hammersmith & fulham	**London Borough of Hammersmith & Fulham** **HEALTH, ADULT SOCIAL CARE AND SOCIAL INCLUSION POLICY AND ACCOUNTABILITY COMMITTEE** **14 September 2015**
HOME CARE SERVICES	
Report of Selina Douglas - Director of Strategic Commissioning and Enterprise, Adult Social Care.	
Open Report	
Classification - For Policy and Accountability Committee Review & Comment **Key Decision: Yes**	
Wards Affected: All	
Accountable Executive Director: Liz Bruce - Executive Director of Adult Social Care	
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1. EXECUTIVE SUMMARY

1.1. This report sets out the proposal for contract awards for new Home Care Services for people who meet Adult Social Care (ASC) eligibility criteria in the London Borough of Hammersmith and Fulham (H&F).

1.2. This report addresses the recommendation to Cabinet on 7th September 2015 that H&F awards three Home Care Services Contracts, one of which will provide services to customers in the north of the borough, one to customers in the central area of the borough and one to customers in the south of the borough.

2. RECOMMENDATIONS

2.1. For the Committee to review and comment on this report.

3. REASONS FOR DECISION

Most economically advantageous submission

3.1. In accordance with the Restricted Procedure as set out in the Procurement Strategy, the Procurement Board developed a Specification and ran a Pre-Qualification Questionnaire (PQQ) and an Invitation to Tender (ITT) to identify one provider for each Contract Area. For the three Contract Areas, out of all the tenderers who submitted a tender, the evaluation process

found the selected tenderer's submission to be the most economically advantageous submission that met the required quality thresholds.

4. INTRODUCTION AND BACKGROUND

4.1. Home Care Services are considered the main provision of a raft of measures which enable people to continue to live in their own homes as independently as possible.

4.2. The table below shows a snapshot of people using home care at the current time

	H&F
Current **approximate** annual budget	£6,642,000 p.a.
Home care customers (average numbers)	1,192
Number of hours per year	592,782 p.a.
Number of current providers used	4 Providers who were on a Framework contract plus additional spot purchase
Estimated percentage increase in people over 65 with a limiting life long illness in 2020	8%
Percentage increase in people with dementia in 2020	7%

4.3. In H&F, care is currently provided on a spot purchase basis by the same 4 providers with whom there has been a contract for the past 4 years. The service was provided as part of a call off from a Framework Agreement with West London Alliance which ended on 30th September 2014. It was not possible to further extend contracts on an out of date Framework. Negotiations have been agreed with the main Providers being used regarding rates and accepting work and are continuing to be used as before.

4.4. The current provision of home care services are contract managed by the ASC Procurement Team. Data pertaining to referrals, training, staff leaving and joining, safeguarding issues etc. are collated. The quality of service provision is monitored by the team through feedback from operational staff.

Home Care Management System (HCMS)

4.5. RBKC currently has an electronic monitoring system that tracks care worker visits and that can be viewed by ASC staff. This allows payment to be made based on the actual level of service delivered rather than the level of service ordered, thus enabling savings to be achieved.

4.6. Although it cannot measure the quality of the service being delivered, it does provide information on who has delivered the care. It can also confirm whether visits have been undertaken on time or at all, thereby safeguarding customers.

4.7. This system has proved efficient and effective and has enabled savings to be made on home care spend in RBKC. During the design of the new home care service it was agreed that Hammersmith and Fulham and Westminster City Council would also adopt a HCMS system to underpin service delivery and ensure accurate billing. As the nature of the service delivery will change, a system that underpins safe delivery, can assist in measuring stipulated quality measures and delivers efficiencies across all boroughs will be vital in supporting the service design.

4.8. A separate procurement has been undertaken to purchase a new electronic HCMS system for the three boroughs to enable these efficiencies and effectiveness to be achieved.

4.9. The contract for this service has now been awarded to eziTracker. The system will be operational from the start of the new service and is being tailored to meet the specification requirements at present.

