

SLOUGH BOROUGH COUNCIL

REPORT TO: Cabinet

DATE: 20th June 2022

SUBJECT: Re-procurement of Adult Social Care Extra Care Contracts

CHIEF OFFICER: Mark Gadsby, Executive Director People (Adults)

CONTACT OFFICER: Jane Senior – Associate Director People Strategy and Commissioning
Avtar Maan Group Manager - People Strategy

WARD(S): ALL

PORTFOLIO: Cllr Natasa Pantelic, Social Care and Public Health

KEY DECISION: YES

EXEMPT: NO (with the exception of Appendix A)

DECISION SUBJECT TO CALL IN: YES

APPENDICES: Appendix 1 – Equalities Impact Assessment
Exempt Appendix A – Pricing Information

1 Summary and Recommendations

- 1.1 In January 2022, Cabinet approved the extension of the current contract to Creative Support for Integrated Care and Support in Extra Care to the value of £848,200 per annum for a period of two years, this is equal to £1,696,400 (one million, six hundred and ninety-six thousand, four hundred) over two financial years to cover the period 1st April 2021 to 31st March 2023. Cabinet also approved commencement of a new commissioning process to design a revised model of Integrated Care and Support in Extra Care services.
- 1.2 Following Cabinet approvals outlined in 1.1, this report seeks approval to procure Integrated Care and Support in Extra Care Services for a 3-year contract plus one extension period of one year each from 1st April 2023 to 31st March 2027. The extension is subject to satisfactory performance throughout the initial contract period and that the contract is assessed as continuing to meet best value requirements.

Recommendations:

Cabinet is recommended to:

1. Agree to the procurement of the Integrated Care and Support in Extra Care contract via the Council's Adult Social Care Dynamic Purchasing System, on a three-year basis with scope for one extension of one year. This will be subject to satisfactory performance throughout the initial contract period and that the contract is assessed as continuing meet best value requirements.
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 recommendations for contract award will be presented to Cabinet in December 2022.
4. Note the pricing scenarios included at Exempt Appendix A

Reason:

To ensure best value in securing sufficiency of supply of Integrated Care and Support in Extra Care in the local area.

Commissioner Review

Commissioners have reviewed this report.

2 Report

Introductory paragraph

- 2.1 The provision of good quality Integrated Care and Support in Extra Care enables individuals with assessed care and support needs to remain living in their own home, thus promoting independence and reducing the need for more expensive residential care.
- 2.2 Extra Care plays 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 averting the need for individuals to move to alternative residential care options, maintaining their independence and retaining greater control over their lives.
- 2.3 The provision of Integrated Care and Support in Extra 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.

Slough Borough Council Recovery Plan Priorities

Leadership and Culture

- Decisions are based upon data and evidence
- The organisation is transparent and openly and actively engages with the public and partners to inform decision-making

Governance

- Evidence led decision making
- Develop and enhance performance reporting outlines areas for improvement and best practice

Citizen Service standards and performance

- Provide a good level of service to residents and businesses
- Contribute to the customer engagement excellence programme

Options considered

A number of options were considered:

Option	Pros	Cons
<p>Option 1 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>This would not comply with the recommendation agreed at Cabinet in January 2022 to re-procure these services.</p> <p>Not tendering for contracts which are due to expire will leave care arrangements for individuals at risk and contractual arrangements non-compliant with Council's Contract Procedural Rules.</p> <p>No savings will be made, alternative ways to deliver statutory care and support prescribed by the Care Act 2014 will have to be met.</p> <p>Significant disruption in service provision for vulnerable service users with social care needs. This will impact safeguarding, social care assessment and purchasing activity</p>
<p>Option 2 Direct Award of Contract to existing provider.</p>	<p>This would maintain and secure existing care arrangements in place.</p>	<p>This would not comply with Cabinet's previous direction in January 2022 to re-procure these services.</p>

