

SLOUGH BOROUGH COUNCIL

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| REPORT TO: | Cabinet |
| DATE: | 20 th December 2021 |
| SUBJECT: | Procurement of services with the voluntary sector for prevention and carer support |
| CHIEF OFFICER: | Alan Sinclair, Executive Director People Adults |
| CONTACT OFFICER: | Avtar Maan, Group Manager People Strategy |
| WARD(S): | All |
| PORTFOLIO: | Cllr Natasa Pantelic, Social Care and Public Health |
| KEY DECISION: | YES |
| EXEMPT: | NO |
| DECISION SUBJECT TO CALL IN: | YES |
| APPENDICES: | None |

1 Summary and Recommendations

- 1.1 The purpose of this report is for Cabinet to note the 12 -month contract extension to the current contract with the voluntary sector for prevention and carer support, which is with Slough Council for Voluntary Services (SCVS) under the Slough Prevention Alliance Consortium (SPACE) contract.
- 1.2 Planned commissioning activity was severely disrupted during the COVID-19 pandemic with the People Strategy and Commissioning Team being engaged in coordinating measures to support and protect recipients of care and support across the town. This has had a knock-on impact in terms of delivering a busy programme of work within intended timescales.

Recommendations:

Cabinet is requested to:

- 1 Approve the extension of the contract with Slough Council for Voluntary Services for prevention and carer voluntary services to the value of £473,254 for a period of 12 months from 1 July 2021.
- 2 Delegate authority to the Executive Director for People (Adults), following consultation with the Lead Member for Social Care and Public Health, to commence procurement for the prevention and carer voluntary services for a period of 2 years plus 1 with a maximum value of £1,420,000.

- 3 Note that following the procurement for the new prevention and carer voluntary services, a report will be brought back to Cabinet for a decision on awarding the new contract.

Reason:

To note the extension of contracts for the provision of the relevant services to cover the period until new competitively procured contracts are awarded with the aim of ensuring continuity of service to vulnerable residents in the interim.

To provide authority to undertake competitive procurement activities to identify suitable providers to which contracts for the provision of the relevant services can be awarded at best value.

2 Report

The service(s) described in this report meet the following objectives and priorities:

Slough Health and Wellbeing Strategy

Priority One – Starting Well

Priority Two – Integration

Slough 2040 Plan

Slough will be a place of lifelong learning and aspirations for all.

Slough will be a healthy town, where people are supported to live empowered lives.

Slough Five Year Plan

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

Slough Health and Social Integration Plan

Promoting independence and reducing the need for high-cost care

Responding to changing needs post covid-19

Strengthen role of the voluntary services in addressing health inequalities

- 2.1 The Slough Prevention Alliance (SPACE) consortium contract, with Slough Council for Voluntary Service (SCVS) as the main provider, expired in June 2021. This was a three-year contract that commenced in January 2016 with further extensions, until it finally expired in June. The purpose of the consortium was to deliver services and activities that reduced or delayed the need for residents to receive statutory support from the Council.
- 2.2 The role of SCVS as the lead provider was to “effectively mobilise the wider community and voluntary sector in Slough through a partnership approach.” SCVS also directly provided the Slough Carers Support service within the SPACE contract. The SPACE consortium had a key strategic role in the delivery of the Council’s prevention agenda, in line with its Five-Year Plan. It also helped support local authority duties and responsibilities within the Care Act 2014, which is to make sure that people living in the area receive services that prevent care needs from becoming more serious or delay the impact of their needs.
- 2.3 The outcomes achieved by the consortium have benefited all sections of the population including adults, young people, families and unpaid carers, through

delivering services and activities that reduced or delayed the need for statutory support. SCVS took a critical role during the COVID 19 pandemic demonstrating it had the skills, energy and infrastructure to work with the local authority and other statutory, community and business partners to coordinate, oversee and support the 'One Slough response'. Their role has continued to be significant in supporting the local recovery plans. It is for this reason that the Better Care Fund increased its funding for the voluntary sector, in lieu of the council's contribution.