4.10. The system will ensure customers and their families, and contract monitoring and finance staff, have information on when care workers have visited, overall monthly hours and consistency of care worker.

4.11. The electronic monitoring system will allow electronic invoicing based on accurate billing and automated payments, a key efficiency saving for the service.

4.12. A central Home Care Management Team (HCMT) will be developed from existing resources to manage referrals, ensure provision of services, monitor quality of services and payment of invoices. The structure and functions of the team will be based on the successful learning of the existing RBKC team.

Service design

4.13. Soft market testing with providers as part of the specification development confirmed and shaped the direction of travel for the new service. The procurement was designed to facilitate the involvement of locally based small and medium size providers. This was either individually or as part of a consortium bid or as a sub-contractor. The requirements of the Financial Capability test at PQQ stage were lessened to increase the number of providers eligible to tender for the contracts without exposing the councils to an unacceptable level of risk.

4.14. The new service is a retender of an existing service, with a change to the service design. It is a key service for Adult Social Care in their strategy to support people to remain living at home as independently as possible. The service has been designed to be fit for purpose for the needs of a range of people with complex needs being supported at the current time, with an emphasis on achieving outcomes, a reabling approach and improving local connections. The service will support a reduction in numbers of people admitted to hospital or to residential care, as well as facilitating timely discharge from hospital, thus supporting the Council's strategic direction as well as the CCG Out of Hospital Strategies to increase the number of people supported in their own homes.

4.15. The current arrangements for the delivery of Home Care Services are not aligned with the strategies for the delivery of efficient and effective services in the future. The services are no longer fit for purpose and the needs of those living at home are changing and increasing.

4.16. The demand for home care in the borough has increased over recent years with a resultant increase in cost. This is partly attributable to the work to maintain people to live in their own home rather than admit them to a care home. As well as supporting the CCG's Out of Hospital strategy as highlighted above. The abolition of home care charging has also impacted on the overall budget.

4.17. Current activity and future projections show that Home Care Services need to be able to support more people to live at home who have increasingly complex care needs. This requires closer integration with local health services, a greater focus on supporting the whole person and forming connections with the wider community, and in some cases care workers who can undertake both health and social care tasks.

4.18. The current provision of home care in the three boroughs is fragmented. This procurement changes the way care is provided by:

- a new more fit for purpose model of provision meeting the demands of increasingly complex needs of Customers
- being based on improved outcomes for Customers
- a better working relationship with a small number of providers and shared learning across the boroughs
- a positive experience and increased job satisfaction for care workers as standards for employees improve

4.19. A Home Care Services Board has worked together from the start of this procurement to understand concerns and issues about the current service, assess good practice models, incorporate current strategies and the move to integration, use data to forecast future needs and develop the service specification and delivery model. There has been consultation with a range of stakeholders throughout this process as to what constitutes effective and good Home Care Services.

4.20. The Home Care Services that have been procured are based on:

- An area based service, giving a local approach to care delivery.

- A reablement approach as part of care provision with people being encouraged to do as much for themselves as possible.
- Achieving outcomes for customers and thereby moving away from 'time and task' focused provision.
- Providers working more directly with customers to agree the details of their care and how their outcomes will be achieved.
- Ensuring dignity and compassion are core values of the service.
- A more consistent service provision with regular care workers who are familiar to Customers being a business critical measure.
- People being assisted to feel a part of their local community.
- The use of electronic monitoring to record care delivery, safeguard customers and enable accurate billing

4.21. There is a change in emphasis on the provision of care in the developed model to make it more fit for purpose to deliver the intended outcomes. These include:

- A mixed skills workforce, with improved terms and conditions for care workers.
- Working towards the provision of low level health tasks through the integration of care over the length of the contract.
- More regular reviews to ensure the right level of care provision.
- A greater involvement of customers in providing feedback as part of contract monitoring.
- Joint working with the commissioned providers across the three boroughs to share knowledge and improve quality.

