

CABINET

11 JUNE 2019

GATEWAY 1 PROCUREMENT COMMENCEMENT: SUPPORT TO LIVE AT HOME SERVICE

Portfolio Holder: Councillor David Brake, Adults' Services

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Summary

This report seeks permission to commence the procurement of the 'Support To Live At Home Service'. Working in partnership with Medway NHS Clinical Commissioning Group (CCG), the Council intends to jointly procure a network of providers to deliver the service across Medway.

The Support To Live At Home Service will replace the current Framework Agreements for the provision of Homecare and Extra Care services, which come to an end in 2020.

This service will provide homecare and support to people in their own home and to those living in the five Medway extra care schemes.

'Support To Live At Home' will place emphasis on maintaining and improving health and wellbeing, through enablement based care practices, supporting people to live as independently as possible. The design of the service will coordinate care provided by local care workers, in a cohesive way with health and social care teams, utilising community assets to provide person centered care and support.

The proposed service will cover long-term homecare, enablement homecare, care provided within the five extra care schemes and Medway CCGs Continuing Health Care (CHC) spot purchased domiciliary care.

This Gateway 1 report has been approved for submission to the Cabinet after review and discussion at Children and Adults Directorate Management Team Meeting on 12 March 2019 and Procurement Board on 15 May 2019.

The Children and Adults Directorate Management Team has recommended that this project be approved as a Category B high risk procurement.

1. BACKGROUND INFORMATION

1.1 Budget & Policy Framework

- 1.1.1 The provision of homecare and extra care services are key to Medway Council achieving its strategic objective of ensuring adults maintain their independence in the community and live healthy lives.
- 1.1.2 A failure to facilitate a supply of good quality homecare services could result in a high number of admissions to residential and hospital care, with subsequent higher social and financial costs. A lack of homecare provision would also affect the ability to discharge patients from hospital in a timely manner, leading to an increase in delayed transfers of care (DTOC).
- 1.1.3 The Support To Live At Home service will be funded from within adult social care budgets and from existing Medway CCG budgets.

1.2 Service Background Information

- 1.2.1 Medway Council commissioned the current Home Care and Extra Care Framework Agreements in April 2016, for a period of four years.
- 1.2.2 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. At present homecare packages are allocated to the most suitable provider following a referral being sent to all providers on the framework.
- 1.2.3 Extra Care is a housing scheme for older people which consists of self-contained apartments owned or rented by qualifying individuals or couples. Extra Care schemes allow for the provision of care and support in a safe, community-based setting. Tenants or shared owners are able to retain their independence within their own home with the reassurance of having staff on site 24 hours a day, 365 days a year, to provide emergency care and ongoing daily support.

1.3 Home Care Service

- 1.3.1 Eighteen providers were appointed a place on the Home Care Framework. Of these, three have never provided services, one no longer has a presence in Medway and one provider has their contract terminated. At present there are thirteen active providers operating under the framework agreement. Medway Council also commissions homecare with an additional sixteen providers on a spot purchase basis. These providers deliver long term and enablement homecare services.
- 1.3.2 In addition, Medway CCG commissions homecare services from fifteen providers on a spot purchase basis.

1.3.3 In total Medway Council and Medway CCG commission homecare services from forty-four providers.

1.4 Extra Care Service

1.4.1 At the time the Extra Care Framework was commissioned, Medway had three extra care schemes; Bellerophon House; Montgomery Court and Prospect Place. One provider was appointed to deliver care within these three schemes. Four other providers were appointed a place on the Extra Care Framework for the purpose of future service delivery.

1.4.2 Since 2016, two new Extra Care Schemes have been completed.

- Rogallo Place – Maidstone Road, Rochester opened in November 2018.
- Atlas Place – St Mary's Island Chatham, is due to open March 2019.

1.4.3 A mini competition was conducted in July 2017 between the providers on the framework. One provider was appointed to deliver care within the two additional schemes.

