

## **CABINET**

**2 OCTOBER 2012**

### **GATEWAY 3 REPORT: HOMECARE AND EXTRA CARE SERVICES**

Portfolio Holder: Councillor David Brake, Adult Services

Report from: David Quirke-Thornton, Assistant Director Adult Social Care  
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#### **Summary**

This report seeks permission from the Cabinet to award a framework contract to the suppliers as highlighted within 2.6 of the Exempt Appendix.

This is based upon the recently undertaken procurement process for homecare and extra care services. These are key services for Medway's residents in terms of the Council's priority for adults maintaining their independence and living healthy lives.

The Cabinet approved the commencement and delivery of this procurement requirement at Procurement Gateway 1 on 6 September 2011.

Procurement Board endorsed the subsequent commercial strategy that was presented on 11 July 2012.

The approved Procurement Gateway 1 Report relating to this Gateway 3 report is available upon request.

This Procurement Gateway 3 Report has been approved for submission to the Cabinet after review by Assistant Directors for Adult Social Care and Legal & Corporate services.

## **1. Budget and Policy Framework**

### **1.1 Contract Award Decision**

The decision to award a series of contracts suppliers as highlighted within 2.6 of the Exempt Appendix for this procurement requirement is within the Council's policy and budget framework and ties in with all the identified Core Values, Strategic Priorities, Strategic Council Obligations and Departmental/Directorate service plans as highlighted within the Procurement Gateway 1 Report.

### **1.2 Statutory Requirements**

- 1.2.1 The Council has a range of statutory duties and powers to provide services to vulnerable adults such as older people, people with learning disabilities, physically disabled people, people with mental health problems, drug and alcohol misusers and carers. Duties and powers are contained within the National Assistance Act 1948, the Chronically Sick and Disabled Persons Act 1970, the NHS and Community Care Act 1990, the Mental Health Act 1983 together with other statutes and regulations.
- 1.2.2 Local authorities can provide or commission services in a variety of ways to meet the needs of those it assesses as eligible for services. Indeed the personalisation agenda encourages moves away from direct provision by local authorities to personal budgets allowing service users the choice to purchase services from a range.
- 1.2.3 Homecare services provide care and support to eligible vulnerable individuals to enable them to remain within their own home and community. Homecare is only provided where there is an assessed need for the service and a financial assessment is made to determine the contributions towards the cost of care payable by the service user. The assessments are in line with Medway Council's Fair Access to Care Services (FACS) eligibility criteria. A failure to facilitate a supply of good quality homecare services would result in a high number of admissions to residential and hospital care with the subsequent high social and financial cost. The Care Quality Commission regulates Homecare services.

## **2. Background**

### **2.1 Permission Required From the Procurement Board**

- 2.1.1 This Procurement Gateway 3 Report seeks permission from the Cabinet to award a series of contracts to the suppliers as highlighted within 2.6 of the Exempt Appendix.
- 2.1.2 This is based upon the recently undertaken procurement process of homecare services, which enables people to continue to live in their own home by providing personal care in their homes so that they maintain their health, wellbeing and independence.

## 2.2 Contract Details

### 2.2.1 Procurement approach

The management of this procurement was a pilot of the category management approach to procurement where adult social care and the corporate team are working together to ensure that the recommissioned homecare services deliver *better for less*. The homecare services were the subject of a strategic sourcing plan (SSP), which was developed in partnership with PwC.

Subsequent to the Procurement Board's endorsement of the SSP, a commercial strategy was developed to deliver a better service for less expenditure so that there was an increase in value for money for all stakeholders. The features of the commercial strategy were the price envelopes for 30, 45 and 60 minutes call and the use of Gold, Silver and Bronze bandings of providers in relation to value for money. The key benefits of the commercial strategy, derived from the category management approach are as follows:

- Introduce a model of delivery that promotes and rewards continuous improvement by differentiating through Gold, Silver and Bronze ratings for best value.
- A redesign of homecare service selection/referral, which prioritises service user choice so that those wishing to exercise choice can make an informed decision by choosing from a list of providers rated as Gold or Silver.
- Existing service users continue with their current providers but at a reduced price.

The category management approach also identified a better approach to the initial idea of homecare providers on the framework being the select list for the mini procurements of extra care. Instead, a review of the market identified that there are specialist providers of extra care that would not tender for homecare services.

