

**SLOUGH BOROUGH COUNCIL**

<b>REPORT TO:</b>	<b>Cabinet</b>
<b>DATE:</b>	<b>21 March 2022</b>
<b>SUBJECT:</b>	<b>Re-procurement of Adult Social Care Domiciliary Care Contracts</b>
<b>PORTFOLIO:</b>	<b>Cllr Natasa Pantelic, Social Care and Public Health</b>
<b>CONTACT OFFICER:</b>	<b><i>Jane Senior – Associate Director People Strategy and Commissioning Suzanne Binns Group Manager-Purchasing</i></b>
<b>WARD(S):</b>	<b>ALL</b>
<b>KEY DECISION:</b>	<b>YES</b>
<b>EXEMPT:</b>	<b>Part Exempt</b> – Appendices 1 and 2 are exempt as they contain the following category of exempt information as specified in Paragraph 3, Schedule 12A of the Local Government Act 1972, namely: “Information relating to the financial or business affairs of any particular person (including the authority holding that information)”
<b>DECISION SUBJECT TO CALL IN:</b>	<b>YES</b>
<b>APPENDICES:</b>	<i>Appendix 1 (exempt) – Details of current providers Appendix 2 (exempt) – Benchmarking Information Appendix 3 – Equalities Impact Assessment</i>

**1 Summary and Recommendations**

- 1.1 This report seeks approval to tender for two tranches of domiciliary care contracts via the Council’s Adult Social Care Dynamic Purchasing System. This will ensure a sufficiency of supply once two existing tranches of contracts expire in July 2022 and December 2022, respectively.

**Recommendations:**

Cabinet is recommended to:

1. Agree to the retendering of two tranches of domiciliary care contracts via the Council’s Adult Social Care Dynamic Purchasing System, on a three year basis with scope for two extensions of one year each.

2. Delegate authority to the Executive Director for People (Adults), in consultation with the Lead Member for Social Care and Public Health, to have oversight of the procurement process.
3. Agree that contract award for the first tranche of contracts will be presented to Cabinet in June 2022 and that contract award for the second tranche of contracts will be presented to Cabinet in November 2022.
4. Note that a report concerning the proposed model will be presented to People Scrutiny Panel in March 2022.

**Reason:**

To ensure best value in securing sufficiency of supply of domiciliary care in the local area.

**Commissioner Review**

*“The Commissioners are in agreement with the recommendations in this report.”*

**2 Report**

**Introductory paragraph**

- 2.1 The provision of good quality domiciliary care enables individuals with assessed care and support needs to remain living at home, thus promoting independence and reducing the need for more expensive residential care.
- 2.2 Domiciliary care providers play an essential role within the health and social care system. Not only by delivering care to those who are assessed as requiring it, but also by enabling timely discharge from hospital, freeing up hospital bedspaces and getting people back home. It is essential that there are enough contracted providers in the local area to meet demand.
- 2.3 The provision of domiciliary care meets the following Council priorities and objectives:

**Slough Health and Wellbeing Strategy**

Priority Two- Integration – Increasing the proportion of people living independently at home, and decreasing the number of people living in care homes.

**Slough Five Year Plan**

Outcome 2 – Our people will be healthier and manage their own care and support needs.

## Options considered

A number of options were considered:

<b>Option</b>	<b>Pros</b>	<b>Cons</b>
<p><b>Option 1</b></p> <p>Do not re-tender contracts which are due to expire.</p>	<p>This would reduce resource pressure placed upon teams engaged in procurement activity.</p>	<p>Not tendering for contracts which are due to expire will leave a limited number of contracted suppliers available to deliver services.</p> <p>Individuals receiving a service would need to transfer to another provider if they wished to continue receiving a commissioned service.</p> <p>It is unlikely that in-contract suppliers would be able to expand capacity to meet demand. This might lead to purchasing activity which is not compliant in order to respond to demand and urgent system pressures, including supporting discharge from hospital.</p>
<p><b>Option 2</b></p> <p>Retender contracts via the Adult Social Care Dynamic Purchasing System.</p> <p><b>Recommended</b></p>	<p>Maintains sufficiency and diversity of supply.</p> <p>Supply secured through competitive processes in order to meet best value requirements.</p> <p>Allows for further competition to take place when securing individual packages of care.</p> <p>Allows providers flexibility to deliver to a higher or lower number of people depending upon workforce availability.</p>	<p>Economic pressures placed upon providers are likely to have an impact upon the market and potentially upon the price secured at the present time.</p>
<p><b>Option 3</b></p> <p>Retender using a different method eg block contracts (Further information on procurement approaches</p>	<p>Providers have surety of income and can plan their businesses more effectively.</p>	<p>Might not be able to deliver contracted hours due to workforce pressures.</p> <p>If service demand fluctuates below block level, the Council</p>