1.4.4 At present there are two providers delivering extra care in the five extra care schemes across Medway.

1.5 Current Service Issues

1.5.1 The following issues have been identified in the way current services are designed/commissioned:

- There is no incentive for providers to invest in the recruitment of carers, particularly in challenging areas, as there is no certainty that they will secure packages of care in those areas.
- The majority of care workers are recruited on zero hour contracts. During holiday periods such as Easter, summer and Christmas, providers have high levels of staff leave which impacts on capacity and their ability to take on new care packages. This creates bottlenecks throughout the wider system.
- During seasonal periods a high number of care workers leave the sector altogether to secure higher rates of pay, such as in the retail sector.
- Neither Medway Council nor Medway CCG have the resources to quality assure and contract manage forty four providers effectively.
- As packages of care are not designated based on area, carers spend increasing amounts of time travelling across Medway. This increases providers' costs and creates inefficiencies.
- The commissioning of homecare is currently time and task focused and does not provide flexibility in the scheduling of care workers. This drives capacity gaps at the most popular times of the day e.g. 08:00, 12:00, 17:00 and 20:00.

1.5.2 Feedback from Medway CCG suggests that there are few bottlenecks in securing End of Life domiciliary care and service quality is high as a

result of the block contract. However, similar issues are experienced when there is a requirement to spot purchase care.

- 1.5.3 Homecare providers have expressed the need for greater certainty about the volume of care to be commissioned in each area, which in turn would increase their ability to employ a salaried workforce to address these challenges.
- 1.5.4 Providers also highlight the need for more flexibility in the way care is commissioned. This would enable providers to adapt the care as required ensuring the service continues to be provided in a way that best meets the individual's needs.

1.6 Service Vision

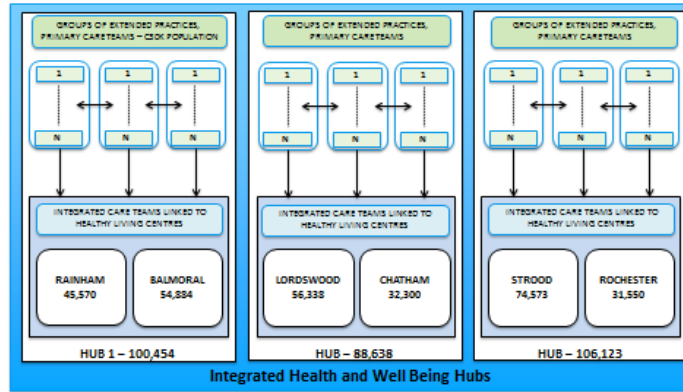
- 1.6.1 The purpose of homecare is to improve an individual's health, their wellbeing and enable independence for as long as possible. Homecare will be prioritised for individuals in need of personalised care and support. The Support To Live At Home Service will be delivered by local care workers in a more joined-up way with social work teams, health care services and third sector providers to provide a holistic person centred package of support.
- 1.6.2 Homecare should be a preventative service and be commissioned in a proactive way to prevent blockages or bottlenecks in its delivery. Homecare providers are to offer choice to individuals as to how services are delivered, whether this is through direct payments, Individual Service Funds or through commissioned care packages.
- 1.6.3 The aim is to work with fewer providers to enable efficiencies through increased economies of scale and improved integrated working across multi-agencies, resulting in a better quality service for service users. As such, Commissioners intend to appoint eight/nine providers to deliver the service across Medway. This is a reduction in the number of providers currently commissioned to deliver these services.
- 1.6.4 The key objectives to be achieved through this procurement exercise are:
 - Reduce inefficiencies across the whole system
 - Improve service standards of homecare
 - Improve transparency in care delivery
 - Increase independence and reduce reliance on long term care
 - Ensure capacity in the market meets future demand

1.7 New Service Design

Model

- 1.7.1 The Support To Live At Home service will be commissioned on a locality-based model mirroring the Medway Model. This is in line with structure of Adult Social Care and the planned structure of community health services.