- Six providers bid for extra care services only and of these, three are recommended to be part of the framework.
- Undertaking the extra care and home care procurements simultaneously through two lots was efficient and cost effective for both providers and the council in terms of preparing the bids and evaluating them.
- The creation of a select list/framework of extra care providers means that the council can undertake mini-procurements with quality assured providers to meet the demand for services as schemes are opened.
- The procurement for these schemes will be subject to the gateway process and therefore Gateway One reports will come forward to Procurement Board to explain the specific requirements for contracting and the sources of funding.

### 2.2.2 Procurement type

The proposed award of series of contracts to the suppliers as highlighted within 2.6 of the Exempt Appendix relates to a services procurement requirement that was in two lots: homecare services and extra care services.

### 2.2.3 Contract duration

The proposed contract duration for this procurement requirement is three years with provisions to extend the contract for a period of two years. The contracts are proposed to commence on 3 December 2012.

### 2.2.4 Contract value

The total contract value associated with this series of contracts is circa £50 million (over the 3 + 2 years contract period).

## 2.3 Procurement Tendering Process

2.3.1 In line with Medway Council's Contract Procedure Rules this procurement requirement was subjected to a formal tender process in line with the EU Procurement Open process, whereby an OJEU notice was placed within the Official Journal of the European Union (OJEU) on 23 July 2012 and an advert was placed upon Medway Council's website in conjunction with the Strategic Procurement Team on 23 July 2012 as well as the South East Business Portal.

2.3.2 This was due to the associated total contract value of this series of contracts being above the EU Procurement Threshold for Services of £173,934.00 and was approved by the Monitoring Officer in consultation with the Strategic Procurement Board at Gateway 1.

2.3.3 It was decided to follow a formal EU one stage tender process, where both the Pre-Qualification Questionnaire (PQQ) and the Invitation to Tender (ITT) were submitted at the same time. The procuring client department was confident and content to invite to open tender and evaluate all those companies that expressed an interest to tender.

2.3.4 The deadline for tender submissions was 16:00 on 3 September 2012. The Exempt Appendix highlights that 35 (thirty-five) tenders were received by the prescribed time and date required by Medway Council; however one submission was submitted late.

2.3.5 The 35 tender submissions were reviewed in terms of the PQQ submission, where the ITT submission (the full tender) would not be assessed if the assessed criteria did not attain 60% or more on the technical areas and/or failed the financial criteria and/or statutory criteria. Four tender submissions failed in this regard.

2.3.6 The evaluation criteria set within the Invitation To Tender document was Most Economically Advantageous Tender (MEAT) based upon a

composite mixture of quality and price 70 % for quality and 30 % price equating to 100% in total.

- 2.3.7 One tender submission arrived after the deadline and therefore was not evaluated. Following a compliance check against the instructions set out in the Invitation To Tender document, 35 compliant submissions were evaluated, 26 for homecare and 19 for extra care. The results of this evaluation process are set out in the Exempt Appendix.

## **2.4 Other Information**

- 2.4.1 The homecare and extra care contracts are framework contracts, which do not guarantee work to those that are placed on the framework.
- 2.4.2 The homecare framework contract has an aggregated value of £50,000,000 and is based on a Gold, Silver and Bronze rating which reflects the provider's value for money. Providers rated as Gold have the first opportunity to respond to referrals of care packages which they 'win' by being able to demonstrate their ability to best meet the preferences of the service user in terms of how the care is delivered, e.g. an 7am call to enable Mrs B to get ready in time for the mini-bus to pick her up and take her to day care.
- 2.4.3 The extra care framework enables the council to have a select list of providers who can bid through mini-procurements for the opportunity to provide care in extra care schemes that are opening across Medway. Following a review of the care market it was agreed to separate out the extra care and homecare services into two lots so that providers that specialise in extra care only are not excluded from the opportunity to bid for delivering care in such schemes. The tender submissions found that twenty tenders were submitted of which four were extra care only and from providers with a national regional profile which focuses only on extra care services.
- 2.4.4 It was agreed, as part of removing barriers for small and medium sized enterprises (SMEs) to compete with large companies that can provide parent company guarantee, that a performance guarantee bond would not be required for this contract. This decision was taken in accordance with the constitution. This decision was taken because providers are paid in arrears and there is a sufficiently vibrant market within the framework that alternative providers can step in as an alternative provider. Of the 26 providers that bid for the homecare contract, 4 were large organisations (with turnover in excess of £22.8 million per annum); 2 were medium sized organisations (with turnover between £5.6 million and £22.8 million per year); and 20 were small organisations (where turnover is less than £5.6 million).
- 2.4.5 Three incumbent homecare providers did not bid for the contract and therefore the Services must, in accordance with their commissioning intentions, consider whether the care packages should or can stay with the incumbent. If the care packages are transferred then this will be as