considered is set out at section 3.6 Below).	Simple payment schedule is less resource intensive for Council staff.	pays for undelivered hours. Therefore, not cost effective.
<p><b>Option 4</b></p> <p>Retender both tranches at the same time.</p>	<p>This would reduce resource required by managing one procurement rather than two.</p>	<p>Contracts have different end dates and there is no scope to extend contracts terminating earlier.</p> <p>Current arrangements help spread the risk and ensure that competition is undertaken under different market conditions. This has been beneficial for securing good quality provision at affordable rates.</p> <p>The market is undergoing a period of uncertainty including those relating to inflationary pressures– and the timing is not optimum for retendering the first tranche of contracts.</p> <p>Retendering the second tranche of contracts – when further information concerning Adult Social Care Reforms is released and the Fair Cost of Care Exercise is undertaken – might provide greater certainty for suppliers interested in investing more business in Slough.</p>

## Background

- 2.4 Domiciliary Care plays an essential role within the health and social care system. Care workers provide care and support to individuals with assessed needs within their own homes, to enable them to stay independent for longer. Care and support activities can include administration of medication, helping people with transfers (for example from bed to chair), helping with washing, dressing and toileting and other forms of personal care. Domiciliary care providers enable people to return home after a hospital stay, thus ensuring that hospital discharge takes place on time and that individuals do not need to stay in hospital longer than necessary. Local authorities are required, under s5 of the Care Act 2014, to ensure a diverse and sustainable market to meet eligible assessed care needs including care at home for those who require it. This includes provision of directly commissioned care as well as provision for those in receipt of Direct Payments and self-funders.
- 2.5 Nationally, the management of sustainable markets for domiciliary care has become more challenging, as providers have been and continue to be faced

with significant economic pressures. These include: rises in inflation (affecting fuel costs, uniform and equipment costs and organisational overheads) and increases in National Insurance contributions (as of April 2022) for both employers and employees. Additionally, providers have experienced wage competition from other sectors (such as retail, warehousing and deliveries) resulting in staff leaving the sector. Loss of workforce has been exacerbated by EU Exit, and the mandate for domiciliary care staff to be fully vaccinated against covid (now expected to be reversed). Many areas have experienced difficulties in ensuring sufficiency of supply as providers have gone out of business, have reduced the hours which they are able to offer or have not been able to deliver services to the standard required.

- 2.6 In order to address workforce pressures, government has issued two rounds of Workforce Retention and Recruitment grants to local authorities. Slough received £349,004.00 (round 1) and £644,316.00 (round 2) with a requirement to spend these by 21st October 2021 and 31st March 2022. Providers have been allocated a proportion of grants which they have been able to spend on a number of initiatives in keeping with grant conditions. These have included: one off bonuses to staff, enhanced payments and meeting advertising costs for new recruits. Grants have provided short term funding to ease staffing shortages over the Winter months. These grants all end at the end of March 2022.
- 2.7 In 2021, Government released the white paper, *People at the Heart of Care*. This sets out the government's intention to reform adult social care, including implementing a care cap and placing a requirement upon local authorities to undertake a Fair Cost of Care Assessment in order to determine sustainable care rates. £162M has been made available to Local Authorities in 2022-23 in order to prepare markets for reform (including undertaking the Assessment), with a further £600M being made available in each of 2023-24 and 2024-25, to be funded through the Health and Social Care Levy. The Council has been allocated £348K in 2022-23 and is likely to receive £1m in each of 2023-24 and 2024-25.
- 2.8 In order to support the sector, the Council has committed to meeting inflationary costs over 22-23 through the award of fee uplifts of up to 3%, upon submission of a full and sufficient business case.
- 2.9 The Council currently contracts 22 providers registered with the Care Quality Commission to deliver domiciliary care services within the borough.
- 2.10 The current commissioning strategy has been to periodically undertake procurements via the Adult Social Care Dynamic Purchasing system. This has meant that the Council, despite the market pressures described at 2.5 above, has been able to maintain a sufficiency and diversity of supply (in keeping with Section 5 of the Care Act 2014), secured at competitive prices. This approach has also meant that the Council has been able to manage market risks - such as maintaining access to alternative suppliers where a provider has failed. The Council has also been able to contract with a number of market entrants (at a lower price) as well as more established providers, thus ensuring competitiveness in the local market. Periodic refresh of contracted suppliers not only attracts new entrants to the market, but also means that there are phased contract end dates which spreads the risks associated with supply failure upon re-procurement.