- 2.4 The Better Care Fund supports local partnerships to deliver integration of health and social care in a way that is person centred and sustainable to provide better outcomes for the local population. The programme is underpinned by a pooled budget and a shared delivery plan outlining health and social care priorities for the Slough population. Key priorities in the delivery plan include promoting independence, choice, and control, reducing admissions to hospital or a care home setting, reducing the length of stay in hospital; and supporting recovery through reablement. The spirit of the plan is based on prevention, supporting carers and service users to remain independent and to create an enabling population to manage their own health and social care needs. The partnership recognises the important role the voluntary sector has in achieving these shared ambitions, funding at least 60% of the contractual cost.
- 2.5 There is now a shared ambition to ensure the voluntary and community sector can continue to build upon the strength of this activity as we move towards a more sustained recovery phase. The approach that is recommended to support the recovery phase and to avoid a competitive procurement which is not considered to be in the public interest at this time; to agree a new and direct retrospective one year contract extension with SCVS. The intention is that this will be enable the Council and the Clinical Commissioning Group to continue to work in partnership with the provider to enable it to continue to support the local community through the next stage of the COVID 19 pandemic.
- 2.6 There are no other grass roots organisations in Slough that have the infrastructure, expertise and local knowledge to provide the required level of service continuity at this challenging time. This approach will enable SCVS to continue to build upon the work delivered through the strong and trusted partnerships with statutory services as part of the COVID response 'One Slough' brand.
- 2.7 Strengthening community capacity has been at the core of this approach. The pandemic created an entirely new environment for the voluntary and community sector to operate, providing immediate responses to the most vulnerable residents of Slough. Moving forward, it is essential this sector receive the necessary support, to enable it to be more sustainable, resilient and viable. The focus for SCVS will be to build upon the support offered to this sector; supporting the most diverse and hard to reach communities. SCVS has already shown it has a strong track record, with the right knowledge and understanding of the community to continue to play a critical role to play in supporting and developing the capacity of local communities and groups.
- 2.8 SCVS directly delivered the Slough Carers Support Service under the previous SPACE contract and this is continuing under the new one year arrangement. As a group unpaid carer have been particularly affected by COVID and this approach will provide the necessary continuity to them at this juncture. It will also ease pressure on local authority resources, whilst enabling it to fulfil its statutory responsibilities and responsibilities to unpaid carers in line with the Care Act 2014.

2.9 In summary there are three areas of work that will be delivered through this fund.

- **Capacity building** – continuing to build upon the ‘One Slough’ COVID response through creating a more resilient and stronger voluntary sector. This will include maintaining the Community Champions activity, building upon other volunteer opportunities and supporting organisations to maximise their income streams.

Quarter 1 of the current arrangement has resulted in over £900,000 of additional income being raised for local voluntary groups through this element of the contract. Benefits to the local community include further support for community transport, reducing inequalities through provision of foodbanks, employment and training opportunities, support to young families and older people who require social interaction.

- Overseeing the allocation and monitoring of the **One Slough Community Fund** in line with agreed local aims and objectives agreed by local stakeholders. The One Slough Community Fund, held by SCVS to redistribute to local voluntary groups who provide services that meet statutory provision such as information & advice, preventative activity and support to residents to delay the need for care.

Types of projects funded aim to improve health inequalities and addressing poorer outcomes associated with deprivation. Funds have been distributed to local groups to support services users wellbeing (addressing isolation) promotion of community activities (art therapy, employment training), providing information and advice for specific cohorts (vision loss and autism, refugee, mental health) and making local community connections through age specific forums, community events.

- Delivering the **Slough Carers Support service** to help the early identification of unpaid carers and ensuring a programme of support is in place to help support them maintain their caring responsibilities

Over 584 carers are registered with this service and receive support for caring duties, training and events for respite

2.10 For several years, it has been recognised that the voluntary sector provides a range of benefits unmatched by the public or private sector including:

- Access to other sources of funding for local initiatives, including sources that are only open to the voluntary sector, e.g. institutional funders, public donations etc.
- Value for money services, including those which draw on the contribution of volunteers. This is particularly true of the community, or volunteer-only, part of the sector.
- Reach into excluded and vulnerable groups, which the public sector often finds it hard to engage. The voluntary sector can provide these groups with a voice, as well as delivering services with them and for them.
- Innovation and creativity in responding to community needs and delivering services.