4.22. Because of the greater focus on a skilled workforce and a reablement approach and by showing how Home Care Services can support the work of the CCG's, the CCG have agreed to contribute financially to the budget and discussions continue about the model of future investment. Home Care Services are now part of the suite of services delivered through the Better Care Fund.

4.23. The benefits of this are:

- A better patient experience where customers only tell their story once.
- Better outcomes for the individual customer through a collaborative approach between professionals who share knowledge and problem solve together.
- A more responsive service where the whole team of professionals are aware of the changing needs of the individual customer and can respond with the most appropriate care.
- Efficiencies through reducing the total number of visits and ensuring tasks are allocated to the most appropriately skilled staff.

4.24. The Care Act requires Councils to provide Personal Budgets, including Direct Payments, to everyone who uses ASC services. The increasing popularity of Direct Payments will ensure there is a healthy market of home care providers for people to choose from and will enable smaller organisations to continue providing services. This will allow people a

choice of providers to use should they not wish the Council to commission a service on their behalf.

5. PROPOSAL AND ISSUES

Contract Implementation

5.1. Following award of contract a three month period of implementation will commence.

5.2. The contract manager will work with the successful providers to implement the contracts as per their implementation plan which formed part of their tender submission.

5.3. The contract manager and programme lead will also work with the new providers, incumbent providers and operational teams to transition existing customers wishing to take a commissioned service.

5.4. It will be important to continue working with all current home care providers until the successful providers are in a position to accept new referrals.

Contract Management

5.5. Following contract implementation the new home care contracts will commence as per the specification.

5.6. The success of the new home care service will be dependent on robust contract management of the successful providers throughout the life of the contracts against an agreed set of Key Performance Indicators and Critical Business Measures.

5.7. The contract manager will work together with the operational teams, safeguarding leads, the Home Care Management Team, Customer Feedback Team, business analysis and in partnership with Healthwatch and other external stakeholders to ascertain the success of the providers in delivering the new service model.

5.8. All contract and performance information will be retained by the contract manager.

Workforce Development

5.9. The new home care contracts will require a major shift in the way internal staff commission home care and the way external staff deliver care to customers. Fundamentally this means the council and social workers having greater trust in the providers and care workers to deliver home care.

5.10. There are two programmes which underpin the development of both internal staff and external providers and their workforce.

5.11. The contracts team have a programme of provider development workshops including values-based recruitment to ensure providers recruit

the right sorts of people to the organisation as well as equipping them with the knowledge and skills to deliver the new service model.

5.12. The contracts and commissioning team will continue to work with providers and care workers to support them deliver the new model.

5.13. Successful providers will be supported and encouraged to build capacity locally by recruiting from the local workforce. This will be facilitated by the Council via a number of local events.

Working with the Voluntary Sector

5.14. The new service model emphasises the need for the successful providers to work with the voluntary and community sector to connect people to their local communities and thus support independence. Following the implementation period and contract start date, contracts officers will facilitate partnership arrangements between the successful providers and the voluntary and community sector.

The Wider Home Care Market

5.15. Under the Care Act the Council has a responsibility to work with the whole home care market to ensure that it is buoyant and that both self-funders and those receiving a Direct Payment receive a good service and have choice.

5.16. Work with local spot purchase providers will continue, many customers will take Direct Payments and others will be self-funders etc. The market will continue and we need to keep working with providers.

5.17. The three successful providers can subcontract with other smaller providers and a number of events are being arranged to facilitate this process.

5.18. As part of the provider development work stream there will be a number of opportunities for the successful contracted providers to meet with other local providers to develop sub-contracting arrangements.

5.19. Providers from the wider home care market will be included in the provider forums that form part of the contract management of the new services. This will help to align and raise the quality of home care across all providers in Hammersmith and Fulham.

Working in partnership with 'User-led' organisations

5.20. There are a number of 'User-led' organisations and forums who support customers and their close networks. As part of the contract management process officers will actively seek the input from organisations like Healthwatch and other forums to ensure our customers voices are heard.

5.21. Representatives from the contracts and commissioning teams will attend meetings facilitated by these organisations to provide updates as well as listening to members talk about he services from their perspectives.