- 2.11 During the previous 12 month rolling period, 1471 packages of domiciliary care for people have been commissioned across all providers at an approximate cost of £6.8M. This equates to approximately £17.91 per hour. Further details concerning rates are contained at Appendix 1 (exempt).
- 2.12 642 packages of domiciliary care have been commissioned from providers whose contracts are due to expire in July 2022 at a weighted average cost of £18.21 per hour. 386 packages of domiciliary care have been commissioned from providers whose contracts are due to expire in December 2022. 443 packages have been commissioned from providers whose contracts extend beyond December 2022 at a weighted average cost of £17.21 per hour.
- 2.13 Costs associated within each of the tranches are set out below:

<b>Contract Expiry Date</b>	<b>Total packages of care</b>	<b>Weighted Average Hourly Price</b>	<b>Total annual expenditure</b>
<b>July 2022</b>	642	£18.21	£3.5m
<b>December 2022</b>	386	£18.06	£1.6m
<b>Beyond 2022</b>	443	£17.21	£1.7m
<b>Totals</b>	<b>1471</b>	<b>£17.91</b>	<b>£6.8m</b>

- 2.14 Homecare providers are already legally required to pay care workers National Living Wage, and this is a rate that is subject to inflation increments. The council has budgeted an additional £2m for Care purchasing (including Domiciliary Care) inflation.
- 2.15 As a demand led provision, Domiciliary Care expenditure will need to be monitored very closely to ensure sustainability within the stated budget envelope. The Adult transformation project initiatives to diverting demand at front door and ensuring competitive “target price” for care provisions should mitigate against any adverse budgetary effects. Tranche 1 and Tranche 2 procurement results will be monitored for any adverse budgetary effects.
- 2.16 The annual costs associated with tranche 1 and tranche 2 provide an indication of the possible annual costs of retendered provision. However, Members should be aware of the economic factors set out at section 2.5 and benchmarking information contained at Appendix 2, which could influence prices which are secured.
- 2.17 The referral process is managed by allocating packages of care to the lowest priced supplier who has availability and can meet the individual service user’s needs, thus injecting a further element of competition into the process. Some providers offer a volume discount, supporting endeavours to achieve best value.
- 2.18 The Council currently pays providers on a per minute basis for actual delivery of care up to the commissioned visit duration. It is normal for payments to be around 85% of the cost of commissioned hours. Where any additional time has been required on individual visits, due to an emergency situation or a temporary

fluctuation in need, these are then checked before being authorised for billing. The council saves around £1m over the year by paying on a per minute basis.

- 2.19 All care workers employed by suppliers are paid at or above the National Living Wage and all care workers are paid travel time.
- 2.20 The quality of provision is monitored through the Quality Assurance team and reported to the Care Governance Board. Overall, quality of provision within the borough is good. Of the 22 providers 1 is rated Outstanding, 18 are rated Good, 2 are rated as Requires Improvement and 0 are rated as Inadequate. 1 agency has not yet been inspected.
- 2.21 The specification and contract terms were amended during 2021 in preparation for a previous procurement round. A number of co-production meetings were held with representatives from social work teams, health colleagues and the co-production network. Feedback to date has ensured that the following areas have been further developed / incorporated into method statements:
- Meeting the needs of the individual
  - Safety and safeguarding – including operating safely during covid.
  - Quality assurance
  - Approaches to staff recruitment, retention and training.
  - Pricing and capacity building.
  - Business Continuity Planning.
  - Information systems and their use for monitoring service provision.
  - Approach to partnership working with the Council and others.
- 2.22 Further consultation is being undertaken in February 2022 and members of the co-production network will be invited to participate in tender evaluation panels. Should any change of provider be required for recipients of care, individuals will receive a review and arrangements will be made for the transfer to a new provider, with opportunity for carers to transfer to the new provider too. Further details concerning consultation are provided at section 3.5 below.

