resources and monitoring budgets that may be beyond the reach of SMEs, and disproportionate to the size of their work. Favouring the use of such in-depth methodologies may disadvantage smaller providers.

6. Planning for measurement should avoid duplication with other statutory bodies monitoring the same provision.

For example, the Care Quality Commission or Ofsted may already be capturing the same measures with care providers, especially those delivering education in the context of day care.

7. While measures must be meaningful for everyone who benefits from a service, Social Value outcomes that are unique to individuals will also be sought and valued.

This is a commitment to personalisation, recognising that generic measures may do an injustice to changes that are unique to an individual, or individuals. For example, among several apprenticeships achieved as Social Value in a contract, one young person may achieve added outcomes in better mental health because of employment, with reduced admissions to mental health support services. This kind of individual outcome should be captured, presented and valued. If it is possible to anticipate unique individual outcomes in a tender, they should likewise contribute to the scoring of the response to an open question on Social Value.

8. Commissioners will expect providers to be transparent about how they measure outcomes and not over-claim.

Providers should only claim the value they are responsible for creating. It is a natural temptation for providers to take the credit for outcomes that were not entirely a result of their work. When reviewing Social Value reports, it is good practice to ask questions such as “Was this outcome a direct result of the work you did, or did another service bring about the outcome as a whole or in part?”; “Is it likely this outcome would have happened anyway, without your intervention?”

9. Commissioners will arrange independent verification of measurement if resources allow.

This is an ideal in the interests of rigour, and it may be disproportionate in cost to arrange this. If it can be arranged, any independent verifier must bring the necessary experience and skills, and carry legitimacy with commissioners and providers alike.

10. Measurement will use providers’ existing systems wherever possible.

Providers will typically use systems they have already invested in and are comfortable using for monitoring and reporting outcomes, sometimes across multiple contracts with several authorities. To support providers to administer contracts efficiently, commissioners should accept the reporting output of these systems if they are fit for purpose, or minimise the impact of migrating to a different system if this is unavoidable.

11. Commissioners will work with providers towards using common outcomes frameworks for different sectors.

This co-productive process should include developing an agreed set of social value measures and financial proxies for those measures.

12. Financial proxies will be considered as a means to evidence savings and value for money, but never allowed to compromise the best outcomes for social well-being.

A financial proxy means attaching a financial value to a numeric measure. For example, one person moving into paid work achieves financial savings through ending work-related benefits, and financial gains through new income tax and national insurance payments. There are clear benefits to using such proxies to measure Social Value and evidence value for money in procurement. At the same time, this approach risks steering commissioners and providers alike into focusing on outcomes with the highest financial values, or outcomes that lend themselves to financial proxies over those that do not.

To illustrate the risk, imagine two adults, both of whom need social care. Both are supported to achieve outcomes which substantially increase their well-being, the first by moving into paid work, and the second by moving into volunteering. We measure the change in well-being, and find a greater difference has been made for the second person. But the financial value of the outcome is greater for the first person, because paid work achieves greater savings and gains. If providers are incentivised to maximise their financial Social Value, as will happen in contracts with a goal to secure a minimum percentage of Social Value relative to the total contract value, they will gravitate towards outcomes that deliver the most financial Social Value, even if these diminish social well-being outcomes. Social Value goals should therefore always be expressed in terms of outcomes for people and places, not as goals for financial savings.

Ordinarily, in commissioning and procurement, we decide the outcomes we want, and then procure to deliver them with maximum value for money. Financial proxies in Social Value risk reversing this order, if we decide to maximise financial Social Value, and then choose the outcomes that achieve the greatest financial savings and gains. Financial proxies are therefore useful to evidence value for money, but should never be allowed to steer decisions about which Social Value outcomes are sought.

13. Commissioners will seek and value qualitative ‘stories’ of outcomes as well as quantitative data.

Numeric and economic indicators are limited in their ability to describe the value of changes to people and communities. The illustration used in principle 2 on meaningful measures is an example of this limitation, which can be overcome by the use of narrative, photographic, audio or video accounts of outcomes. These accounts should support providers to make the most of their reporting, for example using the same stories in publicity and press releases. Whenever possible, they should feature first-hand accounts from people who receive care and support.

COMMITMENTS TO INFORM AND EQUIP PROVIDERS

KCC is committed to on-going support for providers to understand, plan, achieve and maximise Social Value, through its contract for VCSE infrastructure support, and initiatives such as the STAMP programme.

KCC is also committed to outlining Social Value intentions in the Market Position Statement for Adult Social Care.

SELECTED CASE STUDIES

[NCVO’s Social Value and Commissioning Toolkit](#) highlights several short case studies, including the Warmer Homes programme led by the Knowsley Third Sector Consortium. In addition to core outcomes in reducing illness and improving mental health for vulnerable residents, the programme achieved quantified Social Value in peer-

education, skills, volunteering, reducing waste and reducing social isolation. These outcomes were innovations in response to an open question on Social Value in the Invitation to Tender.

Six Degrees CIC in Salford uses the Mental Health Recovery Star to understand the value of recovery for people they support as well as their wider Social Value.

The Supporting Leicester Families Programme sought to confront the problem that, despite significant investment in services, many families still experience the same problems from one generation to another. As an example of a meaningful approach to measurement, a thorough research exercise identified 25 common issues, which were then measured across a sample of families accessing services. This allowed the programme to identify the changes that mean the most to families and also achieve significant savings for the public sector.

Croydon Council's toolkit: *Inspiring and Creating Social Value in Croydon* features 10 exceptionally well-presented case studies from across the UK. While they are not examples of Adult Social Care contracts or strategies, they exemplify the visionary, creative potential of Social Value which needs to drive our work together to change lives and places here in Kent.