6. OPTIONS AND ANALYSIS OF OPTIONS

6.1. There was an option to continue with a time and task approach to Home Care Services and to procure new services based solely on the lowest unit price per hour. With this model there would be no incentive for providers to encourage independence and the Councils would face increasing budget pressures as more people with more complex needs are supported to continue living in their own homes. This model also offers limited opportunities for integration with health services or for the delivery of health tasks. For reasons of quality of service, whole systems integration, customer satisfaction and budgetary control this option is not recommended.

6.2. To take account of the feedback from Customers, organisations that deliver home care and the NHS, various models have been assessed during the development of the new service. These have both cost and service implications and have been previously presented to Cabinet members, jointly and separately to enable decisions to be made.

6.3. These options have included various rates of pay, allowance for travel time and the use of a mixed-skills workforce to provide more complex support.

6.4. The recommended option informally agreed prior to the procurement by ASC Cabinet Members was to offer the new service using a mixed skills workforce and with the expectation of improved employment terms and conditions for care workers. This would be supported by the evaluation at ITT of the minimum hourly rates paid by tenderers.

7. CONSULTATION

7.1. Following the decision to retender Home Care Services a series of consultation events were held to ask stakeholders how they considered a good and compassionate service could be achieved. Four events were held in the summer of 2012, attended by 184 people, 17% of whom were customers and carers of those using services.

7.2. A consultation report was produced by Frameworks 4 Change, an independent provider who facilitated the consultation events on behalf of the three boroughs.

7.3. The consultation events concluded that people considered that the key features of any new service should be:

- Consistency of care worker.
- A service which looks more widely at people's lives including outcomes for them.
- A more streamlined assessment process.
- Integrated care provision.
- Support for people to lead good lives.

7.4. Two soft market testing events were held for providers to establish their views on the proposed outline model of care delivery. Subsequently and to

further refine the delivery of the proposed model, questionnaires were sent to current home care providers on more specific issues of delivery.

7.5. Officers have also met and shared detailed information of the proposed service model with carers' organisations and voluntary community services and taken account of their feedback.

7.6. Operational staff have also been part of the on-going consultation and feedback process.

7.7. Healthwatch have been involved since the start of this work in 2012 as the representation of customers' voices and voluntary organisations in the three boroughs. A home care group working across the three boroughs was established and has met regularly since. This is made up of customers, carers and organisations representing people's needs. Officers attend the meetings to hear views, discuss current services and provide updates on the proposed service.

7.8. The group has worked with officers in delivering the consultation; helped shape the specification and informed of the priority areas that are relevant to them during the procurement process and will continue to be involved in the development and monitoring of the new service.

7.9. There has also been a closed confidential group established within Healthwatch to work directly with the procurement of the new service. They have been involved in agreeing the specification, agreeing the priorities to question providers on at both the PQQ and ITT stages of the procurement, and in discussing with officers the evaluation of some responses from tenderers on the area of communication, a key priority for customers.

7.10. The main issues raised by Healthwatch include:

- People being treated with dignity
- Consistency of care worker
- Pay for workers
- Timekeeping/travel
- A more streamlined assessment process
- Helping people link with their local community

These have been included in the service specification and in assessing tenderers at ITT tender stage.

7.11. The Healthwatch home care group will continue to be involved in the development and implementation of the new service, working with providers on embedding good practices and what is important to customers as well as continuing their dignity champion work with customers on their views on the service they receive.

8. EQUALITY IMPLICATIONS

8.1. An Equality Impact Assessment was completed at the start of the procurement process. There are no negative equality impacts as a result

of the proposed contract awards. Providers have been asked about their ability to provide a service to a diverse population as part of the tender evaluation and the service specification is clear on the need for an inclusive service approach and an ability to meet the needs of people from a range of cultures and with a range of different needs.

8.2. Direct Payments will be available to customers who want to purchase their care from a different provider or individual, if they wish to continue receiving their care from a current provider, or to meet a particular protected need.