2.11 Since the Pandemic there has been a huge increase in local people volunteering to help and support others. SCVS have created a platform whereby these volunteers are able to provide support to where it is most needed, quickly and effectively. The

#OneSlough Community Champions network, set up in September 2020 has helped empower Slough residents to remain up to date with the latest advice about COVID-19.

Benefits include:

- Building upon the skills and knowledge of local communities
- Bringing local people and services together, to improve health and wellbeing and to reduce inequalities.
- Training volunteers to work closely with Public Health, the local NHS, ASC, Primary Care Networks (PCNs), various council departments and the voluntary sector to improve health and wellbeing and supporting health promotion.
- Reducing the inequality experienced by Black and Asian Minority (BAME) groups by reaching out to diverse communities.
- Helping reduce social isolation and overcoming language and cultural barriers with residents to connect with diverse communities.
- Using knowledge of community to help inform public sector service development.
- Helping overcome issues of isolation, anxiety, loneliness and help improve the clients' health and wellbeing and feel part of a community.
- Improving the mental health and wellbeing of carers through increased support channels.
- Increasing an awareness of carers issues in all sectors.
- Provide opportunity for carers to be aware of their rights by law and provide them with a platform to ask questions to help solve common queries

2.12 Planned commissioning activity was severely disrupted during the COVID-19 pandemic with the People Strategy and Commissioning Team being engaged in coordinating measures to support and protect recipients of care and support across the town.

This included:

- Coordinating the COVID-19 response to care and support providers across East Berkshire
- Coordinating and implementing Discharge to Assess Processes
- Increasing access to services by implementing a 7-day rota, 8 am to 8 pm each day – with team members in strategic roles moving into operational roles.
- Operating an out of hours support service for providers
- Purchasing and distributing PPE to providers, carers and Personal Assistants
- Co-ordinating the Vaccination Programme for JCVI Cohort 2 – Frontline Health and Social Care Workers
- Addressing vaccine hesitancy in partnership with CCG and voluntary sector colleagues
- Operating COVID Care Governance procedures to support providers experiencing outbreaks.
- Disbursing grant funding to providers from Central Government.
- Arranging block contracts with care homes on behalf of the CCG and East Berkshire Local Authorities
- Hosting regular provider forums
- Issuing a weekly newsletter to providers.
- Leading in the development and implementation of the Slough Winter Plan.

- Identifying designated provision for covid positive individuals requiring care

The active role played by the service was commended by the CQC, during the ICS Partnership Inspection 2020.

The response to the pandemic meant that the timetable of commissioning activities was severely disrupted. Consequently, planned procurements have been subject to delay, thus resulting in authorisation being requested to extend contracts. We are now re-setting the workplan to ensure that contracts are compliant and that a realistic programme of work is in place.

In July 2021, the Council issued a Section 114 notice highlighting significant financial pressures and put in place robust expenditure control procedures. As a result of the risks the Better Care Fund as increased its commitment to the Voluntary Sector and has replaced the Council contribution.

2.13 To ensure service continuity whilst providing sufficient time to design and deliver commissioning and procurement strategies, it was necessary for officers to award, without competition, a short-term extension to current providers for a duration sufficient only to allow these procurement activities to be completed.

2.14 The primary reason for contract extension was as follows:

- Impact of the pandemic meant many site visits have been delayed by up to 18 months due to risk management issues.
- Many providers have been operating remotely, therefore service user consultation to co-produce services have been impacted.
- Many providers responding to the pandemic were not able to take on additional workload pressures and respond to a tender. Competition would have been unfairly restricted leaving the Council open to challenge.
- The work generated due to the pandemic meant the People, Strategy and Commissioning service had limited, if any, time to focus on strategic commissioning activities.
- The loss of capacity due to some staff leaving the organisation.

2.15 Prior to the above procurement exercises being undertaken the necessary work to design a suitable commissioning approach and to develop service models and specifications will be undertaken.