### **3. Implications of the Recommendation**

#### **3.1 Financial implications**

3.1.1 Homecare providers are already legally required to pay care workers National Living Wage, and this is a rate that is subject to inflation increments. The council has budgeted an additional £2m for Care purchasing (including Domiciliary Care) inflation.

3.1.2 As a demand led provision, Domiciliary Care expenditure will need to be monitored very closely to ensure sustainability within the stated budget envelope. The Adult transformation project initiatives to diverting demand at front door and ensuring competitive “target price” for care provisions should mitigate against any adverse budgetary effects.

#### **3.2 Legal implications**

3.2.1 The Care Act 2014 requires the local authority to meet identified eligible needs as assessed under s9 of the Care Act, and to meet that need with appropriate provision. Where this is identified as domiciliary care, then there is a duty placed upon the Council to make that provision

3.2.2 The Care Act statutory guidance states that 'high quality, personalised Care and Support can only be achieved where there is a vibrant, responsive market of services available'.

3.2.3 Under section 5 of the Care Act, the local authority has a duty to shape and maintain an efficient and effective market of services for meeting care and support needs in the local area

3.2.4 The duty applies in relation to services that the Local Authority commissions directly, but also to other non-commissioned services in its area (including those used by self-funders), universal services and services provided by partners (such as health or charitable services) that together create the marketplace.

3.2.5 The market that is shaped should ensure that any person requiring Care and Support/Support services:

1. Has a variety of providers supplying a variety of services to choose from;
2. Has a variety of high quality services to choose from; and
3. Has sufficient information to make an informed decision about how to meet the needs in question.

3.2.6 In order to fulfil its duty to promote diversity and quality in service provision the Local Authority must ensure it has effective strategies to shape the marketplace and commission the right services.

3.2.7 Use of a properly established Dynamic Purchasing System (DPS) to procure Domiciliary Care Contracts is a compliant procurement approach in accordance with both the Council's Contract Procedure Rules and the Public Contracts Regulations 2015.

The DPS must be operated as a completely electronic process and must be open, throughout the period of validity of the DPS, to any economic operator that satisfies the selection criteria

To procure under a DPS, the council must follow the rules of the restricted procedure, which means that any economic operator can submit a request to participate in response to the call for competition by providing the information for qualitative selection requested by the council. The minimum time limit for receipt of requests to participate, where a prior information notice (PIN) is used as a means of calling for competition, is 30 days from the date on which the PIN is sent to the UK e-notification service - *Find a Tender*.

The council must offer unrestricted and full direct access free of charge to the procurement documents, by means of the internet, on an ongoing basis from the date on which the PIN is sent. This requirement can be satisfied by providing a link to a procurement portal (such as Intend SE Portal) where potential candidates can access the documents.

The council must finalise their evaluation of requests to participate in the DPS, in accordance with the applicable selection criteria, within ten working days following their receipt, and must simultaneously and in writing invite the economic operators which have



expressed their interest to confirm their continuing interest, and invite the selected candidates to submit their tenders.

The minimum time limit for receipt of tenders must be at least ten days from the date on which the invitation to tender is sent. However, the council may set the time limit for the receipt of tenders by mutual agreement between the council and all selected candidates, provided that all selected candidates have the same time to prepare and submit their tenders.

Where the council awards a contract under a DPS, there is no compulsory standstill period.

The council must either send a contract award notice within 30 days after the award of each contract based on the DPS or group such notices on a quarterly basis and send the grouped notices within 30 days of the end of each quarter.

HB Public Law can advise as required on the DPS procedural requirements and contract awards and conclusion.

### 3.3 Risk management implications

3.3.1 The recommended option decision will ensure the sufficiency of supply when the existing contracts terminate on the 16<sup>th</sup> July 2022 for tranche 1 and 1<sup>st</sup> December 2022 for tranche 2. The table below sets out the risks associated with the proposed course of action and the mitigating actions.