	<p>This would reduce resource pressure placed upon teams engaged in procurement activity.</p>	<p>The Council would not be able to seek possible better value from the market in relation to provision of Extra Care services.</p> <p>Would not comply with Public Contracts' Regulations</p> <p>There is a mature care and support market, a direct award for this service is not a fair and transparent process, competition is recommended.</p>
<p>Option 3 Retender block contract via the Adult Social Care Dynamic Purchasing System.</p> <p>Recommended</p>	<p>Maintains sufficiency and diversity of supply.</p> <p>Supply secured through competitive processes in order to meet best value requirements.</p>	<p>Economic pressures placed upon providers might have an impact upon the market and potentially upon the price which is able to be secured at the present time.</p>
<p>Option 4</p> <p>Do not retender the Extra Care contract and transfer all individuals receiving care from these providers to direct payments.</p>	<p>It would be cost effective to transfer individuals in receipt of commissioned care packages onto direct payments.</p>	<p>Individuals in receipt of Extra Care services have complex needs for whom the management of their care arrangements via Direct Payments is unlikely to be feasible.</p>
<p>Option 5</p> <p>Open-market procurement leading to new block contract arrangement</p>	<p>The Council will have assurance on adequate supply for the term of the contractual period.</p> <p>Simple payment schedule is less resource intensive for Council staff.</p> <p>Providers have surety of income and can plan their businesses more effectively.</p>	<p>The Council has an effective mechanism for driving competition and seeking best value – the Adult Social Care Dynamic Purchasing System.</p> <p>The procurement timetable is compatible with utilising the DPS.</p>

Further information on procurement approaches considered are set out at section 3.6 below.

Background

2.4 Extra Care balances independent living with an enhanced sense of security where service users receive support to manage their tenancies. Essential to this are the following extra care characteristics:

- Purpose-built, accessible design promoting independent living which supports people to age in place.
- Fully self-contained properties with own front doors.
- Secure tenancies or lease arrangements where the service user has full control over who has access to their own home.
- Office for use by staff serving the scheme and sometimes the wider community.
- Communal spaces and facilities.
- Access to planned and unplanned urgent care and support services 24 hours a day, 7 days a week.
- Community alarms and other assistive technologies.
- Safety and security often built into the design with fob or person-controlled entry.

2.5 Extra Care schemes provide a cheaper and more personalised support to adults when compared to residential care settings as the council will only pay for the provision of care and support, the accommodation cost is the responsibility of the tenant. Tenancy or purchasing of extra care properties are paid directly by the service user to the Landlord. This includes additional charges relating to maintenance, communal facilities, and support as described in the tenancy agreement. Where affordability is a barrier, this is often funded via housing benefits claims and/or council tax reductions.

2.6 Slough Extra Care Schemes: Since 2008, there have been two Extra Care Housing Schemes in Slough; 56 properties at Northampton Place and 70 properties at The Pines. There are a total of 126 properties across the two schemes.

1. Northampton Place is designed with 47 one-bedroom and 9 two-bedroom self-contained properties. 10 of the 56 properties are sold on a shared ownership with the rest being available for rent.
2. The Pines is designed with 55 one-bedroom and 15 two-bedroom self-contained properties. 17 of the 70 properties are sold on a shared ownership with the rest being available for rent.

Under the shared ownership scheme, eligible applicants must buy 75% share of the property, with the Landlord Anchor/Hanover, retaining the remaining 25% share in the property.

2.7 Eligibility: Applicants must be 55 years or older, with care and support needs, and have a local connection to the area. For either setting, the applicant must

make an application on the housing register to rent an extra care property or register with the Council for shared ownership. Applications are assessed for suitability by the Housing Panel; this is a joint Adult Social Care, Housing Allocations, care operator, and housing operator panel that reviews and agrees applications to the schemes from adult social care and housing allocations

Service user engagement and consultation

2.8 Several 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 the service model:

- Meeting the needs of the individual.
- Safety and safeguarding – including operating safely during COVID-19.
- 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.

An additional provider survey with service users is also currently being conducted with full findings ready by end of June. These results will help inform the final version of the service specification.