part of a separate procurement exercise so that any TUPE costs can be taken into account.

### **3. Options**

#### **3.1 Options Resultant From Procurement Tender Process**

This procurement tendering process has resulted in the following procurement contract award options:

##### **3.1.1 Do not award any contract and cancel procurement process**

The option of not awarding any contract and cancelling the procurement process has been considered but there is no justification for not awarding this contract as it provides best value and has been delivered in accordance with the original advertisements and associated procurement documentation and therefore this option has been discounted.

##### **3.1.2 Award contract to the series of contractors as highlighted within the Exempt Appendix.**

The option of awarding the contract to the series of contractors, as highlighted within the Exempt Appendix, has been considered. The advantages and disadvantages of this option are listed below:

#### **Advantages**

- Deliver cost-effective services at the earliest opportunity without disrupting service delivery.
- A redesign of homecare service selection/referral, which prioritises service user choice.
- Introduce a model of delivery that promotes and rewards continuous improvement by differentiating through Gold, Silver and Bronze ratings for best value.
- Mainstreaming enablement care so that many service users, following the intervention, will need no or less long term care support and maximise their independence.
- The creation of a select list/framework of extra care providers means that the council can undertake mini-procurements with quality assured providers to meet the demand for services as schemes are opened.
- Undertaking the extra care and home care procurements simultaneously through two lots was efficient and cost effective for both providers and the council in terms of preparing the bids and evaluating them.

#### **Disadvantages**

None

## 4. Advice and analysis

### 4.1 Preferred option

The recommended preferred option is the most viable option for contract award because the proposed contract award meets the requirements as set out in Section 2 'Business Case' within the Gateway 1 Report in the following ways:

Deliver savings of £1.4 million without service disruption by publishing price envelopes that deliver efficiencies but are affordable to providers in relation to meeting the service requirements.

A redesign of homecare service selection/referral so that service users can exercise choice in the context of best value.

Introduce a model of delivery that promotes and rewards continuous improvement by differentiating through Gold, Silver and Bronze ratings for best value.

The creation of a select list/framework of extra care providers means that the council can undertake mini-procurements with quality assured providers to meet the demand for services as schemes are opened.

#### 4.1.1 Procurement Project Outputs / Outcomes

The following procurement outcomes/outputs identified as important at Gateway 1 to the delivery of this procurement requirement have been appraised in the table below to demonstrate how the recommended procurement contract award will deliver said outcomes/outputs.

Outputs / Outcomes	How will success be measured?	Who will measure success of outputs/ outcomes	When will success be measured?	How will recommended procurement contract award option deliver outputs/outcomes
Appointing homecare providers that can deliver the service requirements	The performance indicators will be reported every six months by providers and verified through site visits. The outcome of these indicators will determine the subsequent rating of the provider so that there is a dynamic aspect to the rating.	Children and Adults Commissioning Team with the Performance and Intelligence Team for Children and Adults	As per the schedule in the contract.	Introduce a model of delivery that promotes and rewards continuous improvement by differentiating through Gold, Silver and Bronze ratings for best value.  Publishing price envelopes that the council

				considers to be appropriate for delivering the service requirements.
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#### 4.1.2 Procurement Project Management

This procurement project will be taken through the remainder of the Gateway Procurement Process through the utilisation of the following project resources and skills:

The Homecare Project Board will now focus on the mobilisation activities for contract delivery and management.

The Children and Adults Commissioning Team will undertake operational performance management of the contracts.

Performance and Intelligence will collate and review performance data to enabled risk-based prioritisation of visits and areas of focus during those visits.

Category Management Team in terms of commercial reviews and management of the contracts.