Risk	Assessment of Risk	Mitigation	Residual Risk
Suppliers do not bid.	<p>Medium</p> <p>Existing providers will be keen to retain their customer base and a number of new providers have registered on the Dynamic Purchasing System.</p>	<p>The Dynamic Purchasing System has been administered so that new entrants are able to register.</p> <p>A PIN notice will be issued directing interested parties to apply for registration on the DPS</p>	Low
Suppliers bid at excessive and unaffordable hourly rates.	<p>Medium / High</p> <p>The market is facing significant economic pressures. This includes increases in national insurance contributions, inflationary pressures and wage competition from other sectors.</p>	<p>The instructions to tender will include reference to the scoring mechanism in relation to the price evaluation.</p> <p>Information will also be included in relation to how service users will be allocated to providers ie according to an individual's need, availability of staffing and price.</p> <p>Price will dictate the order of approach of suppliers, with the most cost effective approached first.</p> <p>Providers will in all likelihood be mindful of Adult Social Care Reforms and the Fair Cost of Exercise which will need to be undertaken this year.</p> <p>Approaches to inflationary uplifts will be included within tender documents.</p>	Low / Medium
Suppliers bid at rates which are higher than those currently. Placing a pressure on Adult Social Care budgets.	<p>High</p> <p>The market is facing significant economic pressures. This includes increases in national insurance contributions, inflationary pressures and wage competition from other sectors.</p>	<p>The instructions to tender will include reference to the scoring mechanism in relation to the price evaluation.</p> <p>Information will also be included in relation to how service users will be allocated to providers ie according to an individual's</p>	Medium

		<p>need, availability of staffing and price.</p> <p>Price will dictate the order of approach of suppliers, with the most cost effective approached first.</p> <p>Providers will in all likelihood be mindful of Adult Social Care Reforms and the Fair Cost of Exercise which will need to be undertaken this year.</p> <p>Approaches to inflationary uplifts will be included within tender documents.</p> <p>There is likely to be a difference in how the market operates – between the tendering of Tranche 1 and Tranche 2 – particularly when the impact of the Adult Social Care Reforms and the Fair Cost of Care Exercises are known.</p>	
Loss of continuity of supply for service users if existing suppliers do not bid or bid at excessive price	Medium	<p>All new packages of care will be set up with the most cost-effective organisation.</p> <p>TUP(E) will apply to any transfer of service from one provider to another. Service users whose packages of care are identified as potentially requiring transfer will receive a service review to determine whether their individual needs can be met by the new provider.</p>	Low
Providers offering a lower price will result in a lower quality	Medium	<p>Providers will be required to be registered with the CQC who regulate activity.</p> <p>Each contract will contain a clear set of KPIs which will be monitored.</p> <p>Care providers are also monitored by the Quality</p>	Low

		<p>Assurance and issues are discussed at the Care Governance Board with improvement plans being submitted to ensure that clear turnaround initiatives are implemented.</p> <p>There is facility to not place with providers who do not meet the appropriate quality standards.</p> <p>A suite of KPIs will be included within contracts and suppliers will be required to report against these.</p>	
Care staff will not be adequately paid as providers seek to offer competitive prices.	Medium	<p>There is competition in the market sector for staffing. This means that pay rates are competitively set.</p> <p>The lower fee rates are enabled by new entrants to market who have lower overheads during their start up. Most are family owned businesses with the owners directly managing the service.</p> <p>A breakdown of fees including direct wage costs are included in the Pricing Schedule at Tender. These are checked for viability at evaluation.</p>	Low

### 3.4 Environmental implications

3.4.1 During the procurement process, potential suppliers will be requested to provide a copy of their environmental impact assessment and impact management measures.

3.4.2 The table below provides examples of environmental impact measures that affect home care services:

<b>Environmental Impact</b>	<b>Management Measures</b>
Carbon emissions from staff travelling to work and between service user households.	Staff recruitment centred on local residents thus reducing travel to work carbon emission footprint. Promotion or provision of bicycles for staff travel. Promotion of walking routes for rosters. Promotion of car sharing. Promotion of electric powered cars.
Hazardous Waste management	Promotion and support of service user recycling of household waste packaging. Infection control policies and procedures. Staff trained in infection control and incontinence waste storage and disposal. Use of incontinence waste removal service.
Office and equipment waste management	Use of confidential paper shredding and recycling service. Use of recycled ink cartridges for printers. Recycle electronic equipment with ethical supplier. Reduce paper usage by using electronic alternative methods for communication e.g. electronic rostering and care delivery records.

### 3.5   Equality implications

3.5.1   An Initial Equalities Impact Assessment is set out at Appendix 3 and will be further developed through engagement with various workshops and groups including the co-production network. Providers will be required to set out how they will meet equalities requirements through the tendering process. This includes meeting the diverse cultural and language needs within the borough and seeking to recruit sufficient male carers to meet demand.

### 3.6 Procurement implications

The following table sets out the options that have been considered in relation to the procurement route and strategy.