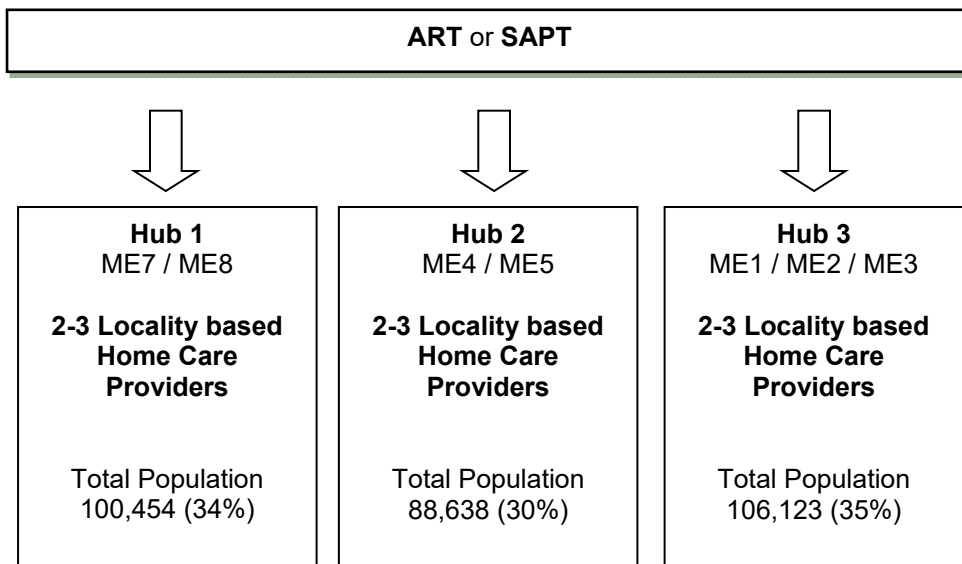
Medway Model



1.7.2 One objective behind the move to a locality-based model is to facilitate the greater integration of health and social care services, as outlined in Medway CCG’s General Practice Forward View. This will allow health and social care to be closer to home, support people to become independent, enable better care planning and provide a single point of access. Having homecare services aligned to this model will support the achievement of these key objectives.

Providers

1.7.3 Two to three (2-3) providers will be appointed in each of the three localities to deliver homecare services. Providers will be required to deliver services on behalf of Medway Council and Medway CCG. Medway CCG will retain its existing block contract which will be used for individuals that require complex specialised services.



1.7.4 A provider will be appointed to deliver all care within each of the five extra care schemes, either on an individual scheme basis or (if tender submissions allow) across all five schemes collectively.

1.7.5 Providers will be required to operate an Electronic Call Monitoring (ECM) system. ECM systems provide real time data about the care provided through the logging of care calls and provide the ability to

track and monitor outcomes. The information collected by providers will be submitted to Medway Council to evidence service delivery.

- 1.7.6 The Support To Live At Home Service will replace Medway Council's Framework Agreements for the Provision of Homecare and Extra Care Services 2016-2020 as well as the home care spot purchased by Medway CCG.

Care and Support

- 1.7.7 The Support To Live at Home service will put service users desired outcomes at the forefront of how care is designed and care will be delivered utilising a 'basket of hours' approach.
- 1.7.8 Adult social care will understand the service users desired outcomes during assessments. These outcomes will be driven by the individual in receipt of care and take into consideration input from family and non-paid carers. Service user outcomes will form the basis of the information sent to providers ensuring care is delivered in a way that enables the individual to achieve them.
- 1.7.9 A 'basket of hours' will give providers a weekly number of hours to meet the service users desired outcomes, rather than a prescriptive time, duration and task. This will place emphasis on the provider to work with the individual to plan when care is delivered. This approach will allow providers to provide care in way that is responsive, enabling and meets the changing needs of the individual
- 1.7.10 Appointed providers will be required to provide care in accordance with the Making Every Contact Count approach (MECC) and to have a trained 'A Better Medway' champion. This will help to achieve better public health outcomes where possible through the care provided, for example an individual's desired outcomes may be closely linked to, weight loss, smoking cessation, healthy eating and increased activity levels.
- 1.7.11 A cultural change across the Authority and by providers will be required in adopting these new ways of working. A programme of consultation, education and promotion will take place prior to the service go live date to ensure effective implementation.