#### 4.1.3 Post Contract Award Contract Management

The contract management of this recommended procurement contract award will be resourced post award through the following contract management strategy.

The approach to rating providers as Gold Silver and Bronze means that timely, robust and consistent management of the performance information and contact reviews is essential. The reconfiguration of resources in relation the council's new approach to procurement, category management, increases the likelihood of successful contract management.

#### 4.1.4 Other Issues

There are no other issues that could potentially impact the recommended procurement contract award. A Diversity Impact Assessment is attached in appendix one.

#### 4.1.5 TUPE Issues

Further to guidance from Legal Services, Human Resources and the Strategic Procurement Team, it was identified at Procurement Gateway 1 that although this procurement contract award is related to a Services procurement, TUPE does not apply to this procurement process. Therefore, there is no TUPE implications resultant from this



recommended procurement contract award because the incumbent providers may keep their care packages during the mobilisation period and a separate exercise takes place to enable any TUPE responsibilities to be effectively managed in a separate tender exercise. There are three incumbent providers with about 100 care packages that may be subject to a tender exercise.

## 5. Risk Management

### 5.1 Risk Categorisation

The following risk categories have been identified as having a linkage to this recommended procurement contract award:

Procurement process	<input type="checkbox"/>	Equalities	<input checked="" type="checkbox"/>
Contractual delivery	<input checked="" type="checkbox"/>	Sustainability / Environmental	<input type="checkbox"/>
Service delivery	<input checked="" type="checkbox"/>	Legal	<input type="checkbox"/>
Reputation / political	<input type="checkbox"/>	Financial	<input type="checkbox"/>
Health & Safety	<input type="checkbox"/>	Other/ICT*	<input type="checkbox"/>

For each of the risks identified above, further information has been provided below.

<b>Risk Categories</b>	<b>Outline Description</b>	<b>Risk Likelihood</b> A=Very High B=High C=Significant D=Low E=Very Low F=Almost Impossible	<b>Risk Impact</b> I=Catastrophic II=Critical III=Marginal IV=negligible Impact	<b>Plans To Mitigate Risk</b>
a) Procurement process	None Identified			
b) Contractual delivery	Providers are not robustly managed to deliver a key objective of the contract: continuous improvement and enablement	D	II	Planned transition in relation to the partnership working required between the category management team, social care commissioning team and the performance and intelligence

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				<p>team.</p> <p>External solicitors that are specialists in framework contracts wrote the framework contracts and they also rewrote the standard terms and conditions of the council to ensure that they are fit for purpose.</p>
c) Service delivery	Providers may bid too low in the price envelope and compromise quality	D	I	<p>Price envelope took into account information gathered from Kent Community Care Association, other local authorities and sources of intelligence in terms of the true cost of care.</p> <p>Six monthly PI reviews so that providers strive for continuous improvement. Robust financial review of tender submissions.</p> <p>Opportunity for providers to resubmit prices</p>

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				annually within republished envelopes.
d) Reputation / political	None Identified			
e) Health & Safety	None Identified			
f) Equalities	Service users with complex care needs may not be supported due to the rates of the price envelopes	D	I	An enhancement of 20% is available to provider where they provide support to people with complex care needs.
g) Sustainability / Environmental	None Identified			
h) Legal	None Identified			
i) Financial	None Identified			
j) Other/ICT*	None Identified			

## 6. Consultation

### 6.1 Internal (Medway) Stakeholder Consultation

6.1.1 Before commencement of the procurement process in order to

direct the specification.

As part of this procurement project, the following internal stakeholder consultation was undertaken before the commencement of the procurement project in order to direct the specification.

Workshops with colleagues from the Creditors' section, Finance and Social Care IT Systems to discuss options of streamlining future provider invoices.

Workshops with Care Management representatives from across all client categories to discuss what is going well, and any perceived gaps within the current service. Discussions have also included colleagues from the Self Directed Support Team.

#### 6.1.2 During the procurement process in order to aid the evaluation process

As part of this procurement project, the following internal stakeholder consultation was required and was undertaken during the procurement process in order to aid the evaluation process

Workshop with key stakeholders in the adult social care division, Care Managers, Occupational Therapists, Self Directed Support officers, Commissioning Officers and Service Managers reviewed the performance indicators and the enhancements that could be paid through the contract.