The following table sets out the options that have been considered in relation to the procurement route and strategy for the local home care services supply in Slough.

<b>Procurement Strategic Approach</b>	<b>Consideration</b>	<b>Recommended</b>
<p>Use of Suppliers engaged through mini-competition stage on the ASC Dynamic Purchasing System (DPS)</p>	<p>The approach allows for regular refresh of the list of contracted suppliers at any time, as and when required, via advertisement of mini-competitions.</p> <p>New suppliers to the local market are engaged through application to join the DPS at any time with the knowledge that there will be opportunity to apply at mini-competition stage for supply contracts.</p> <p>Early engagement with suppliers successful on joining the DPS allows organisations to understand</p> <p>The DPS also allows a time efficient process for specific specialist services to be procured.</p>	<p>Yes.</p> <p>Offers time efficient and flexibility for refresh of suppliers for generic and specialist services.</p> <p>Maintains sufficiency of supply and new entrant competition in the market.</p>
<p>One or Sole Supplier</p>	<p>Whilst in theory there may be opportunities for economies of scale, there are increased overheads for supporting larger services leading to increased fee levels. The local market becomes uncompetitive. The provider is unlikely to be able to compete with other providers for workforce – as other providers outcompete in terms of wage payments. There are no suppliers present in the local market who would be capable of performing the role of sole supplier.</p>	<p>No.</p> <p>High risk of supply failure and lack of sufficiency of supply.</p> <p>Removes new entrant supplier competition in the market.</p>

<b>Procurement Strategic Approach</b>	<b>Consideration</b>	<b>Recommended</b>
	Local authorities are moving away from this model due to the experience with supplier failures.	
One Lead Supplier with subcontractors/consortia	The home care market is highly competitive with individual providers competing for market share and for supply to other local authorities. The lead provider is unable to compete with the subcontractors for staffing and this leads to a service failure by the Lead supplier. Most often this requires further procurement to directly contract with alternative providers. Equally consortia arrangements are not sustainable due to the competing interests of the constituent parties.	No. High risk of supply failure and lack of sufficiency of supply.
Small Number of Suppliers – each with restricted geographical area of operation	The referral and service demand patterns across the borough is not conducive for geographical areas of operation. On consultation with providers they have indicated that this is an operational option which is likely to fail. Workforce retention issues and supplier failure is highly likely leading to supply failure and the need to re-procure.	No.  High risk of supply failure and lack of sufficiency of supply.
Fixed Framework of larger number of providers	Experience within the borough has indicated that the number of viable providers reduces over the lifetime of the framework leading to shortage of supply. This results in the need to reopen the framework or purchase off framework. The length of time required for the procurement opportunity to be open is longer than alternative methods, lengthening the timescale for procurement and alternative supply. The opportunity for new more competitive suppliers to enter the framework is restricted and	No.  High risk of supply failure over time, with decreased ability to bring new entrants into the local market and maintain competition in the market.  Supplier failure leading to lack of sufficiency of supply.



<b>Procurement Strategic Approach</b>	<b>Consideration</b>	<b>Recommended</b>
	the likelihood of failed procurement exercise is heightened.	
Joint Procurement with other neighbouring local authorities/E Berkshire.	Neighbouring authorities have set their rates for current procurement of domiciliary care at a fixed hourly rate. Both areas have historically operated without using the DPS approach. One authority is now going to utilise a DPS approach after failure of a lead provider approach. Both areas have experienced sufficiency difficulties.	No.  Further information is contained at Appendix 2 (Exempt)

### **Proposed Procurement Timetable**

Tranche 1 contracts required for 17<sup>th</sup> July 2022

<b>Procurement Stage</b>	<b>Estimated Timetable</b>
Draft Report to DLT	2 <sup>nd</sup> February 2022
Draft Report to Finance and HB Law	11 <sup>th</sup> February 2022
Draft Report to Commissioners	13 <sup>th</sup> February 2022
Report to Corporate leadership Team	18 <sup>th</sup> February 2022
Report to LM&D	2 <sup>nd</sup> March 2022
Report to Cabinet	21 <sup>st</sup> March 2022
Scrutiny Committee	31 <sup>st</sup> March 2022
PIN Published with documentation	4 <sup>th</sup> April 2022
ITT and mini competition posted on DPS	4 <sup>th</sup> May 2022
Deadline for mini-competition	May 2022
Evaluation Complete	25 <sup>th</sup> May
Cabinet Award decision	20 <sup>th</sup> June 2022 (Date TBC)
Contract Award letters	1 <sup>st</sup> July 2022
Contract mobilisation	17 <sup>th</sup> July 2022