1.8 Service Benefits

- 1.8.1 The Support To Live At Home service will ensure the following:
- Home care providers adopt an outcomes based approach.
 - Bottlenecks in service provision are addressed, especially in remote and hard to recruit area.
 - More flexibility and service user choice in the way care is provided through the adoption of a basket of hours approach.
 - Improved transparency in care delivered using Electronic Call Monitoring Systems.
 - Accurate payments based on actual care delivered.

- Individuals get greater choice around how care is delivered and managed, either through direct payments, personal health care budgets, Individual Service Funds or commissioned packages of care.
- Recruitment of skilled and professional homecare workforce to meet the needs of service users, including those with very complex needs.

1.9 Urgency of Report

1.9.1 The current framework is due to expire 31 March 2020. Commissioners are keen to commence the procurement exercise at this time to ensure all relevant activity including stakeholder engagement, data analysis, governance and the tendering process are undertaken in time to ensure a new service is in place by the end of the contract period.

1.9.2 The proposed project timetable is outlined below:

Project Phase	Action	Date
Gateway 1	Consultation – Internal	February 2019
	GW1 CADMT	March 2019
	GW1 JCMG	April 2019
	GW1 Procurement Board	May 2019
	GW1 Cabinet	June 2019
Service Specification	Consultation - Provider Event	May 2019
	Finalise Tender Suite – Specification, T&Cs, Tender Docs etc.	June 2019
Tender Stage	Issue ITT	July 2019
	Tender Evaluations	August 2019
Gateway 3	GW3 Draft	September 2019
	GW3 CADMT and JCMG	October 2019
	GW3 Procurement Board	October 2019
	GW3 Cabinet	November 2019
Contract Award	Contract Award	December 2019
Mobilisation	Mobilisation	January 2020 to March 2020
Implementation	Service go Live	01 April 2020

1.10 Funding/Engagement From External Sources

1.10.1 These services are funded from existing adult social care and Medway CCG budgets.

1.11 Parent Company Guarantee/Performance Bond Required

1.11.1 As set out within the Council's Contract Procedure Rules, a Parent Company Guarantee or Performance Bond is required for all Supplies (Goods), Services and Works contracts, over £250K unless otherwise agreed by the Council's Monitoring Officer in conjunction with the

Council's Chief Finance Officer as part of the Procurement Gateway Process for Category B procurements.

- 1.11.2 Commissioners request that the requirement for a performance bond be waived for this procurement on the basis of the additional costs to bidders who may be deterred from participating in the procurement process. A Parent Company Guarantee would be requested from any successful organisation which has a Parent Company.

2. PROCUREMENT DEPENDENCIES & OBLIGATIONS

2.1 Project Dependency

- 2.1.1 The proposed service model is dependent on the existence of a brokerage service that refers home care packages to providers. The existing placement function within Medway Council is the Access to Resources Team (ART) and the Specialist Assessment and Placement Team (SAPT) within Medway CCG.
- 2.1.2 Appointed providers will be required to use an Electronic Call Monitoring system and submit service delivery data. In order for this information to be used as provider invoices, Frameworki needs to be upgraded to Mosaic and the bolt on Finestra procured. Plans are in place to upgrade the required systems however, in the event they are not available prior to the commencement of the service, clauses will be added to the contract requiring providers to adopt these processes when they become available.

2.2 Statutory/Legal Obligations

- 2.2.1 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 and people with mental health conditions.
- 2.2.2 The Care Act 2014 and statutory guidance forms the basis of statutory duties for Local Authorities, replacing the National Assistance Act 1948, the Chronically Sick and Disabled Persons Act 1970, and the NHS and Community Care Act 1990.
- 2.2.3 A fundamental principle of the Care Act 2014 places emphasis on promoting an individual's wellbeing by ensuring care and support provided meets the individuals identified outcomes.
- 2.2.4 Supporting people to live as independently as possible, for as long as possible, is a guiding principle of the Care Act. Under the Act, local authorities can provide or commission services in a variety of ways, including through a Direct Payment, to meet the needs of those it assesses as eligible for services.
- 2.2.5 When arranging services, local authorities must ensure commissioning practices and the services delivered comply with the requirements of

the Equality Act 2010, the Mental Capacity Act 2005 and the Human Rights Act 1998.