Options considered

| Option | Pros | Cons |
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| Option 1 Reduce the ASC contribution to the voluntary sector budget. | There are no savings to be made as 1. The Council will have to provide carers support, in an alternative way 2. This contract is wholly grant funded; however the budgets may be reallocated to meet the priorities | Since the inception of the contract, savings have been made of approximately 30%- the original contract value was £1,370,000 and was reduced incrementally to a final position of £439,000 for the contract extension period 2021/22. |

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| | <p>set out in the Health and Social Care Integration Plan.</p> | <p>The Better Care Fund increased its contribution towards the voluntary sector in recognition of the risks arising from potential Section 114 disinvestment. The majority of funding comes from this income stream.</p> <p>The investment in the voluntary sector has been designed to achieve returns for Social Care through community resilience, carer support, prevention and supporting the wider agenda to reduce and delay care needs</p> |
| <p>Option 2</p> <p>Let the contracts expire.</p> | <p>There are no savings to be made as</p> <ol style="list-style-type: none"> 1. The Council will have to provide carers support, in an alternative way 2. The services are wholly grant funded; however, the funds may be reallocated to meet the health or social care priorities. | <p>The option to do nothing and let the contracts expire is not recommended given the functions performed by the contracted services.</p> <p>Moreover, the contract has continued an implied contract basis given the services continued to be provided and the Council paying for it. If the services are ceased this is likely to have a long-term impact on the social, economic and wellbeing impact on the local population.</p> |
| <p>Option 3</p> <p>Extend contract for a short term to allow sufficient time to commissioning services that deliver value for money and good outcomes.</p> | <p>Provides sufficient time to fully review the service model, to design service provision and prepare / test the market for tendering opportunities as well as tender services.</p> <p>Allows for opportunity to test and assess market conditions.</p> | <p>It is vital the Council initiates procurement activity to comply with legislation, its own procedural rules and achieve financial stability. A short-term extension will allow for the People, Strategy and Commissioning service to ensure service continuity whilst providing sufficient time to design and deliver commissioning and procurement strategies.</p> |

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| | | <p>This also ensures the Council is compliant with its own contractual procedure rules. Interim measures through contract extensions are recommended to ensure service continuity and to mitigate the risk of noncompliance with current council procedures.</p> |
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Commissioners Comments

“Commissioners note that this report is one of two where contractual arrangements have expired and the work has continued without authority and retrospective approval is now being sought to firstly regularise the position and secondly continue with the contract arrangements without a proper process. There does not appear to be an acceptable reason in the report for the failure to report to the first available Cabinet. This is an unacceptable way for contract standing orders to be complied with by officers no matter what the justification and it further emphasises the need for long lasting cultural change to ensure that the basic norms of good local government are followed.

Cabinet should also seek more explicit deliverables to be identified as part of the conditions for approving the recommendations.”

3. Implications of the Recommendation

3.1 Financial implications

- 3.1.1 The Slough Prevention Alliance (SPACE) consortium contract, with Slough Council for Voluntary Service (SCVS) as the main provider, expired in June 2021. This was a three-year contract that commenced in January 2016 with further extensions following, until it finally expired in June.
- 3.1.2 The option to extend the contract by a further 12 months until 30th June 2021 was exercised in 2020 based on satisfactory performance and budget availability. There have been reductions in the budget for the contract of approximately 30% since 2016.
- 3.1.2 The development and delivery of the SPACE consortium support the council’s agreed priorities of the Council and the wider Health and Social Care Partnership. Hence the increased funding from the Better Care Fund to reinforce its commitment to working with the voluntary sector to deliver priorities that meet the obligations from the Care Act 2014 and Health and Social Care Act 2012.
- 3.1.3 This service is entirely grant funded (Better Care Fund - **£283k** and Public Health Grant -**£190k**). The projected cost of the recommendations is equal a maximum value of £1,420,000 to cover the period of 2 years plus 1.

The risk associated with budgets are allocated annually by central government, and the annual value of the contract will be adjusted to reflect these allocations.