Tranche 2 contracts required for 2<sup>nd</sup> December 2022

<b>Procurement Stage</b>	<b>Estimated Timetable</b>
Draft Report to DLT	2 <sup>nd</sup> June 2022
Draft Report to Finance and HB Law	11 <sup>th</sup> June 2022
Draft Report to Commissioners	13 <sup>th</sup> June 2022
Report to Corporate leadership Team	18 <sup>th</sup> June 2022
Report to LM&D	2 <sup>nd</sup> July 2022
Report to Cabinet	21 <sup>st</sup> July 2022
Scrutiny Committee	31 <sup>st</sup> July 2022
PIN Published	4 <sup>th</sup> August 2022
Preparation of documentation following consultation	5 <sup>th</sup> August 2022 to 3 <sup>rd</sup> September 2022
ITT and mini-competition posted on DPS	4 <sup>th</sup> September 2022

Deadline for receipt of clarification questions	7 <sup>th</sup> September 2022
Deadline for mini-competition	14 <sup>th</sup> September 2022
Evaluation Complete	8 <sup>th</sup> October 2022
Cabinet Award decision	October 2022 (Date TBC)
Contract Award letters	15 <sup>th</sup> November 2022
Contract mobilisation	2 <sup>nd</sup> December 2022

### 3.7 Workforce implications

3.7.1 Not Applicable.

### 3.8 Property implications

3.8.1 Not Applicable.

## **4. Background Papers**

None

**Appendix 1 (Exempt) – Information about Providers (in Part II of agenda)**

**Appendix 2 (Exempt) – Benchmarking Information (in Part II of agenda)**

Appendix 3 – Equalities Impact Assessment

<b>Directorate: People(Adults)</b>	
<b>Service: Commissioning</b>	
<b>Name of Officer/s completing assessment: Karen Hodsdon</b>	
<b>Date of Assessment:31/01/2022</b>	
<b>Name of service/function or policy being assessed: Externally Commissioned Domiciliary Care</b>	
1.	<p>What are the aims, objectives, outcomes, purpose of the policy, service change, function that you are assessing?</p> <p>The provision of Domiciliary Care (DC) is a statutory requirement of the Council under the Care Act 2014. Domiciliary Care workers provide personal care (such as support with getting up, getting washed, eating and drinking), non-personal care (such as support with shopping, household cleaning and laundry) and specific healthcare activities such as end of life care. Domiciliary Care enabled individuals to continue to live independently in their own homes. This Equality Impact Assessment (EIA) will primarily assess possible effects on residents with protected characteristics. Additionally, this EIA assesses the possible effects of recommissioning of Domiciliary Care (DC) services for all users and carers who either receive support directly or indirectly. The recommissioning exercise will not see an interruption in service. There may be some changes in contracted providers, with new providers delivering services and some existing providers existing arrangements. Individuals who require a domiciliary care service will not have any disruption to services provided – although they may experience some degree of change if an existing provider is not successful in re-tendering for services or does not re-tender.</p>
2.	<p>Who implements or delivers the policy, service or function? State if this is undertaken by more than one team, service, and department including any external partners.</p> <p>Domiciliary Care providers deliver services in the borough. Commissioning arrangements are managed through the Council's People Strategy and Commissioning Team. Partnership arrangements are in place with social workers and the NHS.</p>
3.	<p>Who will be affected by this proposal? For example who are the external/internal customers, communities, partners, stakeholders, the workforce etc. Please consider all of the Protected Characteristics listed (more information is available in the background information). Bear in mind that people affected by the proposals may well have more than one protected characteristic.</p> <p>There are 10 protected characteristics:</p> <p>1. Age including younger and older people</p>