- 2.2.6 Home Care 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 eligibility criteria.
- 2.2.7 Extra Care Housing is available in Medway through third party providers. The Council undertakes its statutory obligation in respect of the care delivered to each tenant living within the scheme.

3. BUSINESS CASE

3.1 Procurement Project Outputs / Outcomes

As part of the successful delivery of this project, the following outputs/outcomes within the table below have been identified as key and will be monitored as part of the procurement project delivery process and through the ongoing monitoring of the service.

Outputs / Outcomes	How will success be measured?	Who will measure success of outputs/ outcomes	When will success be measured?
Appoint homecare providers that can deliver the service requirements	Performance and compliance visits, provider reports, service user surveys and feedback	Partnership Commissioning Business and Intelligence Team Social Work Teams	At tender evaluation and contract award Regularly post contract award as set out in Section 3.3 - Post procurement contract management
To encourage and maximise Service User independence	Providers should be able to evidence they are continuously promoting Service User independence through personalised care, treatment and support	Partnership Commissioning Business and Intelligence Team Social Work Teams	Service level: Six monthly through outcomes reported by providers Individual level: At the point care is reviewed by social worker
A service that meets the needs of Service Users	Evidence that providers take Service Users views, requests and preferences into account during the design of how care and support is provided Providers' performance in dealing with complaints,	Social Work Teams – To determine that care has been provided in a way that meets the service user's needs. Partnership Commissioning Quality Assurance Team	At the point of review Annually through a quality assurance visit and at the six monthly contract management meetings

	service user feedback		
A service that enables service users to achieve their desired outcomes	<p>Evidence submitted by providers</p> <p>The provider will be required to submit data to indicate the progress service users make against their desired outcomes</p>	<p>Business and Intelligence Team Partnership Commissioning. Social Work Teams – At the point of review</p>	<p>Quarterly - Provider three monthly outcome data submissions</p> <p>At contract management meetings – six monthly review of overall performance</p> <p>And also as set out in Section 3.3 - Post procurement contract management</p>
<p>Extra Care</p> <p>To provide an alternative to residential care</p>	<p>Measuring the number of service users placed in residential care settings</p>	<p>Partnership Commissioning</p>	<p>Six monthly</p>

3.2 Procurement Project Management

- 3.2.1 The commissioning process will be led by Partnership Commissioning (Adults) with support from Category Management.
- 3.2.2 The Partnership Commissioning Team working on behalf of Medway Council and Medway CCG in conjunction with social care colleagues will take responsibility for the design of a detailed service specification.
- 3.2.3 A panel of relevant internal stakeholders will evaluate tender submissions.

3.3 Post Procurement Contract Management

- 3.1 Medway Council and Medway CCG will be responsible for contact managing their respective elements the service. Both parties will agree clear contact management roles and responsibilities.
- 3.2 Partnership Commissioning will hold six monthly contract management meetings with providers.
- 3.3 The provider will be required to review each service user's progress against their desired outcomes at week 13, 26, 39 and 52. Data will be reported to Medway Council at three monthly intervals. This data will be reviewed at contract monitoring meetings to determine provider performance.
- 3.4 The Quality Assurance Team will carry out a yearly visit to ensure and validate the performance of providers.

4. MARKET CONDITIONS & PROCUREMENT APPROACH

4.1 Market Conditions

- 4.1.1 A report published by the United Kingdom Home Care Association (UKHCA) in October 2018 indicates that Medway Council is the second lowest paying local authority in the South East.
- 4.1.2 Kent County Council (KCC) increased their Homecare rates significantly in 2017/18 and as a result, we have seen providers shift their capacity to cover the surrounding areas of Kent rather than Medway. This rate increase by KCC has also made it more challenging for Medway providers to retain their workforce and attract new care staff.
- 4.1.3 Providers continue to express concerns about the long-term financial viability of the services they provide in Medway. Two current providers have indicated that without significant price uplifts they would consider handing back packages of care to the Council. The comparatively low rates Medway Council pays for homecare has an adverse effect on its ability to source services.

