

## Appendix 1 – Commissioning Options Considered

Description	Advantages	Disadvantages	Outcome
<p><b>1. Do Nothing</b> continue to arrange individual packages of support on a spot purchase basis</p>	<ul style="list-style-type: none"> <li>• Avoidance of commissioning/ procurement resources required.</li> <li>• Potential to allocate resource to shape the market and encourage upskilling of workers to increase supply instead of procurement.</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of control over service costs.</li> <li>• Providers not on standard KCC contract terms and conditions.</li> <li>• No minimum service quality defined, risk to KCC meeting our statutory requirements successfully.</li> <li>• Inconsistent service provision.</li> <li>• No processes in place to monitor outcomes for people being supported.</li> <li>• Risk of duplication in Children’s and Adults teams.</li> <li>• In breach of the Public Sector Regulations (2015) Light Touch Regime for health, social and education contracts and KCC’s Spending the Council’s Money.</li> </ul>	<p>Rejected</p>
<p><b>2. Procure services externally</b></p>	<ul style="list-style-type: none"> <li>• Increased control over services purchased, in terms of quality, cost and allocated risk.</li> <li>• Establishes quality baselines in a market with no regulatory oversight.</li> <li>• Ensures service alignment and promotion</li> </ul>	<ul style="list-style-type: none"> <li>• Risk that providers will decline to engage with the council or take part in a procurement process, leading to a failed procurement.</li> <li>• Resources required to procure and manage contractual arrangements.</li> </ul>	<p>Recommended</p>

	<p>with MADE principles and other council strategies through design of service specification.</p> <ul style="list-style-type: none"> <li>• Utilises expert skills and knowledge of local specialist providers.</li> <li>• Supports the development of organisations supporting the D/deaf community across the breadth of Kent.</li> <li>• Allows specialist providers to lead innovation in supporting people to maintain or improve their independence.</li> </ul>		
<p><b>3. Provide services in house</b></p>	<ul style="list-style-type: none"> <li>• Control over service delivery and quality</li> </ul>	<ul style="list-style-type: none"> <li>• Cost: Purchasing service via list of providers on agreed terms allows flexibility in the volumes purchased. Resourcing permanently in-house commits to a potentially unnecessary level of resourcing and spend.</li> <li>• Lack of choice: Restricts the choice of people eligible for support to that provided by the council.</li> <li>• Does not take advantage of the specialist knowledge and skills available in provider organisations (often deaf-led VCSE organisations).</li> <li>• Current social care teams are designed as case</li> </ul>	<p>Rejected</p>

		management functions. Bringing this provision in-house would not sit functionally alongside the current design of the Sensory Services teams.	
<b>4. Variation to an existing contract</b>	<ul style="list-style-type: none"> <li>• Reduced resources required to run procurement process.</li> <li>• Utilisation of an existing well performing contract with known provider capability.</li> </ul>	<ul style="list-style-type: none"> <li>• The potential contract to vary has just one year of a three-year term left (with the option for two further 1-year extension periods, at the discretion of the council), so may not offer a long term solution.</li> <li>• With the absence of a competitive procurement process there is less opportunity to demonstrate that value for money is being achieved.</li> </ul>	Rejected