Extra Care Model

The current specification for care and support in extra care will be updated following a series of on-going service user and stakeholder engagement events. The specification will be finalised in July once the service user engagement and onsite review of service user care needs is fully completed in June 2022. The following relevant 'I' and 'my' statements have been raised by service users:

- I should be put at the centre
- My needs should be understood
- I want to have meaningful and positive relationships
- I should know my carers
- My carers are listening, empathetic and caring
- My service should be value based
- I should be supported to do the things I can do for myself
- I want barriers removing so I can love my life
- I want to be able to choose how I live my life
- I want to live a dignified, safe and independent life
- I want to be connected to my family, friends and community
- I want comfort and security
- My service should be efficient and well led
- My service should use technology and better logistics (scheduling)

- My service should be effectively monitored and reviewed (proactive and reactive)
- My service should interact and work with other services, family and the community to deliver my care plan and high standards

The new service will ensure that people living in Extra Care with assessed care and support needs have timely access to services which is person-centred to the assessed needs of the individual, is responsive to changing needs and enables the person to maximise their independence and quality of life in their Extra Care home and in the community.

Core elements of the proposed model will be strengthened to include the following:

- A. Wellbeing: The service will promote and maximise the wellbeing of people, recognising the aspirations and potential of people. Individuals will be empowered through the provision of care and support to live independently for as long as possible.
- B. Quality: The service will work to quality principles, being self-reflective and self-improving. The workforce will be skilled, with a focus on development, retention and training.
- C. Choice & Control: The service will support and facilitate personalisation by placing people at the centre of decision making about them. The use of digital technology, where appropriate, will be pivotal to the promotion of greater choice, control and avoidance of intrusive care. This will also allow service users to maintain effective contact with the community and their own support networks.
- D. Cultural awareness: The service will ensure that the religious, cultural and spiritual needs and wishes of service users are identified, respected and wherever possible met.
- E. Standards: The service will work to national and local standards and within legal frameworks. There will be strong leadership, with clear processes, pathways with strong service user engagement where concerns raised are acted upon in a timely manner.
- F. Partnership: The service will have effective and productive operational relationships with internal and external service partners. There will be strong integration with support services, including provision of activities provided by the Landlord, links with health services and a multidisciplinary approach.
- G. Enabling: The service will support and challenge people to build and sustain their own potential for independence and wellbeing. There will be strong relationships between the provider and service users to coordinate effective care and support based on needs to provide the right care at the right time in the right place.
- H. Adaptable: The service will be adaptable to changing circumstances and take a lead role in responding to changing need.

- I. Evidence: The service will base its approach on the best care evidence and on evidence presented through assessment and care planning.
 - 1) Core Elements of the service will cover as a minimum:
 - A) Hours of cover: 365 days per year, 24-hour cover.
 - B) Access to the service.
 - C) Definition of care covered –Care Act (2014).
 - D) Strength-based support planning.
 - E) Communication with social care regard changes to care package or needs.
 - F) Safeguarding principles and processes.
 - G) Unplanned care and emergency care for an existing service user.
 - H) Unplanned admission.
 - I) Continuity of care.
 - J) Access to service users' property and security.
 - K) Managing complex behaviour and conditions.
 - L) Performance monitoring and quality assurance.
 - M) Safer Recruitment and supervision.
 - N) Learning development and training.
 - O) Provider records and confidentiality.

2.9 Integration

The Council and Anchor Hanover operate under a partnership nominations agreement, this sets out the process for assessing applications, the eligibility criteria for extra care, the level of need within the extra care setting as well as roles and responsibilities for both organisations. The selected care provider is expected to align its service delivery with Anchor Hanover to ensure a coordinated and integrated approach to deliver the assessed care needs for residents in extra care.

2.10 Outcomes

These will be measured under the key domain areas outlined below, following the Key Lines of Enquiry (KLOE) outlined:

Safe

People are protected from abuse and avoidable harm. This means that people are supported to make choices and take risks and are protected from physical, psychological and emotional harm, abuse, discrimination and neglect.