4.1.4 Over the last eighteen months eleven new care agencies have registered with the Care Quality Commission in Medway. Despite the increase in the number of providers this is unlikely to yield a net increase in total capacity. The main reason for this is that the domiciliary care sector typically employs a transient workforce, meaning the workforce will become more thinly distributed amongst providers, rather than lead to a net increase in the number of care workers.

4.2 Procurement Options

4.2.1 **Option 1 - Do Nothing:** The current contract will expire 31 March 2020 after which there will be no contractual arrangement for the provision of homecare services if this procurement is not taken forward.

- **Advantage:** Continue to collate activity/finance data to inform the design of an improved service in the future.
- **Disadvantage:** Medway Council will become reliant on 'spot purchase' providers. Spot purchasing homecare services would be more expensive, and would result in bottlenecks in care delivery creating inefficiencies in the system.

4.2.2 Option 2 - Recommission a new homecare service in line with the Public Contracts Regulations 2015 (PCRs)

Medway Council to Commission a new homecare service called 'Support to Live At Home' in time for the expiration of the current Framework agreement. The new service model as described in Section 1.8 (New Service Design) will be commissioned for a four year period. Providers will be appointed through a competitive tender process.

- **Advantages:**
 - Legally compliant service in line with PCRs.
 - Consolidation of supplier base leading to greater efficiency in service delivery and contract management.
 - Model will support the integration of health and social care services.
 - The new service will move away from a time and task based approach to a 'basket of hours' and outcomes focused approach.
- **Disadvantages:**
 - The proposed service model would represent a major shift in the way homecare is structured and delivered in Medway and this would take some time to implement.
 - Contractual arrangements with a number of providers, who are not appointed to deliver the new service, will end post March 2020.

Intelligence from other local authorities that have adopted similar models suggests that unsuccessful providers have taken the

opportunity to diversify or focus on specialist areas. This has resulted in an increased variety of services in their area and has resulted in few providers leaving the sector.

4.2.3 Option 3 - Joint procurement with NHS Medway CCG

Medway Council will lead the procurement of the service working in partnership with NHS Medway Clinical Commissioning Group (CCG).

The same advantages and disadvantages will be achieved as with Option 2. The additional advantages and disadvantages with this option are outlined below:

- **Advantages:**
 - Model will support the integration of health and social care services.
 - Medway Council and Medway CCG homecare services will be delivered more in parallel, both in terms of price and practice.
 - Future Medway wide changes that impact on homecare services will be easier to implement and adopt.

- **Disadvantages:**
 - There may be instances where this arrangement makes managing providers and the service provided more complex.
 - Both Medway Council and Medway CCG will be reliant on the same providers to deliver services. In the main, this is the case at present however; risks are explored with regards to this further in section 5.

4.2.4 Preferred Option: The preferred procurement route is Option 3, which will achieve all key aims and objectives. The contract is an investment in a preventative service that promotes independence at home in the community.

4.2.5 Other considerations:

- **Procurement via an EU Compliant Framework**
This option has been considered, however there are no known Frameworks for the provision of Homecare Services.

- **Contract Extension:** Commissioners considered the possibility of extending the existing Framework past the March 2020 expiration deadline however, this is not possible within the contracting regulations. This is a 4-year Framework agreement with no option to extend.

An additional six months to the procurement timelines would give the project team additional time to undertake the vast number activities required as part of this procurement including collation of activity data, further analysis of existing pathways and additional services to ensure links/relationships are adequately captured in the

service specification. Homecare has interdependencies with the Home First service (enablement hospital discharge service) and the Rapid Response service. The scope of this procurement could be extended to include the aforementioned services if there is adequate time.

4.3 Procurement Process Proposed

4.3.1 Following the appraisal of procurement options, the route to market proposed for this procurement project is an Open Procedure in accordance with the Public Contracts Regulations.

4.4 Evaluation Criteria

4.4.1 The award of the contract will be made on the basis of the most economically advantageous tender comprised of 70% quality and 30% price.

4.4.2 Evaluation criteria will include an assessment of the suitability and capability of providers to deliver the service as well as their understanding of the service as set out in the specification of requirements.