9. LEGAL IMPLICATIONS

9.1. Confidential not for publication

10. FINANCIAL AND RESOURCES IMPLICATIONS

10.1. There are additional financial implications for H&F. The hourly charge to the Council is significantly higher under the proposed arrangements, this is in part due to the new requirement to pay London Living Wage (LLW). The allocated budget is under existing pressure due to the increased number of people supported at home.

10.2. There are expected to be savings achieved through the electronic billing and invoicing for the service achieved through the HCMS, (see sections 4.6 and 4.11) ensuring that only care delivered is actually paid for.

10.3. The deduction in costs due to more frequent reviews is dependent on Operational staff being able to undertake these reviews.

Director of Finance Comments.

10.4. The costs arising under these contract arrangements are dependent upon the volume of home care commissioned.

10.5. The financial modelling has been based on the hours of home care purchased in 2014/15. The following table summarises the financial position in a full year i.e. once the new arrangements have been fully implemented:

	£000's
Full year cost of purchasing care under the new arrangements (less cost reductions mentioned in section 4)	7,451
Current budget provision	6,642
Projected Overspend	**809**
This overspend can be broken down as follows:	

Increase in unit rates (the retendered rate includes the minimum hourly rate at least equal to the current the London Living wage rate)	680
Increase in Demand	129
Projected Overspend	**809**

10.6. Some additional temporary resources are being engaged to support the implementation process which will be undertaken over several months. Additional costs arising in 2015/16 will be funded within the overall Adult Social Care budget.

10.7. Over the last year, expenditure on home care has increased. Officers are working with the health service to determine whether some of this additional expenditure should legitimately be funded from health budgets.

10.8. The Department has made provision through the carry forward of underspends to fund the new contractual pressures for the last quarter of 2015/16 and the full year in 2016/17. The Department is proposing an MTFS growth bid of £820,000 from 2017/18 for the remaining lifetime of the new contracts. This will still leave budgetary pressures on the Home care service which will continue to be closely monitored with the ongoing shortfall to be addressed as part of the Financial Planning process and with the conclusion of discussions on health funding.

Implications completed by: Prakash Daryanani, H&F Head of Finance (Adult Social Care), 020 8753 2587.

11. RISK MANAGEMENT

11.1. The ASC department is responsible for ongoing risk identification and mitigation of risks (risk management), such as they may arise, that are associated with the procurement. Should any significant risks materialise they must be communicated across the three councils and inform the Adult Social Care Department level Risk Register. A project register has been completed and is kept under review that follows the Shared Services risk management approach.

11.2. Resilience in providing Home Care Provision is essential, as an interruption to the service could have far reaching consequences. Resilience is best achieved by looking at viable options to remove any risk associated with the provider, plus having robust and workable strategies that are able to continue the service offered.

11.3. Officers tested Providers financial stability at PQQ stage to ensure they have a robust financial basis for the work they will be undertaking. Advice and sign off was sought from Corporate Finance to ensure this.

11.4. The Care Act gives Council's greater responsibility for predicting and managing any consequences of provider failure in Adult Social Care. For example this could include regular reviews of an organisations financial standing. The Head of Procurement has been working with the Bi-Borough Business Continuity Manager to address this issue in general, and specifically relating to the new home care services.

11.5. A Resilience strategy is being developed as part of the project group work. This will involve a range of stakeholders, including commissioning officers, contracts officers, care management as well as external providers such as CQC and other local providers.

11.6. Resilience, market testing (achieving best value to the local taxpayer) and managing statutory duties are corporately acknowledged strategic risks noted on the Shared Services Risk Register.

Implications completed by: Michael Sloniowski, Shared Services Risk Manager, 020 8753 2587.

12. PROCUREMENT AND IT STRATEGY IMPLICATIONS

Gate 1 Procurement route/OJEU approach

12.1. The Restricted tender process was selected on the basis that there are a large number of providers in this market and this would allow only those with appropriate experience and sufficient financial capability to be shortlisted to proceed to the Invitation to Tender (ITT) stage.