Performance and Compliance Officers reviewed the performance indicators against recent visits and data reporting so that the thresholds for Gold Silver and Bronze are meaningful.

Social care professionals and other council officers formed part of the tender evaluation panel.

#### 6.1.3 Post procurement/tender award in order to aid the contract management process.

As part of this procurement project, the following internal stakeholder consultation will be required and will be undertaken post tender award in order to aid the contract management process.

The consultations will take the form of information sharing about the outcome of the tender exercise; how the new contract will operate; how referrals should be made; and how performance feedback should be shared.

## **6.2 External Stakeholder Consultation**

### 6.2.1 Before commencement of the procurement process in order to direct the specification

As part of this procurement project, the following external stakeholder consultation was required and was undertaken before the commencement of the procurement project in order to direct the specification.

As part of this procurement project, and before the commencement of the procurement project in order to direct the specification, over 400 service users recently participated in face-to-face and postal surveys. The feedback will be used to inform the specification.

A supplier engagement meeting took place on 22 May 2012. This meeting enabled providers to feedback on the key features of the developing specification and contract.

#### 6.2.2 During the procurement process in order to aid the evaluation process

As part of this procurement project no external stakeholder consultation was required nor undertaken during the procurement process in order to aid the evaluation process.

#### 6.2.3 Post procurement/tender award in order to aid the contract management process

As part of this procurement project, the following external stakeholder consultation will be required and will be undertaken post tender award in order to aid the contract management process.

The council will continue to survey service users annually about their experience of homecare services, which will aid contract management.

Key performance indicators for providers include a standard question in their service user surveys, which must be reported to the council every six months.

In addition, the strategic procurement team will pilot a survey of providers to find out what went well and what could be improved in future procurements. The outcome will feature in the Gateway 4 for this procurement.

## **7 Procurement Board**

- 7.1 The Procurement Board considered this report on 21 September 2012 and supported the recommendations set out in paragraph 9 below.

## **8 Financial and legal implications**

### **8.1 Financial Implications**

- 8.1.1 This recommended procurement contract award as per the preferred option highlighted at Section 4.1 'Preferred Option' and the recommendations at Section 9, has the following financial implications, which the Cabinet must consider.

A financial appraisal has been undertaken of the 35 tenders received which each one receiving a score of “High” “Medium” or “Low”. Scores of “High” or “Medium” meant that the tender progressed through the PQQ stage based on the Assessment of the Economic & Financial Standing element.

Out of the 35 tenders evaluated 17 were scored as “High” 15 were scored as “medium” and 2 were scored as “Low”. 1 was not assessed due to an incomplete submission.

Of the companies scored as “Medium” 4 had a turnover figure of less than £250,000. The risk associated with these companies has been deemed acceptable due to the nature of the framework agreement and the ability to monitor levels of work being awarded to the providers.

8.1.2 Detailed finance and whole-life costing information is contained within **Section 2.1 Finance and Whole-Life Costing of the Exempt Appendix.**

The prices submitted to the council within the published price envelopes means that the estimated contract value based on current volumes is £50,000,000 (over a 3 plus 2 years contract). This would deliver an annual saving of £1.9 million per year, which is in excess of the £1.4 million taken out of the budget in 2012/13. However, this saving does not take into account the 20% enhancement that will be paid where service users have complex needs. Therefore, for the purpose of building the budget for 2013/14, it would be prudent to assume savings of the £1.4 million already reflected in the base.

## 8.2 Legal Implications

This recommended procurement contract award per the preferred option highlighted at Section 4.1 ‘Preferred Option’ and the recommendations at Section 9, has the following legal implications, which the Cabinet must consider.

### 8.2.1 TUPE

TUPE is unlikely to apply to the commencement of the Service on the award of this procurement as set out at paragraph 2.4 of the Exempt Appendix. This is because the incumbent providers, as highlighted within the Exempt Appendix, will keep their existing care packages during the mobilisation period resulting in no transfer of any undertaking. However, TUPE may apply in respect of the service undertaken by the three incumbent providers that did not submit bids during this procurement exercise. As the proposed framework does not guarantee any work to any provider, it is envisaged that their existing care packages will be the subject of a mini procurement exercise prior to the end date of the current contract. If the current service is to continue, TUPE will apply to employees of those current providers that are not successful in securing an award following the mini procurement exercise.