5. RISK MANAGEMENT

5.1 Risk Categorisation

1. Risk Category: Service Model	Likelihood: Medium	Impact: Critical
Outline Description: The model will see a reduction in the number of contracted providers. This could destabilise the market and unintentionally create gaps in provision.		
Plans to Mitigate: Existing providers will be consulted on the model and have opportunity to feed into the service design. Medway Council will not actively remove services from providers and will allow for the natural cessation of care packages or seek to transition services at the point of review. This will allow providers increased time to adjust to the change in the system. Existing providers will be retained on a spot purchase basis, which will also ensure gaps in provision are met.		
2. Risk Category: Procurement Process	Likelihood: Very Low	Impact: Critical
Outline Description: Failure to attract sufficient successful bids		
Plans to Mitigate: The provider market will be kept informed of the Council's commissioning intentions and timelines. There will be a consultation period and market engagement event for providers to capture their input and address any concerns they may have about the procurement.		
3. Risk Category: Financial	Likelihood: Medium	Impact: Critical
Outline Description: Suppliers may submit low prices and compromise service quality, or, suppliers may bid at a high price meaning the cost of the service increases significantly.		
Plans to Mitigate: Price caps will be guided by information gathered from KCC, other local authorities and intelligence relating to the true cost of care. Robust financial review of tender submissions will be undertaken and prices will be discussed at contract management meetings.		
4. Risk Category: Contract delivery	Likelihood: Medium	Impact: Critical
Outline Description: Provider may fail to fulfil contractual obligations.		
Plans to Mitigate: Commissioners will work in partnership with providers to ensure early identification of issues. Contract management will be robust and performance reviews will be conducted regularly. Other stakeholders including social workers and the Business & Intelligence Team will support the management of the service.		
5. Risk Category: Legal	Likelihood: Very Low	Impact: Critical
Outline Description: Unsuccessful bidders slowing down the process by challenging award decision		

Plans to Mitigate: Robust procurement process in line with best practice and Public Contracts Regulations 2015.

6. Risk Category: Reputational

Likelihood: Very Low

Impact: Marginal

Outline Description: The service fails to deliver the quality outcomes set, therefore affecting community and stakeholder perception of the Council and the CCG.

Plans to Mitigate: Regular contract management and performance reviews.

6. CONSULTATION

6.1 Internal (Medway) Stakeholder Consultation

- 6.1.1 An outline service model has been designed in partnership with internal stakeholders. This will be developed and further expanded upon through continued consultation with internal stakeholders prior to the publication of the tender advert.
- 6.1.2 A steering group has been established to review current processes and to further develop the outline service specification. This includes, Adult Social Care, Partnership Commissioning, Systems, Business & Intelligence, Public Health, Quality Assurance, ART and Medway CCG (SAPT).
- 6.1.3 Stakeholder engagement will also held through the Local Care Steering Group on the service specification.

6.2 External Stakeholder Consultation

Home Care

- 6.2.1 Medway Council continuously consults with providers regarding the current service. This takes place through individual provider meetings and the Provider Forum held bi-monthly.
- 6.2.2 In relation to pricing, Medway Council has awarded an uplift of 3.1% in 2017/18 and 2018/19. Despite this it is known that Medway Council pays less for homecare than other local authorities in the south east, as published by the United Kingdom Home Care Association (UKHCA). Rises in National Living Wage and increase pension contributions have placed added financial pressure on providers over recent year.
- 6.2.3 Consultation with providers will be undertaken to freely discuss rates and service model. The engagement sessions would be an opportunity to capture the input of the provider market and ensure the service is commissioned at a 'fair cost of care' rate and that providers can remain sustainable throughout the duration of the contract. The market engagement event will be used to discuss the proposed model and provide an opportunity for providers to feed into the design process.
- 6.2.4 Consultation with service users will be undertaken to help inform the service specification.
- 6.2.5 Research shows that other authorities commission home care based on framework models, geographical locations and block contracts with additional spot purchase capacity. Neighbouring authorities have moved towards a geographical model over recent years.

