Options Appraisal– Re-Commissioning Residential Short Breaks

Decis	sion area	Recommendations arising from the Options Appraisal
1.	Service Design to meet need	Continue to provide residential short breaks in the four areas of the County to meet the needs of children with physical health needs and learning disabilities and challenging behaviour.
2.	Contract Ownership	Devon County Council (DCC) Contract – Clinical Commissioning Groups (CCG's) named as users.
3.	Are buildings included and which ones	All Buildings to be included to ensure consistency and coverage of service.
4.	Contract Type / tender process	Combination of Block contract with additional cost and volume above the block element to provide flexibility. Open procurement to allow for greatest engagement and participation from the wider market.
5.	Contract Term	Block/C&V/Bespoke contract 3 plus 2 years.

1. Service Design to meet need

Service Design	Key Strengths	Key Weaknesses	Mitigations / Notes
Continue to provide	Families have told us that residential	The services may not be viable based on the numbers of	Ensuring the service is sustainable will be
residential short	short breaks are an important option in	children due to continue to receive these services over	critical to achieve. This will ensure the
breaks in the four	a in a range of services to meet their	the next three years and projected demand for new	service is able to meets the current and
areas of the County	child's needs.	children.	future needs of children.
to meet the needs	The assessed need of the disabled		
of children with	children in Devon shows that there is	Resources may not be available to meet the increasing	A contracting model will be designed to
physical health	continued need for a number of children	demand for alternative community based provision.	secure continuity of care and build in
needs and learning	to receive an offer of residential short		sustainability by flexibility and development
disabilities and	breaks. There is a commitment to		opportunities.
challenging	provide this close to family's homes.		
behaviour	The services currently on offer meet a		Ensure service can be flexible with changes
	range of childrens needs both physical		in demand and able to develop to offer
	and learning disabilities.		alternative and complimentary services.
Reduce the offer of	Families are choosing alternatives to	Existing children receiving a service would be impacted	
residential short	residential short breaks more frequently.	by a reduction or change in the offer of residential short	
breaks and offer	It will be important for resources to be	breaks.	
alternative services	available to meet this increasing		
	demand for alternative community	However future demand for the service is reducing and	
	based provision.	so it is important that resources are only allocated to	
		meet this need. Children who are assessed as receiving	
		residential short breaks will need to have their needs	
		met through continuity of care for high quality services	
Cease to offer	Camilias are aboasing alternatives to	where possible close to home. The Local Authority have a responsibility to provide a	
residential short	Families are choosing alternatives to residential short breaks more frequently.	range of short breaks options as part of The Breaks for	
breaks and offer	It will be important for resources to be	Carers of Disabled Children Regulations 2011 and Local	
alternative services	available to meet this increasing	Offer as set out in the SEN Code of Practice 2015.	
alternative services	demand for alternative community	Offer as set out in the SEN Code of Fractice 2015.	
	based provision.	This offer must include services which meet a range of	
	based provision.	needs and fall in line with assessed need through	
		eligibility framework. Residential short breaks are a	
		critical component of this offer for a small number of	
		children.	
		Families who access residential short breaks view this	
		as a crucial service for their family and their child.	
Recommendation	Continue to provide residential short breaks in the four areas of the County to meet the needs of children with physical health needs		
	and learning disabilities and challenging		

2. Contract Ownership – Lead Commissioner Decision

Contract Ownership	Key Strengths	Key Weaknesses	Mitigations / Notes
Devon County Council Contract – CCGs named as users	 Use of DCC terms and conditions Clear central governance of contract Majority of spend/service is with DCC 	- Risk partners don't fulfil their obligations and put the Council at legal, financial and reputational risk	Clear section 75 or MoU in place to set out the respective expectations, roles, financial contribution and responsibilities of the respective commissioning parties
Joint Devon and CCG Contract	 Joint liability Equal control within the contract 	- Agreement required over use of DCC T&Cs	Must clearly set out the role of the co- ordinating commissioner and have clarity on the governance in both procuring and onward management of the contract
DCC only contract –	 Use of DCC terms and conditions Clear central governance of contract Majority of spend/service is with DCC 	 Risk partners don't fulfil their obligations and put the Council at legal and reputational risk Would require pooled arrangements for governance and funding. From a partners point of view there would be a lack of influence / control 	Clear section 75 or MoU in place to set out the respective expectations, roles, financial contribution and responsibilities of the respective commissioning parties
Recommendation	DCC Contract – CCG's named as us	sers.	