## 8.2.2 DATA PROTECTION

The Council, as Data Controller, must ensure that its contractors, when processing personal data and sensitive data on its behalf, adhere to the Data Protection Act 1998. In the event of a data security breach by a contractor, the Council may be liable for a monetary penalty imposed by the Information Commissioner's Office, the maximum of which is currently £500,000. For this reason, the Council must ensure that there are adequate provisions relating to data security when it provides the Contractor with its service users' personal data and sensitive personal data.

## 8.3 Procurement Implications

8.3.1 This recommended procurement contract award as per the preferred option highlighted at Section 4.1 'Preferred Option' and the recommendations at Section 9, has the following procurement implications which the Cabinet must consider.

8.3.2 In accordance with the EU Procurement regulations, this framework contract was tendered on the basis of Most Economically Advantageous Tender (MEAT) and as such the proposal to award a series of contracts with this report is reflective of this. Based upon the information provided within this report Strategic Procurement is satisfied that this tender was widely advertise and transparent to the public and a compliant procurement process has been conducted which should deliver best value.

8.3.3 It is worth noting that the EU procurement regulations requires a 10 day mandatory standstill period to be observed which will take effect post completion of internal process (Procurement Board) and from the date of issuing successful and unsuccessful letters.

8.3.4 The client department should liaise with Strategic Procurement for further guidance in respect to compliant successful/unsuccessful letters and to ensure that effective debriefing requirements are adhered to.

8.3.5 Strategic Procurement will also arrange for a formal award notice to be published via OJEU.

## 8.4 ICT Implications

8.4.1 This procurement requirement does not have any immediate ICT implications. The framework contract reserves the right to introduce Electronic Time Monitoring Systems during the lifetime of the contract. This will be implemented once the new electronic records and payments system for adult social care is implemented.

## 9. Recommendations

- 9.1 The Cabinet is requested to approve the procurement contract award to the series of contractors as outlined within Section 2.6 'Procurement Contract Award Recommendation' of the Exempt Appendix.

## 10. Suggested reasons for decision(s)

- 10.1 The recommendations contained within Section 9 'Recommendations' above are provided on the basis of

The improved redesign of home care services that focus on continuous improvement.

The delivery of £1.4 million of savings, without disruption to services.

A streamlined mini-procurement process for potential extra care providers for emerging extra care schemes in Medway.

### Lead officer contact

Name  Title   
Department  Directorate   
Extension  Email

### Background papers

The following documents have been relied upon in the preparation of this report:

Description of document	Location	Date
Gateway 1 Report	<a href="http://democracy.medway.gov.uk/mgconvert2pdf.aspx?id=8280&amp;nobdr=2">http://democracy.medway.gov.uk/mgconvert2pdf.aspx?id=8280&amp;nobdr=2</a>	6 September 2011



## Diversity Impact Assessment: Screening Form

<b>Directorate</b> Children and Adults	<b>Name of Function or Policy or Major Service Change</b>  Re-tendering of Homecare Services for frail and vulnerable older people and people with disabilities from December 2012	
<b>Officer responsible for assessment</b>  Genette Laws Interim Head of Category Management	<b>Date of assessment</b>  September 2012	<b>New or existing?</b>  Existing service
<b>Defining what is being assessed</b>		
<b>1. Briefly describe the purpose and objectives</b>	<p>The provision of home care is provided under S47 (1) of the NHS and Community Care Act 1990. Homecare services provide care and support to vulnerable individuals to enable them to remain within their own home and community.</p> <p>The current contract for the delivery of this service has now been in place for over 8 years and is due to expire in November 2012.</p> <p>The services will be recommissioned, to ensure that the new contract for homecare services from 2012 is able to respond to and meet the diverse needs of vulnerable people and respond to the personalisation agenda.</p>	
<b>2. Who is intended to benefit, and in what way?</b>	<p>The recommissioned homecare service will operate inclusively for eligible individuals across all care groups covering all postcodes in the Medway Towns.</p> <p>The proposed structure for the new contract, i.e. a Dynamic Supplier list will give greater flexibility to managing different types of need. As such, those using the services will have greater choice and flexibility about who delivers their service and how it is delivered.</p> <p>The Council's Equalities Policy will be followed during all stages of the procurement process (including at its formative stages). The tender evaluation will include an evaluation of the tenderers' equalities and diversity policies concerning employment practice and service delivery. The contract for the new service will include explicit requirements in respect of the Council's duties under equalities legislation.</p>	
<b>3. What outcomes are wanted?</b>	<ul style="list-style-type: none"> <li>• Increased choice and control for service user</li> <li>• Mainstreamed enablement</li> <li>• Improved Quality and Safety of Service Provision</li> <li>• Incentivised continuous improvement by providers</li> <li>• Improved management and control</li> </ul>	