S1 - I am protected from bullying, harassment, avoidable harm and abuse that may breach my human rights.

S2 - How are risks to individuals and the service managed so that people are protected, and their freedom is supported and respected?

S3 - How does the service make sure that there are sufficient numbers of suitable staff to keep people safe and meet their needs?

S4 - My medicines are managed so that I receive them safely.

S5 I am protected through the prevention and control of infection

Effective

People's care, treatment and support achieve good outcomes, promote a good quality of life and are evidence-based where possible. This means that people are supported to live their lives in the way that they choose and experience the best possible health and quality of life outcomes.

E1 - I receive effective care, which is based on best practice, from staff who have the knowledge and skills they need to carry out their roles and responsibilities.

E2 - My consent to care and treatment is always sought in line with legislation and guidance.

E3 - I am supported to eat and drink enough and maintain a balanced diet.

E4 - I am supported to maintain good health, have access to healthcare services and receive ongoing healthcare support.

Caring

Staff involve and treat people with compassion, kindness, dignity and respect. This means that people, their families and carers experience care that is empowering and provided by staff who treat people with dignity, respect and compassion.

C1- I have positive caring relationships with services.

C2 - I am supported to express my views and I am actively involved in making decisions about my care, treatment and support.

C3 - My privacy and dignity are respected and promoted.

C4 - I am supported at the end of my life to have a comfortable, dignified and pain free death.

Responsive

Services are organised so that they meet people's needs. This means that people get the care they need, are listened to and have their rights and diverse circumstances respected.

R1 - I receive personalised care that is responsive to my needs.

R2 - My experiences, concerns and complaints are routinely listened to and learned from.

R3 - I will receive consistent coordinated, person-centred care when I use, or move between, different services.

Well-led

The leadership, management and governance of the organisation assure the delivery of high-quality, person-centred care, supports learning and innovation, and promotes an open and fair culture. This means that management and leadership encourage and deliver an open, fair, transparent, supporting and challenging culture at all levels.

W1 - I will experience a positive culture that is person-centred, open, inclusive and empowering from my service.

W2 - My service will be well-led and managed.

W3 - My service will deliver high quality care.

W4 - My service works in partnership with other agencies in pursuit of excellence.

2.11 As a demand led provision, Extra Care expenditure will need to be monitored very closely to ensure financial sustainability. The Adult Transformation Programme initiatives to diverting demand at front door and ensuring competitive “target price” for care provisions should mitigate against any adverse budgetary effects.

2.12 The quality of provision is monitored through the Quality Assurance team and reported through the Care Governance Board. Overall, quality of provision within the borough is good.

3. Implications of the Recommendation

3.1 Financial implications

3.1.1 The Council is responsible for procuring a suitable care provider and payment of care and support costs to meet assessed needs.

3.1.2 The current budget/contract price of **£848,000, provides** a maximum of 45,130 hours of care; this is a mixture of planned care, unplanned care, and urgent care. The revised contractual model will reduce the waking-night component relating to both Extra Care provisions. The revision to the model will equate to a reduction of 6,188 hours, brings the revised total down to 38,942 hours of care in the revised block contractual model. The reduction in hours of care could result in budget savings ranging from, at least £92,500 to £116,280 per annum depending on the unit cost per hour achieved in the procurement. Details are set out at Exempt Appendix A.

The proposed level of commissioned hours is commensurate with the needs outlined within care reviews for the individuals for whom council care currently provide care across both schemes. These clients typically have complex needs and who have had more than one care review undertaken over the last year – therefore providing certainty that the level of proposed commissioned hours being set an appropriate level.

3.1.3 It should be noted that with a reduction in the number of contracted hours it is possible that a cheaper contract price could be achieved – based upon the scenarios set out at Exempt Appendix A. The reduction in care hours will not compromise the care needs of individuals or contravene Housing Management requirements relating to the number of staff required on premises overnight. Rather, the block level of contracted hours will allow the care provider to flexibly allocate hours amongst clients aligned to actual care need. Additionally, given the complex needs of clients within these schemes it is unlikely the contracted block level of hours will be under-utilised. The People Strategy and Commissioning Team will work with Legal and Procurement Teams to develop an appropriate contract.