3. **Are buildings included and which ones –** Are the current buildings going to be included in the tender / new contract and if so how many / which ones.

Contract Ownership	Key Strengths	Key Weaknesses	Mitigations / Notes
No Buildings included	 More flexibility for potential providers to model the service delivery model to suit needs / demand in the way they feel is most efficient Could potentially be attractive to providers who don't have to take on public sector facilities 	 Service disruption and impact on current children accessing the service if there is a change in buildings DCC and Health would then have four buildings not in use to dispose of There has been quite some investment in the existing buildings Risk that providers will not have facilities or have facilities that meet the standards we require If the provider market is not capable of providing their own facilities the procurement may fail due to no bids. 	Assess continuity of care requirements Use market engagement event to gauge the provider market appetite or ability to provide their own facilities

One building included	Still retains some flexibility for the provider to develop the most efficient delivery model Could be used to ensure provision in an area where coverage is difficult	 Service disruption and impact on current children accessing the service if there is a change in buildings DCC and Health would then have three buildings not in use to dispose of There has been quite some investment in the existing buildings Risk that providers will not have facilities or have facilities that meet the standards we require If the provider market is not capable of providing their own facilities the procurement may fail due to no bids. Would include a 'visible' change to the service for service users 	Use market engagement event to gauge the provider market appetite or ability to provide their own facilities Use current usage and demand forecast to identify the most appropriate building to include in the new contract
Two or three Buildings Included	- Still retains some flexibility for the provider to develop the most efficient delivery model - Could be used to ensure provision in an area where coverage is difficult - Greater control over quality and services delivered and the environment in which they're delivered.	 Service disruption and impact on current children accessing the service if there is a change in buildings DCC and Health would then have one or two buildings not in use to dispose of There has been quite some investment in the existing buildings Risk that providers will not have facilities or have facilities that meet the standards we require If the provider market is not capable of providing their own facilities the procurement may fail due to no bids. There is a risk that the included facilities are greater than the need / demand Would include a 'visible' change to the service for some service users 	Use market engagement event to gauge the provider market appetite or ability to provide their own facilities Use current usage and demand forecast to identify the most appropriate building to include in the new contract Through market engagement and specification in the tender process encourage flexible use of staff and facilities (for instance split site working or other services being provided through the facilities)
All Buildings included	 Would ensure continued available access to residential short breaks across the County Greater control over quality and services delivered and the environment in which they are delivered. DCC and Health could ensure buildings which are bespoke for the service and have received investment and improvement are utilised Reduced change / upheaval for service users 	 Current need / demand does not require the number of beds that would be included in all four buildings This may limit the innovation in delivery models that providers can use. 	Use market engagement event to see how provider market would make best use of the existing buildings Through market engagement and specification in the tender process encourage flexible use of staff and facilities (for instance split site working or other services being provided through the facilities)
Recommendation		ure continuity of care, consistency and ensure con	tinued availability of residential short