	<ul style="list-style-type: none"> <li>• Improved visibility and reporting on provider performance</li> <li>• Improved Value for Money and Efficiency of the Service</li> <li>• Improved Process Efficiency</li> </ul>	
<p><b>4. What factors/forces could contribute/detract from the outcomes?</b></p>	<p><b>Contribute</b></p> <p>A considered and inclusive approach was taken to understanding the costs of delivering care to determine the price envelope for standard homecare and the enhancement for supporting people with complex needs</p> <p>Creation of a dynamic supplier list with bandings that are reviewed every six months means that service users can be confident that providers are focused on delivering a high quality service and continuous improvement</p> <p>Enhanced payment in relation to managing complex needs</p> <p>Creation of a placement team means that the allocation of care packages is based on preferences for the service user</p>	<p><b>Detract</b></p> <p>Staying with the current arrangements for commissioning care could not support the referral process for a dynamic supplier list</p>
<p><b>5. Who are the main stakeholders?</b></p>	<p>Vulnerable Adults</p> <p>Family members, including families and carers of the person receiving service Providers of service</p> <p>Professionals in the local health and social care economy</p>	
<p><b>6. Who implements this and who is responsible?</b></p>	<p>Medway Council is responsible for providing social care for adults who require extra support and who meet the Council's eligibility criteria. For these clients, services are commissioned to meet their assessed needs.</p>	

<b>Assessing impact</b>		
<b>7. Are there concerns that there <u>could</u> be a differential impact due to <i>racial/ethnic groups</i>?</b>	YES	There is no evidence to suggest that the retendering process will have a differential impact to any black and other minority ethnic (BME) group. The updated specification will emphasise the need for regard to, and be sensitive about, the needs and access of the local BME community and BME clients.
	NO	
<b>What evidence exists for this?</b>	The information collected by the existing services shows that BME referrals and BME clients receiving the service during the last 12 months is not a significantly higher proportion in the existing service.	
<b>8. Are there concerns that there <u>could</u> be a differential impact due to <i>disability</i>?</b>	YES	The service itself is designed to support people with disabilities.
	NO	<p>There is no evidence to suggest that the retendering process will make a differential impact to disability. The updated specification will also have regard, and be sensitive to, the needs of clients identifying a disability for which appropriate adjustments will be necessary.</p> <p>The pricing regime includes an enhancement for specialised care that may be required for people with complex needs.</p>
<b>What evidence exists for this?</b>	The information collected by the existing services about referrals and clients receiving a service from the existing providers during the last 12 months shows no recorded difference related to disability. Recent Service user consultations did not raise concerns relating to disability.	

<b>9. Are there concerns that there <u>could</u> be a differential impact due to <i>gender</i>?</b>	YES	There is no evidence to suggest that the retendering process will have a differential impact in relation to gender. The updated specification will also have regard, and be sensitive to gender
	NO	
<b>What evidence exists for this?</b>	The information collected by the existing services about referrals and clients receiving a service from the existing providers during the last 12 months shows there is no record of difference related to gender. Recent Service user consultations did not raise concerns relating to gender.	
<b>10. Are there concerns there <u>could</u> be a differential impact due to <i>sexual orientation</i>?</b>	YES	There is no information to neither indicate this nor refute it. Recent Service user consultations did not raise concerns relating to sexual orientation.
	NO	
<b>What evidence exists for this?</b>	The monitoring of sexual orientation is a challenge for the council.	
<b>11. Are there concerns there <u>could</u> be a have a differential impact due to <i>religion or belief</i>?</b>	YES	There is no information to neither indicate this nor refute it. Recent Service user consultations did not raise concerns relating to religion or belief.
	NO	
<b>What evidence exists for this?</b>	The monitoring of religion or belief is a challenge for the council.	
<b>12. Are there concerns there <u>could</u> be a differential impact due to people's <i>age</i>?</b>	YES	There is no evidence to suggest that the retendering process will have a differential impact based on client's age. The updated specification will also have regard, and be sensitive to the age of the client.
	NO	
<b>What evidence exists for this?</b>	The information collected by the existing services about referrals and clients receiving a service from the current providers during the last 12 months shows that the majority of service users are older people, as per the overall demographic of people with eligible care needs. Recent Service user consultations did not raise concerns relating to age.	
<b>13. Are there concerns that there <u>could</u> be a differential impact due to <i>being trans-gendered or transsexual</i>?</b>	YES	The monitoring of service users who are trans-gender or transsexual is a challenge for the council.
	NO	
<b>What evidence exists for this?</b>	There is no information to neither indicate this nor refute it. Recent Service user consultations did not raise concerns relating to trans-gender or transsexual.	