	<ul style="list-style-type: none"> <li>2. Disability</li> <li>3. Gender reassignment</li> <li>4. Pregnancy and maternity - No Impact</li> <li>5. Race including ethnic or national origins, colour or nationality</li> <li>6. Religion or belief including lack of belief</li> <li>7. Sex</li> <li>8. Sexual orientation</li> <li>9. Marriage/civil partnerships No Impact</li> <li>10. Carers protected by association</li> </ul> <p>Individuals in receipt of domiciliary care services may have one or more protected characteristics. It is a requirement that all providers delivering domiciliary care have appropriate equalities policies in place.</p> <p>All providers bidding for domiciliary care will be required to be registered / register with the Care Quality Commission. The Care Quality Commission standards set out that services must be able to meet specific cultural, language and spiritual/religious needs through personalisation of the care and support plan.</p>
4.	<p>What are any likely positive impacts for the group/s identified in (3) above? You may wish to refer to the Equalities Duties detailed in the background information.</p> <p>Domiciliary care enables individuals to live at home independently thus supporting participation in the community and a better quality of life.</p> <p>Domiciliary care also prevents the need for more expensive and sometimes less satisfactory residential care.</p> <p>Active market shaping in Slough means there are suppliers who have experience specific to the demographic of the borough. E.g. Culture and language, complex care needs, a specialist rapid response service is also available.</p> <p>The competitive procurement process will include evaluation of the proposed operational method statements in relation to meeting the needs of Slough's culturally diverse community and related service requirements such as language needs. There are specific challenges in identifying male carers and this will be identified in the ITT documentation.</p>

5.	<p>What are the likely negative impacts for the group/s identified in (3) above? If so then are any particular groups affected more than others and why?</p> <p>It will be important that any cultural requirements are addressed through the tendering process.</p>
6.	<p>Have the impacts identified in (4) and (5) above been assessed using up to date and reliable evidence and data? Please state evidence sources and conclusions drawn (e.g. survey results, customer complaints, monitoring data etc).</p> <p>In progress. However, previous work has been taken into account.</p>
7.	<p>Have you engaged or consulted with any identified groups or individuals if necessary and what were the results, e.g. have the staff forums/unions/ community groups been involved?</p> <p>In progress, forums and workshops are planned before the specification is completed. Slough's co-production network is engaged in the work.</p>
8.	<p>Have you considered the impact the policy might have on local community relations?</p> <p>Ensuring sufficient supply of appropriate domiciliary care which meets the assessed needs of the population will have a positive impact upon community relations.</p>
9.	<p>What plans do you have in place, or are developing, that will mitigate any likely identified negative impacts? For example what plans, if any, will be put in place to reduce the impact?</p> <p>Forums and workshops will identify any possible negative impacts and develop approaches for mitigating these.</p>
10.	<p>What plans do you have in place to monitor the impact of the proposals once they have been implemented? (The full impact of the decision may only be known after the proposals have been implemented). Please see action plan below.</p> <p>KPIs developed in partnership with community groups will be actively managed through contract management. These include service user protected characteristic profile monitoring, and reasons for unavailability of staffing/referral declination.</p>

<b>What course of action does this EIA suggest you take? More than one of the following may apply</b>	✓
<b>Outcome 1: No major change required.</b> The EIA has not identified any potential for discrimination or adverse impact and all opportunities to promote equality have been taken	✓
<b>Outcome 2: Adjust the policy</b> to remove barriers identified by the EIA or better promote equality. Are you satisfied that the proposed adjustments will remove the barriers identified? (Complete action plan).	
<b>Outcome 3: Continue the policy</b> despite potential for adverse impact or missed opportunities to promote equality identified. You will need to ensure that the EIA clearly sets out the justifications for continuing with it. You should consider whether there are sufficient plans to reduce the negative impact and/or plans to monitor the actual impact (see questions below). (Complete action plan).	
<b>Outcome 4: Stop and rethink</b> the policy when the EIA shows actual or potential unlawful discrimination. (Complete action plan).	

***Action Plan and Timetable for Implementation***

At this stage a timetabled Action Plan should be developed to address any concerns/issues related to equality in the existing or proposed policy/service or function. This plan will need to be integrated into the appropriate Service/Business Plan.

<b>Action</b>	<b>Target Groups</b>	<b>Lead Responsibility</b>	<b>Outcomes/Success Criteria</b>	<b>Monitoring &amp; Evaluation</b>	<b>Target Date</b>	<b>Progress to Date</b>
Initial consultation	User group	KH	Changes and challenges are mutually agreed and included in the specification.	Report following the workshop	March 2022	
Market shaping	Suppliers	KH	Changes and challenges are mutually agreed and included in the specification.	Report following the workshop	March 2022	

<b>Name:</b> <b>Signed:</b> .....(Person completing the EIA)
<b>Name:</b> ..... <b>Signed:</b> .....( Policy Lead if not same as above)
<b>Date:</b> .....