12.2. As this procurement commenced before 26th February 2015 it has been conducted in accordance with The Public Contract Regulations 2006. Home Care Services are classified as a Part B Service and accordingly there is no requirement to publish a Prior Information Notice (PIN) or Contract Notice in OJEU.

12.3. The procurement was run on the basis of legal advice that the Transfer of Undertakings (Protection of Employment) Regulations (TUPE) did not apply as no current working arrangements were replicated by the proposed geographical contract area model.

12.4. In accordance with the current procurement policy of the three boroughs adverts for tenders are only placed on the e-tendering portal, capitalEsourcing. At two provider events held in February 2015 potential providers were told of the need to register their organisation on capitalEsourcing so they were aware when the procurement process started. This information was also circulated by e-mail to home care providers listed on a large database maintained by the Council.

12.5. The home care contracts were tendered out across the London Borough of Hammersmith and Fulham (H&F), the Royal Borough of Kensington and Chelsea (RBKC) and Westminster City Council (WCC). H&F were the lead borough for the procurement, as the Adult Social Care (ASC) lead.

12.6. The Services in H&F were divided into three geographically based contract areas. These are:

Contract Area 1: H&F North
Contract Area 2: H&F Central
Contract Area 3: H&F South

12.7. The contract areas were based on existing demand levels of approximately 3,000 hours per week. Contracts of this size are large enough for providers to achieve economies of scale and not overly large that medium size organisations are prevented from tendering.

12.8. Area based contracts also minimise the amount of time that Care Workers spend travelling between customers.

12.9. The procurement was designed to award one contract for each contract area, accordingly a provider would be required to accept all referrals for the contract area they are awarded. A traditional two party contracting model will be used with each council contracting directly with the providers awarded contracts in their borough.

12.10. Tenderers would be permitted to proceed to ITT for a maximum of two contract areas to avoid providers acquiring a dominant market position and to reduce the risk of provider failure due to an inability to meet demand levels. Additionally where a tenderer was shortlisted to proceed to ITT for two contract areas these would be in different boroughs to avoid the consequences of provider failure being borne entirely by one borough.

Gate 2 Supplier selection and award proposal

12.11. The Pre-Qualification Questionnaire (PQQ) comprised qualification areas and technical questions. For a potential provider to proceed to ITT they had to pass all qualification questions and score a minimum of five out of ten for all of the technical questions.

12.12. The qualification areas covered:

- Organisation information
- Mandatory and discretionary grounds for exclusion
- Financial capacity
- Insurance
- Contractual matters
- Health and Safety
- Quality Assurance

12.13. The technical questions covered:

- General experience and diversity – 10% weighting – tie break priority 5
- Workforce training and skills – 10% weighting – tie break priority 7
- Workforce development and conditions – 15% weighting – tie break priority 3
- Safeguarding – 10% weighting – tie break priority 4

- Complexity of needs – 20% weighting – tie break priority 1
- Promoting independence – 15% weighting – tie break priority 2
- Customer engagement – 10% weighting – tie break priority 8
- Health – 10% weighting – tie break priority 6

12.14. The tie break priorities were established to enable the separation of tenderers in the event they achieved identical overall scores.

12.15. Potential providers were required to indicate whether they wanted their application be considered for one or two contract areas and to rank the contract areas they wanted to be considered for in order of preference. Potential providers were then allocated to contract areas in the order of their total Technical score, with the highest scoring potential provider being allocated first. The higher therefore a potential provider's Technical score, the greater the chance they would be allocated to their highest ranked contract areas.

12.16. Using this method of allocation to contract areas, it was necessary to eliminate tied scoring. A scoring model using 0 to 10, as opposed to 0 to 5, was selected to reduce this possibility. Where tied scoring still occurred all questions were prioritised and used as "tie breakers" until potential providers could be separated for the purposes of allocation to contract areas.