14. Are there any <i>other</i> groups that would find it difficult to access/make use of the function (e.g. speakers of other languages; people with caring responsibilities or dependants; those with an offending past; or people living in rural areas)?	YES	Rural areas
	NO	
What evidence exists for this?	<p>Consultation with providers and professionals included discussions about an enhanced rate for rural areas. Providers have suggested areas that they consider to be rural. Use of GIS mapping shows that rural calls are clustered and no more than a 15 minutes drive between calls. The submission of 30 tenders following the decision to not pay an enhancement nor any issues being raised subsequent to that decision indicates that this will not be a problem.</p> <p>The council has a KPI in relation to referrals that are met and therefore this will be continually monitored.</p>	
15. Are there concerns there <u>could</u> be a have a differential impact due to <i>multiple discriminations</i> (e.g. disability <u>and</u> age)?	YES	
	NO	
What evidence exists for this?	<p>There is no evidence to suggest that the retendering process will make a differential impact to those clients facing multiple discriminations. The submission of 30 tenders for the contract demonstrates this.</p> <p>The information collected by the existing services about referrals and clients receiving a service during the last 12 months has been examined to see whether multiple discriminations have had a differential impact on access or use of service. There is no evidence of specific difficulties related to access or use caused by multiple discriminations. Recent Service user consultations did not raise concerns relating to multiple discriminations.</p>	
<b>Conclusions &amp; recommendation</b>		
16. Could the differential impacts identified in questions 7-15 amount to there being the potential for adverse impact?	YES	Cumulatively there is no evidence to suggest that the retendering exercise will bring about an adverse impact.
	NO	
17. Can the adverse impact be justified on the grounds of promoting equality of opportunity for one group? Or another reason?	YES	<b>Not applicable</b>
	NO	
Recommendation to proceed to a full impact assessment?		
NO	<b>This function/ policy/ service change complies with the requirements of the legislation and there is evidence to show this is the case.</b>	

<b>NO, BUT ...</b>	<b>What is required to ensure this complies with the requirements of the legislation? (see DIA Guidance Notes)?</b>	Minor modifications necessary (e.g. change of 'he' to 'he or she', re-analysis of way routine statistics are reported)
<b>YES</b>	<b>Give details of key person responsible and target date for carrying out full impact assessment (see DIA Guidance Notes)</b>	

<b>Action plan to make Minor modifications</b>		
<b>Outcome</b>	<b>Actions (with date of completion)</b>	<b>Officer responsible</b>
<u>Not applicable</u>		
<b>Planning ahead: Reminders for the next review</b>		
<b>Date of next review</b>	December 2012	
<b>Areas to check at next review (e.g. new census information, new legislation due)</b>	There is routine collection of data on referral and service delivery that can be analysed to determine whether or not there is a differential impact	
<b>Is there <i>another</i> group (e.g. new communities) that is relevant and ought to be considered next time?</b>	It is not known that there is another group that should be considered at the next review.	
<b>Signed (completing officer/service manager)</b>	<b>Date</b>	
Genette Laws, Interim Head of Category Management	September 2012	
<b>Signed (service manager/Assistant Director)</b>	<b>Date</b>	
David Quirke-Thornton, Assistant Director, Adult Social Care		

Evidence:

- Quarterly homecare services monitoring reports
- Feedback from Service user and care management consultations
- Feedback from provider consultations