3.1.4 This provision is demand-led, where any changes in service user assessed needs, over and above the contracted value will require approval via the routine Social Care Panel Approval process. This will provide the necessary scrutiny prior to any further commitment of council funds above the contracted level over the life of the contract.

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 there to be appropriate provision to meet that need. Where this is identified as Extra 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 Under Public Contracts' Regulations 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 Integrated Care and Support in Extra Care is a compliant procurement approach in accordance with both the Council's Contract Procedure Rules and the Public Contracts Regulations 2015.

3.2.8 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

3.2.9 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.

3.2.10 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 SE Portal) where potential candidates can access the documents.

3.2.11 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.

3.2.12 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.

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

3.2.14 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.

3.2.15 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 contract terminate on the 31ST of March 2023. The table below sets out the risks associated with the proposed course of action and the mitigating action.

Risk	Assessment of Risk	Mitigation	Residual Risk
Suppliers do not bid.	<p>Medium</p> <p>The existing provider is likely to be keen to retain their customer base and a number of new providers have registered on the Dynamic Purchasing System.</p>	<p>A PIN notice will be issued directing interested parties to apply for registration on the DPS</p>	<p>Low</p>
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>There are specific tender development methods to deal with this scenario which set weightings according to constraints and evaluating in quality: price ratios.</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>Low / Medium</p>
Suppliers bid at rates which are higher than those currently, placing a pressure on Adult Social Care budgets.	<p>Medium</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 i.e., according to an individual's need, availability of staffing and price.</p> <p>Providers will in all likelihood be mindful of Adult Social Care Reforms and the Fair Cost of</p>	<p>Medium / Low</p>

		<p>Exercise which will need to be undertaken this year.</p> <p>Approaches to inflationary uplifts will be included within tender documents.</p>	
Loss of continuity of supply for service users if the existing supplier does not bid or bids at excessive price	Medium	TUPE 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.	Low
Providers offering a lower price will result in a lower quality	Medium	<p>There are specific tender development methods to deal with this scenario which set weightings according to constraints and evaluating in quality: price ratios.</p> <p>The Extra Care contract will contain a clear set of KPIs which will be monitored. Care providers are also monitored by the Council's Quality Assurance team with issues discussed at the Care Governance Board with improvement plans being submitted to ensure that clear turnaround initiatives are implemented, where required.</p> <p>A suite of KPIs will be included within contracts and suppliers will be required to report against these.</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 Extra Care services:

Environmental Impact	Management Measures
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 Extra care services supply in Slough.

Procurement Strategic Approach	Consideration	Recommended
Use of Suppliers engaged through mini-competition stage on the ASC Dynamic Purchasing System (DPS)	<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 clearly understand service delivery requirements.</p> <p>The DPS also allows a time efficient process for specific specialist services to be procured.</p> <p>There are currently 160 providers registered to bid for call-off Contracts on the DPS, for care and support and will allow the Council to consider different service delivery options, such as multiple</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 encourages new entrant competition in the market.</p>

Procurement Strategic Approach	Consideration	Recommended
	providers in the local areas versus one lead provider.	
Open-market procurement	This option may increase new increase new providers into this market.	No. The Council has an effective mechanism for driving competition and seeking best value – the Adult Social Care Dynamic Purchasing System. A process for engagement and service development is underway to inform the new Extra Care service model. This work will be completed by September. The timetable for this exercise is compatible with adoption of the DPS contractual mechanism.
Joint Procurement with other neighbouring local authorities/E Berkshire.	Neighbouring boroughs of Bracknell Forest and RBWM are not seeking a procurement of this service type at this time.	No.