3.2 Legal implications

- 3.2.1 Section 2 of the Act places a new duty on local authorities to provide or arrange for services, facilities or resources which will prevent or delay the development of, or reduce the needs for care and support of, adults in its area. In performing that duty, a local authority must have regard to:
- a) the importance of identifying services, facilities and resources already available in the authority's area and the extent to which the authority could involve or make use of them in performing that duty.
 - b) the importance of identifying adults in the authority's area with needs for care and support which are not being met (by the authority or otherwise);
 - c) the importance of identifying carers in the authority's area with needs for support which are not being met (by the authority or otherwise).
- 3.2.2 The Care Act 2014 Section 5 promotes a duty for local authorities to shape an effective marketplace of services to meet care and support needs in the local area. The Act describes how local authorities will manage the market to drive innovation, choice, quality, and continuous improvement whilst ensuring value and promoting Wellbeing. The Act places the following duties for adult social care commissioning authorities:
- To promote wellbeing for people with care and support needs.
 - Focus on outcomes that are important to people and the delivery of person-centred care.
 - Outcomes based commissioning to develop services for people, carers, and the wider population to achieve wellbeing alongside meeting care and support needs.
- 3.2.5 Duties in the Act place the following commissioning functions:
- Co-production with stakeholders in service design.
 - Market engagement and shaping to influence local services on offer and to address barriers faced by the market in service delivery.
 - Integration with local partners to achieve population-based outcomes to improve wellbeing
- 3.2.6 Section 12 of the Health and Social Care Act 2012 introduced a new duty at Section 2B of the NHS Act 2006 Act for all upper-tier and unitary local authorities in England to take appropriate steps to improve the health of the people who live in their areas.
- 3.2.7 Section 6C of the National Service Act 2006 as amended by the Health and Social Care Act 2012 and The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 provide for the discharge of public health functions by Local Authorities
- 3.2.8 The Health and Social Care Act 2012 introduced duties for Health and Wellbeing Boards in relation to JSNAs- Joint Strategic Needs Assessments. The purpose of JSNAs is to improve the health and wellbeing of the local population and reduce health inequalities. A product of the JSNA, is the evidence-based priorities for commissioning, that will improve outcomes for the local population, reduce health inequalities and address the wider determinants of poor health. Prevention, support to carers and working with local voluntary groups to strengthen community resilience to manage own care are all priorities listed in the JSNA.

- 3.2.9 Regulation 72(1) (c) of the Public Contracts Regulations 2015 (PCR), which allows contracts to be modified without a new procurement where all of the following conditions are fulfilled:
- i. the need for the modification has been brought about by circumstances which a diligent contracting authority could not have foreseen (i.e. caused by the COVID-19 pandemic);
 - ii. the modification does not alter the overall nature of the contract (no significant changes have been made to the nature of any of extensions);
 - iii. the increase in price does not exceed 50% of the value of the original contract.
- 3.2.10 The new procurement for the retendered service will be conducted in line with the Public Contract Regulations and with assistance from the Council Legal Support – HB Public Law.

3.3 Risk management implications

3.3.1. Overall, the risks can be themed as follows

- Capacity – limited capacity within the department due to ongoing demands arising from the continued pandemic. This may impact the procurement timetable and the development of the service provision.
- Withdrawal from the Provider due to lack of contract and clearly defined service provision. This will impact how the local authority provides support under the Care Act 2014 for carers support, prevention, and promotion of wellbeing; this will need to be provided through an alternative mechanism and will disrupt the work completed to date to support carers. Another impact from withdrawal is how the partnership coordinates activities and mobilises volunteers to support communities to recover from the effects of the pandemic.

3.4 Environmental implications

3.4.1 None

3.5 Equality implications

3.5.1 Individual procurement projects will be subject to Equalities Impact Assessment as necessary, and service specifications for each service to be procured will address all relevant equalities requirements relevant to the service being procured. Details of the equality impact assessment will be provided as part of the report on award of the new contract.

3.6 Procurement implications

3.6.1 The prevention and carer support service were awarded to Slough Council for Voluntary Services through a grant, this followed expiration of the original service known as SPACE (Slough Prevention Alliance) consortium contract. The SPACE contract was tendered in 2015 through an open tender process. The length of the contract was for a 3+1+1-year term, with an additional extension period of six months taking the expiration date to June 2021. The provider was selected based

on price and Slough Council for Voluntary Services provided the most economically advantageous terms (MEAT).

3.6.2 Officers will be exploring procurement options for a new Prevention and Care Support Service to ensure that the new service provision meets the Council's and service user's requirements. Indicative timelines are as follows

- Stakeholder Consultation and Service User Feedback – December 2021
- ITT to be issued - Jan 2022- Feb 2022
- Evaluation and approval of decision by Cabinet - March - April -2022
- Mobilisation of new contract -April – June 2022
- Commencement of new contract – 1st July 2022

3.7 Workforce implications

3.7.1 None

3.8 Property implications

3.8.1 None

4. Background Papers

None