12.17. As it was anticipated that there would be a high number of PQQ's returned Tender Appraisal Panels (TAP's) were set up, each with the responsibility to mark all returned submissions for one question. The members of the TAP's were required to individually mark submissions and then meet to agree consensus scoring for all submissions for the question they were responsible for.

12.18. The qualification submissions were evaluated by (ASC) Procurement Team officers with input from officers from H&F Corporate Accountancy Team with regard to the evaluation of potential providers' financial capability.

12.19. The aggregation of the qualification and technical evaluations was coordinated by the ASC Procurement Team.

12.20. The PQQ was published on the capitalEsourcing portal on 24th June 2014. A total of thirty seven completed PQQ's were returned by the submission deadline date of 31st July 2014.

12.21. Thirteen potential providers were rejected at this stage. Seven failed to satisfy the minimum financial requirement as set out in the PQQ and scored less than five for at least one of the eight technical questions. Two failed to satisfy the minimum financial requirement and four scored less than five for at least one of the eight technical questions.

12.22. Of the twenty four tenderers who passed the PQQ, nineteen were shortlisted to proceed to ITT for two contract areas. Two elected to only be shortlisted for one contract area and three only satisfied the minimum financial requirement for one contract area.

12.23. In accordance with H&F Contract Standing Orders a minimum of five tenders should be sought for contracts with a value equal or greater than £173,934. For the nine contract areas this would require 45 tenders. As the maximum number of tenders that could be obtained following the evaluation of PQQ's would be 43 it was agreed that the procurement could continue on this basis. Following the allocation of tenders to contract areas four tenderers were shortlisted to Contract Areas 2 (H&F Central) and 7 (WCC North East) while five were shortlisted for each of the other seven Contract Areas.

12.24. The ITT was published on 4th December 2014.

12.25. The Evaluation Methodology was based on 50:50 commercial: technical ratio, also referred to as the price/quality split.

12.26. Tenderers were required to submit written answers to twelve technical questions covering the following areas:

- Implementation – 10% weighting
- Workforce – 15% weighting
- Service delivery – 15% weighting
- Complexity of care – 15% weighting
- Communication – 5% weighting
- Partnership working – 5% weighting
- Added value – 5% weighting
- Health: provision of health tasks – 5% weighting
- Health: multi-disciplinary working – 5% weighting
- Safeguarding – 5% weighting
- Independence and reablement – 10% weighting
- Business continuity – 5% weighting

12.27. Each tenderers' technical submissions were marked independently of the contract area(s) they related to. Due to the volume of technical submissions nine TAP's were set up of which six marked all submissions relating to one question and three marked all submissions relating to two questions. TAP members were required to individually mark submissions and then meet to agree consensus scoring for all submissions for the question(s) they were responsible for.

12.28. Technical submissions were marked using a scoring model of 0 to 10. Following the application of the percentage weightings to scores each tenderer was awarded a mark out of 100 which was then halved to give a score out of 50. A tenderer who scored less than five out of ten for any of their twelve submissions was rejected and their tender excluded from any further consideration.

12.29. Unlike a tenderer's commercial score which was contract area specific, for those tenderers shortlisted for two contract areas their technical score was the same for both areas.

12.30. Twenty one tenderers submitted a tender by the submission deadline date of 28th January 2015. Three tenderers who had each been shortlisted to submit tenders for two contract areas failed to submit.

12.31. A total of 37 tenders were received across the nine contract areas:

For Hammersmith & Fulham:

Contract Area 1: H&F North: 4 tenders were received
Contract Area 2: H&F Central: 4 tenders were received
Contract Area 3: H&F South: 4 tenders were received

12.32. In legal discussions during the procurement, it was agreed that due to the changed nature of the service provision into three discrete patches, TUPE would not apply to the new contracts.

12.33. There are no in house Council staff involved in this process.

LOCAL GOVERNMENT ACT 2000
LIST OF BACKGROUND PAPERS USED IN PREPARING THIS REPORT

No.	Description of Background Papers	Name/Ext of holder of file/copy	Department/ Location
1.	None		