4. Contract Type / tender procedure

Contract Type / Tender procedure	Key Strengths	Key Weaknesses	Mitigations / Notes
Block contract (one provider) Open procurement to allow for greatest engagement and participation from the wider market	Provides guarantee of investment Guarantees service for current children in receipt of services Allows clarity of budget for commissioners Clear specification requirement and quality requirement Single provider to manage the service and TUPE	 Declining demand for service with cohort of children moving on to adult provision Claw back could impact on service viability Limited opportunities for development or diversification to meet need May be over provided for and financially robust Clear commitment required Difficult to manage if poor provider with limited market alternatives 	Require clear forecast of number of block beds required Clear mechanism required to test each bed night is value for money (VFM) Allow for claw back for voids if that's financially sustainable for the provider
Cost and Volume (one provider) Open procurement to allow for greatest engagement and participation from the wider market	Provides favourable costing for both the provider and commissioner (efficiencies for higher volume) Some element of 'block' can be built in as a baseline May secure continuity of care Clear specification requirement and quality requirement Single provider to manage the service and TUPE	 Clear commitment and forecasting required Resource for monitoring volumes may have an impact on finance and staff monitoring the contract (administration heavy) Difficult to manage if poor provider with limited market alternatives 	Require clear forecast of number of block beds required Clear mechanism required to test each bed night is VFM
Bespoke contract – no guarantee of volumes Open procurement to allow for greatest engagement and participation from the wider market	 Gives a provider security of supply and clear terms Can forecast volume of business to support the provider plan for the service Clear specification requirement and quality requirement Single provider to manage the service and TUPE No financial commitment for the Commissioners (i.e. not a fixed block) 	 May not be attractive to the market – no financial security Difficult to manage if poor provider with limited market alternatives Contract may be unviable if not enough volume 	Providers may not commit to investment in staff group
Framework Agreement	Multiple providers (maximum of 4 based on properties) spreading risk of failure	 No guarantee of provision for existing children therefore impact on continuity of care Not conducive to managing and spreading investment over property and staff group 	Would need forecast and clarity of hours to make this commercially attractive

Contract Type / Tender procedure	Key Strengths	Key Weaknesses	Mitigations / Notes
Open procurement to allow for greatest engagement and participation from the wider market	Potential have different units set up to meet different needs Clear specification requirement and quality requirement	 No guarantee of business – may not be viable May have varied response and quality for multiple providers Limit opportunities for staff to move between services for development 	
Staff Mutual Procurement limited employee led organisations/staff mutual	Allows existing staff to consider refiguring and running the business — utilising their skillset and knowledge of the services Guarantees continuity of care	 Limited to a 3-year contract (incubation period) This option would allow access to charities which could openly bid so cannot guarantee this would have the outcome of a new special purpose company Still need to consider funding mechanisms i.e. block versus no volume guarantee May not be attractive as a 3-year contract so investment risks cannot be spread over a longer period contract 	Potential to test if there is any interest as part of pre-procurement engagement
In House / Joint Venture Procurement would be required to select Joint venture partner	Direct management of development of the service Development of service offer in line with strategy	Declining demand for service with cohort of children moving on to adult provision Cost of voids could impact on service viability	
Recommendation	procurement to allow for greatest e	n additional cost and volume above the block elemengagement and participation from the wider markelity of service and choice for children and families.	et. Opportunity built in for service

5. **Contract term** –preferred length of the contract

Contract Term	Key Strengths	Key Weaknesses	Notes
Framework – limited to 4 years	- Four years is sufficient to allow any changes and for a service model to be embedded yet is not too long to make the contract inflexible.	- 4 years may not be attractive to spread financial risk linked to investment in staff group and properties	

Staff Mutual – limited to 3 years	Incubation period to allow business to grow and develop with an extra level of support from commissioners	 3 years may not be attractive to spread financial risk linked to investment in staff group and properties Would need to start re-tender in year 2, resource required 	
Block/C&V/Bespoke contract 3 plus 2 years	- Standard contract period - Allows investment to be spread - Long enough for service development to be embedded. Can end at year 3 if the serviced is no longer fit for purpose or cost effective given changing landscape of health and social care demand.	- 3 years may not be attractive to spread financial risk linked to investment in staff group and properties	Mitigation is the option to extend for two further years. Therefore spread any financial risk.
Recommendation	Block/Cost and volume /Bespoke contract 3 plus 2 years		