Proposed Procurement Timetable

This paper recommends use of the Adult Social Care DPS mechanism for securing Extra Care contracts required for April 2023. The below timetable is applicable for this purpose:

Event	Date
Issue PIN Notice - Not call for competition but to prompt bidders to register onto DPS if interested.	23/05/2022 – 23/06/2022
Cabinet authority to commence procurement.	20/06/2022
ITT issued on SE Shared Services E-portal (restricted due to use of DPS).	1/07/2022
Deadline for receipt of clarifications.	13/07/2022
Target date for responses to clarifications.	18/07/2022

Deadline for receipt of Tenders.	03/08/2022 at 12 noon
Evaluation of Tenders.	3/08/2022 – 31/08/2022
[Presentations] – Proposed date if required.	To be scheduled
Prepare and approve Tender evaluation Report (TER).	15/09/2022
Inform Cabinet of Contract Award (Prior to formally awarding)	15/10/2022
Notification of contract award decision	27/10/2022
Confirm contract award.	12/11/2022
Contract start and start of mobilisation period.	15/12/2022
Target service commencement date.	April 2023

3.7 Workforce implications

3.7.1 Not Applicable.

3.8 Property implications

3.8.1 Not Applicable.

4. Background Papers

None

Appendix 1 – Equalities Impact Assessment

Directorate: People (Adults)	
Service: Commissioning	
Name of Officer/s completing assessment: Avtar Maan (AV)	
Date of Assessment:27/04/2022	
Name of service/function or policy being assessed: Externally Commissioned Integrated Care and Support in Extra Care Services	
1.	<p>What are the aims, objectives, outcomes, purpose of the policy, service change, function that you are assessing?</p> <p>The provision of Extra Care services is a statutory requirement of the Council under the Care Act 2014. Extra 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. Extra Care-enabled individuals 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 Extra Care services for all users and carers who either receive support directly or indirectly. The recommissioning exercise will not see an interruption in service. Individuals who require Extra Care services will not have any disruption to services provided – although they may experience some degree of change if the 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>Extra 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>

	<ol style="list-style-type: none"> 1. Age including younger and older people 2. Disability 3. Gender reassignment 4. Pregnancy and maternity - No Impact 5. Race including ethnic or national origins, colour or nationality 6. Religion or belief including lack of belief 7. Sex 8. Sexual orientation 9. Marriage/civil partnerships No Impact 10. Carers protected by association <p>Individuals in receipt of Extra Care services may have one or more protected characteristics. It is a requirement that all providers delivering Extra Care have appropriate equalities' policies in place.</p> <p>All providers bidding for Extra Care will be required to be registered / to 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>Extra Care services enable individuals to live at home independently as opposed to moving to alternative residential care accommodation. This supports participation in the community and a better quality of life.</p> <p>Extra 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, etc.</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 will be engaged in the work. Creative Support Ltd have commenced a comprehensive survey with existing service users and their families / carers.</p>
8.	<p>Have you considered the impact the policy might have on local community relations?</p> <p>Ensuring sufficient supply of appropriate Extra Care services which meet 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>

What course of action does this EIA suggest you take? More than one of the following may apply	✓
Outcome 1: No major change required. The EIA has not identified any potential for discrimination or adverse impact and all opportunities to promote equality have been taken	✓
Outcome 2: Adjust the policy to remove barriers identified by the EIA or better promote equality. Are you satisfied that the proposed adjustments would remove the barriers identified? (Complete action plan).	
Outcome 3: Continue the policy 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).	
Outcome 4: Stop and rethink 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.

Action	Target Groups	Lead Responsibility	Outcomes/Success Criteria	Monitoring & Evaluation	Target Date	Progress to Date
Initial consultation	User group	AV	Changes and challenges are mutually agreed and included in the specification.	Report following service user and carer survey	June 2022	
Market shaping	Suppliers	AV	Clarifications are mutually agreed and included in the specification.	Report following Supplier Workshop	July 2022	

Name:

Signed: (Person completing the EIA)

Name:

Signed: (Policy Lead if not same as above)

Date:

Appendix A in Part II of the agenda.

Appendix A in Part II of the agenda