Extra Care

- 6.2.6 It will be necessary to consult with tenants and Providers of care in the five Extra Care schemes. Tenants will be informed of the potential change to the on-site provider and the need to be involved in the process to identify the future provider of on-site care.
- 6.2.7 Specific consultation will need be undertaken to resolve any outstanding issues with the 'wellbeing charge' at Bellerophon House, Montgomery Court and Prospect Place. This will include the tenants and housing associations. The wellbeing charge will be used to contribute towards the on-site presence of staff during the night to respond to emergency calls.

7. PROCUREMENT BOARD

- 7.1 The Procurement Board considered this report on 15 May 2019 and supported the recommendation in section 11 below.

8. SERVICE IMPLICATIONS

8.1 Financial Implications

- 8.1.1 The procurement requirement and its associated delivery as per the recommendations at Section 11, will be funded from existing revenue budgets.
- 8.1.2 Further detail is contained within Section 2.1 Finance Analysis of the Exempt Appendix.

8.2 Legal Implications

- 8.2.1 This is a level 4 high-risk category B procurement and therefore the decision to award is for Cabinet. Level 4 (High Risk) Procurement Process are prescribed by the Monitoring Officer, in consultation with the Procurement Board with recommendations for the decision-making associated with the initial Gateway 1 Report and subsequent Gateway 3, 4 and 5 Reports being made to the Cabinet.
- 8.2.2 It is likely that bespoke terms and conditions will be required for this procurement, so Legal Services should be involved in the Project Group in order to advise on the requirements and draft an appropriate contract or framework agreement to be issued with the ITT.
- 8.2.3 The Public Services (Social Value) Act 2012 gives the Council a statutory duty to consider at the pre-procurement stage of any service contract:
- How what is proposed to be procured may improve the economic, social and environmental well-being of their areas.
 - How the Council may act with a view to securing that improvement in conducting the process of procurement.

8.2.4 The Act applies to all services contracts and service framework agreements to which the Public Contracts Regulations 2015 apply.

8.3 TUPE Implications

8.3.1 TUPE may apply to this procurement process. Information regarding affected staff will be obtained from the existing providers and issued with the tender documents.

8.4 Procurement Implications

8.4.1 To be able to maintain the benefits provided by the Category Management team and to ensure that the costs are appropriately distributed, there will be a procurement fee associated to the work undertaken for the CCG; this is detailed within the Exempt Appendix.

8.5 ICT Implications

8.5.1 ICT implications are explored within the main body of this report.

9. OTHER CONSIDERATIONS

9.1 Diversity & Equality

9.1.1 Providers' diversity and equality policies and procedures will be reviewed to ensure that they meet necessary requirements.

9.1.2 Additionally, Commissioners will work with appointed service providers to achieve conformity to Medway Council's Equality and Diversity Strategy and Safeguarding Children & Vulnerable Adults Procedures.

9.1.3 A Combined Impact Assessment will be completed by the CCG and a Diversity Impact Assessment will be completed by the Partnership Commissioning Team.

9.2 Social, Economic & Environmental Considerations

9.2.1 The Public Services (Social Value Act) 2012 requires all public bodies to consider how the services they commission might improve the economic, social and environmental wellbeing of the area. As part of this procurement, social value themes, outcomes and measures will be set out in the service specification and tender documents. Provider commitments will be captured in tender responses and verified through performance monitoring.

10. OTHER INFORMATION

10.1 None

11. RECOMMENDATION

11.1 The Cabinet is asked to agree to the commencement of a procurement exercise to commission the Support To Live At Home Service.

11. SUGGESTED REASONS FOR DECISION

11.1 The procurement of the Support To Live At Home Service will deliver a home care and extra care service that will enable the following:

- **High Quality** – enhanced service for Medway residents.
- **Basket of Hours** – greater flexibility for the service user in the way care is delivered.
- **Outcomes Focused Care** – to ensure the care received meets the service users' desired outcomes.
- **Ongoing Development** - the ability to continuously develop the service, in line with innovative approaches such as PatchCare.

LEAD OFFICER CONTACT

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BACKGROUND PAPERS

None